

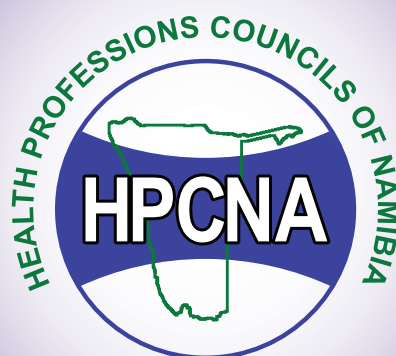
HEALTH PROFESSIONS COUNCILS OF NAMIBIA

ANNUAL REPORT

2017/2018

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 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 health care, 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.

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, established 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 March 2018.

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.



FROM THE REGISTRAR'S DESK

Cornelius Vataleni Weyulu
Registrar/ CEO



As per Health Professions Councils of Namibia's (HPCNA) obligations to parliament and the people of the Republic of Namibia, we are pleased to report back on how the HPCNA executed their mandate during the period under review.

The year 2017/2018 was in many respects a significant year. It marked the end of the term of office of members of the HPCNA, after illustrious ten years in office. As we look back, we take much satisfaction from the success that we in the Secretariat have enjoyed due to the dedication of members of the HPCNA who supported and guided us enormously and who despite challenges, continued to attend meetings to deliberate and decide on council matters.

The year 2017/2018 has equally been a year characterized by both achievements and challenges some of which are reported on in more detail elsewhere in this report.

Mandate

The key roles and responsibilities of the HPCNA are to control and exercise authority in respect of all matters affecting the education and training of healthcare professionals and the way they practice their respective professions. The HPCNA is also legislatively enjoined to fulfil an advisory role to the Minister of Health and Social Services on matters falling within the scope of the constituting Acts, with a view to support the universal norms, the values of health professions and national health policies. The HPCNA have executed the mandate successfully.

Standards

In setting the appropriate and relevant standards for healthcare training and education, registration, practice and continuing professional development, the HPCNA have been committed to fairness, transparency, consistency and accountability. This mandate was equally executed professionally, efficiently and effectively.

Clean audit

The HPCNA once again received an unqualified opinion on the annual financial statements for the 5th consecutive year. We acknowledge the hard work and commitment of members of the HPCNA, their committees, the executive management, the finance team and other departments in ensuring that this achievement was realized.

Governance

The HPCNA continued to adhere to the principles of good governance as embodied in the King Reports, the constituting Acts, relevant legislation and governance prescripts. Adherence to these principles ensures that the HPCNA maintains the integrity of its operations, thus gaining credibility from and confidence of its important stakeholders. Good corporate governance and stakeholder confidence are fundamental in determining the nature of relationship between the HPCNA, their stakeholders represented by the Ministry of Health and Social Services, the healthcare industry and the Namibian public.

International relations

The HPCNA continued to maintain and build relationships with like-minded institutions in the African continent and around the globe with a view to foster improved collaboration and synergy. The HPCNA strived to continually expand on this collaboration as means of exchanging knowledge and skills and to assist in improving the delivery of service. Currently, the HPCNA are deemed to be amongst the exemplary institutions that can be used in benchmarking to obtain and identify good regulatory practices in Africa.

Financial risk management

The HPCNA introduced a cashless system to avoid security risks and other cost associated with handling of cash at the premises. The HPCNA also started using online payment to save cost on bank charges and improve on efficiency. Payments are now made via direct bank deposits, electronic funds transfer or speed point machines on site.

Information technology (IT)

An audit on IT infrastructure, covering both soft and hardware, was carried out and resulted into major upgrades of such infrastructure to be on par with the industry's standards. Eleven (11) desktop computers, and six (6) laptops were replaced. Eight (8) desktop computers were upgraded. Three hundred and sixty-five (365) licenses were acquired to enable the hosting of emails in cloud. The exchange server is also now online. A new antivirus license called ESET was installed replacing the old Kaspersky. The IT server was decommissioned to

accommodate virtual servers which enable the data files, antivirus and other applications to be hosted on one server making it possible to acquire more applications and host them on a server. In this manner, costs have been saved.

