

HEALTH PROFESSIONS COUNCILS OF NAMIBIA

2018/2019



Annual Report

SYNOPSIS OF OUR PERFORMANCE

Protecting the Public through regulated education & practice

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Abbreviations used in the Report

AHPCNA	Allied Health Professions Council of Namibia
CBC	Capacity building committee
CPD	Continuing professional development
ETQA	Education and training quality assurance
EXCO	Executive committee
HPCNA	Health Professions Councils of Namibia (Councils)
HRD	Human resource development
HRM	Human resource management
IT	Information technology
JPFC	Joint presidents' finance committee
MDCNA	Medical and Dental Council of Namibia
NHTC	National Health Training Centre
PCNA	Pharmacy Council of Namibia
PCC	Professional conduct committee
PIC	Preliminary investigation committee
S & T	Subsistence and travel allowance
UNAM	University of Namibia



Introduction

It is in the interest of the public's health and safety and the welfare of the citizens of a country that laws be enacted to regulate and control the practice of health professionals so that the public is protected against unauthorized, unqualified and improper practice by the health professional concerned. Such legislation has its roots in the concept of justice for all because it does not only provide for the protection of the users of healthcare, but also for the providers of healthcare in that it defines the parameters of the practice of the practitioners concerned.

The concept regulating the profession is about public welfare through improving of standards of education, standards of practice and care for patients by ensuring that those who practice health professions have the knowledge, skills and ethical preparation through appropriate education to provide the quality care the nation needs.

The regulatory control was provided through an Act of parliament and the professions concerned were granted the right, within the parameters of the law granting the right, to a regulatory authority which has to ensure that all its actions are in public interest so that Parliament, through the delegated function, must be assured that it defines the parameters of practice of the practitioners.

The Health Professions Councils of Namibia (HPCNA) consists of five (5) Councils established under the following Acts respectively (hereafter referred to as the Acts).

- Medical and Dental Act, 2004 (Act No 10 of 2004)
- Pharmacy Act, 2004 (Act No 9 of 2004)
- Nursing Act, 2004 (Act No 8 of 2004)
- Allied Health Professions Act, 2004 (Act No 7 of 2004)
- Social Work and Psychology Act, 2004 (Act No 6 of 2004)

Objectives

The objectives of the Councils are

- To promote the health and well-being of Namibia's population.
- To determine and uphold standards of education and training.
- To protect the public through regulated education and training.
- To set, maintain and promote good standard of professional practice and conduct.
- To keep the registers of each health profession for which provision is made in terms of relevant Acts.
- To investigate all complaints, accusations or allegations relating to the conduct of registered persons.
- To deal firmly, fairly and promptly with a registered person against whom a charge, complaint or allegation of unprofessional conduct has been laid or whose fitness to practice his or her profession is in doubt.
- To advise the Ministry of Health and Social Services on matters pertaining to these Acts as well as to the health and well-being of the population in general.

Vision

Protecting the public through regulated education and practice

Mission

- Determine and maintain minimum educational standards leading to registration of a health professional.
- Set and maintain ethical standards

Values

- Transparency
- Confidentiality
- Commitment
- Accountability
- Accessibility
- Integrity
- Respect
- Quality



Councils and members

The Councils hold not less than two meetings in each year and for purposes of performing their duties or functions, and exercising their powers in terms of the constituting Acts, establish various committees to so exercise their powers and perform their duties or functions during the periods between the meetings of the Councils. Members of the various Councils are either elected by fellow health practitioners or appointed by the Minister of Health and Social Services to serve for a period of five years. The term of office of the members of the current Councils will come to an end in October 2023.

Making learning greater than experience!

We are a diverse, people-centered organization. Our diversity is our strength as each of us individually brings a rich history, culture and experience to our collective work in the service to a Namibian nation. We believe that our ability to learn continually is what enables us to always have a future that is bigger than the past.



Councils & members

2017/ 2018

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From the Registrar's desk

The year 2018/2019 has been a challenging one to the Health Professions Councils of Namibia. The term of office of the previous members of the five Councils came to an end on 31 March 2018 and they could not immediately be replaced. This interruption in the transition brought the functioning of the Councils to an immediate halt until the coming into office of the new members of the Councils on 04 October 2018. The six months period of non-functional Councils did somewhat impacted negatively on the execution of the planned activities as indicated under relevant headings in this report. The core functions of the Councils, such as registration of applicants, issuing of certificates, inspections of facilities, evaluation and examinations of applicants, investigations of complaints, and adjudication of professional conduct matters could not be performed.

This was indeed a learning curve for everyone involved and an experience not worth rehearsing. We are however indebted to the efforts made by the Ministry of Health and Social Services, Ministry of Justice, the Office of the Prime Minister and Parliament by putting in place the necessary legislations reconstituting the Councils and making sure that future transitions are smoothly managed. It is however worth noting that the Secretariat of the Councils utilised the six months period of a vacuum to attend to administrative matters such as clearing up bottlenecks in the data and record management systems, auditing of client files, reconciling financial records and improving on physical infrastructure. On taking of office by new members of the Councils most activities, which were kept in abeyance, were immediately attended to; by the end of the reporting period on 31 March 2019 half of the backlog has been cleared. It is our resolve to bring back all activities of the Councils to full speed within the first three months of 2019/2020 financial year.



Cornelius Vataleni Weyulu
Registrar/ CEO

As we bid farewell to 2018/2019, I wish to express a word of gratitude to the members of the previous Councils who worked tirelessly for the past ten years in protecting the public through regulated training and practice. Their dedication and commitment admirably transcended the extended periods of their tenure of office. I am equally thrilled by the vibrancy of the new members of the Councils for whom we shall remain humbled to guide and serve. Finally, to my colleagues in the Secretariat, I can only say thanks for your immense support and job well done!



Executive Summary

Professional Affairs

The Health Professions Councils aim at ensuring that all persons aspiring to practice health care professions in Namibia have acquired and maintained the required professional knowledge, skills and competence and are registered to practice the professions concerned. It is worth mentioning that even though the activities of the Councils were negatively affected by the vacancies in the membership of Councils during the period of 1 April 2018 – 30 September 2018, the Councils still managed to accomplish the targets for registration envisaged in the five-year strategic plan which ended in March 2019. The number of applicants who qualified from training institutions in Namibia was low in the 2016/2017 financial year for all the Councils, but there has been a significant increase in the number of same applicants in the 2018/2019. This is attributed to the fact that most health-related programs are now offered locally.

There has been a surge in the number of foreign-trained Namibian medical and dental graduates returning home for internship training. These graduates are required to pass the competency evaluations to enter the internship program, however, 95% of the graduates failed the evaluations which raises a concern about the quality of their education. The poor performance of foreign-trained medical and dental graduates is closely linked to a lack of clinical exposure during training. As a result, regulations that permit Namibians pursuing medical and dental education outside the country to register for practical training in Namibia were promulgated and many students have started using this opportunity during school holidays.

Administrative

During the year under review, the renovation of Erf 4169 was carried out at the cost of N\$ 487 000.00. This property is currently being rented out to generate additional revenue for Councils. The procurement activities for the year under review went smoothly and various departments of the Councils were able to carry out their operations properly. Councils continued to maintain an excellent working relationship with contractual service providers and challenges relating to such services were resolved timeously. Depending on the availability of funds, the plan is to carry out renovations at Erf 4210 and construct additional ablution facilities for clients at the same property.

Finance

The financial year 2018/2019 marked an 18.7% increase in revenue generated from services provided to healthcare practitioners. The increase occurred without the Councils having increased the fees payable by healthcare practitioners during the same period and is attributed to an increase in the number applications for registration as well as intensified revenue collection efforts. The Councils' rental income has increased with 61% from N\$ 234 600.00 in the 2017/2018 financial year to N\$ 379 200.00 in the 2018/2019 financial year. This is due to additional income generated from the newly acquired Erf 4169 which is being rented out since August 2018. Interest from funds invested in call accounts also increase with 15% from N\$ 614 631.00 in the 2017/2018 financial year to N\$ 709 040.00 in the 2018/2019 financial year. This was as a result of the increase in revenue. The other key focus area for 2018/2019 financial year was on reduction of debts. To this end, the Councils have managed to settle two of its bonds on properties that had a balance of N\$ 789 725 at the beginning of the financial year.

Information Technology (IT)

Councils made sure that the Information Communications Systems (network and internet systems) remained secure and functional with minimal interruptions. The IT systems forms an essential part of the Councils' operations and support of their core businesses and communication. Africa online continued to host Councils' website while the In-

house IT systems administrator made sure that the website is updated timeously and is in keeping with the latest happenings as per Councils' events calendar. Councils are looking forward to the redesigning of the website and to the integration of the electronic registers once the ongoing file audit exercise has been completed. Looking ahead, there is a need to acquire a new database system to improve operations and to support the new Councils' business model.

Data and Records

Continued efforts were made to keep files of registered and enrolled healthcare practitioners up to date. Requests for statistical data by various stakeholders were also attended. The process of finalising the records management policy is progressing well. For the future, the plan is to expand the filing space and to acquire additional filing cabinets to accommodate an increasing number of records. The possibility of an electronic filing system is being explored.

Legal Services

Through the division legal services, the Councils managed to investigate complaints against health practitioners and to co-ordinate the activities of the preliminary investigation committees, the professional conduct committees, the impaired practitioners' committees and the appeals committees and any other Committee. During the 2018/2019 financial year the Medical and Dental Council experienced an increased number of complaints with 25%, Nursing Council received 6% less complaints, Pharmacy Council and Social Work and Psychology Council received similar number of complaints, and Allied Health Professions Council received 10% less complaints, as compared to 2017/2018 financial year.

The complaints pending investigations have increased from 191 to 238 and cases pending professional conduct inquiry have increased from 24 to 29 in comparison to 2017/2018 financial year. The Medical and Dental Council held one professional conduct inquiry as a continuation from the previous year. Other Councils did not hold professional conduct inquiries. A total number of 37 Regulations were drafted, 10 Regulations were gazetted and 30 are still in draft forms.

EDUCATION AND TRAINING QUALITY ASSURANCE (ETQA) & CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

During the year under review, the section ETQA facilitated the evaluation of persons seeking registration with the Nursing Council, Allied Health Professions Council, Social Work and Psychology Council and the Pharmacy Council. In total thirty-three (33) evaluation sessions were held, two hundred and thirty-six (236) persons were evaluated and one hundred and thirty-five (135) passed the evaluations. There was a marked decrease in the number of persons evaluated and this could partly be ascribed to the fact that there were no Councils from 1st April 2018 to 3rd October 2018 and the functions that had to be sanctioned by the respective Councils could not be performed.

A total number of six (6) health facilities were inspected for the clinical placement of students and interns.

Training records of six hundred and thirty-five (635) nurses who completed training as registered nurses midwives/accoucheurs and enrolled nurse midwives/accoucheurs were verified. To ensure compliance with the legislation on CPD, a total number of one thousand seven hundred and ninety-two (1792) practitioners from all five Councils were randomly selected and by the end of the reporting period the average compliance rate was eighteen percent (18%).



Section one

Education & Training Quality Assurance Department



Section One

Education and Training Quality Assurance Department

Introduction

There is longstanding consensus among all health professions that protection of the public is a key objective of self-regulating professions, and that programmes, which ensure the competence of practitioners and the quality of their services, are one of the core responsibilities of the regulatory bodies.

This principle is specifically articulated in the legislation that governs all the health professions in Namibia. It is against this background that there should be effective mechanisms for monitoring practitioner competency which includes the review of standards of practice and codes of ethics of practitioners.

To achieve the abovementioned, the ETQA Section has been established to focus on the following areas:

- the promotion and control standards of training of persons for the purpose of registration to practice a health profession
- generating standards for health-related qualifications
- ensuring accreditation of training institutions for health-related professions and health facilities

For the reporting period 2018/19, ETQA assisted Councils in performing the following strategic objectives.

Strategic objective

To regulate the practicing of professions and to ensure that all persons practicing the professions are suitably qualified and able to practice the professions concerned and are registered.

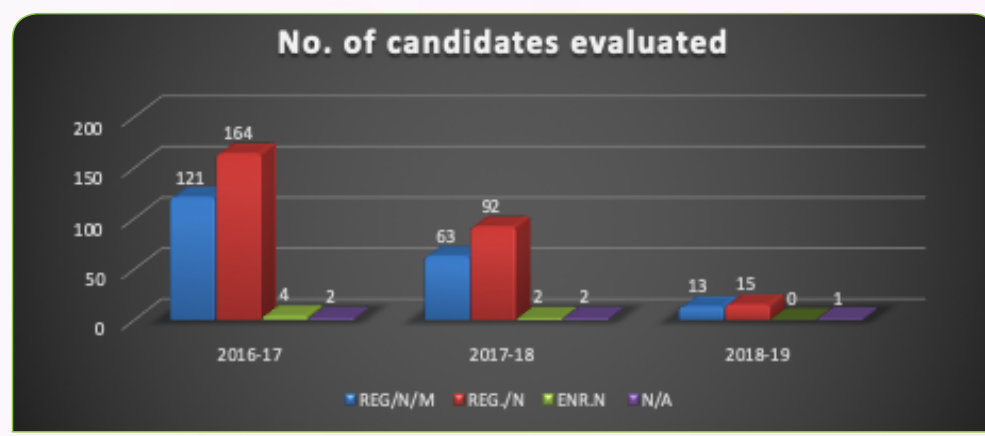
The ETQA section assisted the Nursing Council, the Allied Health Professions Council, Pharmacy Council, and Social Work and Psychology Council, in conducting pre-registration evaluations as indicated in Tables 1, 2, 3 and 4. This activity was conducted within the provision of the Nursing Act 2004 (Act No. 8 of 2004) Section 20 (3) (b), the Allied Health Professions Act 2004 (Act No. 7 of 2004) Section 20 (3) (a), the Pharmacy Act 2004 (Act No. 9 of 2004) Section 22(3) (a), and the Social Work and Psychology Act 2004 (Act No. 6 of 2004) Section 20 (3) (a) which provides that an applicant has to pass to its satisfaction a pre-registration evaluation in order to determine whether or not the applicant possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied for.

Table 1: Pre-registration evaluations for nurses

Profession	Number of evaluation sessions held	Number of practitioners evaluated	Number of practitioners passed	Number of practitioners failed	Pass rate	Failure rate
Registered Nurse/Midwife/Accoucheur	3	13	11	2	84%	16%
Registered Nurse		15	14	1	93%	7%
Enrolled Nurse		0	0	0	0%	0%
Nursing Auxiliary		1	1	0	100%	0%

The pass and failure rate displayed on Table 1 shows that the majority of the candidates passed the evaluation and were registered with the Nursing Council of Namibia.

Graph 1: Pre-registration evaluations for nurses



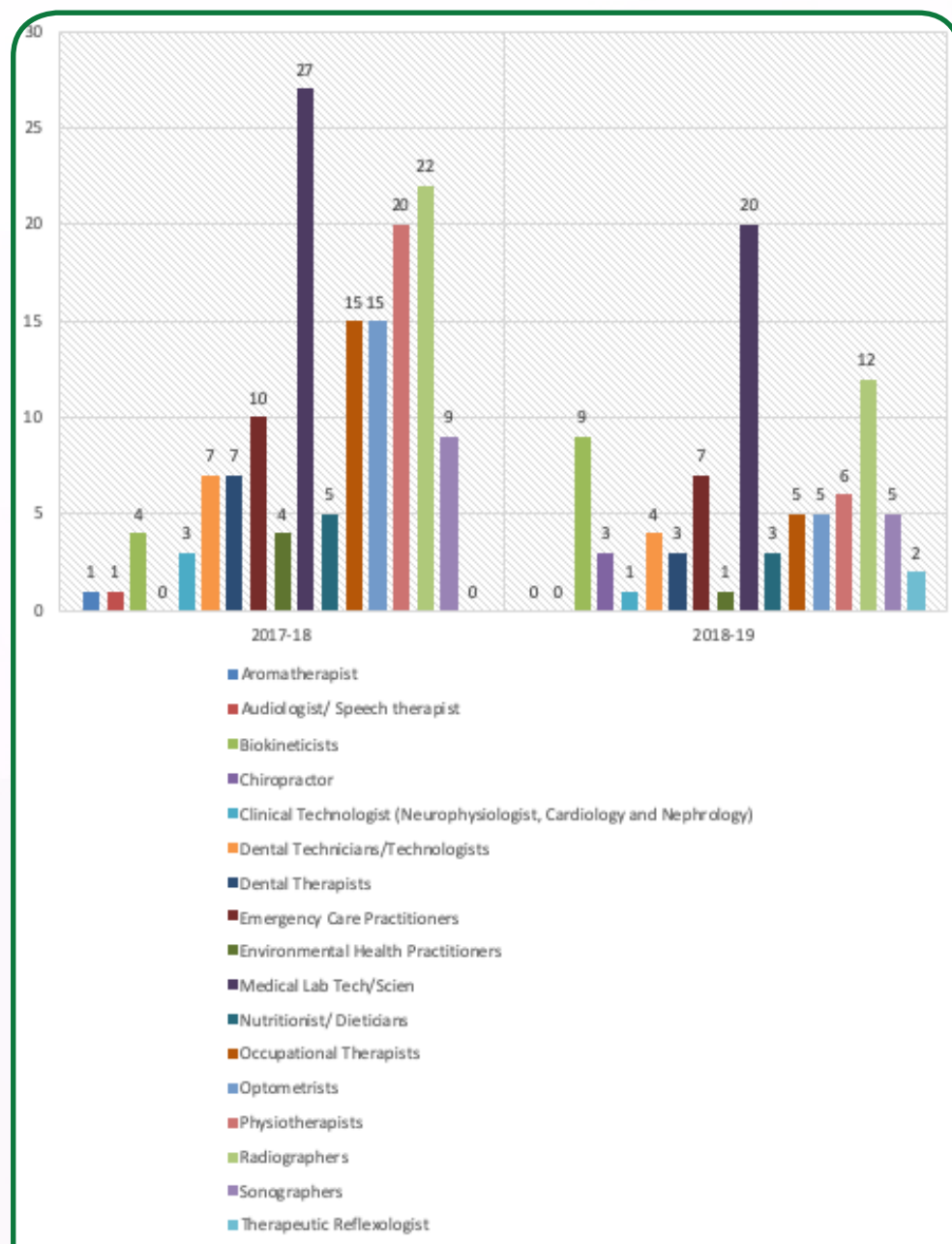
Graph 1 above indicates that there was a significant decrease in the number of persons evaluated in the year 2018/19 as opposed to the previous years, 2016/17 and 2017/2018. A possible reason for this could partly be ascribed to the fact that there were no Councils from 1st April 2018 to 3rd October 2018; thus functions that had to be sanctioned by the respective Councils could not be performed.

Table 2: Pre-registration evaluations for allied health professions

Profession	Number of evaluation sessions held	Number of practitioners evaluated	Number of practitioners passed	Number of practitioners failed	Pass rate	Failure rate
Biokineticists	2	9	9	0	100%	0%
Clinical Technologist (Neurophysiologist, Cardiology and Nephrology)	0	1	0	1	0%	100%
Chiropractor	3	3	3	0	100%	0%
Dental Technicians/ Technologists	1	4	2	2	50%	50%
Dental Therapists	2	3	2	1	67%	33%
Emergency Care Practitioners	1	7	0	7	0%	100%
Environmental Health Practitioners	1	1	1	0	100%	0%
Medical Lab Tech/Scientists	2	20	14	6	70%	30%
Nutritionist/ Dieticians	1	3	2	1	67%	33 m%
Occupational Therapists	3	5	5	0	100%	0%
Optometrists	2	5	4	1	80%	20%
Physiotherapists	1	6	4	2	67%	43%
Radiographers (Diagnostic, Therapeutic and Nuclear Medicine)	3	12	6	6	50%	50%
Sonographers	2	5	3	2	60%	40%
Therapeutic Reflexologist	1	2	0	2	0%	100%

a

Graph 2: Pre-registration evaluations for allied health professions



Graph 2 indicates that there has been a drastic decrease in the number of practitioners evaluated in the year 2018/19 as opposed to the year 2017/18. A possible reason for this could partly be ascribed to the fact that there were no Councils from 1 April 2018 to 3 October 2018.

Table 3: Pre-registration evaluations for Pharmacy Council

Profession	Number of evaluation sessions held	Number of practitioners evaluated	Number of practitioners passed	Number of practitioners failed	Pass rate	Failure rate
Pharmacists	2	10	4	6	40%	60%
Pharmacist Interns		43	6	37	14%	86%
Pharmaceutical Technicians		13	6	7	46%	54%
Pharmacist's Assistants		36	24	12	67%	33%

Table 3 indicates that pharmacist interns were the largest group to be evaluated and Pharmacists were the least. The pass rate of pharmacists, pharmacist interns and pharmaceutical technicians was poor. The combined average pass rate was 33% with a combined failure rate of 67%. On the other hand, the pharmacist assistants performed well with a pass rate of 67% and a failure rate of 33%.

Graph 3: The number of practitioners from the pharmacy professions who were evaluated during the 2018/19 reporting period

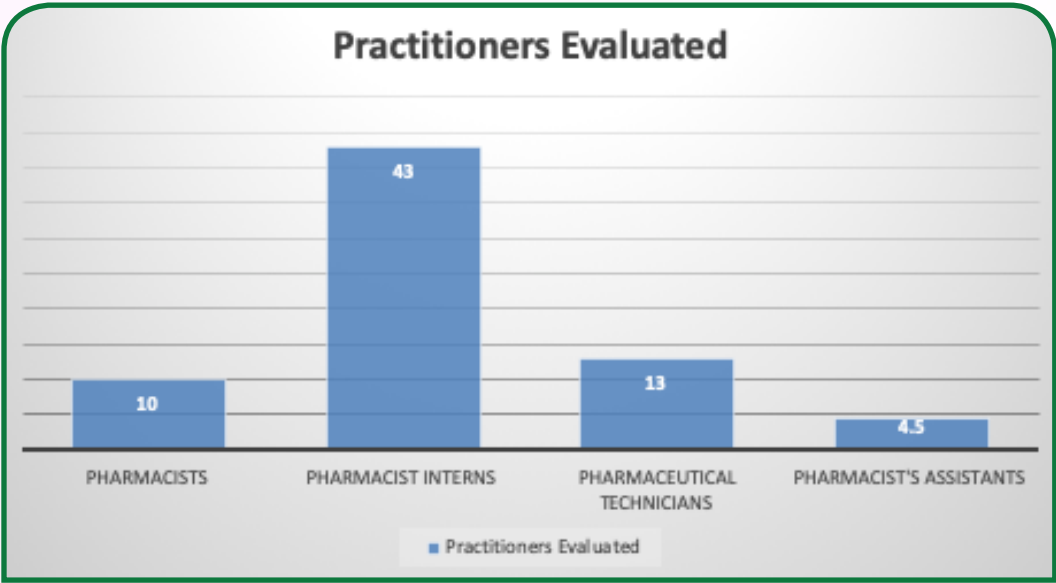


Table 4: Pre-registration evaluations for Social Work and Psychology Council

Profession	Number of evaluation sessions held	Number of practitioners evaluated	Number of practitioners passed	Number of practitioners failed	Pass rate	Failure rate
Social Worker	3	4	3	1	75%	25%
Psychologist		4	4	0	100%	0%
Intern Psychologists		5	5	0	100%	0%
Psychological Counsellors		6	4	2	67%	33%

Table 4 shows that the psychologists and intern psychologists performed well with a pass rate of 100%. The average pass rate of social workers and the psychological counsellors was 71%; the failure rate was 29%. The overall average pass rate of all the professions was 86%; the failure rate was 14%.

Graph 4: The number of practitioners under the Social Work and Psychology Council who were evaluated for the 2018/19 period



Jurisprudence multiple choice questionnaires

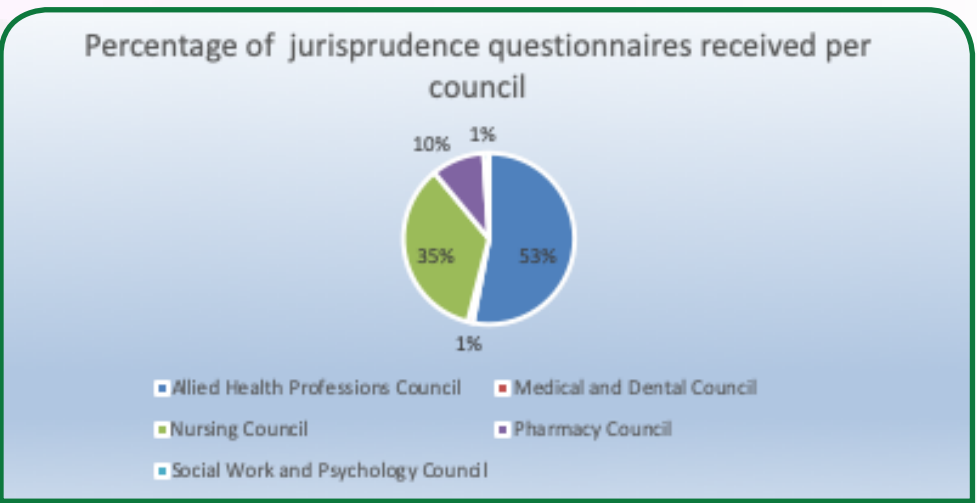
All persons who go through the evaluation process are required to complete the jurisprudence multiple choice questionnaire. On successful completion thereof they obtain their first CPD points in professional ethics. During the reporting period, 435 jurisprudence multiple choice questionnaires were received and marked as opposed to the 416 received and marked in the 2017/18 reporting period. In terms of the questionnaires that were received and marked, 354 practitioners passed, and 81 practitioners failed.

Graph 5: Comparison of received and marked jurisprudence multiple choice questionnaires



Graph 5 shows a comparison of the number of jurisprudence multiple choice questionnaires received, marked and the respective results of 2017/18 and 2018/19. There was an impressive increase in the pass rate of the jurisprudence multiple choice questionnaires as opposed to the previous year. This shows that during the reporting period, newly registered practitioners hopefully gained knowledge of the legal framework and ethics of their professions which would enable them to face the legal and ethical challenges in practice. the reporting period, newly registered practitioners hopefully gained knowledge of the legal framework and ethics of their professions which would enable them to face the legal and ethical challenges in practice.

Pie chart 1: Comparison of jurisprudence questionnaires received per Council



As shown in Pie chart 1 the most jurisprudence questionnaires received per Council, were predominantly submitted by the allied health and nursing professions. The least were from the medical and dental professions.