Electronic register (E-register)

An electronic register was developed and integrated into the website to allow members of the public online access to basic information of registered health practitioners. The primary focus of the E-register is to make it accessible to the public, but it will also add a functionality of cleaning up the overall practitioner database allowing them an opportunity to update their contact details, and in some cases, update their identification. The E-register will however be made available to the public once the files audit which is currently underway has been completed during the 2018/2019 financial year.

Acknowledgement

My sincere word of gratitude goes to the presidents, vice presidents and members of the HPCNA for their continued leadership and guidance. I express my deepest appreciation to the executive management and the employees of the HPCNA for their endless support and determination in ensuring that we deliver on our mandates. I look forward to their continued assistance and pledge my support to them in the year to come. As the Secretariat, we remain committed to delivering the highest quality of service to our registrants and to the broader citizenry of our beautiful Republic.

EXECUTIVE SUMMARY

Regulatory

The HPCNA share a common mandate to regulate the training and practice of healthcare practitioners by ensuring that all persons practicing health-related professions in Namibia are suitably qualified and registered to practice the professions concerned. In accordance with the law, the HPCNA were set up to protect the public through, inter alia, keeping registers for all practicing healthcare practitioners, conducting regular inspections of training institutions and facilities, enforcing continuing professional development, investigating complaints of unprofessional conduct against healthcare practitioners and, where necessary, taking disciplinary actions.

The Medical and Dental Council of Namibia (MDCN) has partnered with the Education Commission for Foreign Medical Graduates (ECFMG) for assistance in verifying the education credentials of the internationally qualified medical and dental applicants seeking registration in Namibia. As a result, all foreign qualified medical applicants, when submitting their applications for registration to the MDCN, are required to provide ECFMG verification of their academic credentials. The

ECFMG verification provides assurance to the MDCN on the authenticity of the qualification of an applicant applying for registration. Other Councils forming the HPCNA have resolved to forge similar partnership with ECFMG in as far as their mandates are concerned.

Administrative

The HPCNA's strategic plan (2014-2019) recognizes the prevailing need to have the registers of healthcare practitioners publicly accessible. As a result, since November 2017, there has been an ongoing exercise to audit the records of all registered healthcare practitioners before the registers are made available and accessible.

Finance

The HPCNA continued to generate fees from services provided to healthcare practitioners, which makes up 25 % of the total income. Other income for the HPCNA includes rental fees and interest on investment amounting to 5% of the total income. Annual maintenance fee payable by healthcare practitioners has increased with an average of 17%

during the reporting year. The annual grant appropriated to the HPCNA by parliament via the Ministry of Health and Social Services remained constant at 20 million Namibian dollars representing 70% of the total income.

The HPCNA have successfully phased out cash transactions. Payments are now done via direct bank deposit, electronic funds transfer, and speed point machines. An online payment system was also introduced and is being used for payments to suppliers, councils and committees members.

Information technology (IT)

HPCNA made efforts to improve on the administrative data management system by acquiring the Office 365 license which allows for the hosting of cloud emails. The asymmetric digital subscriber line was also upgraded to fiber for faster internet connectivity. The IT infrastructures were audited and updated to an acceptable standard. A process has also commenced to revamp the website and to have it properly maintained.

Professional conduct

Seventy-one (71) cases of unprofessional conduct were reported to the HPCNA for investigation during the period under review. One hundred and twenty-four (124) cases were handled at the preliminary investigation level. Thirty-

four (34) cases were closed due to lack of evidence; twenty (20) were referred for professional conduct inquiry; and sixty-five (65) were outstanding pending further investigations. The complaints received ranged from mismanagement of patients, practicing outside the scope of practice to advertising. One appeal was conducted during this period. During this period a total number of fifty-three (53) sets of rules and regulations were drafted, of which twenty-two (22) were published.