Strategic objective

To promote and control standards of training of persons for the purpose of registration to practice a profession

To ensure that minimum educational and training standards are in line with the relevant legislation, the ETQA section has the responsibility of facilitating the inspections of hospitals, health centres, clinics, and private practices, as well as accreditations of educational training institutions. Because there were no Councils from 1 April 2018 to 3 October 2018, the planned inspections of hospitals, clinics and health centres could not be done. Table 5 presents the inspections conducted between November 2018 and March 2019 in terms of educational institution, programme and the outcome of the inspections.

Table 5: Inspected educational institutions

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
KHOMAS REGION	Emergency Management and Training Specialist Services (EMTSS)	Student Emergency Care Practitioners- Basic and Intermediate	Approval granted for three years
	Tulipohamba Training and Assessment Institute	Student Emergency Care Practitioners- Basic	Approval not granted
	Osh-Med International	Student Emergency Care Practitioners- Basic and Intermediate	Approval granted for three years

Three educational institutions were inspected. The Tulipohamba Training and Assessment Institute was not approved as major shortcomings were identified during the inspection.

Table 6: Health facilities inspected for placement of biokineticists interns and intern and student medical technologists

REGION	FACILITY	CATEGORY	OUTCOME
KHOMAS REGION	BRG West Care	Biokineticists intern	Approval granted for three years
	BRG Feld Street	Biokineticists intern	Approval granted for three years
	Namibia Blood Transfusion Services (NAMBTS)	Intern and Student Medical Technologists	Approval granted for three years

Table 6 shows the facilities that were inspected for the placement of students and interns under the Allied Health Professions Council. All three facilities were approved for a duration of three years. This signifies that more facilities, which meet the training standards of the Allied Health Professions Council, are available to properly train interns and students in the biokinetics and medical technology fields.

Strategic objective

To set up strategic networks with stakeholders and other education, training and quality assurance bodies

Table 7 shows the list of stakeholders that were engaged during the period under review.

Table 7: List of stakeholders engaged

Entity	Purpose	Remarks
Namibia Training Authority (NTA)	Representing HPCNA on the Health and Social Services Industry Skills Committee	Coordination between the HPCNA and other entities which are involved in training and education strengthened
Ministry of Higher Education, Training and Innovation	Discussion on the overlaps of functions, for example, accreditation of training institutions	A follow up meeting will be arranged
Ministry of Health and Social Services	Attended a consultative on Pre-Exposure Prophylaxis (PREP)	Consultative workshop for the development of PREP SOP

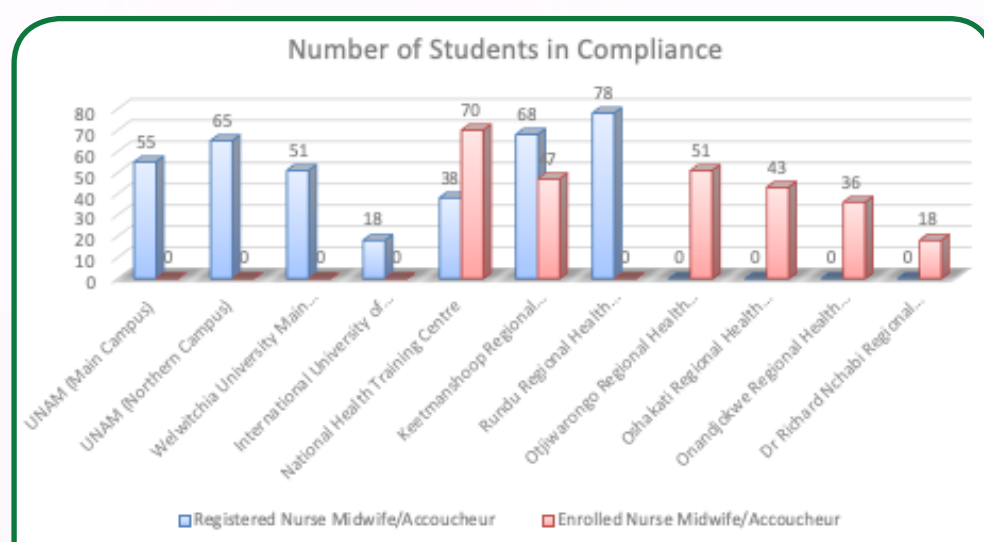
The number of completions of training received and verified for compliance with set minimum requirements for training is shown in Table 8.

Table 8: The number of completions of training received and verified for compliance with set minimum requirements for training

EDUCATIONAL INSTITUTION	CATEGORY	NUMBER OF COMPLETIONS RECEIVED	NUMBER OF COMPLETIONS VERIFIED
UNAM Main Campus	Registered Nurse / Midwife / Accoucheur	55	55
UNAM Northern Campus	Registered Nurse / Midwife / Accoucheur	65	65
Welwitchia Training Centre Main Campus	Registered Nurse / Midwife / Accoucheur	51	51
International University of Management	Registered Nurse / Midwife / Accoucheur	18	18
National Health Training Centre	Registered Nurse / Midwife / Accoucheur	38	38
Keetmanshoop Regional Health Training Centre	Registered Nurse / Midwife / Accoucheur	65	65
Rundu Regional Health Training Centre	Registered Nurse / Midwife / Accoucheur	78	78
National Health Training Centre	Enrolled Nurse / Midwife / Accoucheur	70	70
Keetmanshoop Regional Health Training Centre	Enrolled Nurse / Midwife / Accoucheur	47	47

EDUCATIONAL INSTITUTION	CATEGORY	NUMBER OF COMPLETIONS RECEIVED	NUMBER OF COMPLETIONS VERIFIED
Otjiwarongo Regional Health Training Centre	Enrolled Nurse / Midwife / Accoucheur	51	51
Oshakati Regional Health Training Centre	Enrolled Nurse / Midwife / Accoucheur	43	43
Onandjokwe Regional Health Training Centre	Enrolled Nurse / Midwife / Accoucheur	36	36
Dr Richard Nchabi Regional Health training Centre	Enrolled Nurse / Midwife / Accoucheur	18	18

Graph 6: The number of students who completed their training and complied with minimum requirements as prescribed by the Nursing Council



As shown in Table 8 and Graph 6 the University of Namibia, Welwitchia Health Training Centre, the International University of Management, and the National Health Training Centre produced a combined total number of 635 registered nurses midwives/accoucheurs during the reporting period. The University of Namibia, Welwitchia Health Training Centre, and the International University of Management had a total of 189 students who completed the B-Degree in Nursing and Midwifery Science and were registered as nurse midwives/accoucheurs with the Nursing Council. The National Health Training Centre, together with seven regional health training centres, had a total number of 181 students who completed the Diploma in Nursing and Midwifery Science and 265 who completed the Certificate in Enrolled Nursing and Midwifery. The country produced more registered nurse midwives/accoucheurs (370) than enrolled nurse midwives/accoucheurs (265). It can therefore be presumed that having more registered nurses midwives/accoucheurs, could be of advantage in service delivery considering their role in the supervision of the lower nursing categories and mentoring of students and pupil nurse midwives/accoucheurs.



Continuing professional development (CPD) Section

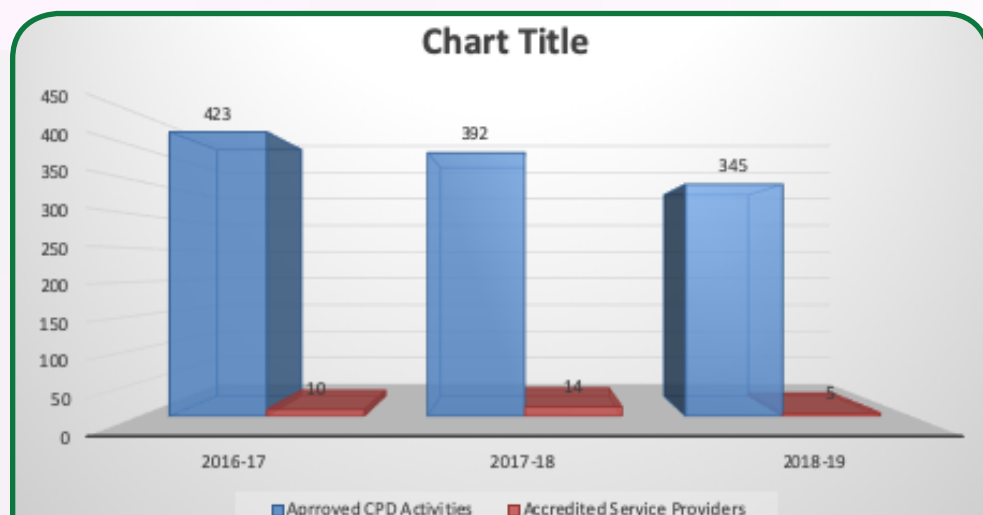
The main objective of the CPD section is to implement and maintain an obligatory CPD system for registered and enrolled practitioners and, to provide opportunities to health professionals for maintaining and enhancing of professional skills, knowledge and attitudes. In order to promote the CPD of registered and enrolled practitioners, the CPD committee approved several CPD activities and accredited service providers as shown in Table 9.

Table 9: Number of approved CPD activities and accredited service providers

Activity	Number submitted	Number approved	Number not approved
Approved CPD activities	345	345	0
Accredited service providers	5	5	0

All applications for approval of CPD activities and service providers were found to be of good standard and approved by the CPD committee.

Graph 7: Comparison of approved CPD activities and accredited service providers



As shown in Graph 7 there was a slight decrease in the number of the approved CPD activities and the number of new CPD service providers compared to previous years. This scenario had a negative impact on the performance of professionals in respect of CPD attendance.

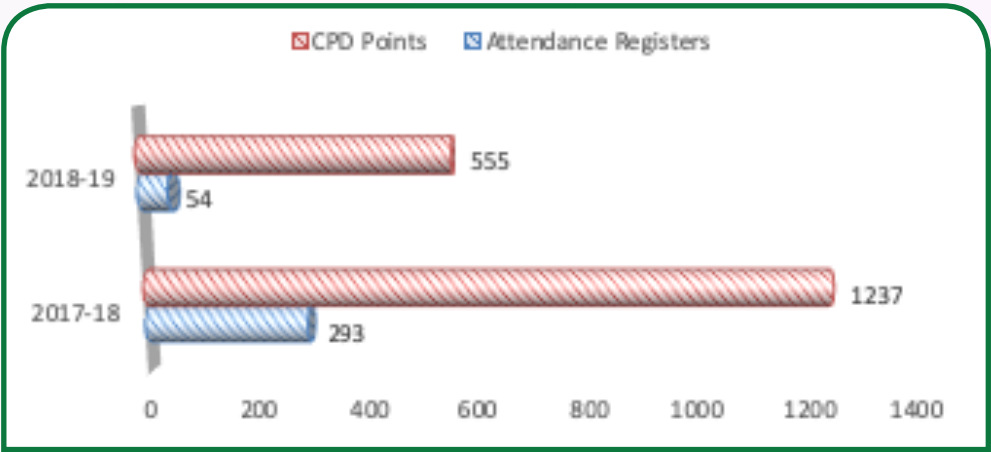
In addition to processing applications for approval of CPD activities and providers, the section is required to capture all attendance registers and CPD points. Attendance registers and CPD points are listed in Table 10 for the reporting period.

Table 10: Number of attendance registers received and CPD points captured

Item received	Number approved
Attendance registers	54
CPD points	555

As evident in Table 10 there were 54 attendance registers received from CPD service providers; 555 CPD points were awarded to the attendees of the CPD service providers’ activities.

Graph 8: Comparison of number of attendance registers received and CPD points captured between 2017/18 and 2018/19



Graph 8 shows a decrease in the attendance registers submitted and CPD points awarded during this reporting period compared to the previous reporting period. Due to the absence of Councils from 1 April 2018 to 3 October 2018 the CPD committee could only perform its function of scrutinizing submitted CPD activities and allocating CPD points after the inauguration of Councils and the appointment of a new CPD committee.

Strategic objective

To ensure compliance in terms of the legislation of continuing professional development.

- The CPD section conducted a 10% random selection of names of professionals from each Council.
- CPD, as determined by the relevant Councils, is applicable to all registered and enrolled persons.
- A total of 1792 of practitioners from the five Councils were randomly selected during the reporting period.

Table 11 shows the compliance results of the selected practitioners for their CDP audit.

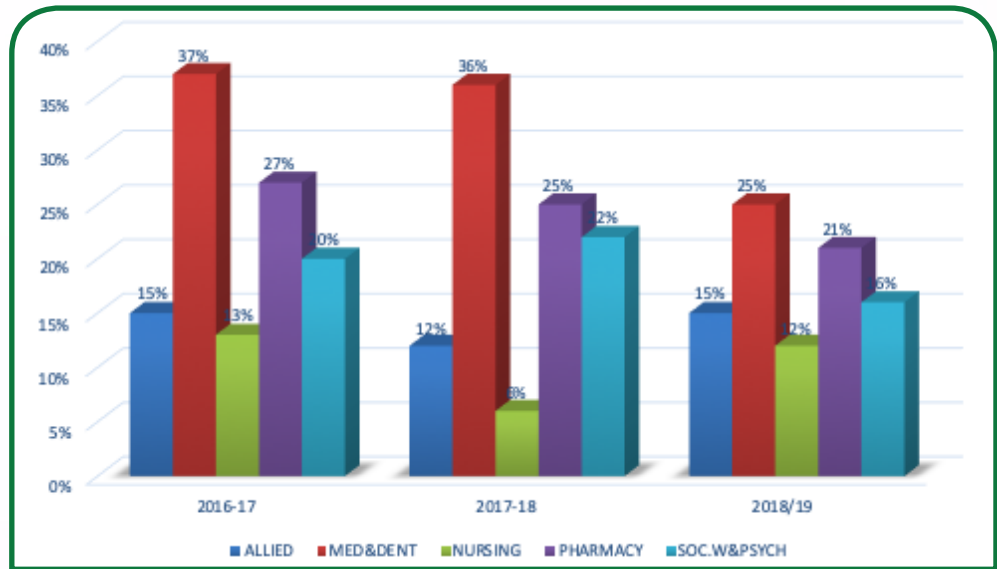
Table 11: Number of randomly selected practitioners per Council

Profession	No. selected	No. complied	Compliance%
Allied Health Professions	374	54	15%
Medical & Dental	222	56	25%
Nursing	1025	116	12%
Pharmacy	102	21	21%
Social Work & Psychology	69	11	16%

The Nursing Council has the highest number of registrants thus 10% selection of practitioners from this council was the highest compared to the other Councils. Overall, the compliance rates were very low. The main reasons for this could be (i) the remoteness of some areas where practitioners are placed with no internet connectivity, and (ii) some may work alone in a facility.

These reasons make it impossible for them to attend CPD activities that are offered in the bigger facilities. Practitioners who have access to internet facilities, are advised to register for online CPD activities. To enhance compliance with CPD and depending on availability of funds, the CPD committee, together with the relevant professional associations and societies, should consider having road shows to inform the professionals about their responsibility regarding CPD.

Graph 9: Comparison of compliance between years 2016/17, 2017/18 and 2018/19



As evident in Graph 9 there was a drastic drop in CPD compliance by medical and dental practitioners from 2016/17 to 2018/19. There was a slight increase in the CPD compliance by nursing practitioners and the allied health professionals from the 2017/18 reporting period to 2018/19. The other three councils show a decrease in compliance levels during the same reporting period.

Strategic objective

To control and exercise authority in respect of all matters affecting the education and training of all professionals and the manner in which they practice their profession.

During the period under review the CPD committee held one meeting instead of two as required. This was due to the dissolution of the CPD committee while awaiting the inauguration of new Councils and the appointment of a new CPD committee.

Strategic objective

To create an effective atmosphere of communication and enhance service delivery and culture

During the reporting period, the department held three staff meetings in an effort to promote teamwork and to give feedback that pertained to the decisions of the executive management.

Conclusion

Despite the vacuum of six months caused by the absence of Councils, the ETQA and CPD department had a productive year. The ETQA section managed to take over the facilitation of evaluation sessions from the Pharmacy Council.

We look forward to 2019/2020 as we have a committed team and great activities are planned. Hard work will be needed to achieve set goals.

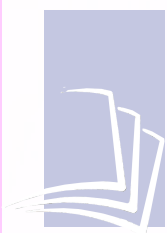


Section two

Legal & Legislative Support Services Department

2017/ 2018

HPCNA ANNUAL REPORT



Section Two

Legal and Legislative Support Services Department

1. Legal Support Division

Introduction

The Legal Services Department (the Department) of the Health Professions Councils of Namibia (HPCNA) is tasked with facilitating investigations of complaints against health practitioners and drafting of legislations. The department coordinates, among others, activities of the preliminary investigation committees, professional conduct committees, appeal committees and health assessment committee. The Department is also responsible for legislative support to draft, oversee, assist and ensure that relevant Acts, Regulations and Rules of all Councils are in place. Such activities are undertaken with constant consultations with all stakeholders, the Ministry of Health and Social Services, and the Ministry of Justice.

The Department further advises the Councils, management and staff on legal matters, administrative decisions and actions; as well as drafting / reviewing of legal documents and contracts; and overseeing the litigation processes instituted against the Councils.

PERSONNEL

To regulate the practicing of professions and to ensure that all persons practicing the professions are suitably qualified and able to practice the professions concerned and are registered.

- Ms. Johanna Nghishekwa: Senior Manager: Legal Services
- Ms. Sylvia Hamata: Manager: Professional Conduct
- Mr. Johannes Burger: Manager: Legislative Support
- Ms. Charne Visser: Manager: Legislative Drafting
- Ms. Elizabeth Matomola: Administrative support officer

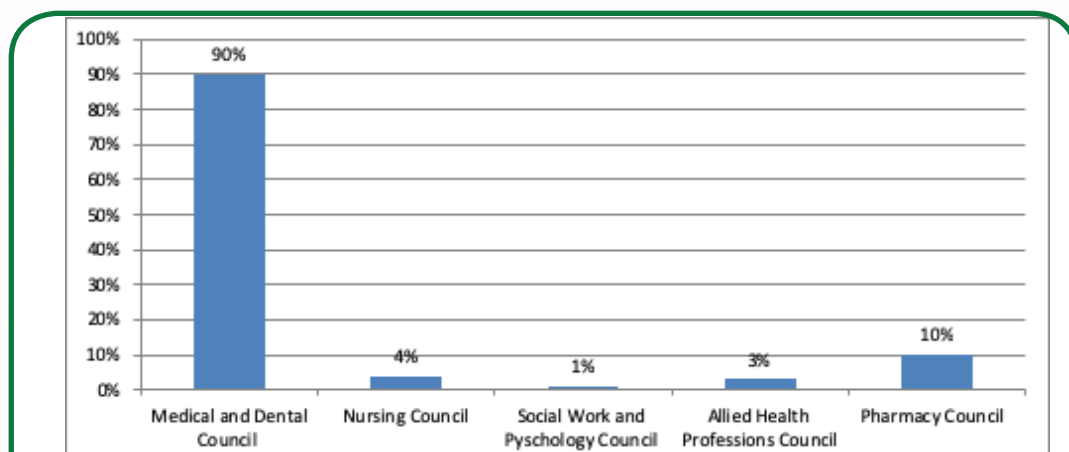
1. PROFESSIONAL CONDUCT DIVISION

1.1 Complaints recorded

Table 12: Monthly records of number of complaints reported to Councils

Month	Medical and Dental Council	Nursing Council Council	Social Work and Psychology	Allied Health Professions Council	Pharmacy Council	TOTAL
April 2018	2	0	1	0	0	3
May 2018	2	0	0	1	1	4
June 2018	1	1	0	0	1	3
July 2018	2	0	1	0	0	3
August 2018	2	0	0	0	0	2
September 2018	3	1	0	1	0	5
October 2018	1	0	0	2	0	3
November 2018	8	0	0	0	0	8
December 2018	2	1	0	0	1	4
January 2019	1	1	0	0	0	2
February 2019	3	1	0	1	0	5
March 2019	4	1	0	0	1	6
TOTAL	31	6	2	5	4	48

Graph 10: Presentation of reported cases per Council during the period



- The Medical and Dental Council received 25% more complaints compared to the previous year. Obstetrics and gynaecology related complaints dominated the nature of complaints followed by surgery and dentistry. There has been a tremendous increase in complaints against medical practitioners over the years. Complaints against dentists remain relatively low. During this period the increase in the complaints against medical practitioners is staggering at 90% of all complaints received. The indicators point at the practice of obstetrics and gynaecology as the main source of the complaints against medical practitioners; the majority being against general practitioners.
- The Nursing Council received 6% less complaints compared to the previous year. General nursing care of patients-related complaint was dominant as in the previous year followed by complaints relating improper attitude towards patients. Complaints relating to lack of care that result in still births have declined significantly over the past three years. There has been a tremendous decrease in complaints against nurses over the years. The imbalance of patient-nurse ratio in public health facilities, as recorded in most responses to complaints by nurses, continues to contribute to lack of attention given to state patients and this results in complaints.
- The Social Work and Psychology Council received a similar number of complaints as in the previous year. Complaints related to practicing outside of the scope of practice. There is a misunderstanding with regards to the scope of practice of clinical psychologists, social workers and psychological counsellors.
- Allied Health Professions Council received 10% less complaints compared to the previous year. In the previous year the majority of complaints related to dental therapist practicing as dentists. There seems to be a clear understanding of roles of practice between the two professions, hence a decline in complaints. Complaints for the current year related to practitioners practicing outside their scope of practice, on a very small scale, and persons rendering professional services without registration with the Council. There seems to be a trend of laboratories employing persons to perform professional functions and are not registered with the Council.
- The Pharmacy Council received a similar number of complaints as in the previous year. Complaints related to unethical behavior and fraud.
- The overall demographic representation of the complainants was dominated by the Khomas region, followed by Erongo, Otjozondjupa and Kavango (East and West), Oshana and Ohangwena region. It casts doubt as to whether the general population is aware of their rights to lay complaints against health practitioners in the event of mismanagement. Public awareness of such a right may be necessary.

1.2.1 Preliminary investigation committees (PICs)

The PICs are tasked to investigate complaints against health practitioners and to make recommendations to relevant Councils on their findings for Councils to take decisions.

In October 2018 new Council members were appointed to office for a period of five (5) years. The Council appointed new members of the PICs as shown below.

Allied Health Professions Council

- Mr. Albert Hays
- Mr. Gerhardus van Rooyen
- Ms Ndapandula Londo
- Ms. Samantha du Toit
- Dr. Marion Klingelhoefter

Dental committee

- Dr. Silvio Suardi
- Dr. Luise Elise
- Dr. Nelson Herunga
- Dr. Wesley Mouton
- Dr. Toitso William Kagiso Moloi

Nursing Council

- Mr. Desderius Haufiku
- Mr. Salomo Salomo
- Ms. Tekla Mbidi
- Mr. Willem Hamukanga Maya
- Ms. Tuwilika Endjala

Medical and Dental Council

Medical committee

- Dr. Adolf Rinouzeu Kaura
- Dr. Phillippus Jacobus Christoffel Buys
- Dr. Schalk Willem Burger Engelbrecht
- Dr. Sophia van Rooyen
- Dr. Elkana Mwaikange Halleluja Nande
- Dr. Rheinord Collin Gariseb

Pharmacy Council

- Ms. Riana Potgieter
- Mr. Tuyambeka Mwandingi
- Ms. Suane Badenhorst
- Ms. Lourensia Wendjizuva Katjita
- Ms. Naambo Taimi Amakutuwa

Social Work and Psychology Council

- Ms. Emiligie van Zyl
- Ms. Eveline January
- Ms. Edwina Husselman-Mensah
- Dr. Elizabeth Shino

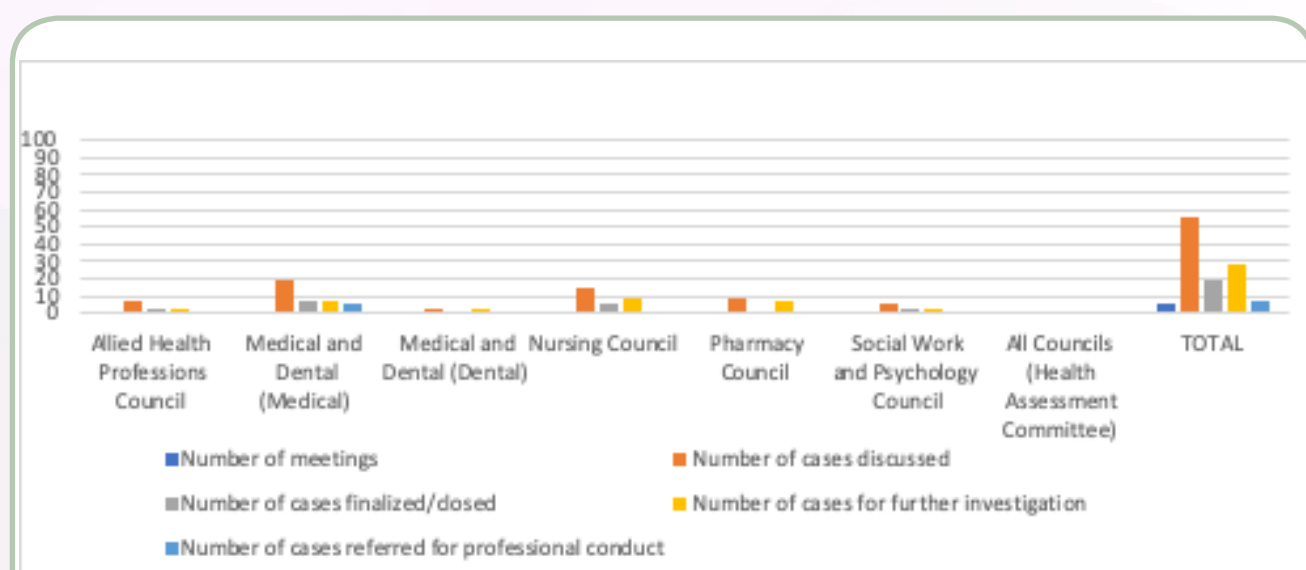
1.2.1.1 Meetings held by committees

Different committees held meetings to conduct preliminary investigations into matters reported to the relevant Councils as envisaged by the relevant legislations. Table 13 shows the activities of the committees.