Education and training quality assurance (ETQA) and continuing professional development (CPD)

A significant number of applicants for registration with the HPCNA were evaluated and passed the evaluation. For example, three hundred and sixteen (316) applicants were evaluated in 68 evaluation sessions for registration as nurses or allied healthcare practitioners. Of this number, two hundred and forty-two (242) passed and 74 applicants. Several inspections were carried out in hospitals and health facilities for the clinical placement of interns and students.

HPCNA conducted a 10% random selection of names of healthcare practitioners from all registers for CPD purposes. One hundred and sixty-eight (1368) healthcare practitioners were selected and by end of the reporting period, the average compliance rate was 20%.

SECTION ONE

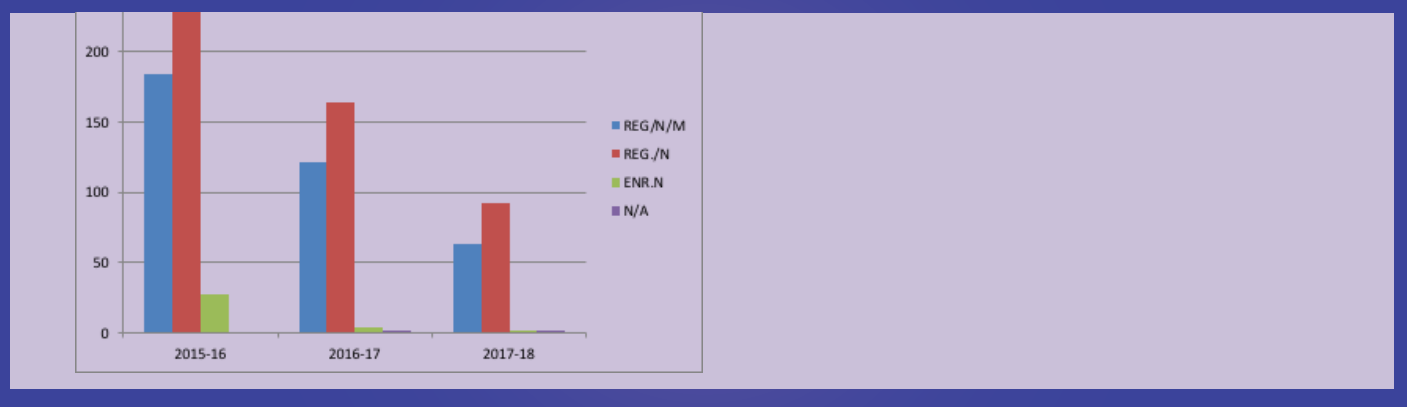
EDUCATION AND TRAINING QUALITY
ASSURANCE DEPARTMENT



SECTION ONE

EDUCATION AND TRAINING QUALITY ASSURANCE DEPARTMENT

Graph 1: Pre-registration evaluations for nurses



INTRODUCTION

There is a longstanding consensus among all the 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 which 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.

STRATEGIC OBJECTIVE

For the reporting period 2017/18, ETQA assisted Councils in performing the following strategic objectives.

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.

In compliance with section 20 (3) (b) of the Nursing Act 2004 (Act No. 8 of 2004) and section 20 (3) (a) of the Allied Health Professions Act 2004 (Act No. 7 of 2004), which requires 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, the ETQA section assisted the Nursing Council and the Allied Health Professions Council in conducting pre-registration evaluations as indicated in Tables 1 and 2.

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/ Ac-coucheur	18	63	60	3	95%	5%
Registered Nurse		92	83	9	90%	10%
Enrolled Nurse		2	2	0	100%	0%
Nursing Auxiliary		2	1	1	50%	50%