Table 13: Number of meeting and status of cases

Council	Number of meetings	Number of cases discussed	Number of cases finalized/closed	Number of cases for further investigation	Number of cases referred for professional conduct
Medical and Dental (Medical)	1	19	7	7	5
Medical and Dental (Dental)	1	3	1	2	0
Nursing Council	1	14	5	9	0
Pharmacy Council	1	8	1	7	0
Social Work and Psychology Council	1	5	2	2	1
Allied Health Professions Council	1	6	3	2	1
All Councils (Health Assessment Committee)	0	0	0	0	0
TOTAL	6	55	19	29	7

Graph 11: Meetings held, cases discussed, cases finalized/closed, cases for further investigation and cases referred for professional conduct inquiry



- The number of meetings held was affected by the vacancies in the membership of Councils during the period 1 April 2018 – 30 September 2018.
- Cases are closed when there is insufficient evidence to prove the claim of unprofessional conduct.
- A case remains under investigation when a committee intends to obtain further information, an expert opinion or a legal opinion.

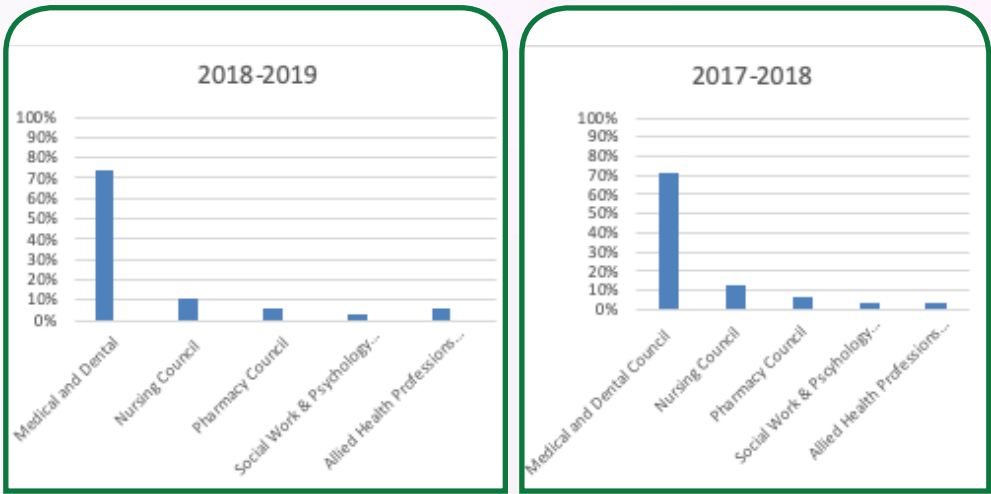
1.2.1.2 Pending cases

Pending cases are those that are still under investigations. They include cases from previous years of PICs awaiting information from a complainant and/or accused and/or health institutions and/or expert opinions and/or legal opinions and/or professional conduct inquiry. Table 14 presents details of pending cases. Graph 12 shows a comparison of pending cases for the current period and the last reporting period.

Table 14: Pending cases per Council in comparison to previous year

COUNCIL	2018/2019	2017/2018
Medical and Dental Council	177	136
Nursing	26	25
Pharmacy	14	11
Social Work and Psychology	6	6
Allied Health Professions	15	13
TOTAL	238	191

Graph 12: Presentation of pending cases per council during 2018–2019 in comparison to 2017 -2018



- Medical and Dental Council had an increase of 3% in the number of pending cases compared to the previous year. It has recorded a high receipt of complaints over the years. The delays in obtaining expert opinion and medical records play a major role in the increased number of pending cases over the years.

- The high request for an expert opinion is attributed to the complicated services that medical practitioners provide and issues surrounding the complaint that may not be fairly investigated without the involvement of an expert. Over the past years the Council has, to a large extent, established a professional relationship with a number of experts. The provision of expert opinions in a much shorter period is slowly being realized.
- The challenge remains with the provision of the medical records. Requests for medical records are channeled through the office of the executive director in the Ministry of Health and Social Services. Delays in submitting medical records from various hospitals and health facilities across the country to the office of the executive director and to Councils largely contribute to the number of outstanding cases.

1.2.2 Professional conduct committees

A professional conduct committee is tasked to undertake a professional conduct inquiry on behalf of Councils and to make recommendations on its findings to Councils for ratification.

During October 2018 new Council members were appointed to office for a period of five (5) years. The Councils appointed new members of the professional conduct committees. The following are the new members of the professional conduct committee for the respective Councils:

Allied Health Professions Council

- Mr. Christopher Mubita Likando - Chairperson
- Mr. Norman Tjombe
- Ms. Nicole Grütenmeyer
- Ms. Barbara Ackerman
- Rev. Frans William Macnab

Social Work and Psychology Council

- Dr. Jürgen Hoffmann - Chairperson
- Adv. Hettie Garbes-Kirsten
- Ms. Verona Du Preez
- Dr. Mafred Janik
- Rev. Linus Ngenomesho

Medical and Dental Council

- Dr. Wilson Landuleni Benjamin – Chairperson
- Ms. Hinasha Mbudje
- Dr. Dean Aubrey Kock
- Prof. Fillemon Amaambo
- Rev. Cornelia Nel

Pharmacy Council

- Ms. Naita Nghishekwa - Chairperson
- Ms. Bonita de Silva
- Ms. Dawn Dineo Pereko
- Ms. Wilet Yvone Pothas
- Ms. Sophia M. MacNab

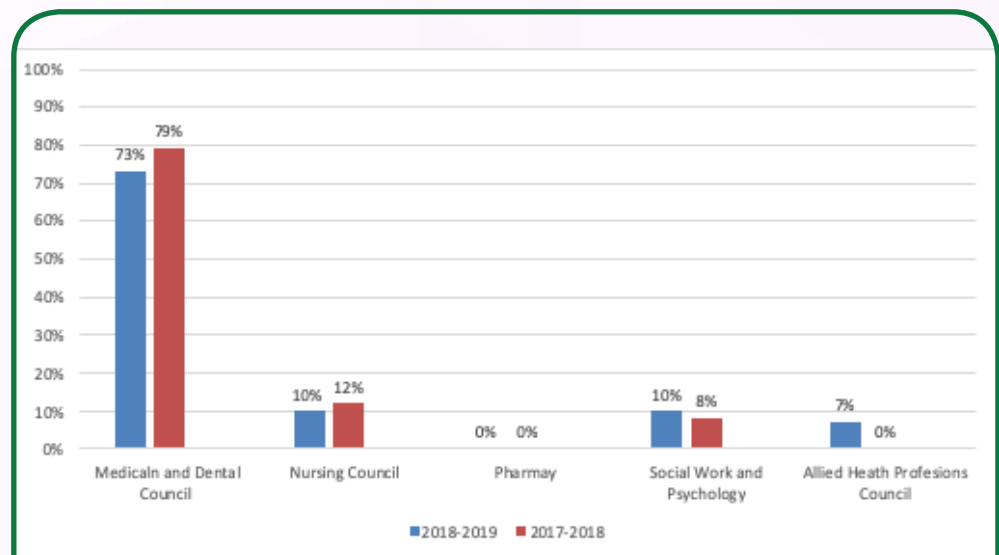
Nursing Council

- Ms. Francina Tjituka – Chairperson
- Mr. Thomas Nekongo
- Ms. Justine van der Merwe
- Janna Ellmies
- Mr. Levi Tjambari

Table 15: Pending professional conduct inquiries in comparison with the previous year

COUNCIL	2017-2018	2018-2019
Medical and Dental Council	19	21
Nursing	3	3
Pharmacy	0	0
Social Work and Psychology	2	3
Allied Health Professions	0	2
TOTAL	24	29

Graph 13: Presentation of pending professional conduct inquiries in comparison with the previous year



- Each Council may only hold one inquiry in a year due to lack of funds. This will eventually result in aging of cases over the years.
- There is a need for more fund allocation for prosecution of the cases, capacitation of the professional conduct division to conduct in-house inquiries and to strengthen the investigations of complaints.

Table 16: Professional inquiries conducted

COUNCIL	DATE OF HEARING	ACCUSED	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
Medical and Dental Council	22-25 October 2018 (ongoing)	Dr. T J H Nel	Failure to attend to patient and make a correct diagnosis.	In progress

1.2.3 Appeal committee

The appeal committee is mandated to deal with the appeals against decisions taken by the Professional Conduct Committee or Council or failure to make decision by the Council.

No appeal hearings were held during this period.



2. Legislative Support Division

The Councils are empowered in terms of their respective Acts to recommend to the Minister of Health and Social Services to make Regulations to guide the practice of a profession. The division undertakes the initial drafting of Regulations. The process adopted in drafting Regulations involves initial drafting of proposed Regulations by a Council. The proposed regulations are then forwarded to the professionals through their associations/societies/union and professional committee for input and comments. The draft is then forwarded to the Minister for approval before it is handed to the Ministry of Justice for scrutiny and further handling.

2.1 Health Professions Bill and Regulations

2.1.1 Health Professions Bill

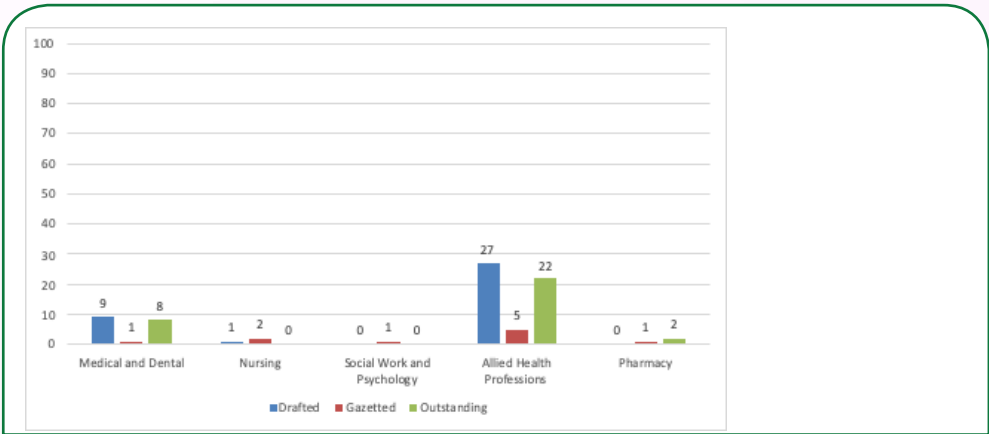
The Health Professions Bill is aimed at formalizing the HPCNA as a legal entity, providing for the establishment of the professional boards whose functions will be akin to the current five Councils, and furthermore providing for one primary legislation to govern and regulate all health professions. The Bill has been in a drafting process during this period as well. The division continued to render the necessary assistance to the Ministry of Health and Social Services and Ministry of Justice in the process leading up to the final drafting stages of the Bill. The division assisted with the process of desk consultation with the professional societies and associations. The division further assisted with the incorporation of the input from professional association and societies.

2.1.2 Regulations

Table 17: Sets of regulations per Council drafted, gazetted and drafted but not gazetted

COUNCIL	DRAFTED	GAZETTED	OUTSTANDING
Medical and Dental	9	1	8
Nursing	1	2	0
Social Work and Psychology	0	1	0
Allied Health Professions	27	5	22
Pharmacy	0	1	0
TOTAL	37	10	30

Graph 14: Presentation of regulations drafted, gazetted and drafted but not gazetted



- Each profession requires regulations for student registration, the minimum requirement for registration, scope of practice and other regulations for auxiliary matters. The division has embarked on ensuring that each profession is fully regulated.
- The Allied Health Professions Council has a total of seventy-four professions, therefore a high number of outstanding draft regulations. This high number is expected to remain due to frequent declaration of new professions under this Council.
- The Medical and Dental Council has a high number of specialized professions compared to other professions hence a high number of outstanding regulations.
- The Medical and Dental Act, Nursing Act, Social Work and Psychology Act, Pharmacy Act and Allied Health Professions Act were amended during this period. The amendments effected relate to the appointment of the Council members and composition of the Councils.

3. CHALLENGES FACED BY THE DEPARTMENT

The legal department faced with numerous challenges that threatened the execution of its mandate. Some of these challenges are presented below.

3.1 Investigation process

The investigation of complaints from all regions in the country is centralized at the offices of the Registrar in Windhoek. It is conducted by written correspondence which results in unreasonable delays. This is so, however, due to the nature of the investigations, as it is written evidence based. Decentralization of investigations would accelerate the period of investigation; this is however hampered by the lack of funds. The Councils are not empowered to utilize court processes against persons who do not cooperate during an investigation.

3.2 Professional conduct inquiries and appeals

The vacancy in the Councils for most part of this period hampered conducting of inquiries and appeals. During this period, the Medical and Dental Council conducted one inquiry. The proceedings commenced during the term of the previous Council. All appeals that were lodged during this period could not be heard, for the similar reason.

Availability of funds remains the biggest challenge in the execution of the duties of the department. The determination of the number of inquiries to be held in a year depends on the availability of funds. The capacitation of the department to undertake in-house legal opinion, inquiries and appeals further depends on the availability of funds.

3.3 Administrative functions

All administrative functions, including tracking of progress on process of complaints, are largely manually operated. There is a need for a computerized system to keep track and record of the processes in order to accelerate investigation and reporting.

4. CONCLUSION

- 4.1 The period during which there were no Councils members in office contributed to delays in the progress in investigation of complaints, conducting of inquiries, appeals and recommendation of regulations to the Minister of Health and Social Services. The Councils and their committees, however, managed to work on the backlog by the end of this period.
- 4.2 Although the situation has improved over the years, the department continues to experience delays in obtaining medical records from public hospitals/health facilities, thus delaying the investigation processes. The main contributor to such delays is considered to be the record keeping of hospital/medical records at hospital/health facilities. In some instances, investigations are called off due to absence of evidence, mainly medical/hospital records.
- 4.3 The Ministry of Health and Social Services and the Ministry of Justice, legal drafters in particular, have rendered immense support and assistance to the department in the execution of its functions.



Section three

Professional Affairs Department



Section Three

Professional Affairs
Department

Medical and Dental Council

1. INTRODUCTION

The Medical and Dental Council of Namibia (hereinafter referred to as the Council) is established in terms of the Medical and Dental Act, 10 of 2004 (hereinafter referred to as the Act). The Council regulates the practicing of fourteen (14) professions: medical practitioner, dentist, biomedical engineer, clinical biochemist, clinical officer, genetic counsellor, medical assistant, medical biological scientist, medical and dental intern, medical physicist, medical scientist, ophthalmic assistant, oral hygienist, and rural medical aid by ensuring that all persons who applied for registration to practice these professions are suitably qualified before they get registered. The Council also control and exercise authority in respect of all matters affecting the education and training of persons to be registered under the Act.

2. COUNCIL MEMBERS

The Council was constituted on 04 October 2018 and its members are:



Front row seated (from left to right): Dr Nguundja Uamburu, Mr Benetus Nangombe (Executive Director), Dr Bernard Haufiku (Former Hon Minister of Health), Ms Grace Mugaviri (Legal Practitioner), Prof. Fillemon Amaambo.

Back row standing (from left to right): Dr Silvio Suardi, Dr Johann Archer (Vice President), Mr Ngamane Karuaihe-Upi (Member of the public), Dr Wilson Benjamin (President), Dr Akutu Munyika, Dr Christo Buys, Dr Dean Kock.

Not appearing on the picture: Dr Adolf R. Kaura and Dr Elliot Newaka.

3. SUMMARY OF COUNCIL ACTIVITIES

During the period under review the following activities were carried out.

3.1 Council meetings

A minimum of two meetings were held on 06 October 2018 and 30 March 2019 as required by the Act.

Table 18: Resolutions taken

Number of Resolutions	Number of Resolutions Implemented	Number of Resolutions Pending
64	62 (97%)	2 (3%)

Comments

- Professional committee still to be formally appointed.
- Dr DR Manuella Kingombe Bibi matter regarding the extension of internship still to forwarded to Exco for round robin resolution.

3.2 Executive committee meetings (EXCO)

This is the committee that exercises powers and performs the duties or functions of the Council during the periods between meetings of Council. However, the Council may amend or set aside, at its meeting any decision or act made or performed. The committee was constituted on 06 October 2018. It did not hold a meeting during the period under review. However, some resolutions were taken by exco via round robin.

3.3 Education committee

This committee advises the Council on any matter relating to, any requirement or qualification pertaining to the registration, education or training of persons or relating to the professions to which the Act applies. The committee was constituted on 06 October 2018 and did not hold meetings during the reporting period. Its first meeting was however scheduled to take place on 16 May 2019.

3.4 Interns/students medical training committee

This committee advises the Council on matters relating to the training of medical students and interns. It may assist the Council in the exercise of such of its powers or the performance of such of its duties or functions in terms of the Act as the Council may delegate or assign to it from time to time. It was also tasked to review training guidelines, logbooks and supervise the training of medical interns at approved training hospitals and health facilities. This committee was constituted on 06 October 2018. It did not hold any meetings during the reporting period. Its first meeting was scheduled to take place on 22 May 2019.

3.5 Interns/student dental training committee

This committee is established to assist the Council in the exercise of its powers or the performance of its duties or functions pertaining to training as the Council may delegate or assign to the committee from time to time. This committee is responsible for developing training guidelines, protocols, logbooks and supervising the training of dental interns at the approved training hospitals and health facilities as well as overseeing the remedial programme for dental graduates. The committee was constituted on 06 October 2018 . No meetings were held during the reporting period.

3.6 Inspection of educational and training facilities

The Council appointed health professionals to inspect hospitals, health facilities and educational institutions for training of medical and dental interns. The inspectors for dental professions inspected seven (7) hospitals, and two (2) private practices for the training of dental interns during the period under review. There were no inspections of hospitals or health facilities training medical interns/ students during the period under review. Such inspections are however planned to take place in July and August 2019.

3.7 Pre-registration evaluation

The Council appointed health professionals in various disciplines of medicine and dentistry to conduct evaluations of health professionals seeking registration with the Council. The purpose of such evaluations was to determine whether an applicant possesses adequate professional knowledge, skill and competence in the profession for which registration has been applied for. Twelve (12) evaluation sessions were held.

3.8. Professional committee

This committee is established for health professions registrable under the Act but has no representative on the Council. A professional committee considers or investigates any matter pertaining to such professions; advises or makes recommendations to the Council or to the Minister on any matter falling within the scope of the Act or which relates to such professions; advises the Council on the scope of practice of such professions; implements such decisions of the Council which the Council may have instructed such committees to implement; and exercises such powers and performs such duties and functions as may from time to time be delegated or assigned to or imposed upon them by the Council. The professional committee was constituted on 06 October 2018.

4. CONTROL OVER EDUCATION AND TRAINING

4.1 Inspection of hospitals to train Interns

Due to an increasing number of foreign trained medical and dental graduates, the Ministry of Health and Social Services (MoHSS) requested that more public hospitals and private health facilities should be inspected and approved to train medical and dental interns. In response, the following hospitals and health facilities were inspected as shown in Table 19.

Table 19: Hospitals and health facilities inspected to train dental interns

FACILITIES NAME	DATE OF INSPECTION	REGION	OUTCOME
1. Otjiwarongo District Hospital (ODH) Dental Unit	06/12/2018	Otjozondjupa	To continue training two (2) dental interns per year.
2. Onandjokwe Intermediate Hospital (OIH) Dental Unit	03/12/2018	Oshikoto	Approve to train two (2) additional dental interns.
3. Eenhana District Hospital (EDH) Dental Unit	03/12/2018	Ohangwena	Approved for 5 years to train two (2) dental interns per year.
4. Tsumeb District Hospital (TDH) Dental Unit	06/12/2018	Oshikoto	Approved for 5 years to train one (1) dental interns per year.
5. Swakopmund District Hospital (SDH) Dental Unit	06/12/2018	Erongo	Approved for 5 years to train one (2) dental interns per year.
6. Walvis Bay District Hospital (WDH) Dental Unit	06/12/2018	Erongo	Approved for 5 years to train two (2) dental interns per year
7. Opuwo District Hospital (ODH) Dental Unit	04/12/2018	Kunene	Approved for 5 years to train two (2) dental interns per year
8. Integrated Dental Holding	12/12/2018	Khomas	Approved for 5 years to train two (2) dental interns per year
9. Dr AS Uusiku Dental Facility	12/03/2019	Khomas	Approved for 5 years to train one (1) dental intern per year

- The Otjiwarongo District Hospital was inspected in February 2018 and approved to train two dental interns. On follow up inspection in December 2018, its capacity to train had not improved and for that reason no additional interns were recommended.
- Tsumeb District Hospital was granted approval to train only one intern due to lack of space and the fact that there is only one dental chair.
- All approved training hospitals and health facilities are to be re-inspected annually to monitor adherence to training requirements and standards.
- Approved training hospitals and health facilities are to submit quarterly progress reports to the Council on internship training.

5. REGISTERS KEPT

The focal point of control of any profession is through the register. This provides for a body of persons with special knowledge, skills, known standards and ethical integrity whose names are placed on a statutory register which is open to public for scrutiny.

Admission to the register as provided for under the Act is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register (section 23), the maintenance of registration (section 26) and the removal (section 24) or restoration of a name to the register (section 25). These registers lay open during ordinary hours at the office of the Council for inspection by any interested member of the public.

5.1 Registered practitioners

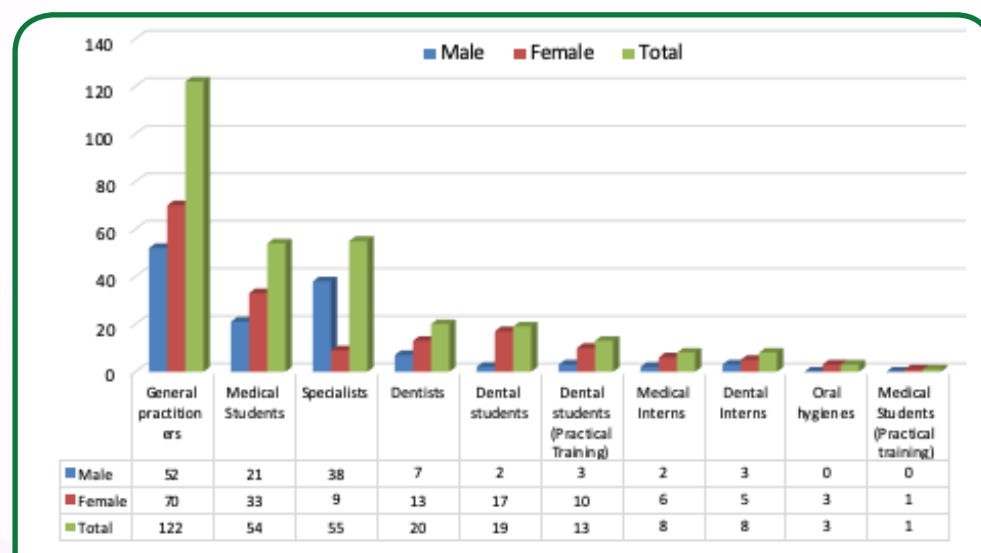
Table 20 presents a list of registered practitioners.

Table 20: Total number of practitioners registered per discipline and gender.

No.	Designation	Female	Male	Total number Registered
1.	Anesthesiologist	0	1	1
2.	Paediatric Cardiologist	1	0	1
3.	Cardiothoracic Surgeon	0	1	1
4.	Clinical Haematologists	0	2	2
5.	Dental Interns	5	3	8
6.	Dental Students	17	2	19
7.	Dental Students in practical training	10	3	13
8.	Dentists	13	7	20
9.	Diagnostic Radiologists	1	5	6
10.	Specialist in Emergency Medicine	1	0	1
11.	Family Physician	0	1	1
12.	Gastroenterologist	0	1	1
13.	General Practitioners	70	52	122

No.	Designation	Female	Male	Total number Registered
14.	Physicians	1	5	6
15.	Medical Interns	6	2	8
16.	Medical Oncologist	1	0	1
17.	Medical Students	33	21	54
18.	Medical Students in Practical Training	1	0	1
19.	Nephrologist	0	1	1
20.	Neurosurgeons	0	2	2
21.	Specialist in Nuclear Medicine	0	1	1
22.	Obstetrics and Gynaecologists	1	4	5
23.	Ophthalmologist	0	1	1
24.	Oral Hygienists	3	0	3
25.	Orthopaedic Surgeons	0	4	4
26.	Paediatric Surgeon	1	0	1
27.	Paediatrician	0	2	2
28.	Pathologist (Anatomical)	0	1	1
29.	Plastic and Reconstructive Surgeon	1	0	1
30.	Psychiatrist	0	1	1
31.	Pulmonologist	0	1	1
32.	Specialist in Reproductive Medicine	1	0	1
33.	Surgeons	0	3	3
34.	Urologist	0	1	1
TOTAL REGISTERED		167	128	295

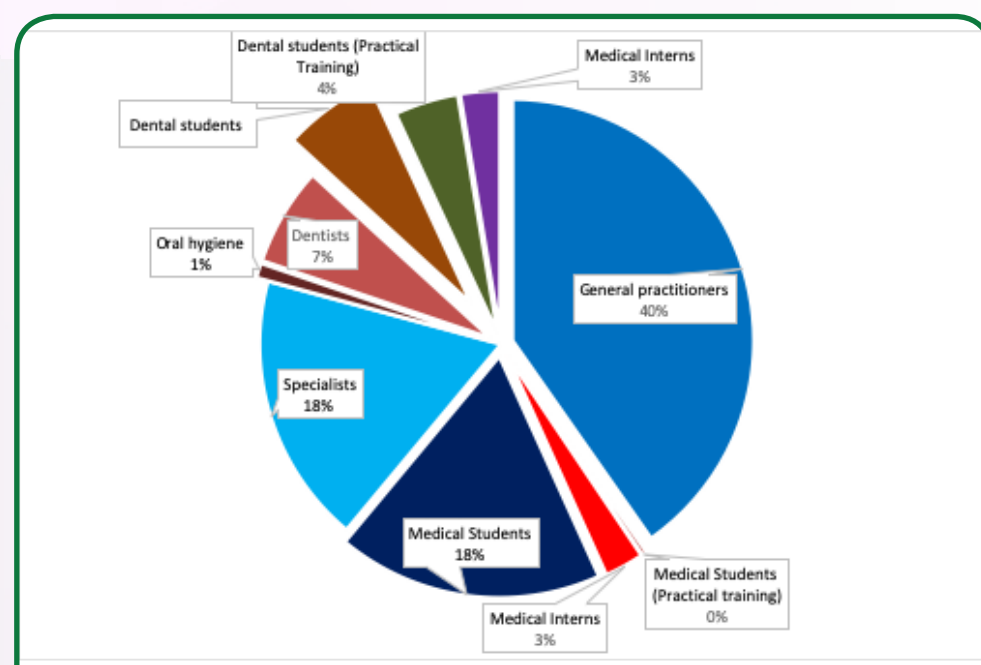
Figure 1: Total number of practitioners registered per discipline and gender



Comments

- One hundred and twenty-two (122) general practitioners (GPs) were registered. This number includes GPs who underwent an evaluation and those who were exempted from the evaluations because they were trained in Namibia.
- Thirteen (13) dental graduates were registered for practical training; one (1) medical graduate was registered for practical training after failing the pre-internship evaluation during the period under review.
- Fifty-four (54) medical students and nineteen (19) dental students registered were from educational institutions outside Namibia.