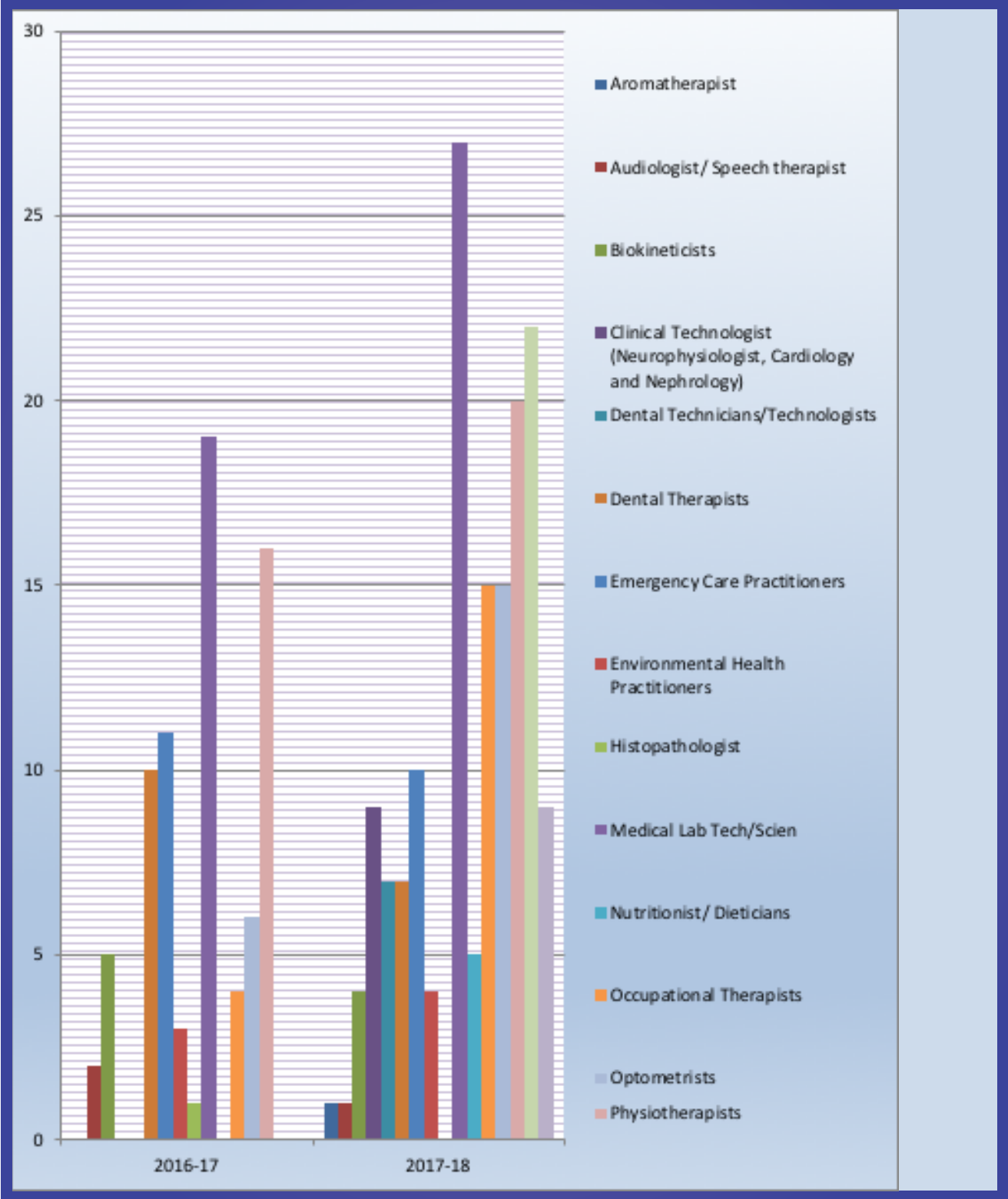
There has been a significant decrease in the number of persons evaluated in the year 2017/18 as opposed to the years 2015/16 and 2016/17. See comparison below in Graph 1.

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
Aromatherapist	1	1	0	1	0%	100%
Audiologist	1	1	1	1	100%	0%
Biokineticists	2	4	4	0	100%	0%
Clinical Technologist (Neurophysiologist, Cardiology and Nephrology)	4	9	7	2	78%	22%
Dental Technicians/ Technologists	3	7	5	2	71%	29%
Dental Therapists	3	7	3	4	43%	57%
Emergency Care Practitioners	3	10	3	7	30%	70%
Environmental Health Practitioners	2	4	3	1	75%	25%
Environmental Health Practitioners	2	4	3	1	75%	25%
Medical Lab Tech/ Scientists	8	27	16	11	59%	49%
Nutritionist/ Dieticians	2	5	4	1	80%	20%
Occupational Therapists	6	15	13	2	87%	13%
Optometrists	4	15	10	5	67%	33%
Physiotherapists	3	20	15	5	75%	25%
Radiographers	3	22	6	16	27%	73%
Sonographers	5	9	6	3	67%	33%

There has been a significant increase in the number of practitioners evaluated in the year 2017/18 as opposed to the year 2016/17. See comparison below in Graph 2.

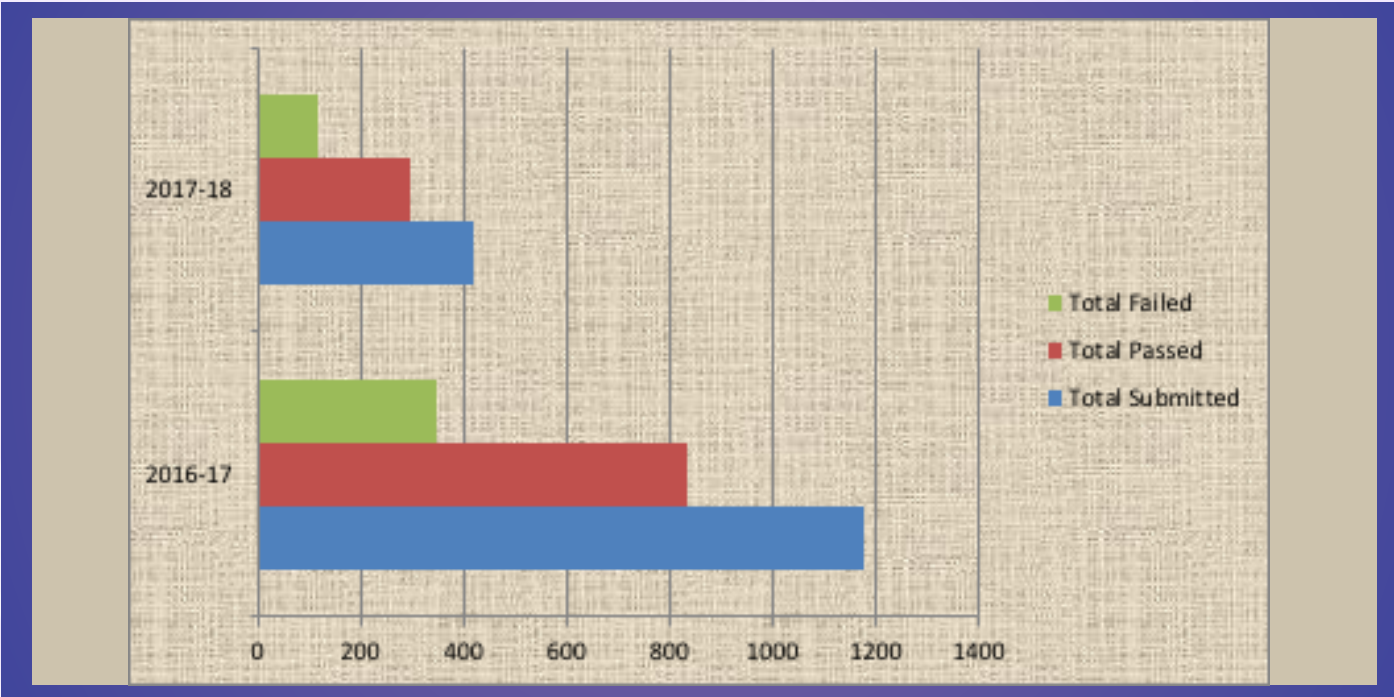
Graph 2: Pre-registration evaluations for allied health professions



All persons who go through the evaluation process are required to complete the jurisprudence multiple choice questionnaire and on successful completion thereof they obtain their first CPD points in professional ethics. During the reporting period, 416 jurisprudence multiple choice questionnaires were received and marked as opposed to the 1176 which were received and marked in the 2016/2017. From the 416 questionnaires which were received and marked, 297 practitioners passed, and 119 practitioners failed.