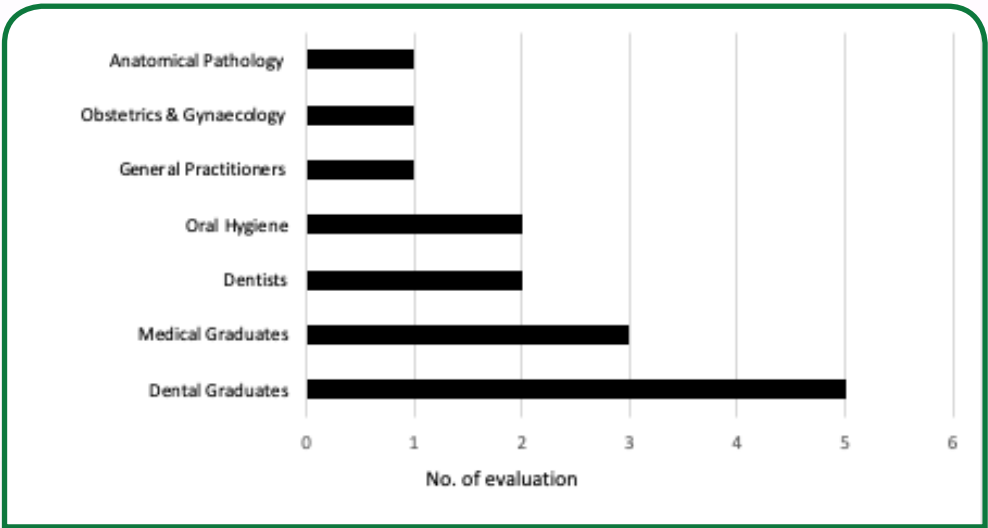
Pie chart 2: Percentage of practitioners registered



6. PRE-REGISTRATION EVALUATION

In compliance with section 20 (3) (a) (i)(ii) of the Act, the Council requires an applicant to pass to its satisfaction an evaluation in order to determine whether or not the applicant possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied for. An applicant is also required to be proficient in the official language of Namibia.

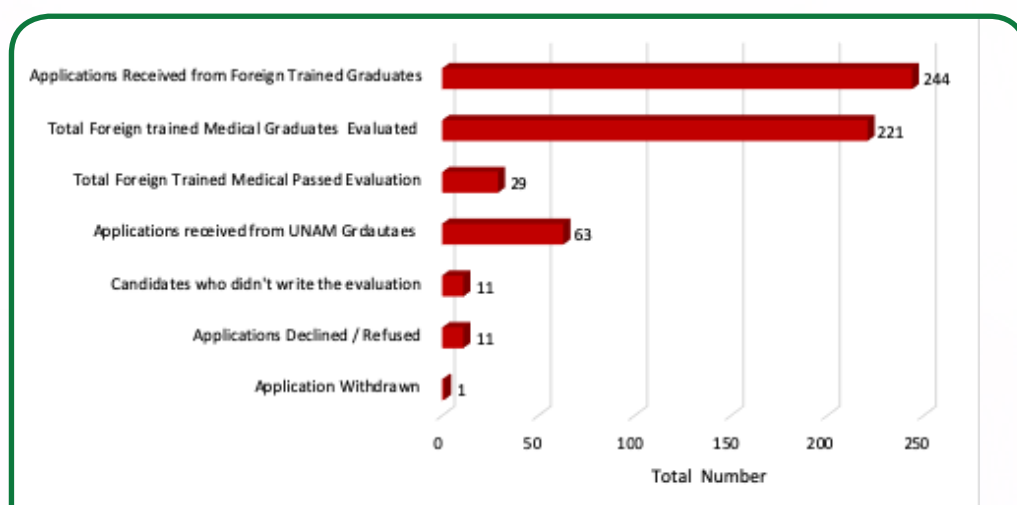
Figure 2: Total number of pre-registration evaluation sessions held per discipline



Comments

- Pre-registration evaluation is mandatory for all foreign trained professionals before registration with the Council.
- There were three (3) oral evaluation sessions and two (2) written evaluations held for dental graduates.
- Only two (2) written evaluation sessions were held for medical graduates.

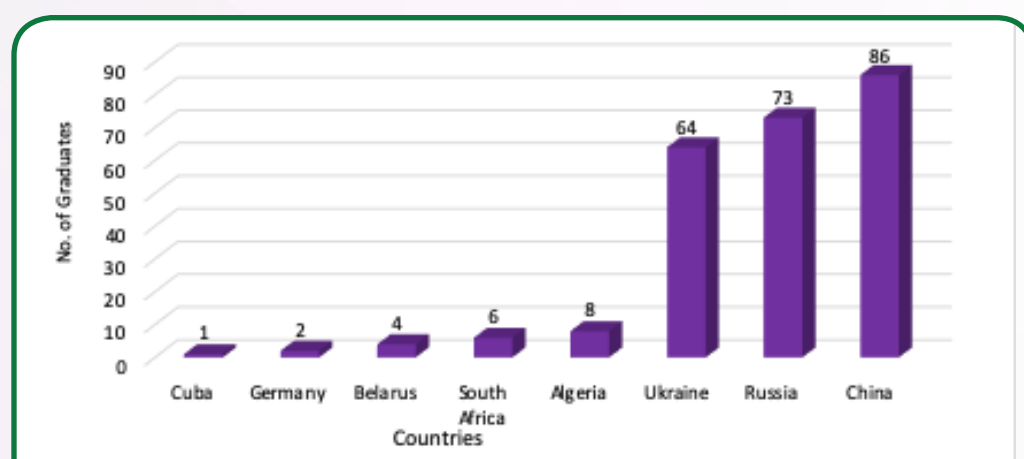
Figure 3: Applications for registration as medical interns



Comments

- The first evaluation was held in November 2018. Two hundred and seven (207) foreign trained medical graduates sat for the evaluation. Only two (2) graduates passed the evaluation.
- The second evaluation was held in February 2019. One hundred and six (106) graduates took the evaluation. Fourteen (14) graduates wrote for the first time, fifty-one (51) were for retake, and forty-one (41) sat for supplementary evaluation.
- Of the total evaluated, twenty-seven (27) passed the evaluation and were cleared for internship, twenty-eight (28) qualified for supplementary evaluation; fifty-one (51) failed the evaluation completely.
- Eleven (11) applicants did not meet the minimum requirement of study for registration as medical practitioners and as a result registration was not granted.
- Out of eleven (11) applicants denied registration, eight (8) were graduates from educational institutions in China and three (3) were from South African institutions.
- Four (4) of the sixty-three (63) graduates from UNAM were foreign nationals.

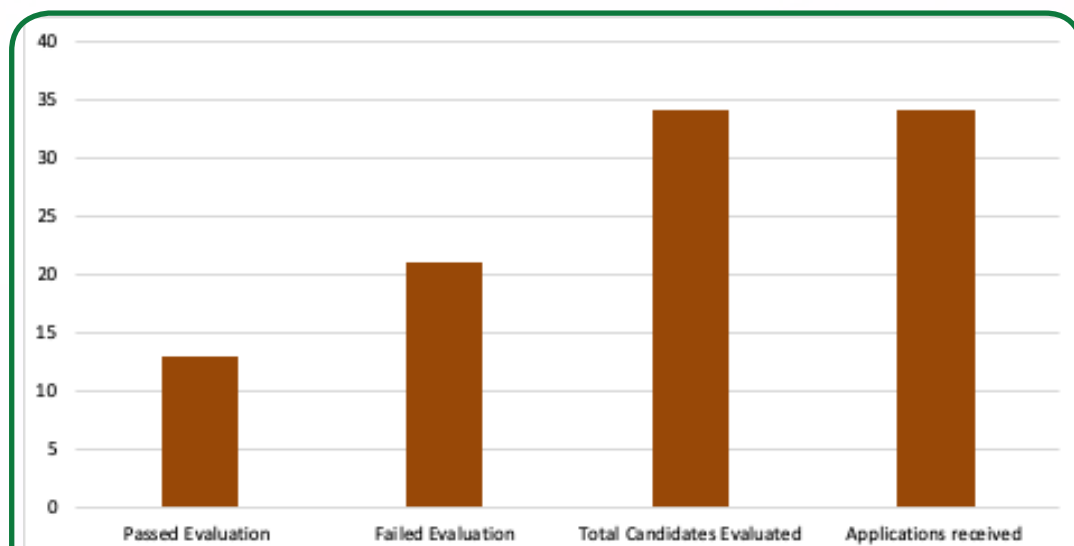
Figure 4: Number of foreign trained medical graduates per country



Comments

- The highest number of graduates (86) were from China. There was one graduate (1) from Cuba.

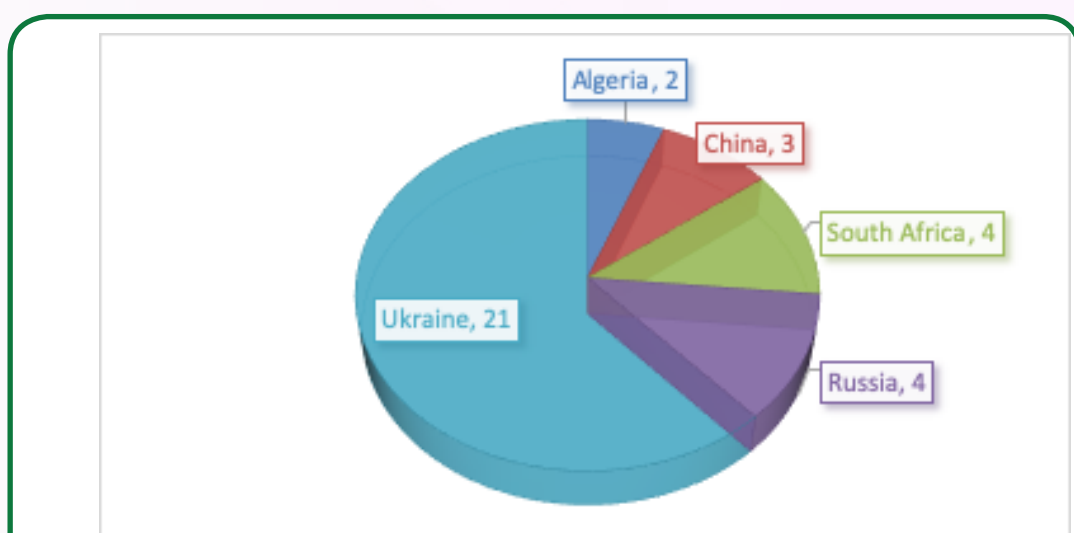
Figure 5: Applicants for registration as dental interns



Comments

- The first evaluation was held in November 2018. Thirty (30) applicants were evaluated and none passed. Fifteen (15) applicants however qualified for a supplementary evaluation.
- The supplementary, which was also the second evaluation, was held in January 2019. Fourteen (14) applicants were evaluated. Only eight (08) passed the supplementary evaluation.
- The third evaluation was held in February 2019 for five (5) graduates and all passed.
- From all three evaluation sessions, a total of thirteen (13) applicants passed and twenty-one (21) failed.
- The assessments were in the form of written multiple-choice questions and observed clinical evaluations.

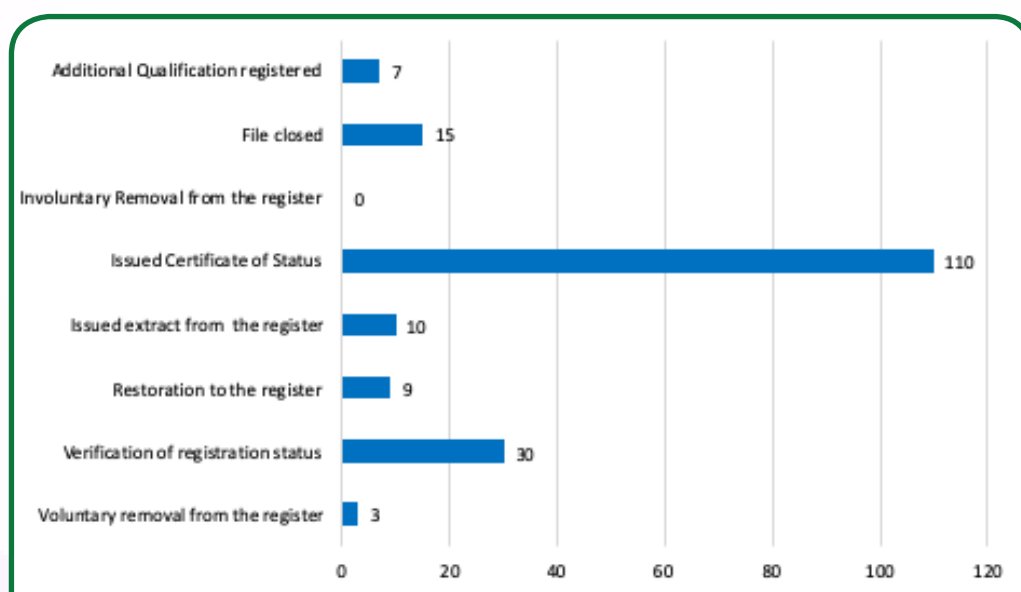
Pie chart 3: Number of foreign trained dental graduates per country (n=34)



Comments

- The majority (n=21) graduates were from Ukraine. The lowest number were from Algeria (n=2) and Russia (n=4).

Figure 6: Other services rendered



Comments

- Closed files were because of incomplete applications, failure to pass evaluation, or failure to meet the prescribed minimum requirements of study for registration. Notices of closure of files were communicated to applicants.
- Certificate of status were issued to practitioners going for further studies and for registration outside Namibia.
- Extracts from the register were issued to practitioners who could not find their original certificates of registration.
- Voluntary removal from the register was due to retirement from active practice and further studies.
- Verifications of registration status were issued to the Educational Commission for Foreign Medical Graduates (ECFMG) in the United States of America and to the Dataflow Group in the United Arab Emirates.

7. CHALLENGES

On 11 January 2019, four (4) medical graduates who had failed the pre-internship evaluation lodged an appeal with the appeal committee of the Council. They challenged the results of November 2018 evaluation, the competency of the evaluators, and wanted to have the results nullified. On 14 January 2019, the same group filed an urgent application in the High Court requesting a stay of the evaluation scheduled for February 2019 until the Council has established the Appeal Committee and the appeal is finalized. In anticipation of the outcome of these proceedings, a high number of graduates did not accept the invitations to the evaluation that took place in February 2019. The parties eventually settled out of court on 12 February 2019. The appeal hearing of the Council is however continuing.

8. REMEDIAL PROGRAMME FOR MEDICAL AND DENTAL GRADUATES

All foreign trained Namibians seeking registration as medical or dental interns are required to pass an evaluation. To assist those who failed the evaluation to prepare them for re-evaluation, a remedial programme for medical graduates was jointly developed by the Council, MoHSS and the UNAM. In this programme, MoHSS provides clinical training and UNAM provides the needed theoretical teaching. Twenty-seven (27) medical graduates were registered for the remedial programme for a period of not less than one year.

The remedial programme for dental graduates was also jointly introduced by the Council, MoHSS and the Namibian Dental Association. Thirteen (13) dental graduates were registered to do practical training at any hospital or dental facility of their choice.

With the number of medical and dental graduates increasing every year, the demand for the remedial programme is putting more strain on the approved training hospitals and health facilities. It is therefore paramount that stakeholders put in place effective plans to deal with the increasing demand for a remedial programme.

9. VERIFICATION OF CREDENTIALS

Since 1 September 2016, the Council has joined the Education Commission for Foreign Medical Graduates (ECFMG) for assistance in verifying the education credentials of the internationally qualified applicants seeking registration in Namibia. As a result, all foreign qualified applicants, when submitting applications for registration to the Council, are required to provide ECFMG verification of their academic credentials. The ECFMG verification provides assurance to the Council on the authenticity of the qualification on which an applicant is relying for registration.

10. CONCLUSION

The Council aims at ensuring that all persons aspiring to practice healthcare professions in Namibia have acquired and maintained the required professional knowledge, skills and competence. This is done through regulating the education and practice of all professions falling under the Act. The Council has significantly delivered on this mandate.



Pharmacy

Council of Namibia

1. INTRODUCTION

The Pharmacy Council of Namibia (hereinafter referred to as the Council) is established in terms of the Pharmacy Act, 9 of 2004 (hereinafter referred to as "the Act"). The Council regulates the pharmacy profession in Namibia. This profession is composed of pharmacists, pharmacist interns, pharmaceutical technicians, pharmacist's assistants, student pharmacists, student pharmaceutical technicians, and student pharmacist's assistants. The Council also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under the Act.

The functions of the Council include the registration of healthcare practitioners and pharmaceutical practices, approval of training facilities and programmes, setting of education and practice standards, as well as keeping registers for persons and pharmaceutical practices.

2. COUNCIL MEMBERS

The following Council members were appointed for a period of five years as from 04 October 2018.



Front row seated (from left to right): Ms. Bonita R de Silva (legal practitioner), Mr Benetus Nangombe (Executive Director), Dr Bernard Haufiku (Former Hon Minister of Health), Ms. Fransina Nambahu, Ms. Ester Hango

Back row standing (from left to right): Mr. Piet Williams (Vice-President), Ms. Bona Naita T Nghishekwa (President), Mr. Ngamane Karuaihe-Upi (Member of the public)

3. SUMMARY OF COUNCIL ACTIVITIES

3.1 Council meetings

Section 11 (4) of the Act stipulates that the Council must hold not less than two meetings in each year, and may hold, in addition thereto, such other meetings as the Council may determine from time to time.

Tables 20 and 21 show the number and attendance of Council meetings.

Table 20: Number of Pharmacy Council meetings held

STRUCTURE	NUMBER OF MEETINGS
Council	2

Table 21: Attendance of Council meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT WITH APOLOGY
5 October 2018	6	6	0
7 March 2019	8	7	1

Two Council members were sworn in after the first meeting on 5t October 2018 hence the difference in the total number of members at the second meeting.

3.2 Committee meetings

Section 12 (6)

(a) of the Act stipulates that the Council may establish from time to time one or more committees, consisting of such number of persons, including persons who are not members of the Council, as the Council may determine and appoint thereto in writing.

(b) The functions of a committee established in terms of paragraph (a) will be -

- (i) to advise the Council on such matters as it may refer; or
- (ii) to assist the Council in the exercise of such of its powers or the performance of such of its duties or functions in terms of this Act as the Council may delegate or assign, to the committee concerned.

Table 22: Committees established

COMMITTEE NAME	MEETING HELD
Education committee	1
Practice committee	2

Table 23: Attendance at the education committee meeting

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
6 March 2019	5	5	0

Table 24: Attendance at the practice committee meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
15 October 2018	6	4	2
19 February 2019	6	6	0

3.3 Round robin recommendations and decisions

Some urgent matters were handled by the Council and relevant Committees on round robin basis as indicated in Tables 25 and 26 below.

Table 25: Education committee

EDUCATION COMMITTEE			
DATE OF MEETING	ACTIVITY	DATE	STATUS
1	Registration of Ukraine trained Students as Pharmacist Interns	14 March 2019	Approved

Table 26: Round robins forwarded to the practice committee

PRACTICE COMMITTEE			
	ACTIVITY	DATE	STATUS
1.	Change of ownership: Highwave Pharmacare CC t/a JIH Pharmacy to Freedom Pharmacy CC trading as JIH Pharmacy	1 November 2018	Approved
2.	Change of ownership: Pombili Pharmacy CC t/a Rite-Med Pharmacy to Sound Health Pharmacy Close Corporation trading as Rite-Med Pharmacy	14 November 2018	Approved
3.	Change of Ownership: Heartland Pharmacy from Epako Pharmaceuticals CC to Ms. R E Nanyonga	21 November 2018	Approved
4.	Registration: Otjoroka Trading Enterprise Close Corporation trading as Otjinene Pharmacy	23 November 2018	Approved
5.	Registration: Oukolele Pharmacy CC trading as Omuthiya Pharmacy	23 November 2018	Recommended for Approval
6.	Registration: Integrated Pharmacy Enterprises CC trading as Erongo Pharmacy	28 February 2019	Recommended for Approval
7.	Relocation: Kalahari Pharmacy to shop 11, Lower Floor, Gustav Voigts Centre, Independence Ave, Windhoek	18 March 2019	Approval pending the incorporation of recommendations
8.	Registration: Omusati Private Hospital (PTY) Ltd trading as Omusati Private Hospital Pharmacy	18 March 2019	Approval pending the incorporation of recommendations
9.	Registration: Dunes Walvis Bay Pharmacy (PTY) LTD trading as Dunes Walvis Bay Pharmacy	19 March 2019	Approval pending the incorporation of recommendations
10.	Registration: Dunes Walvis Bay Pharmacy (PTY) LTD trading as Dunes Walvis Bay Pharmacy	19 March 2019	Approval pending the incorporation of recommendations

Recommendations for approval were submitted to Council for a final decision.

4. CONTROL OVER EDUCATION AND TRAINING

Section 16 of the Act provides that no person or education institution may offer or provide in Namibia any education, tuition or training having as its object to qualify any person to practice any profession to which the Act applies, or to perform any other activity directed at the physical examination of any person, or the diagnosis, treatment, pharmaceutical care, or the prevention of any physical defect, illness, disease or deficiency in persons, unless such education, tuition or training has been approved by the Council as being appropriate education, tuition or training for such purposes.

4.1 Registration for training purposes

Tables 27 to 29 below show the number of students and interns who applied for registration, the educational institutions and training facilities at which they have enrolled, and the curricula submitted to Council for approval by an educational institution.

Table 27: Applications for registration as pharmacist interns

TRAINING PHARMACIES	NUMBER OF APPLICATIONS	STATUS
Walvis Bay State Hospital Pharmacy	1	Registered
Hochland Park Pharmacy	1	Registered
Sentrum Pharmacy	1	Registered
Auas Valley Pharmacy	1	Registered
Pharmacy at Lady	1	Registered
Dis-Chem The Grove Mall Pharmacy	1	Registered
Pionierspark Pharmacy	1	Registered
Medisun Pharmacy	1	Registered
Quality Pharmacy	1	Registered
Oshakati Pharmacy	1	Registered
Tee Kay Pharmacy	1	Registered
TOTAL	14	

During the period under review fourteen (14) interns were registered. Three (3) interns were registered at the Windhoek Central Hospital Pharmacy, and eleven (11) were registered at various community pharmacies country wide.

Table 28: Applications for registration as students

EDUCATIONAL INSTITUTION	DESIGNATION	NUMBER OF APPLICATIONS	STATUS
University of Namibia (UNAM)	Pharmacists	34	Registered
International University of Management	Pharmacist's	49	Registered
TOTAL		83	

Eighty-three (83) applications for registration were received. Thirty-four (34) student pharmacists are studying at the UNAM. Forty-nine (49) pharmacist's assistants students are studying at the International University of Management.

Table 29: Curricula submitted to Council for approval

NO.	INSTITUTION	CURRICULUM	STATUS
1	Welwitschia University	Certificate: Pharmacist's Assistant	Approved
2	Welwitschia University	Diploma: Pharmaceutical Technician	Approval pending the incorporation of recommendations

4.2 Pharmaceutical facilities approved for training purposes

Table 30: Pharmacies approved for training of pharmacist interns, student pharmaceutical technicians and student pharmacist's assistants.

Table 30: Pharmacies approved for training of pharmacist interns, student pharmaceutical technicians and student pharmacist's assistants

NO.	DATE INSPECTED	NAME OF PRACTICE	APPROVAL DATE
KHOMAS REGION			
1.	20/12/2019	Essential Health Pharmacy	2 January 2019
2.	02/05/2018	Luisen Apotheke - International	2 January 2019
3.	02/01/2019	Onehealth Central Pharmacy	3 January 2019
4.	04/01/2019	Pionierspark Pharmacy	4 January 2019
5.	08/01/2019	Kalahari Pharmacy	8 January 2019
6.	03/05/2018	Die Esteria Apteek	11 January 2019
7.	24/01/2019	Novecy Pharmacy	24 January 2019
8.	24/01/2019	Lifestyle Pharmacy	24 January 2019
OTJOZONDJUPA REGION			
9.	16/01/2019	Motjari Pharmacy	16 January 2019
ERONGO REGION			
10.	18/12/2017	Pro Park FY Pharmacy	2 January 2019

Ten (10) pharmacies were inspected and approved as training pharmacies for a period of three (3) years.

5. OPERATIONAL INSPECTION OF COMMUNITY PHARMACIES

Section 42. (1) of the Act stipulates that, “Notwithstanding anything in this Act or in any other law, the Council may authorize in writing any person (b) to inspect the professional practice of any registered person, including the premises where such practice is being conducted”.

Table 31 shows the inspected premises.

Table 31: Pharmaceutical practices inspected

NAME OF PHARMACY	DATE OF INSPECTION	STATUS
KHOMAS REGION		
Novecy Pharmacy	24/01/2019	Approved with recommendations
OTJOZONDJUPA REGION		
Okahandja Pharmacy	16/01/2019	Approved with recommendations
West Ridge Pharmacy	17/01/2019	Approved with recommendations
Shipanga Medical Services	17/01/2019	Approved with recommendations

Only a few facilities were inspected during the period under review due to the nonexistence of the Council from April 2018 to October 2018.

6. PRE-REGISTRATION EVALUATION

In compliance with section 22 (3) (a) (i) (ii) of the Act, the Council requires an applicant to pass to its satisfaction a pre-registration evaluation to determine whether the applicant possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied for.

Table 32 provides a summary of the evaluations conducted.