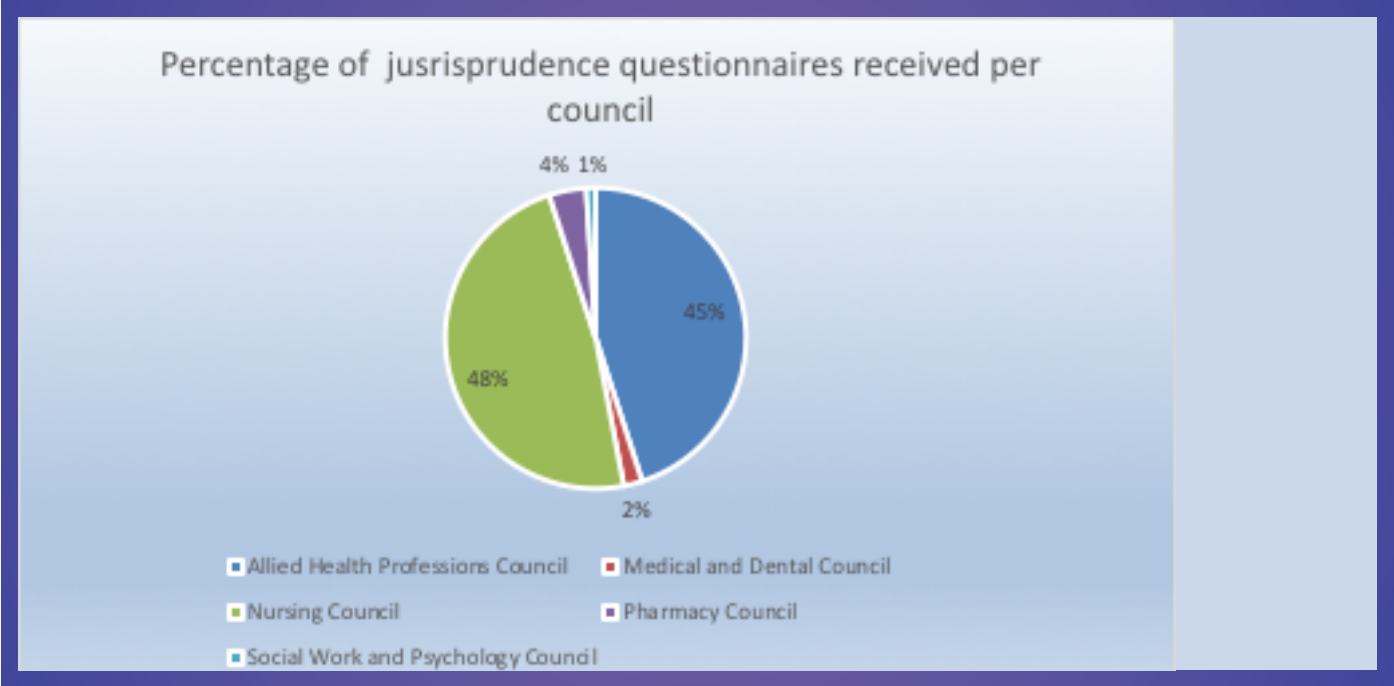
Graph 3 below gives a comparison of the number of jurisprudence multiple choice questionnaires received, marked and the results of 2016/2017 and 2017/2018.

Graph 3: Comparison of received and marked jurisprudence multiple choice questionnaires



As seen above, the number of questionnaire received has decreased dramatically compared to the previous year. Pie chart 1 indicates the number of questionnaire received per council.

Pie chart 1: Comparison of jurisprudence questionnaires received per council



As shown above the nursing and allied health professions submitted the most jurisprudence questionnaires.

STRATEGIC OBJECTIVE

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

registration to practice a profession.

To ensure that minimum educational and training standards are in line with the relevant legislation, the ETQA section facilitated the inspections of hospitals, health facilities, and private practices, as well as accreditations of educational training institutions.

Explanatory notes of the grading system

Inspected hospitals, health facilities and educational institutions are graded as follows based on the findings of the inspectors.

- Grade A – 80% - 100% - slight shortcomings were identified and the cycle for inspection is 5 years
- Grade B – 60% - 79% - minor shortcomings were identified and the cycle for inspection is 3 years
- Grade C – 50% - 60% - major shortcomings were identified and the cycle for inspection is 1 year
- Ungraded – below 50% - critical shortcomings were identified and the institution should not be granted approval to train

Tables 3 to 5 show results of the above.

Table 3: Hospitals and health facilities inspected for clinical placement of students and pupil nurses / midwives / accoucheurs

REGION	HOSPITAL/ HEALTH FACILITY	CATEGORY	OUTCOME
ZAMBEZI REGION	Katima Mulilo Hospital	Students and pupil nurse mid-wives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Katima Mulilo Clinic	Student and pupil nurse midwives/ accoucheurs	Major shortcomings were identified, and the facility was not recommended for training of nurses - rating - ungraded
	Mavuluma Clinic	Student and pupil nurse midwives/ accoucheurs	Major shortcomings were identified, and the facility was not recommended for training of nurses - rating - ungraded.

Table 3: Hospitals and health facilities inspected for clinical placement of students and pupil nurses / midwives / accoucheurs

REGION	HOSPITAL/ HEALTH FACILITY	CATEGORY	OUTCOME
ZAMBEZI REGION	Sibbinda Health Centre	Student and pupil nurse midwives/ accoucheurs	Major shortcomings were identified, and the facility was not recommended for training of nurses - rating - ungraded.
	Bukalo Health Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 4th October 2017
	Ngweze Clinic	Student and pupil nurse midwives /accoucheurs	Major shortcomings were identified, and the facility was not recommended for training of nurses - rating - ungraded.
	Ngoma Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 4th October 2017
KAVANGO EAST AND WEST REGION	Andara Hospital	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 4th October 2017
	Andara Clinic	Student and pupil nurse midwives /accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 4th October 2017
	Sambyu Health Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 4th October 2017
	Rundu Hospital	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 4th October 2017
	Rundu Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical the placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Nkarapamwe Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical the placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017

Table 3: Hospitals and health facilities inspected for clinical placement of students and pupil nurses / midwives / accoucheurs

REGION	HOSPITAL/ HEALTH FACILITY	CATEGORY	OUTCOME
KAVANGO EAST AND WEST REGION (cont.)	Sauyemwa Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical the placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Nankudu Hospital	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Nankudu Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical the placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Nkurenkuru Health Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade C training facility for clinical placement of student and pupil nurse midwives/accoucheurs for a period of one (1) year calculated from 04th October 2017
	Mpungu Health Centre	Student and pupil nurse midwives/ accoucheurs	Major shortcomings were identified, and the facility was not recommended for training of nurses - rating - ungraded.
	Bunya Health Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Rupara Health Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Tondoro Health Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Nyangana Hospital	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017
	Nyangana Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/accoucheurs for a period of three (3) years calculated from 4th October 2017

Table 3: Hospitals and health facilities inspected for clinical placement of students and pupil nurses / midwives / accoucheurs

REGION	HOSPITAL/ HEALTH FACILITY	CATEGORY	OUTCOME
KAVANGO EAST AND WEST REGION (cont.)	Mupini Health Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 4th October 2017
KHOMAS REGION	Lady Pohamba Private Hospital	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 06th February 2018
	Rhino Park Private Hospital	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 06th February 2018
	Paramount Sub-Acute Rehabilitation Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 06th February 2018
	The Namibian Oncology Centre	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 06th February 2018
	Katutura Hospital- Radiography Department	Radiography students	Rated as a Grade C training facility for clinical placement of student radiographers for a period of one (1) year
	Windhoek Central Hospital-Radiography Department	Radiography students	Rated as a Grade C training facility for clinical placement of student radiographers for a period of one (1) year
	Welwitchia Private Hospital	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for clinical placement of student and pupil nurse midwives/ accoucheurs for a period of three (3) years calculated from 06th February 2018
ERONGO REGION			