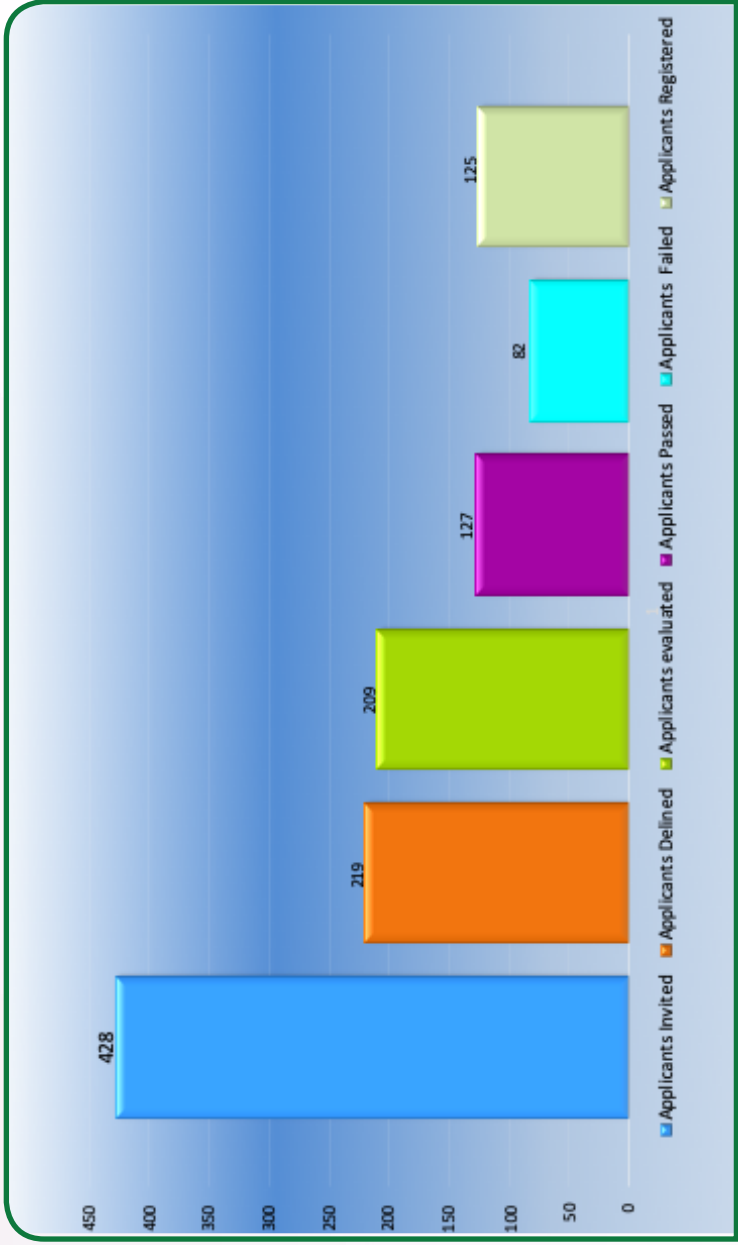
Table 32: Pre-registration evaluation

DOMAIN AND NATURE OF EVALUATION	EVALUATION DATE	APPLICANTS INVITED	APPLICANT DECLINED INVITATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED	APPLICANTS REGISTERED
PHARMACISTS							
Competency	17 Jan. 2019	70	65	5	4	1	
Calculations	17 Jan 2019	71	63	8	5	3	
Legal	18 Jan 2019	67	61	6	6	0	
							2
PHARMACIST INTERNS							
Legal	18 Jan 2019	45	0	45	44	1	
OSCEs	26 Jan 2019	27	0	27	12	15	
Calculations	26 Jan 2019	45	0	45	16	29	
							6
PHARMACEUTICAL TECHNICIANS							
Legal	18 Jan. 2019	25	14	11	10	1	
OSCEs	19 Jan 2019	20	7	13	4	9	
Calculations	19 Jan 2019	22	9	13	6	7	
							4
PHARMACIST'S ASSISTANTS							
Legal	14 Dec. 2018	36	0	36	24	12	
							24
TOTAL		428	219	209	131	78	36

Comments on Table 32

- Two of the pharmacists who wrote the legal paper were required to do so in compliance with the condition imposed by the Professional Conduct Committee of the Council after they were found guilty of unprofessional conduct.
- The pharmacist's assistants who completed training at the National Health Training Centre were assessed by the Council for the first time in pharmaceutical legal matters.
- The number of applicants who passed each domain is higher than the number of registered applicants due to the policy which requires pharmacists, pharmacist interns and pharmaceutical technicians to pass all domains to be eligible for registration.

Graph 15: Applicants evaluated and registered



As shown in Graph 15 there was a reduction in the number of practitioners due to the nonexistence of the Council from April 2018 to October 2018.

7. APPLICATIONS FOR REGISTRATION

Table 33: Registration status per professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS RECEIVED	APPLICATIONS PENDING EVALUATION
Pharmacist	77	76
Pharmacist completed internship in Namibia	49	45
Pharmacist Intern	13	12
Pharmaceutical Technician	30	27
Pharmacist's Assistant	50	50
Pharmacist's Assistant student	130	0
Student Pharmacist	122	0
TOTAL	471	210

Table 34: Registration status of pharmaceutical practices

NATURE OF PHARMACEUTICAL PRACTICE	APPLICATIONS RECEIVED	PRACTICES REGISTERED	APPLICATIONS PENDING
Community Pharmacies	9	4	5
Wholesalers	2		2
Hospital Pharmacies	2		2
Total	13	4 (31%)	9 (69%)

Comments

Thirty-one percent (31%) of all the pharmaceutical practices that applied for registration were granted approval and were registered accordingly. Sixty-nine percent (69%) of the applications are still pending due to recommendations given and documents requested by Council.

8. REGISTERS KEPT

8.1 Register of pharmacy practitioners

Admission to the register as provided for under the Act is strictly controlled. The Act also contains very important provisions pertaining to the method of admission of practitioners to the register (section 22), the maintenance of registration of practitioners (section 25), the removal (section 26) or restoration of a name of a practitioner to the register (section 27), continuing professional development (section 32) and pharmaceutical practices conducting business as a pharmacist (sections 35, 36 and 37). These registers lie open during ordinary hours at the office of the Registrar for inspection by any interested member of the public.

Table 35: Practitioners registered during the period under review

PROFESSIONAL DESIGNATION	NUMBER REGISTERED
Pharmacists	6
Pharmacist Interns	14
Pharmaceutical Technicians	6
Pharmacist's Assistants	31
Student Pharmacist's Assistants	34
Student Pharmacists	34
TOTAL	125

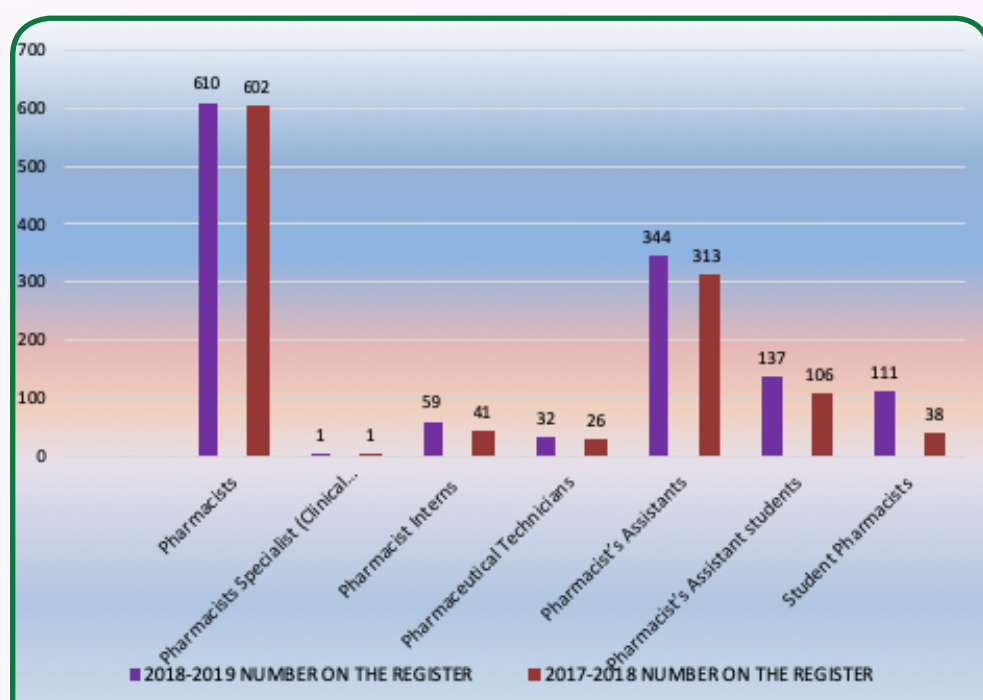
Graph 16: Comparative graph for practitioners registered for 2017-2018 and 2018-2019



Table 36: Number of practitioners on the register

DESIGNATION	NUMBER ON THE REGISTER
Pharmacists	610
Pharmacists Specialist (Clinical Pharmacokineticist)	1
Pharmacist Interns	59
Pharmaceutical Technicians	32
Pharmacist's Assistants	344
Pharmacist's Assistant students	137
Student Pharmacists	111
TOTAL	1294

Graph 17: Comparative graph for the number of practitioners on the register for 2017-2018 and 2018-2019



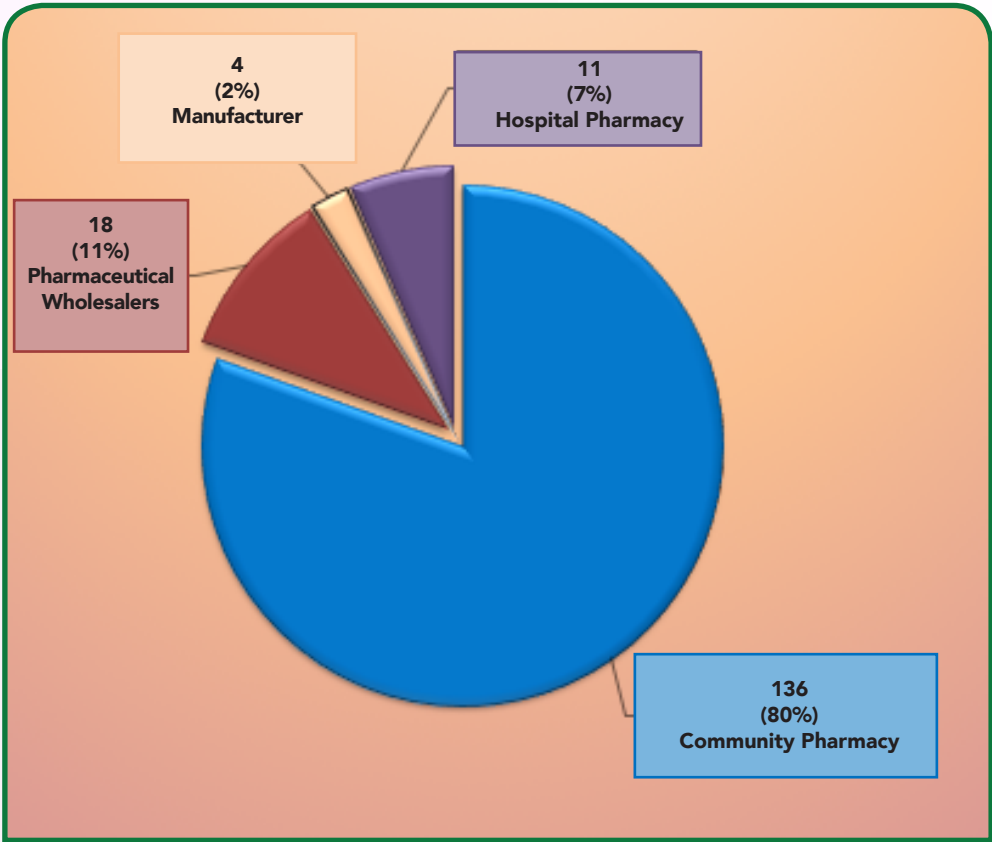
Comments

The total number of practitioners registered with the Council at the end of the reporting period was 1294.

Table 37: Number of registered pharmaceutical practices on the register

NATURE OF PHARMACEUTICAL PRACTICES	NUMBER ON THE REGISTER
Community Pharmacy	136
Pharmaceutical Wholesaler	18
Manufacturing Pharmacy	4
Hospital Pharmacy	11
TOTAL	169

Pie chart 4: Registered pharmaceutical practices



A total of 169 pharmaceutical practices are on the register; 80% are community pharmacies, 11% are pharmaceutical wholesalers, 7% are hospital pharmacies and 2% are manufacturers.

9. OTHER SERVICES PROVIDED

Table 38: Services for practitioners

TYPE OF APPLICATION	Pharmacist	Pharmaceutical Technician	Pharmacist's Assistant	Student Pharmacist's Assistant	Total applications
Certificate of status	31				31
Restoration	6		5		11
Reprint of certificates and practicing Cards				1	1
Evaluation of foreign curriculums	3				3
Removal of name from the register	0				0
Registration of additional qualifications and specialties	2				2
Verification of completion of internship	1				1
Total					49

Forty-nine (49) applications for other services were received and processed.

Table 39: Services for pharmaceutical practices

TYPE OF APPLICATION	COMMUNITY	WHOLESALE	HOSPITAL PHARMACY	TOTAL APPLICATIONS
Application of new practices registration	9	2	2	13
Confirming registration Status	1			1
Change of ownership	4			4
Change of name	2			2
Change of Pharmacy Layout/ Restructuring	1			1
Relocation	4	1		5
Registration of new Managing Director or Managing Member	1	1		1
Registration of Responsible Pharmacist	32	3	2	37
Resignation of Responsible pharmacist	9			9
Notification of closure of practice	1			1
Reprint of Certificates	1			1
Withdrawal of application				
Total number of applications	64	7	4	75

Seventy-five (75) applications were received: sixty-four (64) from community pharmacies; seven (7) from wholesalers; and four (4) from hospital pharmacies.

10. COUNCIL RESOLUTIONS

Table 40 shows the resolutions of Council during the reporting period and the execution of the resolutions.

Table 40: Number of resolutions and % of implementation

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
15	14 (93%)	1(7%)



Nursing Council of Namibia

1. INTRODUCTION

The Nursing Council of Namibia (hereinafter referred to as "the Council") is established in terms of the Nursing Act, Act No 8 of 2004 (hereinafter referred to as "the Act") The Council regulates the practicing of nursing and midwifery professions in Namibia, by ensuring that all persons who applied for registration or enrollment to practice such professions are suitably qualified before they get registered or enrolled. Council also control and exercise authority in respect of all matters affecting the education and training of persons to be registered and enrolled under the Act.

2. COUNCIL MEMBERS



Front row seated (from left to right): Ms Fransina Tjituka (President) Mr Benetus Nangombe (Executive Director) Dr Bernard Haufiku (Former Minister of MoHSS) Prof. Louise Pretorius , Dr Lusia Pinehas

Back row standing (from left to right): Mr Eliud Shiwayu, Ms Cheryl Isaacs (Member of the public) Mr Gebhardo Timotheus (Vice President) Ms Hilma Shikwambi and Mr Tomas Nekongo (Legal Practitioner)

3. SUMMARY OF COUNCIL ACTIVITIES

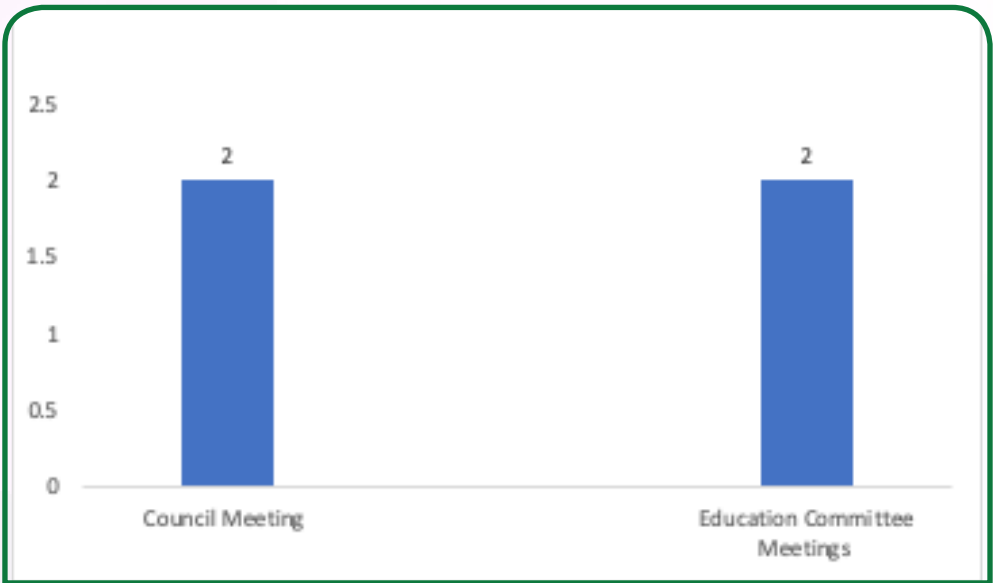
During the period under review the following activities were carried out.

3.1 Meetings

Table 41: Nursing Council and committee meetings

ACTIVITY	NUMBER
Council meeting	2
Education committee meetings	2

Graph 18: Council and education committee meetings



The Act requires that the Council should held not less than two (2) meetings per year. Table 41 and Graph 18 show that two (2) Council meetings were held in compliance with the provision of the Act. The education committee only managed to hold two (2) meetings due to the absence of the Council for six (6) months before 04 October 2018.

4. EDUCATION AND TRAINING

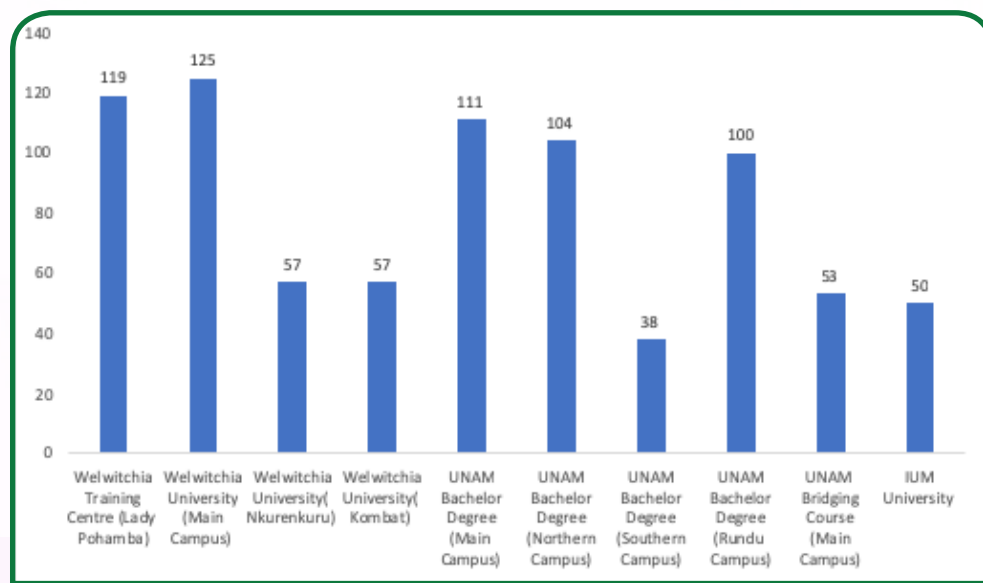
The Nursing Council of Namibia is mandated to ensure that all persons who are registered or enrolled to undertake nursing training at approved training institutions in the country are registered or enrolled as nurses with the Council.

Pupil nurse/midwives/ accoucheurs, and student nurses/midwives / accoucheurs per educational institution

Table 42: Pupil nurse/midwives/accoucheurs, and student nurses/midwives/ accoucheurs

FACILITY	DESIGNATION	APPLICATIONS RECEIVED	REGISTERED/ ENROLLED
Welwitchia University (Training Cen-tre) Lady Pohamba Campus	Pupil Nurse Midwife/Accoucheur	119	119
UNAM Main Campus – Bridging Course	Student Nurse Mid-wife/ Accoucheur	53	53
UNAM Main Campus – Bachelor’s Degree in Nursing Science	Student Nurse Mid-wife/ Accoucheur	111	111
UNAM Northern Campus - Bachelor’s Degree in Nursing Science	Student Nurse Mid-wife/ Accoucheur	104	104
UNAM Southern Campus - Bachelor’s Degree in Nursing Science	Student Nurse Mid-wife/ Accoucheur	38	38
UNAM Rundu Campus - Bachelor’s Degree in Nursing Science	Student Nurse Mid-wife/ Accoucheur	100	100
Welwitchia University Main Campus - Bachelor’s Degree in Nursing Science	Student Nurse Mid-wife/ Accoucheur	125	125
Welwitchia University: Nkurenkuru Campus - Bachelor’s Degree in Nursing Science	Student Nurse Mid-wife/ Accoucheur	57	57
Welwitchia Univer-sity: Kombat Campus - Bachelor’s Degree in Nursing Science	Student Nurse Mid-wife/ Accoucheur	57	57
International University of Management (IUM)	Student Nurse Mid-wife/ Accoucheur	50	50
Total number of Pupil Nurse/ Mid-wife / Accoucheur			119
Total number of Student Nurse / Midwife / Accou-cheur			695
Total number of pupils and students			814

Graph 19: Pupil nurses/midwives/accoucheurs and student nurses /midwives/accoucheurs per educational institution



UNAM registered four hundred and six (406) student nurses. Welwitchia University registered three hundred and fifty-eight (358) pupil and student nurses. IUM registered fifty (50) student nurses as there is only one main campus. UNAM admitted more students compare to other universities. It has more campuses than other institutions.

- Qualified enrolled nurses / midwives / accoucheurs per educational institution
- Table 43 shows the number of enrolled nurse /midwives/accoucheurs who completed training at various training institutions.

Table 43: Newly qualified enrolled nurses / midwives / accoucheurs

DESIGNATION	EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETION RECEIVED	APPLICATIONS RECEIVED	APPLICANTS ENROLLED
Enrolled Nurse / Midwife / Accou-cheur	National Health Train-ing Centre	70	70	70
Enrolled Nurse / Midwife / Accou-cheur	Keetmanshoop Re-gional Health Training Centre	47	47	47
Enrolled Nurse / Midwife / Accou-cheur	Otjiwarongo Regional Health Training Centre	51	51	51
Enrolled Nurse / Midwife / Accou-cheur	Oshakati Regional Health Training Centre	43	43	43
Enrolled Nurse / Midwife / Accou-cheur	Onandjokwe Regional Health Training Centre	36	36	36
Enrolled Nurse / Midwife / Accou-cheur	Dr Richard Nchabi Re-gional Health training Centre	18	18	18
TOTAL	265	265	265	

Graph 20: Qualified enrolled nurses / midwives / accoucheurs

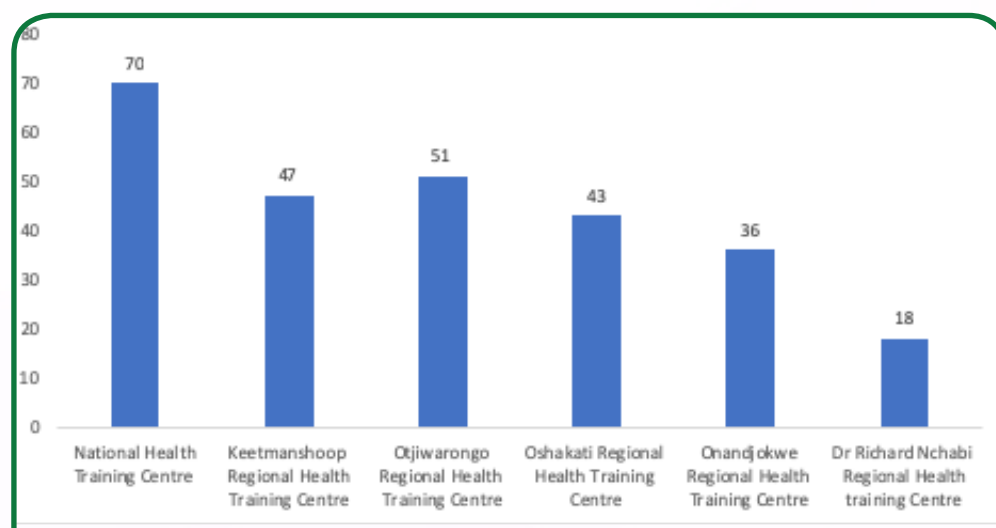


Table 43 and Graph 20 show that 265 enrolled nurses/midwives/accoucheurs completed the Certificate in Enrolled Nursing and Midwifery. The highest number who completed training were from the National Health Training Centre. It is a national training centre in Windhoek and because of this it can be assumed it admitted more intakes of pupil nurse/ midwives / accoucheurs. The other five are regional training centres.

- Registered nurse / midwives / accoucheurs per institution
- The number of registered nurse / midwives/accoucheurs who completed training is listed in Table 44.

Table 44: Qualified registered nurse / midwives / accoucheurs

DESIGNATION	EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETION RECEIVED	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Registered Nurse / Midwife / Accoucheur	UNAM Main Campus	55	55	55
Registered Nurse / Midwife / Accoucheur	UNAM Northern Campus	65	65	65
Registered Nurse / Midwife / Accoucheur	Welwitchia Uni-versity Main Campus	51	51	51
Registered Nurse / Midwife / Accoucheur	International University of Management	18	18	18
Registered Nurse / Midwife / Accoucheur	National Health Training Centre	38	38	38
Registered Nurse / Midwife / Accoucheur	Keetmanshoop Regional Health Training Centre	65	65	65
Registered Nurse / Midwife / Accoucheur	Rundu Regional Health Training Centre	78	78	78
TOTAL REGISTERED NURSE AND MIDWIFE/ACCOUCHEUR		370	370	370

Graph 21: Qualified registered nurse / midwives / accoucheurs

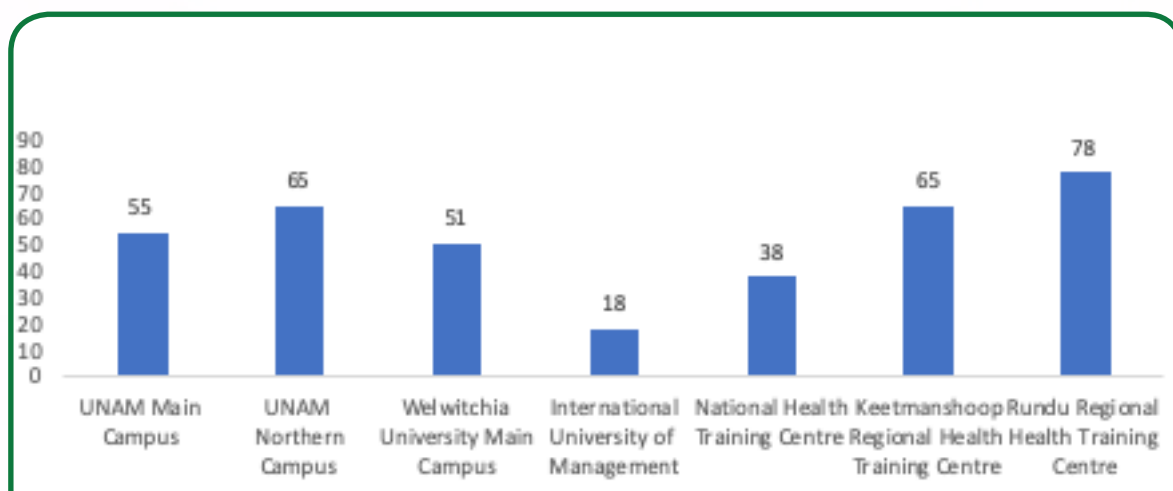


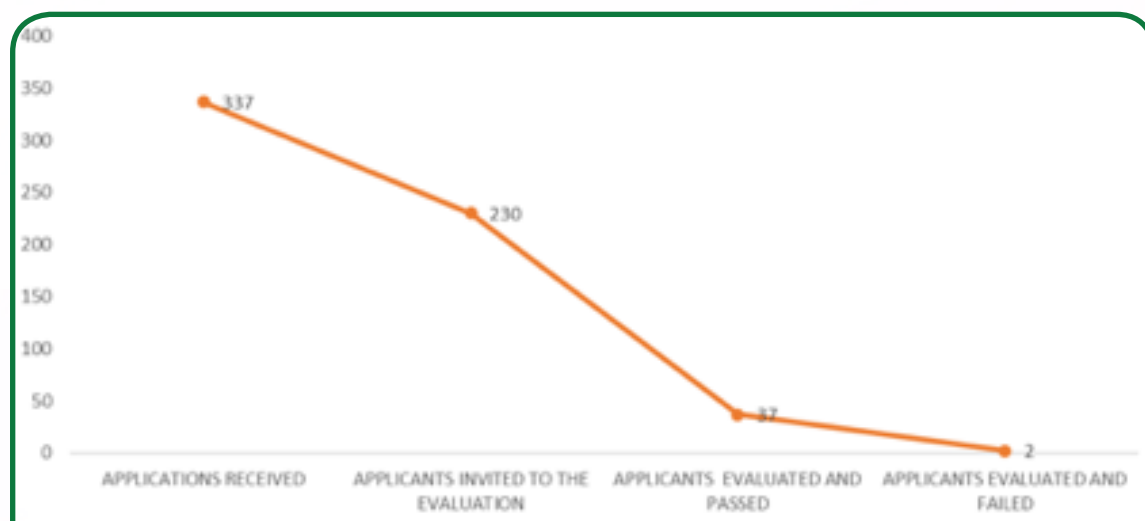
Table 44 and Graph 21 show Namibia produced more registered nurses/midwives/accoucheurs (370) than enrolled nurses, midwives/accoucheurs (265) as shown in Table 43 and Graph 20. This is a positive situation as more registered nurses should improve the quality of service delivery. Their roles are to be supportive and to supervise the daily activities of enrolled nurses.

- Nurses and midwives who completed training outside of Namibia
- The Council must ensure that all persons who completed training outside Namibia and want to practice the nursing and midwifery professions in Namibia are duly registered or enrolled. Table 45 shows the number of applications received from non-Namibians who applied for registration or enrollment with the Council. These applicants were mostly from South Africa, Zambia, Zimbabwe, Tanzania and Botswana.

Table 45: Foreign trained nurses, midwives, enrolled nurses and nursing auxiliary

PROFESSION	APPLICATIONS RECEIVED	APPLICANTS INVITED TO THE EVALUATION	APPLICANTS EVALUATED AND REGISTERED/ ENROLLED	APPLICANTS EVALUATED AND FAILED	APPLICATIONS PENDING/ REFUSED
Registered Nurse / Mid-wives /Accoucheur	337	230	37	2	191
Enrolled Nurses	2	2	2	0	0
Nursing Auxil-iary	1	1	1	0	0
Total	340	233	40	2	191

Graph 22: Foreign trained registered nurses and midwives



As shown in Table 45 and Graph 22 there were three hundred and thirty-seven (337) applications received from registered nurses and midwives/acchoucheur. Two hundred and thirty (230) applicants were invited for evaluations; thirty-three (39) accepted the invitation. Thirty-seven (37) passed and two (2) failed. The low number who accepted the evaluation invitation indicates that foreign nurses are no longer interested to come and work in Namibia in view of the circular of the Ministry of Health and Social Services that they will no longer be recruiting foreign nurses. enrollment with the Council. These applicants were mostly from South Africa, Zambia, Zimbabwe, Tanzania and Botswana.

Graph 23: Foreign trained enrolled nurses/ midwives

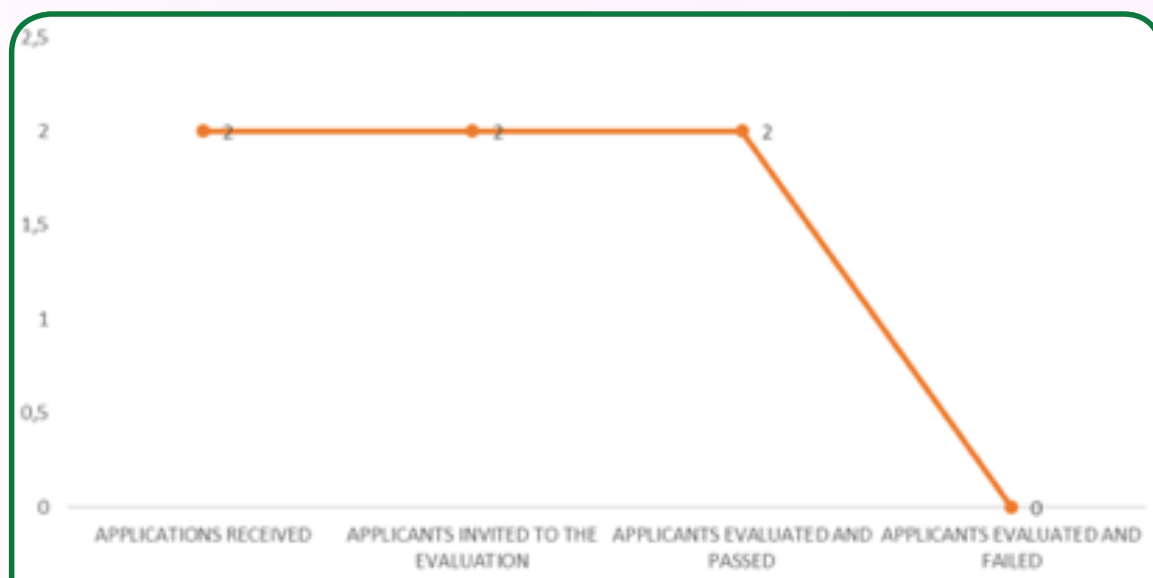
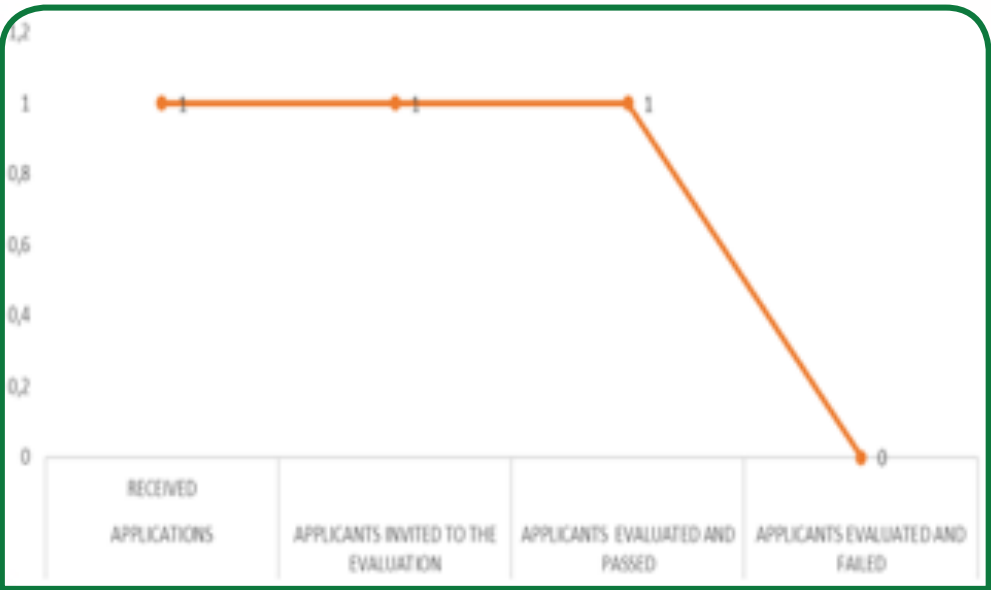


Table 45 and Graph 23 show that two (2) applications received. They accepted the evaluation invitations, Both passed the evaluation. Council did not receive many foreign trained applications for enrolled nurses.

Graph 24: Foreign trained auxiliary nurses



As shown in Table 45 and Graph 24 one (1) application was received and the applicant passed the evaluation. Council did not received many foreign applications for auxiliary nurses.

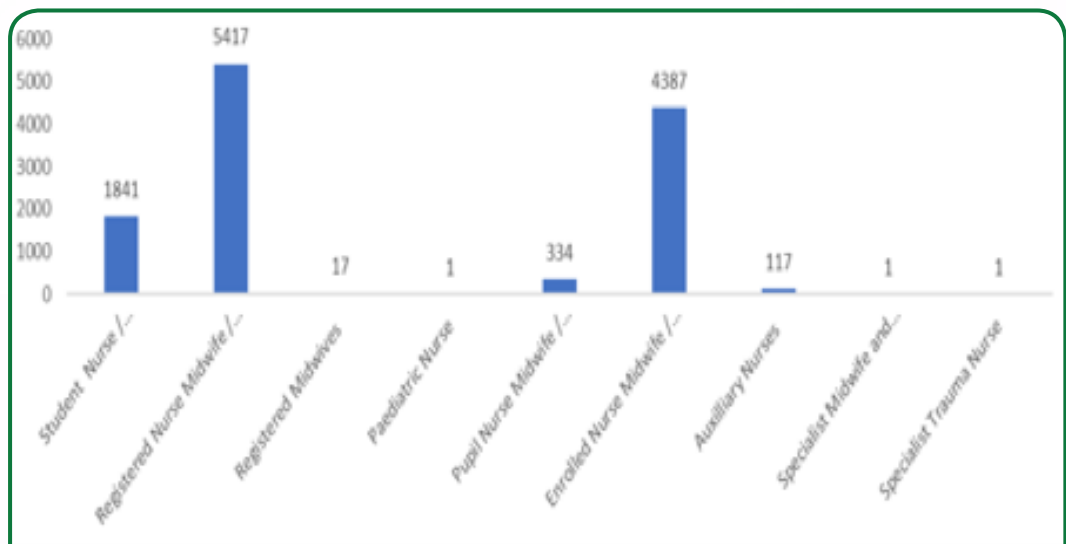
5. KEEPING OF REGISTERS AND ROLLS

The Act requires that the Council must establish and keep in respect of the persons registered or enrolled in terms of the Act to practice nursing and or midwifery, separate registers or roll in respect of different professions or registered persons or enrolled persons as the Council may determine from time to time. Table 46 and Graph 25 show the number of practitioners on the registers and rolls.

Table 46: Number of nursing and midwifery practitioners on the register or roll

PROFESSIONAL CATEGORY	TOTAL
Student Nurse / Midwife/Accoucheur	1841
Registered Nurse Midwife / Accoucheur	5417
Registered Midwives	17
Paediatric Nurse	1
Pupil Nurse Midwife / Accoucheur	334
Enrolled Nurse Midwife / Accoucheur	4387
Auxilliary Nurses	117
Specialist Midwife and Neonatology	1
Specialist Trauma Nurse	1
TOTAL	12 117

Graph 25: Total number of practitioners on the register/roll



As evident in Table 46 and Graph 25 there were more registered nurses/midwives/accoucheurs (5417) than enrolled nurses (4387). This indicates that more registered nurses trained in various training facilities than enrolled nurses. Midwives on the register (17) were single qualified and were taken over from the former nursing board. There is longer training for single qualified midwives in Namibia. The paediatric nurse has a basic qualification thus is not registered as a specialist nurse.

6. CURRICULA RECEIVED FOR APPROVAL

One of the mandates of the Council is to approve curricula for training offered by approved educational institutions. Table 47 presents information of those received for approval and their status.

Table 47: Curricula received for approval

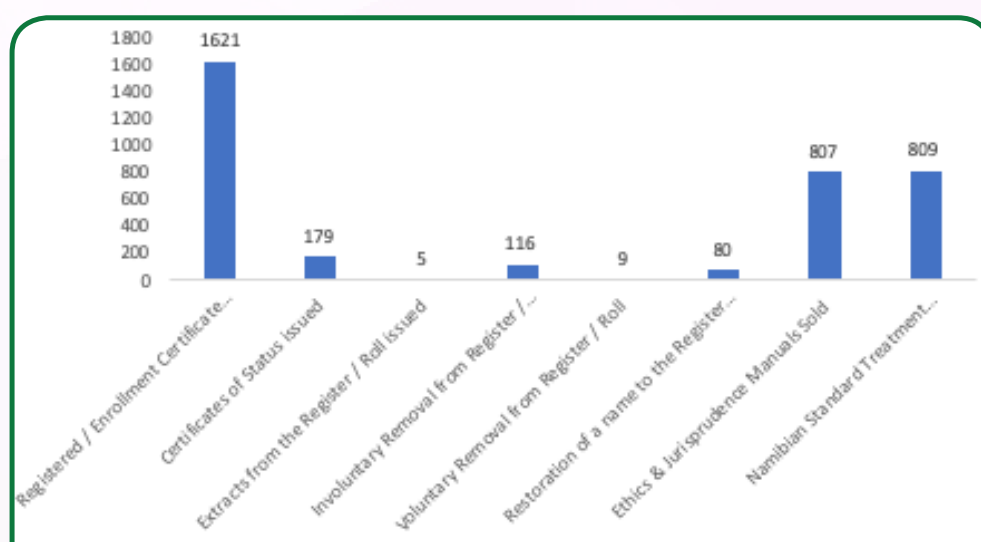
INSTITUTION	NATURE OF PROGRAMME	STATUS
Namibia University of Science and Technology	Bachelor of Nursing Science	Provisional approved
Shiramed Medical Institute	Diploma in Nursing and Midwifery Science	Pending due to shortcomings in the curriculum which was communicated to the institution.
Shiramed Medical Institute	Certificate Enrolled Nurse / Midwife / Accoucheur	Pending, because it was detected that the curriculum submitted by the institution significantly resembles the approved curriculum of the Welwitchia Health Training Centre.
Alba Mwendela Nursing School	Enrolled Nurse / Midwife / Accoucheur Curriculum	Pending due to shortcomings in the curriculum which was communicated to the institution.
D'Expert Health Care	Certificate Enrolled Nurse / Midwife / Accoucheur Curriculum	Pending due to shortcomings in the curriculum which was communicated to the institution.
Lady Luu School of Nursing	Certificate Enrolled Nurse / Midwife / Accoucheur Curriculum	Pending it was detected that the curriculum submitted by the institution significantly resembles the approved curriculum of the Welwitchia Health Training Centre.
I – Care Health Training Institute	Certificate Nursing Auxilliary	Pending, the Education committee referred the curriculum to the Council for further deliberations.
International University of Management	Masters' Degree in Nursing Science	Approved

7. OTHER SERVICES RENDERED

Table 48 and Graph 26 show the other activities of the Council in line with the provisions of the Act:

Table 48: Other services rendered

SERVICES RENDERED	TOTAL
Registered / Enrollment Certificate issued	1621
Certificates of Status issued	179
Extracts from the Register / Roll issued	5
Involuntary Removal from Register / Roll	116
Voluntary Removal from Register / Roll	9
Restoration of a name to the Register / Roll	80
Ethics & Jurisprudence Manuals Sold	807
Namibian Standard Treatment Guidelines Sold	809

Graph 26: Other services rendered by the Nursing Council

More certificates were issued to practitioners compared to other services rendered. The country produced more qualified nurses/midwives/accoucheurs and this should improve service delivery. Council issued more certificates (1621) during the reporting time. It also indicates that more practitioners were removed from the register/roll on an involuntary basis (116) compared to those on voluntary basis (9) due to non-payment of annual maintenance fees. Most of the involuntary removals were retired practitioners and those who studied outside the country. Certificate of status was 179. Most of these applicants were foreign nationals whose contracts had ended and not renewed by the Ministry of Health and Social Services. They therefore applied for jobs in other countries.

8. DISTINGUISHING DEVICES

Regulation 4 of Government Gazette No 6836 of 1 February 2019 provides for a registered nurse, registered midwife, enrolled nurse, and nursing auxiliary must wear the distinguishing devices applicable to them in all areas of clinical and midwifery practice, as prescribed by these regulations.

Table 49 presents the number of distinguishing devices issued to practitioners.

Table 49: Distinguishing devices issued

DISTINGUISHING DEVICES SOLD	
Registered Nurse and Midwife / Accoucheur Epaulettes	1160
Badges	719
Green Bars	775
Yellow Bars	510
Black Bars	65
White Bars	14
Silver Bars	24

More epaulettes were issued than badges and bars, and were only for registered nurses and midwife / accoucheur. Council is waiting for the consignment of enrolled nurse epaulettes.

9. CONCLUSION

The Council aims at ensuring that all persons aspiring to practice healthcare professions in Namibia have acquired and maintained the required professional knowledge, skills and competency. This is done through regulating the education and practice of all professions falling under this Act. The Council has significantly delivered on this mandate.



Allied Health Professions Council of Namibia

1. INTRODUCTION

The Allied Health Professions Council of Namibia (the Council) was established in terms of the Allied Health Professions Act No. 7 of 2004 (the Act) to regulate the training and practice of Allied and Complementary Health Professions in Namibia.

The Council's functions include the registration of practitioners, issuing of registration certificates, approval of training programmes, setting of education and practice standards, as well as keeping the register for persons practicing the Allied and Complementary Health Professions.

2. COUNCIL MEMBERS



Front row seated (from left to right): Rev. Cornelia Nel (Member of the Public), Mr Benetus Nangombe (Executive Director), Dr Bernard Haufiku (Former Hon Minister of Health), Ms. Nicolette Bloodstaar, Mr. Arthur Pickering (Legal Practitioner).

Back row standing (from left to right): Ms. Antoinette de Almeida (Vice President), Ms. Ronelle Isaacs, Ms. Zelda Crous, Dr. Elga Drews, Ms. Dorothee Verrinder, Mr. Christopher Likando (President), Mr. Johannes Henn, Mr. Elvis Handura, Ms. Cornelia Bauer, Ms. Luzanne Kalondo, Ms. Belinda Tsaukes.

3. COUNCIL ACTIVITIES

3.1. Professional committees

Section 13 (1) of the Act establishes the following committees.

- I. Professional Committee for Physiotherapy and Related Professions,
- II. Professional Committee for Radiography and Related Professions,
- III. Professional Committee for Medical Technology,
- IV. Professional Committee for Occupational Therapy and Related Professions,
- V. Professional Committee for Environmental Health and Related Professions,
- VI. Professional Committee for Optometry and Related Professions,
- VII. Professional Committee for Speech Therapy and Audiology and Related Professions,
- VIII. Professional Committee for Dietetics,
- IX. Professional Committee for Emergency Care Professions,
- X. Professional Committee for Dental Technology and Dental Therapy and
- XI. Professional Committee for Complementary Health.

Subsection (2) (a) of the same section provides that Council may establish professional committees for such allied or complimentary health professions as may be declared in terms of section 60 to be professions to which the Act applies, or it may determine that any such profession must have representation on a professional committee established by subsection (1). In terms of section 60 a profession of medical orthotist and prosthetist was declared in 2007 and the Council in terms section 13 (2)(a) established a professional committee for medical prosthetists and orthotists and related professions.

Professional committees advise the Council on any matter relating to their respective Professions. Section 13 (8) of the Act stipulates that the member of a professional committee must be elected in accordance with the Act. Subsection (9) (a) of the Act stipulates that the meeting for the election of member of a professional committee must be convened and presided over by the president or a person designated by him or her in writing for such purpose. The meeting to elect members of the professional committees for five years was convened by the president on 20 March 2019. Members of the professional committees are listed in Table 50.

Table 50: Members of the professional committees

COMMITTEE	MEMBERS
Professional Committee for physiothera-py and related professions	Ms. Sitali Nyambe Ms. Marieke Kirchner Mr. Michiel Greeff
Professional Committee for radiography and related professions	Ms. Renathe Gawanas Ms. Jessica Duiker Ms. Sandeline Ankome
Professional Committee for medical technology and related professions	Ms. Michaela Lambertine Adrian Ms. Sylvia Shinana Ms. Loide Uushona
Professional Committee for occupational therapy and related professions	Ms. Helena Louw Ms. Marelize Liebenberg Ms. Melissa Fourie
Professional Committee for optometry and related professions	Ms. Michelle Joan Beeker Ms. Nadia Vermaak Ms. Jolize Brand
Professional Committee for speech ther-apy and audiology and related profes-sions	Ms. Sigoopeni Pauline Klemens Ms. Christine Bathfield Ms. Anna Johanna Roberts
Professional Committee for dietetics and related professions	Ms. Juliane Courtney-Clarke Ms. Samatha Du Toit Ms. Mari-Louise Feris
Professional Committee for emergency care professions	Mr. Brandon Adrian Diergaardt Ms. Charmaine Conradie Ms. Lahya lipinge
Professional Committee for dental tech-nology and dental therapy	Ms. Rachel S. Mahoto Mr. Ashlan Heunis Mr. Gregory Olivier
Professional Committee for complemen-tary health	Dr. Daryl Oehley Dr. Marion Klingerhoeffer Dr. Petrina Auino- Mwandigi
Professional Committee for medical prosthetists and orthotists and related professions	Mr. Asser Kondja Shipanga Mr. Onesmus Heita Mr. Simson Kamonde
Professional Committee for environmen-tal health profession	Mr. Gabriel Joseph Mr. Ananias Akweetelela Ms. Bernolda Benjamin

3.2 Council meetings

Two Council meetings were held as required by the Act on 05 October 2018 and 29 March 2019.

3.3 Executive committee meeting

One executive committee meeting was held on 02 November 2018 to attend to urgent matters.
Two Council meetings were held as required by the Act on 05 October 2018 and 29 March 2019.

3.3 Executive committee meeting

One executive committee meeting was held on 02 November 2018 to attend to urgent matters.

4. CONTROL OVER EDUCATION, TUITION AND TRAINING

Section 17(2) of the Act provides that any person or educational institution intending to offer the education, tuition or training must apply to the Council in writing before offering such training.

Table 51: Curricula submitted to the Council for approval

INSTITUTION	PROGRAMME	STATUS
Atlantic Training Institution	Emergency Care Practitioner - Basic Certificate	Approved
Prehospital Emergency Care Training College	Emergency Care Practitioner - Basic Certificate	Approved
City of Windhoek	Emergency Care Practitioner - Intermediate Certificate	Approved
University of Namibia	Revised Curriculum for Bache-lor of Radiography (Honours)	Not yet approved

Table 52: Institutions applied to train students and/or interns

INSTITUTION	NATURE OF TRAINING	REGION	STATUS
Namibia Institute of Pathology, Rundu	Student and Intern Medi-cal Technologists	Kavango East	Inspection pending
Namibia Institute of Pathology, Onandjokwe	Student and Intern Medi-cal Technologists	Oshikoto	Approved
Pathcare, Windhoek	Intern Medical Technol-ogists, Student Medical Laboratory Technician and Phlebotomy Techni-cian	Khomas	Inspection pending
BRG Biokinetics Incorporated, Swakopmund	Intern Biokineticists	Erongo	Approved
BRG Biokinetics Incorporated, Walvisbay	Intern Biokineticists	Erongo	Approved
BRG Biokinetics Incorporated, West Care	Intern Biokineticists	Khomas	Approved
BRG Biokinetics Incorporated, Eros	Intern Biokineticists	Khomas	Approved
Magg Biokinetics Central	Intern Biokineticists	Khomas	Approved
Olympia Biokinetics	Intern Biokineticists	Khomas	Approved
Kuisebmond Physiotherapy	Intern Physiotherapist	Erongo	Approved
Intermediate Hospital Katutura-Radiology Department	Diagnostic Student Ra-diographers	Khomas	Approved
Windhoek Central Hospital-Radiology Department	Diagnostic Student Ra-diographers	Khomas	Approved
Swakopmund State Hospital-Physiotherapy Department	Student and Intern Phys-iotherapist	Erongo	Inspection pending
Atlantic Training Institution	Emergency Care Practi-tioner - Basic	Oshana	Inspection pending
Ongwediva Medi-Park Diagnos-tic Radiology Department	Student Diagnostic Ra-diographer	Oshana	Approved
Osh-Med International	Emergency Care Practi-tioner - Basic and Inter-mediate	Khomas	Approved
Emergency Management Train-ing and Specialized Services	Emergency Care Practi-tioner - Basic and Inter-mediate	Khomas	Approved
Tulipohamba Institute and As-sessment Training	Emergency Care Practi-tioner - Basic	Khomas	Refused, not meeting requirements
City of Windhoek	Emergency Care Practi-tioner - Basic	Khomas	Follow up inspection pending
Rhino Park Medical Imaging	Diagnostic Student Ra-diographers	Khomas	Inspection pending
Karin Van Zyl Physiotherapy	Intern Physiotherapists	Khomas	Approved
Wellington Physiotherapy	Intern Physiotherapists	Khomas	Approved
P T Zhakata-Jantjies Physiother-apy	Intern Physiotherapists	Khomas	Approved
Blood Transfusion Services of Namibia	Student, Intern Medical Technologist and Medi-cal Laboratory Techni-cian	Khomas	Approved

5. CERTIFICATE OF STATUS

In terms of section 29 of the Act, a registered person may apply to the registrar for the issue of a certificate of status. This is important to trace health workforce migration.

Twenty-five (25) practitioners applied for certificate of status. No criminal proceedings or record of unprofessional conduct were pending against these practitioners; they were all in good standing with the Council.

Table 53: Applications for certificate of status per professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS	REASONS
Chiropractor	1	Seeking registration with Health Professions Council of South Africa
Dietician	1	Seeking registration with Health and Care Professions Council of the United Kingdom
Dental Therapist	4	Seeking registration with Health Professions Council of Zimbabwe
Dispensing Optician	1	Seeking registration with Health and Care Professions Council of the United Kingdom
Emergency Care Practitioner-Basic	2	Seeking registration with Health Professions Council of Botswana
Emergency Care Practitioner-Intermediate	1	Seeking registration with Health Professions Council of Botswana
Medical Laboratory Scientists	2	Seeking registration with Health and Care Professions Council of the United Kingdom
Medical Technologist	1	Seeking registration with Health Professions Council of Zimbabwe
Medical Laboratory Technician	3	Seeking registration with Health Professions Council of Kenya
Occupational Therapist	3	Seeking registration with Health and Care Professions Council of the United Kingdom
Physiotherapists	3	Seeking registration with Health and Care Professions Council of the United Kingdom
Radiographers	3	Seeking registration with Health and Care Professions Council of Zimbabwe and Zambia

Comments

Compared to 2017/ 2018 reporting year a significant increase in the numbers of applications for certificate of status was noted. The increase can be attributed to Namibians leaving the country for other countries and foreign nationals returning to their respective countries

6. REGISTERS KEPT

The Council is made up of a diverse group of healthcare professionals providing a wide range of healthcare services to Namibians. A register is kept for each of the 31 professions falling under the Council.

6.1 Applications for registration

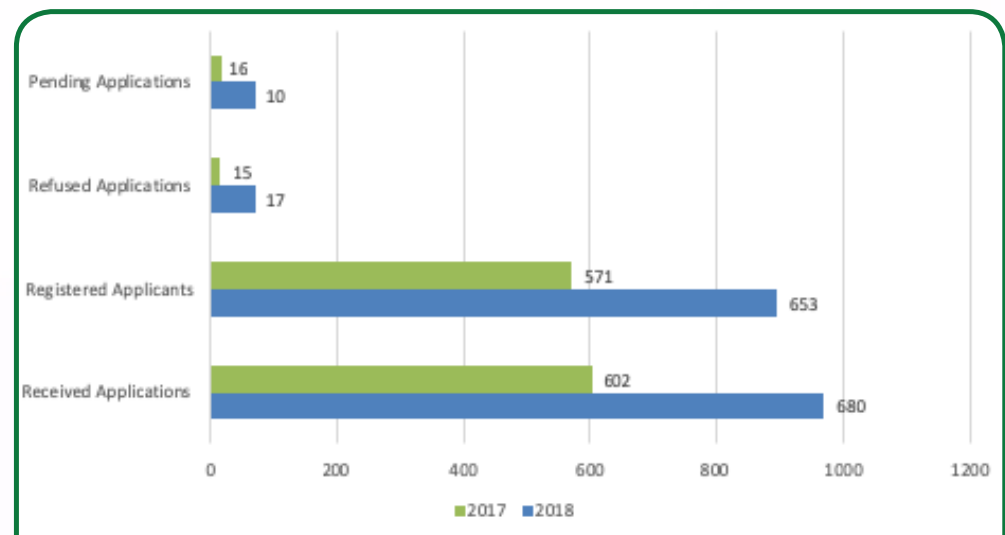
Six hundred and eighty (680) persons applied for registration. Six hundred and fifty-three (653) applicants were successful; ten (10) applications were incomplete and pending; and seventeen (17) applications did not meet the prescribed requirements for registration and were subsequently refused. Table 54 presents details of application for registration.

Table 54: Number of applications received per professional designation and status of registration

Professional designation	Number of applications	Registered	Refused	Pending
Biokineticist Biokineticist Intern	8	8	0	0
Clinical Technologist	6	6	0	0
Chiropractor	3	3	0	0
Dental Therapist	2	2	0	0
Dental Technician	5	2	0	3
Dietician	1	1	0	0
Dental Technologist	2	2	0	0
Emergency Care Technician	2	2	0	0
Emergency Care Practitioner-Basic	10	10	0	0
Emergency Care Practitioner-Intermediate	204	202	2	0
Emergency Care Practitioner-Student Intermediate	37	34	3	0
Paramedic	11	11	0	0
Paramedic Student	16	16	0	0
Environment Health Practitioner	10	10	0	0
Environmental Health Practitioner Student	18	18	0	0

Professional designation	Number of applications	Registered	Refused	Pending
Environment Health Practitioner Assistant	35	35	0	0
Pupil Environmental Health Practitioner As-sistant	23	23	0	0
Medical Rehabilitation worker	6	6	0	0
Hearing Aid Acousti-cian	2	2	0	0
Therapeutic Masseur	1	0	1	0
Homeopath	1	0	1	0
Medical Laboratory Scientist	1	1	0	0
Medical Laboratory Scientist student	30	30	0	0
Medical Laboratory Technician	33	33	0	0
Medical Laboratory Technician Student	16	16	0	0
Medical Technologist	14	14	0	0
Medical Technologist Intern	3	2	1	0
Phlebotomy Technician	2	2	0	0
Phlebotomy Technician Student	7	7	0	0
Nutritionist Student	4	4	0	0
Occupational Therapist	33	33	0	0
Occupational Therapist Student	9	9	0	0
Orthopaedic Technolo-gist	24	24	0	0
Optometrist	5	0	5	0
Speech Therapist and Audiologist	6	6	0	0
Speech Therapist	1	1	0	0
Physiotherapist	1	1	0	0
Physiotherapist	13	8	0	5
Intern	7	7	0	0
Physiotherapist Student	15	15	0	0
Diagnostic Radiog-rapher Assistant	3	3	0	0
Pupil Diagnostic Radi-ography Assistant	1	1	0	0
Diagnostic Radiog-rapher	18	13	4	1
Diagnostic Radiog-rapher Student	26	26	0	0
Therapeutic Radiog-rapher	1	1	0	0
Ultra-Sound Sonog-rapher	4	3	0	1
Total	680	653	17	10

Figure 7: Applications received in 2018 compared to 2017



Comments

There was a significant increase in the numbers of applications received and applicants registered in 2018 compared to the previous year

Table 55: Number of practitioners on the register per profession

PROFESSION	NUMBER OF PRACTITIONERS
Art Therapists	1
Audiologists	2
Acupuncturists	2
Biokineticists	78
Biokinetics Interns	14
Chinese Medicine Practitioner and Ac-upuncturists	8
Chiropractors	13
Clinical Technologists	20
Dental Technicians	37
Dental Technologists	11
Dental Therapists	62
Dieticians	32

PROFESSION	NUMBER OF PRACTITIONERS
Dispensing Opticians	10
Emergency Care Practitioners (Basic)	1274
Emergency Care Practitioners (Inter-mediate)	328
Emergency Care Practitioner (Interme-diate) Students	33
Emergency Care Technicians	63
Emergency Care Technician Students	18
Environmental Health Practitioners	246
Environmental Health Practitioner As-sistants	76
Environmental Health Practitioner Stu-dents	166
Environmental Health Practitioner As-sistant Students	90
Hearing Aid Acousticians	9
Homoeopaths	9
Medical Laboratory Scientists	178
Medical Laboratory Scientist Students	33
Medical Laboratory Technicians	196
Medical Laboratory Technician Stu-dents	14
Medical Orthotist and Prosthetists	21
Medical Rehabilitation Workers	15
Medical Technologists	270
Music Therapists	1
Naturopaths	3
Nutritionists	4
Nutritionist Students	25
Occupational Therapists	104
Occupational Therapist Students	25
Ocularists	1
Optometrists	117
Orthopaedic Technologists	7
Orthopaedic Technicians	4
Operational Emergency Care Orderies	2
Paramedics (Advanced Life Support)	82
Paramedics (Advanced Life Support) Student	70
Phlebotomy Technicians	18

PROFESSION	NUMBER OF PRACTITIONERS
Phlebotomy Technician Students	4
Physiotherapists	162
Physiotherapist Interns	21
Physiotherapist Students	15
Phytotherapists	2
Podiatrists	1
Pupil Radiography Assistants	13
Radiographers	248
Radiography Assistants	62
Radiographer Students	70
Speech Therapist and Audiologists	9
Speech Therapists	17
Therapeutic Aromatherapists	4
Therapeutic Masseurs	3
Therapeutic Reflexologists	6
Unani Tibb Practitioners	1
TOTAL	4430

7. COUNCIL RESOLUTIONS

Table 48 and Graph 26 show the other activities of the Council in line with the provisions of the Act:

Table 56: Resolutions taken by the Council

Number of resolutions made	Resolutions implemented	Resolutions pending implementation
50	46 (92%)	4(8%)

Comments on pending resolutions

1. A workshop is still to be arranged with all external moderators for the emergency care profession to be trained on how to do moderation.

2. The professional committee for optometry, in consultation with the professional association, is still to finalise the curriculum for treatment and management of ocular diseases and to submit it to Council for approval.
3. The professional committee for audiology, speech therapy and related professions, in consultation with the professional association, is still to review the draft regulations relating to the scope of practice for hearing aid acoustician and to provide necessary information to the Council before recommendation to the Minister.
4. Preliminary investigation committee is still to investigate the conduct of the owners of BRG Biokinetics West Care for training a person as an intern biokineticist without her being registered as such.

8. CONCLUSION

The Council accomplished some momentous milestones such as holding a successful election for members of the professional committees. The Council also registered a significant number of students and interns; this demonstrates that the professions are working towards the development of homegrown professional capacities. This is in addition to an increased number of qualified health practitioners registered during 2018. Moreover, the implementation of resolutions taken by the Council stands at 92%.

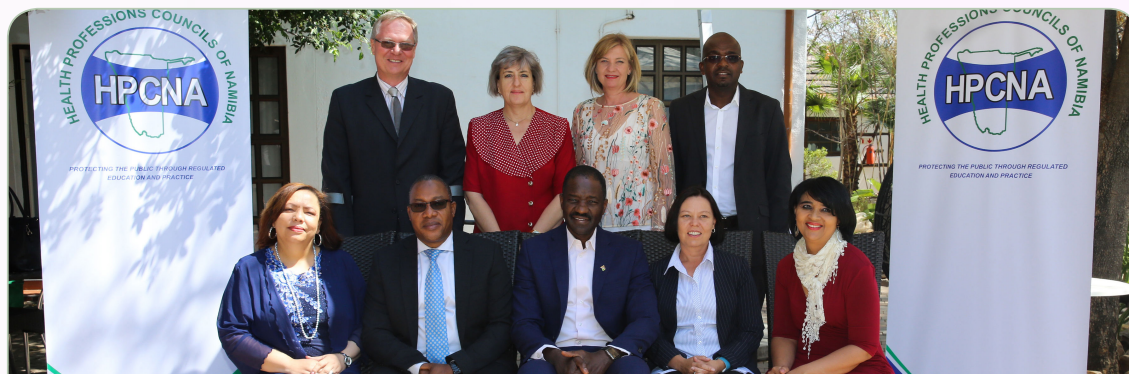


Social Work and Psychology Council of Namibia

1. INTRODUCTION

The Social Work & Psychology Council of Namibia (hereinafter referred to as “the Council”) is established in terms of the Social Work & Psychology Act, Act No 6 of 2004 (hereinafter referred to as “the Act”). The Council regulates the practicing of 12 professions namely, social worker, social auxiliary worker, student social auxiliary worker, clinical psychologist, educational psychologist, psychological counsellor, psychometrist, intern psychologist, intern educational psychologist and student educational psychologist by ensuring that all persons who applied for registration to practice such professions are suitably qualified before they get registered. The Council also control and exercise authority in respect of all matters affecting the education and training of persons to be registered under the Act.

2. COUNCIL MEMBERS



Front row seated (from left to right): Ms Réne Adriana Adams (Vice President) Mr Benetus Nangombe (Executive Director) Dr Bernard Haufiku (Former Hon Minister of Health) Ms Sanmari Steenkamp, Ms Verona Zephora Zuleika du Preez

Back row standing (from left to right): Dr Jürgen Gunther Hoffmann (President), Ms Emilige van Zyl, Adv. Hettie Garbes-Kirsten (Legal Practitioner) and Fr. Linus Ngenomesho (Member of the public)

Not appearing on the picture: Dr Manfred Janik

3. SUMMARY OF COUNCIL ACTIVITIES

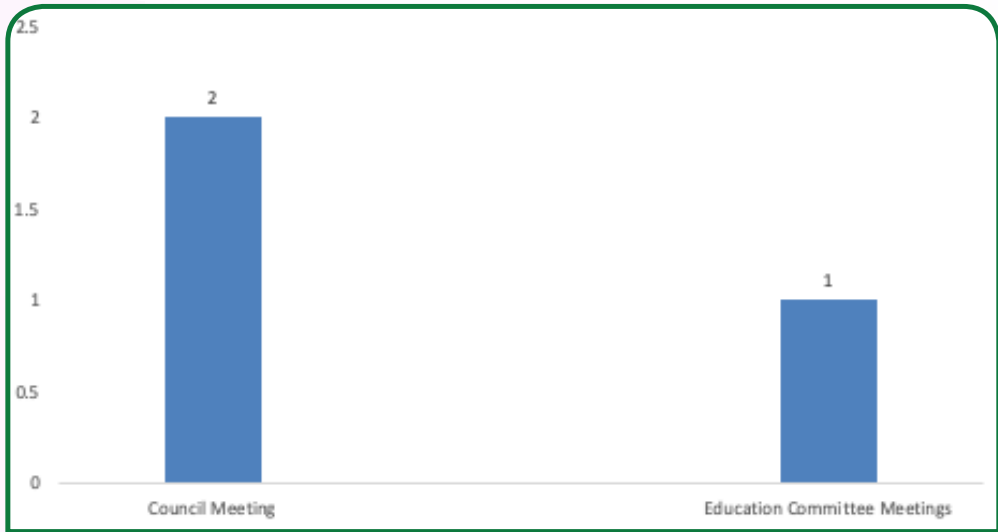
During the period under review the following activities were carried out.

3.1 Meetings

Table 57: Council and committee meetings

MEETINGS	NUMBER OF MEETINGS
Council Meeting	2
Education Committee Meetings	1

Graph 27: Council and committee meetings



As indicated in Table 75 and Graph 27, and in compliance with provision of the Act, the Council held a minimum of two (2) prescribed meetings. Only one (1) education committee meeting could be held. This is attributed to the fact that the Council only took office in October 2018, merely six months before the end of the reporting year. A total number of twenty-eight resolutions, covering a wide range of issues, were taken by the Council. All resolutions were successfully implemented.

4. REGISTRATION OF SOCIAL WORK AND PSYCHOLOGY PROFESSIONALS

Admission to the register as provided for under the Act is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register (section 25), the removal (section 26) or restoration of a name to the register (section 27), and the maintenance of registration (section 28). These registers lie open during ordinary hours at the offices of the Council for inspection by any interested member of the public.

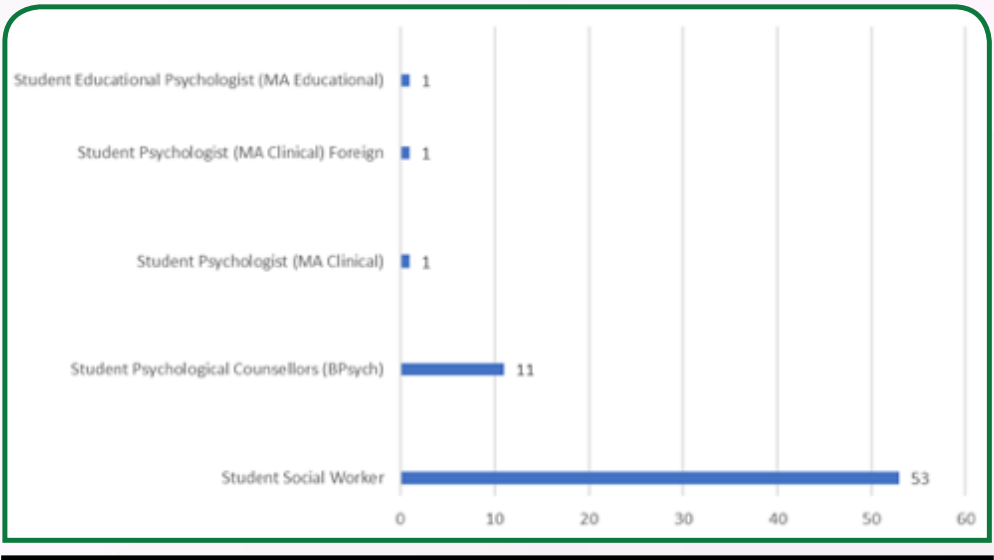
4.1 Registration of students

The Council is mandated to ensure that all students who are enrolled with any approved educational institution in the country to study social work or psychology are registered. This exercise is normally done at the beginning of the year. The number of students registered during the reporting period is shown in Table 58.

Table 58: Registered students

DESIGNATION	EDUCATIONAL INSTITUTION	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Student Social Worker	University of Namibia	53	53
Student Psychologist (BPsych)	University of Namibia	11	11
Student Psychologist (MA Clinical)	University of Namibia	1	1
Student Psychologist (MA Clinical) Foreign	University of Kwa Zulu Natal	1	1
Student Educational Psychologist (MA Educational)	University of Namibia	1	1

Graph 28: Registered students



As evident in Table 58 and Graph 28 the University of Namibia did not register many psychologist students. The university had more social worker students (53) than psychologist students (14).

4.2 Registration of social workers, auxiliary social workers, psychologists and interns

The numbers of social work and psychology practitioners registered during the reporting period are presented in Table 59.

Table 59: Registered social work and psychology practitioners

PROFESSION	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Auxiliary Social Worker	1	1
Specialist Social Worker	2	2
Social Worker	50	50
Intern Psychological Counsellors	7	7
Psychological Counsel-lors	2	2
Intern Clinical Psychologists	6	6
Clinical Psychologists	4	4
Intern Educational Psy-chologists	1	1

Graph 29: Registered social work and psychology practitioners

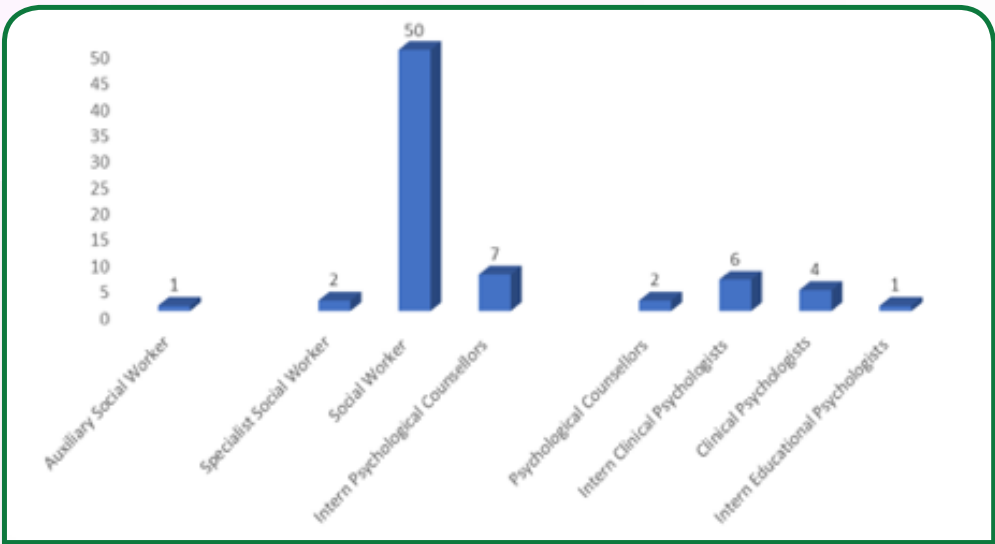


Table 59 and Graph 29 show that two (2) out of the fifty (50) registered social worker practitioners are specialists. Educational institutions need to be sensitized about the need for specialists in dealing with cases of domestic violence, suicide, alcohol abuse, women and child abuse which are on increase. The smaller numbers of practitioners registered in the psychology profession indicates that the country will continue to grapple with a shortage of professionals in this discipline.

5. EVALUATION BEFORE REGISTRATION

To ensure that an applicant possesses adequate professional knowledge, skills and competency in the profession for which registration has been applied for, Council conducted evaluations as indicated in Table 60.

Table 60: PPre-registration evaluation for the Social Work and Psychology Council

Professions	Number of practitioners evaluated	Number of practitioners passed	Number of practitioners failed	Pass rate	Failure rate
Social Workers	4	3	1	75%	25%
Psychological Counsellors	6	4	2	67%	33%
Clinical Psychologist	4	4	0	100%	0%
Intern Clinical Psychologists	5	5	0	100%	0%

Graph 30: Number of practitioners evaluated

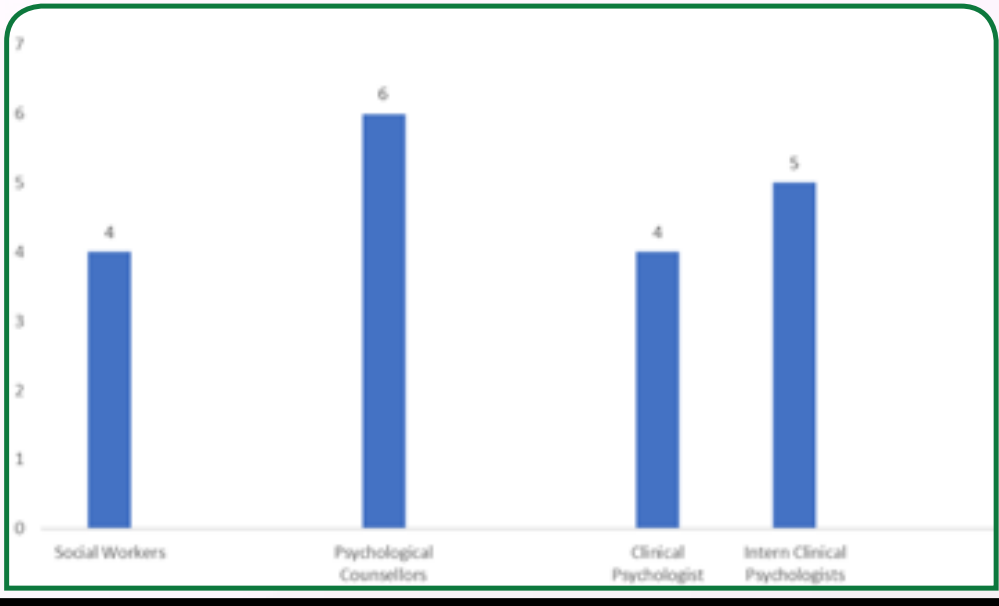


Table 60 shows that clinical psychologists and intern clinical psychologists performed very well during the evaluation: 100% pass rate. The overall average pass rate of all the professions was 86%; the failure rate was 14%. This may be interpreted that more practitioners evaluated had the required knowledge, skills and competencies within their respective professions.

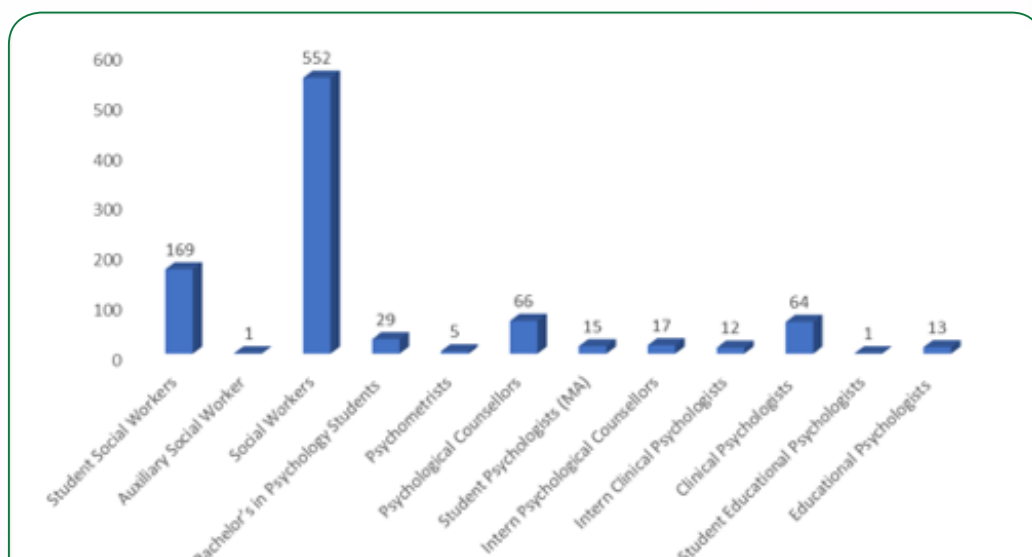
6. KEEPING OF REGISTERS

The Act provides that the Council must establish and keep in respect of the persons registered in terms of the Act to practice social work and psychology professions, separate registers. The number of practitioners on the registers are as per Table 61.

Table 61: Number of practitioners on the registers

PROFESSIONAL CATEGORY	TOTAL
Student Social Workers	169
Auxiliary Social Worker	1
Social Workers	552
Bachelor's in Psychology Students	29
Psychometrists	5
Psychological Counsellors	66
Student Psychologists (MA)	15
Intern Psychological Counsellors	17
Intern Clinical Psychologists	12
Clinical Psychologists	64
Student Educational Psychologists	1
Educational Psychologists	13
TOTAL	944

Graph 31: Registered practitioners



This Council's register is characterised by a high number of social work practitioners followed by the student social workers.

7. CURRICULUM RECEIVED FOR APPROVAL

One of the mandates of the Council is to approve curricula for training in the healthcare professions registrable in terms of the Act. The following curricula as listed in Table 62 were received for approval:

Table 62: Curriculum received for approval

INSTITUTION	NATURE OF PROGRAMME	STATUS
South African College of Applied psychology	Bachelor of Psychology Equivalent	Not approved

The South African College of Applied Psychology offers training on a part-time mode as opposed to full time. This means it falls short of the prescribed requirements in Namibia.

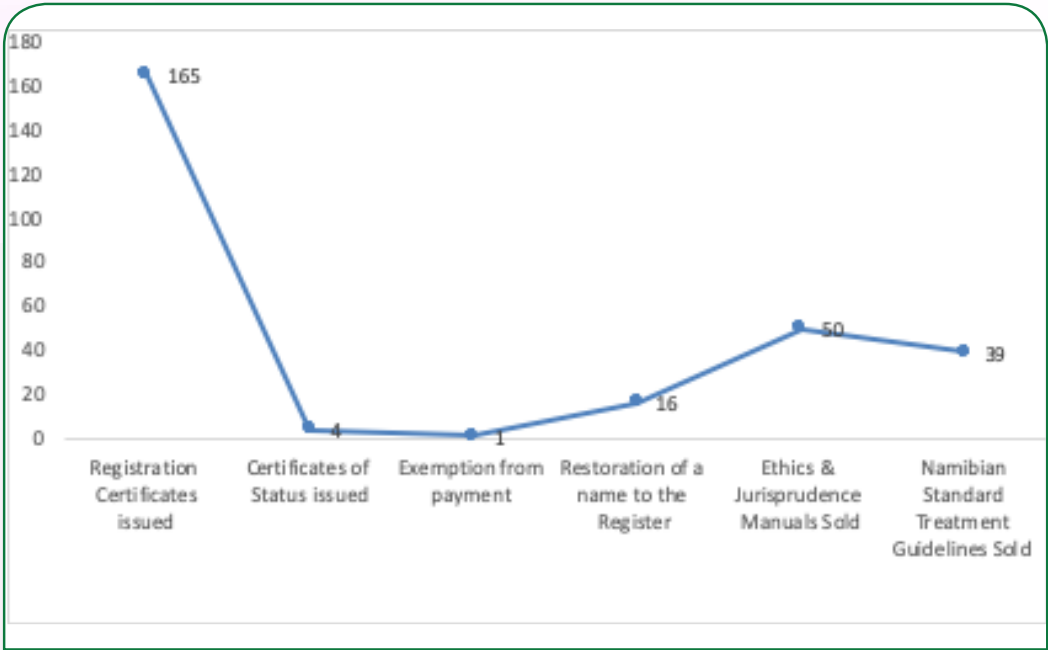
8. OTHER SERVICES RENDERED

The Council rendered other services as indicted in Table 63 and Graph 32.

Table 63: Other services rendered

SERVICES RENDERED	TOTAL
Registration certificates issued	165
Certificates of status issued	4
Exemption from payment	1
Restoration of a name to the register	16
Ethics & Jurisprudence Manuals Sold	50
Namibian Standard Treatment Guidelines Sold	39

Graph 32: Other services rendered



A high number of registration certificates were issued to students enrolled at approved educational institutions.

9. CONCLUSION

The Council aims at ensuring that all persons aspiring to practice healthcare professions in Namibia have acquired and maintained the required professional knowledge, skills and competence. This is done through regulating education and practice of all professions falling under this Act. The Council has significantly delivered on this mandate.



Section four

Finance,
Human Resources
&
Administration

2017/ 2018

HPCNA ANNUAL REPORT



Section Four

Finance, Human Resources and Administration

1.

Finance Division

1.1 INTRODUCTION

This division focuses on two strategic objectives: prudent financial and risk management in line with best practices

a) Sources of income

For the 2018/2019 financial year (FY) a grant of N\$ 20 000 000.00 was received from the Ministry of Health and Social Services, subject to such conditions as determined by the health minister in consultation with the minister responsible for finance, from moneys appropriated by parliament for the purpose of defraying expenses incurred by Councils in connection with their powers and the performance of their duties and functions.

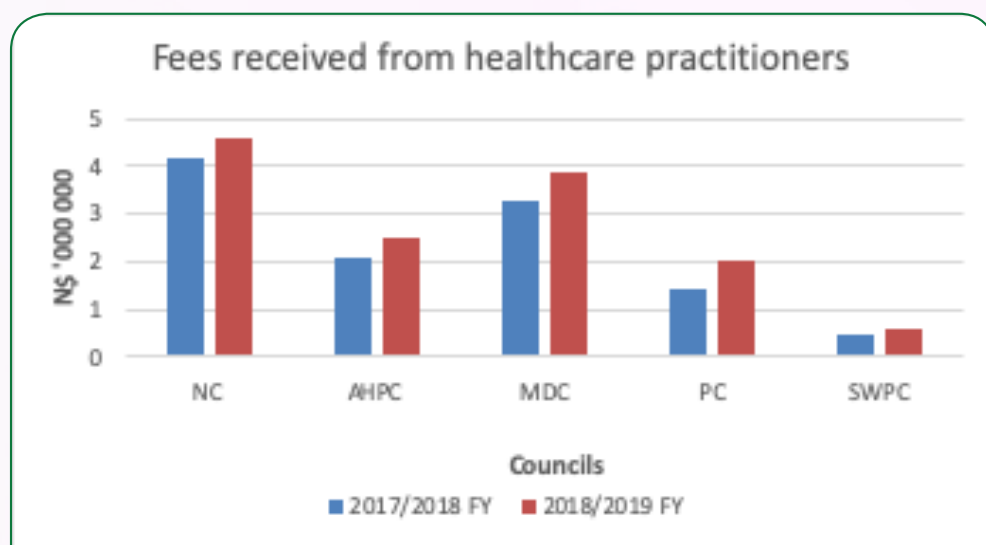
Councils did not increase the fees payable by healthcare practitioners for the 2018/2019 financial year, but generated a combined income of N\$ 13 950 600 from annual maintenance fees, application fees, evaluation fees, etc. Councils also generated an income of N\$ 379 200.00 from renting out two of its properties.

Fees received from services provided by the various Councils for the financial year under review are shown in Table 64 and Graph 33.

Table 64: Fees received from healthcare practitioners per Council

COUNCILS	2017/2018 FY	2018/2019 FY	% increase
Nursing Council (NC)	N\$ 4 213 480	N\$ 4 654 603	10.6% increase
Allied Health Profes-sions Council (AHPC)	N\$ 2 193 110	N\$ 2 599 888	18.5% increase
Medical & Dental Coun-cil (MDC)	N\$ 3 343 272	N\$ 3 964 751	18.5% increase
Pharmacy Council (PC)	N\$ 1 466 682	N\$ 2 037 330	38.9% increase
Social Work & Psycholo-gy Council (SWPC)	N\$ 537 155	N\$ 694 028	29.2% increase
TOTAL	N\$ 11 753 699	N\$ 13 950 600	18.7% increase

Graph 33: Graphic presentation of fees received from healthcare practitioners



There was a total increase of 18.7% in fees received from healthcare practitioners. The increase is because of a general increase in the number of registered healthcare practitioners. This is an indication that an increase in the registration of healthcare practitioners has a positive effect on the Councils revenue.

b) Investments

Councils continued to invest surplus of their funds in call accounts to generate interest. Call accounts generated a total of N\$ 709 040.14 during the financial year under review. This is a 15% increase from the N\$ 614 631.00 generated in the 2017/2018 financial year. The increase is attributed to the upsurge in revenue generated. Councils will continue to explore other investment portfolios in line with the finance policy.

c) Removal of names of healthcare practitioner from registers or roll.

Councils did not remove names of healthcare practitioners due to no-payment during the 2018/2019 FY year as there were no Councils in existence for a period of six months from April to September 2018. The vacuum did however not stop the Secretariat from implementing the usual revenue collection measures such as sending reminders to healthcare practitioners to pay their annual fees.

d) Audited financial statement

As is customary every year, Councils' accounting records were externally audited by PKF-FCS Auditors and audited financial statements were generated. As has been a trend for the past financial years consistently all Councils received unqualified audit opinions. The detailed financial statements and audit reports are presented separately as an annexure to this report.



2. Human Resources Division

1.1 INTRODUCTION

The activities of the human resources (HR) division were focused on the following strategic objectives.

- To review and align management structure in line with the mission-driven functional needs of the Councils' mandate
- To build transformational and professional leadership within Councils
- To enhance human capital to meet internal and external customer requirements

a) Staff establishment

The Councils are administered by a joint secretariat consisting of a staff establishment of 57 employees; 45 out of the 57 posts are currently filled. This translates to 79% of the total staff establishment. The current staff establishment is well aligned to the Councils' mandate. Councils intend to fill the remaining posts as budgetary provisions permit.

b) Staff Recruitment and promotions

There were no recruitment or promotion made during the period under review. Councils contained the current staff complement as budgetary constraints did not allow them to recruit additional staff.

Data for the above are presented in Table 65 and Graph 34.

Table 65: Breakdown of the Councils' workforce per gender and occupational level

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Executive management	3 (50%)	3 (50%)	6 (100%)
Managers	5 (56%)	4 (44%)	9 (100%)
Assistant Managers	2 (25%)	6 (75%)	8 (100%)
Others	7 (32%)	15 (68%)	22 (100%)
TOTAL	17 (38%)	28 (62%)	45 (100%)

Graph 34: Breakdown of the Councils’ workforce per gender and occupational level

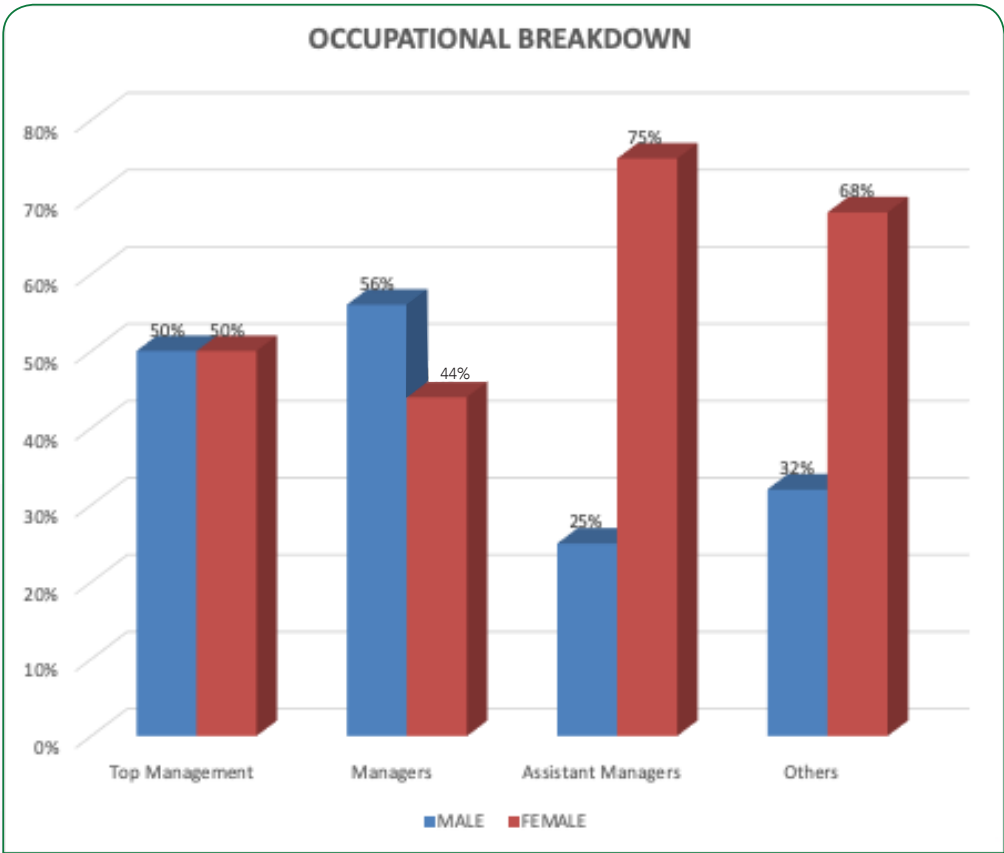


Table 65 and Graph 34 above indicate that there is equal gender representation of 50% males and 50% females in the executive management category. The male-female demographics are: managers males (56%), and females (44%); 75% of their assistants are females and 25% are males. The junior categories of employees are highly dominated by females making up 68%; these employees occupy 32% of such categories.

From the total 45 employees, 17 (38%) are male Namibians, and 28 (62%) are female Namibians. The gender demographics are an indication that the Councils continue to be mindful of the equity policy when recruiting staff.

c) Employees’ age profile

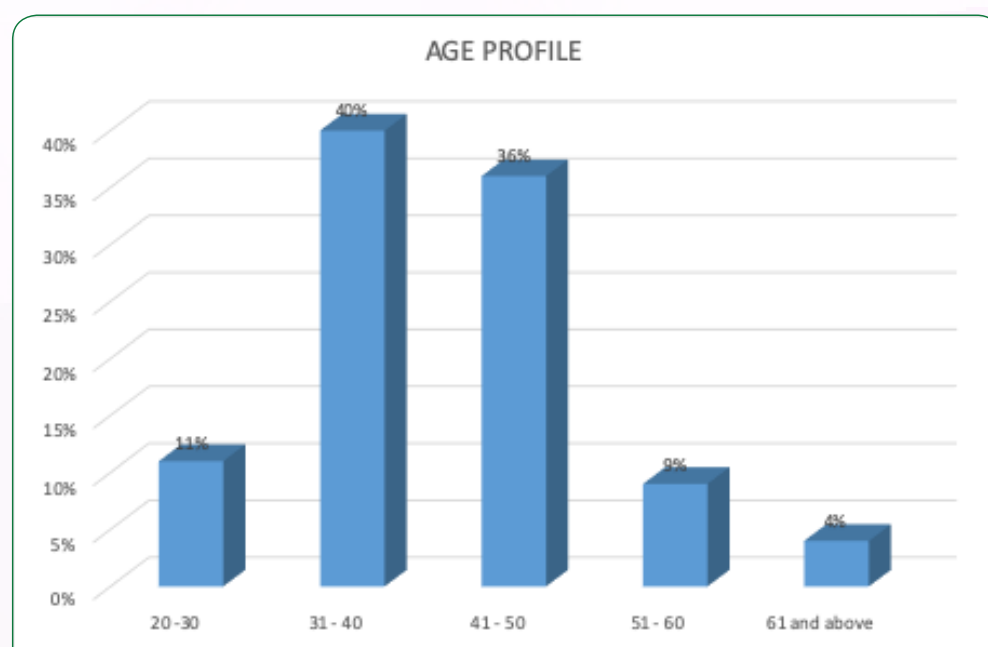
As per the HR policy, the retirement age for all employees is 65 years. Employees must retire on the last day of the month in which they turn 65 years. Retirees may be re-employed on a 12-month contract basis, and this may be extended depending on a employee’s performance, the need to retain his or her service, and provided that the employee is in good health.

Age demographic of employees are presented in Table 66 and Graph 35.

Table 66: Breakdown of employees per age groups

AGE GROUP	NUMBER	PERCENTAGE
20 - 30	5	11%
31 - 40	18	40%
41 - 50	16	36%
51 - 60	4	9%
61 and above	2	4%
TOTAL	45	100%

Graph 35: Number of employees per age group



As evident in Table 66 and Graph 35 the staff establishment is dominated by a middle aged and youthful team of employees at 40% and 36% respectively. This is good for continuity and succession planning. The age demographic of the employees also shows a positive picture of a vibrant and balanced team, nurtured in terms of a diverse experience, and embedded with the culture of effectiveness in carrying out the objectives of the Councils.

d) Training and development

During the period under review the followings training interventions were recorded as shown in Table 67

Table 67: Training interventions

TRAINING INTERVENTIONS	NUMBER OF EMPLOYEES ATTENDED
Advanced Micro Soft Excel	2
Totals	2

These interventions demonstrate Councils' belief that commitment to work and competency can only be achieved through timely identification of skill gaps and staff empowerment through coaching, directing, support and training.

e) Study achievement awards

During the year under review the following staff members (Table 68) were given study achievement awards for obtaining qualifications in various fields of study.

Table 68: Study achievement awards

NAME OF STAFF MEMBER	QUALIFICATION OBTAINED	AMOUNT RECEIVED
Mr. L.K. Kapofi	Bachelor of Technology in Accounting and Finance	N\$ 2000.00
Mr. A.I.P. Kathindi	Bachelor of Computer Science Honours in Communication Networks	N\$ 2000.00
Mr. C.V. Weyulu	Master of Laws	N\$ 2000.00
Mr. C.K. Mafwila	Master of Business Administration	N\$ 2000.00
Mr. S. Konstantin	Master of Business Administration	N\$ 2000.00

This is an indication that Councils support staff members to continuously educate themselves in order to acquire the needed knowledge to enhance productivity. Although self-funded, the studies were supported and recognised by the organisation. Councils will continue to encourage staff members to improve their knowledge and skills through achievement awards.

g) Long service awards

The Human Resources Policy and Procedures made provision for the recognition of long service to the Councils. These awards are a special recognition to employees for their uninterrupted service to Councils for a period of 5, 10, 15, 20 and 25 years and longer, or upon retirement. The award is granted only once upon reaching the date on which the specific period of continuous service has been completed. During the period under review, the number of awards issued is listed in Table 69.

Table 69: Number of employees awarded per category

CATEGORY	NUMBER OF EMPLOYEES AWARD-ED
5 Year Awards	2
10 Year Awards	5

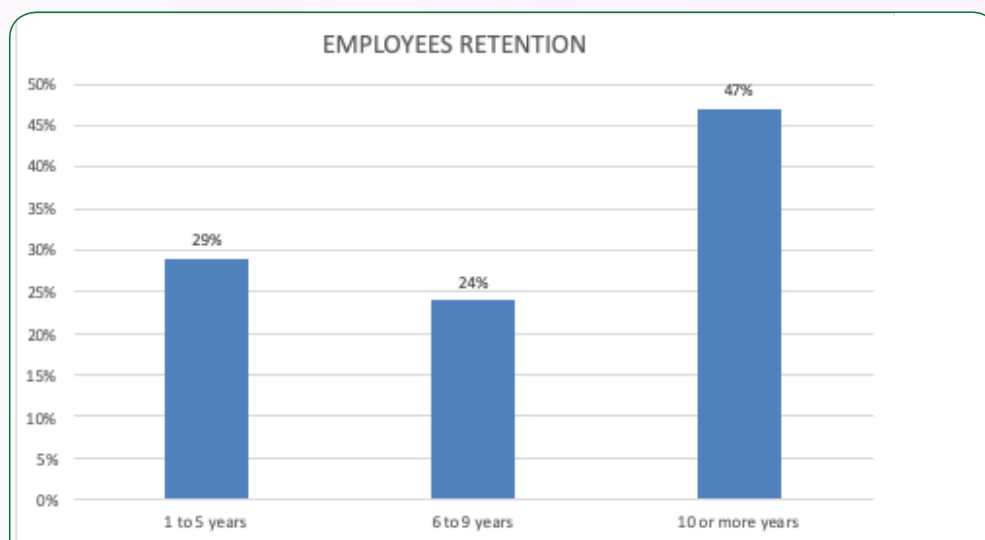
h) Staff retention

During the period under review the staff retention profile is shown in Table 70 and graph 36.

Table 70: Number of employees per years of services

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGES
1 to 5 years	13	29%
6 to 9 years	11	24%
10 or more years	21	47%
TOTAL	45	100%

Graph 36: Number of employees per years of services



The Councils are committed to employee's retention strategy and Table 70 and Graph 36 data clearly indicate that the employees have responded positively to

that strategy. These data further demonstrate that the employees feel valued and are loyal to the employment with the Councils. The Councils appeared to be the preferred employer of choice as demonstrated by the low attrition rate of staff and the expressed desire by those who left the employ of the Councils some years ago for re-employment. Most employees (47%) have been in the employ of the Councils for more than 10 years. This is attributable to a conducive working environment.

i) Staff disciplinary matters

The main purpose of disciplinary rules is to correct behaviour rather than to punish employees. These rules also help in maintaining a good standard of work and conduct required from an employee. Disciplinary action was taken against one employee; the case is expected to be completed in the first quarter of the financial year 2019/2020.

j) Staff remuneration

Labour cost was well contained and remained within the budget. However, due to the change in some factors of the economy that caused high inflation rates, the Councils deemed it is necessary to adjust the basic salaries of all employees by 3% on 1 April 2018, to cater for inflation.

k) Staff wellness

In order to promote the health and physical wellbeing of the employees, voluntary health assessments services were arranged and provided on premises. These included the following.

- Blood pressure monitoring
- Glucose testing
- Cholesterol testing
- Eyesight testing
- Height and weight measurement, and
- Flue vaccination

These services were provided at no additional cost to the Council; all employees are provided with a medical aid benefit.

l) The review of job grades and descriptions

To align the staff structure to the mission-driven needs of the institution as per the strategic plan, Councils contracted an external service provider to review the job grading and job descriptions of all employees. The outcome of this exercise will inform the Councils on the relevance of various job gradings and possible overlaps in job descriptions. This exercise is expected to be completed in the first quarter of the 2019/2020 financial year.



3. Administration Division

3.1 INTRODUCTION

The activities of the administrative division were geared towards achieving the following strategic objectives.

- Developing a roadmap to relocate toward construction of a one stop office premises that will host all staff
- Effective and efficient fleet management
- Effective and efficient communication
- Enhancement of service delivery culture
- Provision of adequate information technology solutions to support operations
- Enhancement of professional risk management structure and framework

In line with these strategic objectives the following are the core functions carried out by Administration.

- Physical facilities management
- Transport management
- General support services
- Communication management
- Information technology management
- Risk management

3.2 Physical facilities management

During February 2018, Erf: 4169 located in Schönlein Street was jointly purchased by the Councils. The property was renovated and subsequently leased to generate additional incomes for the Councils. The Councils also continued to improve on physical infrastructure through regular repairs and maintenance.

3.3 Transport management

Councils have a fleet of three vehicles. These vehicles are well maintained, licensed and regularly serviced. There are internal control measures in place to ensure that transport is properly managed. These include fuel utilization monitoring and logbook control. No accident was reported during the reporting period.

3.4 General support services

Administration section continued to effectively provide support services to all other departments within the Councils. This included the management of incoming and outgoing mail, supply of stationery and relevant equipment to enable a conducive working environment for all staff. Where challenges were encountered the section engaged with staff members to ensure that they were resolved in a timely manner.

3.5 Contract management

Information pertaining to contractual obligations is presented in Table 71.

Table 71: Contractual service providers

SERVICE PROVIDER	SERVICE PROVIDED	CONTRACT DURATION
Canocopy Pty Ltd	Photocopy machine	3 years
Bidvest Namibia Infor-mation Technology IT	Information Technology	12 months
Cube IT CC	Database System Admin-istration	Yearly
Lida Cleaning Services Pty Ltd	Cleaning Services	3 years
Shine Information Tech-nology Pty Ltd	Security Services	3 years
First National Bank of Namibia Insurance brokers	Insurance	Yearly
Africa Online Pty Ltd	Website hosting	Yearly

Contracts were managed prudently; challenges were dealt with promptly as and when they arose. Meetings with service providers were held every two months to discuss matters regarding the implementation of the contracts.

3.6 Procurement

All goods and services were procured in accordance with the procurement policy. A review of the procurement policy to bring it in line with the new Public Procurement Act 15 of 2015 has started and will be finalized and approved during the financial year 2019/2020.

A. Section: Data and record management

The data and record management section continued to manage files of registered and enrolled healthcare practitioners. The files were updated from time to time, new files were created daily, and those of deregistered or unregistered healthcare practitioners were closed from time to time.

Lack of filing space remained a challenge for both the data and record management teams. Lack of filing cabinets that are water and fire-proof also remained a serious concern.

Councils plans to procure an electronic filing system to overcome these challenges.

Councils received 15 requests for statistical information on registered and enrolled health care practitioners from various stakeholders. Such information was provided, and these requests underlined the importance of making the registers and roll electronically available to members of the public as discussed under electronic register (E-register).

B. Section: Information technology (IT)

The function of this section is to provide IT solutions to support and facilitate the operations of various offices.

The Councils have a well-functioning data management system to carry out all transactions related to the health practitioners and different institutions/businesses. The Councils have outsourced the critical maintenance function database to Cube IT CC. The major maintenance of the IT service, as well as hosting emails on the cloud, provision of office 365 licenses, ESET antivirus, backups and server's maintenance, has been outsourced to Bidvest IT Namibia. However, the Councils have a competent in-house IT system administrator who is in charge with system and all IT troubleshooting, maintenance, information updates and report generating.

i. Website

Councils are sourcing for a suitable service provider to redesign the existing website. A website redesign committee consisting of staff from various departments within Councils was appointed to coordinate the project. This project is anticipated to be completed in the second quarter of the 2019/2020 financial year. To ensure effective operation of the website-related project, Africa Online is currently the sole service provider of all Councils' website related services. However, the In-house IT system administrator is responsible for updating the required information on the website, and to liaise with the service provider in cases where his expertise is limited.

ii. Electronic register (E- register)

Councils have developed an e-register during 2016/2017 financial year which will be linked to the website to enable public online access to information regarding registered or enrolled healthcare practitioners. Councils are currently busy auditing the records of registrants before the system goes live. This exercise is expected to be completed during 2019/2020 financial year.

D. Communication

Councils continued to effectively communicate with both internal and external stakeholders through various means such as meetings, circulars, letters, telephone and e-mails. Councils also communicated to their clients via posted mails and text messages which is very convenient and cost effective.

E. Joint presidents' committee (JPC)

The Acts constituting the five Councils provide that the Councils can act conjointly. This led to the establishment of the joint presidents' committee (JPC) consisting of the five presidents of the Councils. The functions of the JPC are amongst others, to approve the staff establishment of the joint secretariat, to approve the remuneration packages of employees, to approve the joint procurement of high purchases, to approve the budget, activity plans and reports pertaining to the joint functioning of Councils. The JPC also serves as the policymaking, finance and audit committee of the Councils.

During the year under review the JPC had one meeting on 28 March 2019. The committee took 10 resolutions pertaining to financial matters, human resources, policies and corporate governance. Graph 37 provides details of the JPC's resolutions.

Graph 37: Graphical presentation of the implementation rate of the JPC’s resolutions



As evident in Graph 37 there was a high implementation rate of JPC resolutions. The four pending resolutions will be implemented in the second and third quarters of the 2019/2020 financial year.

CONCLUSION

The Department of Finance, Administration and Human Resource’s core mandate is to ensure that the Councils are provided with effective and efficient administrative and financial support. This is done through prudent financial management, good governance, and proper human resources management. The Department has eloquently carried out this mandate.

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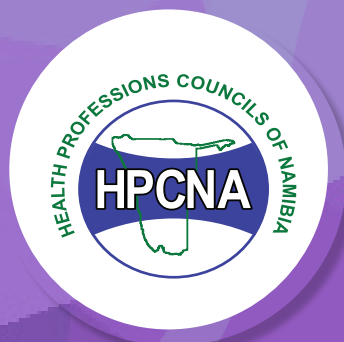


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