Table 4: Inspected educational institutions

REGION	HOSPITAL/ HEALTH FACILITY	CATEGORY	OUTCOME
KAVANGO WEST	Welwitchia University – Nkurenkuru Campus	B-Degree in Nursing and Midwifery Science	Approved as a Grade C educational institution for nursing and midwifery /accoucheurs (B-Degree in Nursing and Midwifery Science) for a period of one (1) year calculated from 04th October 2017
KAVANGO EAST	University of Namibia – Rundu campus	B-Degree in Nursing and Midwifery Science	Approved as a Grade B educational institution for nursing and midwifery /accoucheurs (B-Degree in Nursing and Midwifery Science) for a period of one (1) year calculated from 04th October 2018. NB: Because the UNAM Rundu campus nursing programme is in its infancy, the institution will be re-inspected annually until it produces its first graduates. This is for quality assurance purposes.
KHOMAS REGION	University of Namibia – Department of Social Work	Students in social work	Approved as a Grade B educational institution for Social Work: BA Social Work (Honours) for a period of three (3) years calculated from 08th March 2018
	University of Namibia – Radiography department	Radiography students	Approved as a Grade C educational institution for Diagnostic Radiography: Bachelor of Radiography (Diagnostic) (Honours) for a period of one (1) year

Table 5: Health facilities inspected for placement of biokineticist interns and intern physiotherapists

REGION	HOSPITAL/ HEALTH FACILITY	CATEGORY	OUTCOME
ERONGO REGION	Kuisebmond Physiotherapy	Intern physiotherapists	Recommended for approval. Report submitted after end of term of Council - still has to be ratified by Council
KHOMAS REGION	Physios@Paramount	Intern physiotherapists	Approval not granted. No secondary supervisor available.
	Wellington Physiotherapy	Intern physiotherapists	Approval not granted. Major shortcomings identified.
	Ronelle Isaacs Physiotherapy	Intern physiotherapists	Approval granted
	P T Zhakata-Jantjies Physiotherapy	Intern physiotherapists	Approval not granted. Major shortcomings identified.
	Olympia Biokinetics	Biokineticists intern	Approval granted
OTJOZONDJUPA REGION	TSB Biokinetics	Biokineticists Intern	Approval granted
	Northern Biokinetics	Biokineticists Intern	Approval granted

STRATEGIC OBJECTIVE

To establish, develop and maintain universally acceptable standards for education and training of persons being educated for the purpose of registration to practice any health-related profession.

In fulfilling this objective ETQA facilitated the drafting of competencies for registered nurse midwife/accoucheur and the minimum requirements for the training as nursing auxiliary.

Document	Status
Competencies for Registered Nurse Midwife/Accoucheur	First draft completed and awaiting Council approval
Minimum requirements for training as Nursing Auxiliary	First draft available – exercise shelved following directive from MoHSS.

STRATEGIC OBJECTIVE

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

For the period under review the following stakeholders were engaged as shown in Table 6.

Table 6: 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
National Council of Higher Education (NCHE)	Discussion on collaboration and streamlining of inspections related to educational institutions Stakeholders consultative meeting for comments and inputs on the draft five-year strategic plan of NCHE	Awaiting drafted agreement from NCHE for consideration by HPCNA Stakeholders gave their input and comments for consideration
Namibia Qualifications Authority	Stakeholders meeting on the ratification of the 2014 Addis Convention on the recognition of higher education qualifications in African states Stakeholders meeting on the alignment of the National Qualifications Framework (NQF) with the level descriptors of the SADC Qualifications Framework (SADCQF)	The 2014 Addis Convention was discussed and recommended for ratification Draft report with recommendations was submitted to the Technical Committee on Certification and Accreditation (TCCA)
Ministry of Health and Social Services	Attended regional nurse managers' forum to discuss challenges related to quality nursing care	Addressed nurse managers on strategies to explore to ensure the provision of quality nursing and midwifery care

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) SECTION

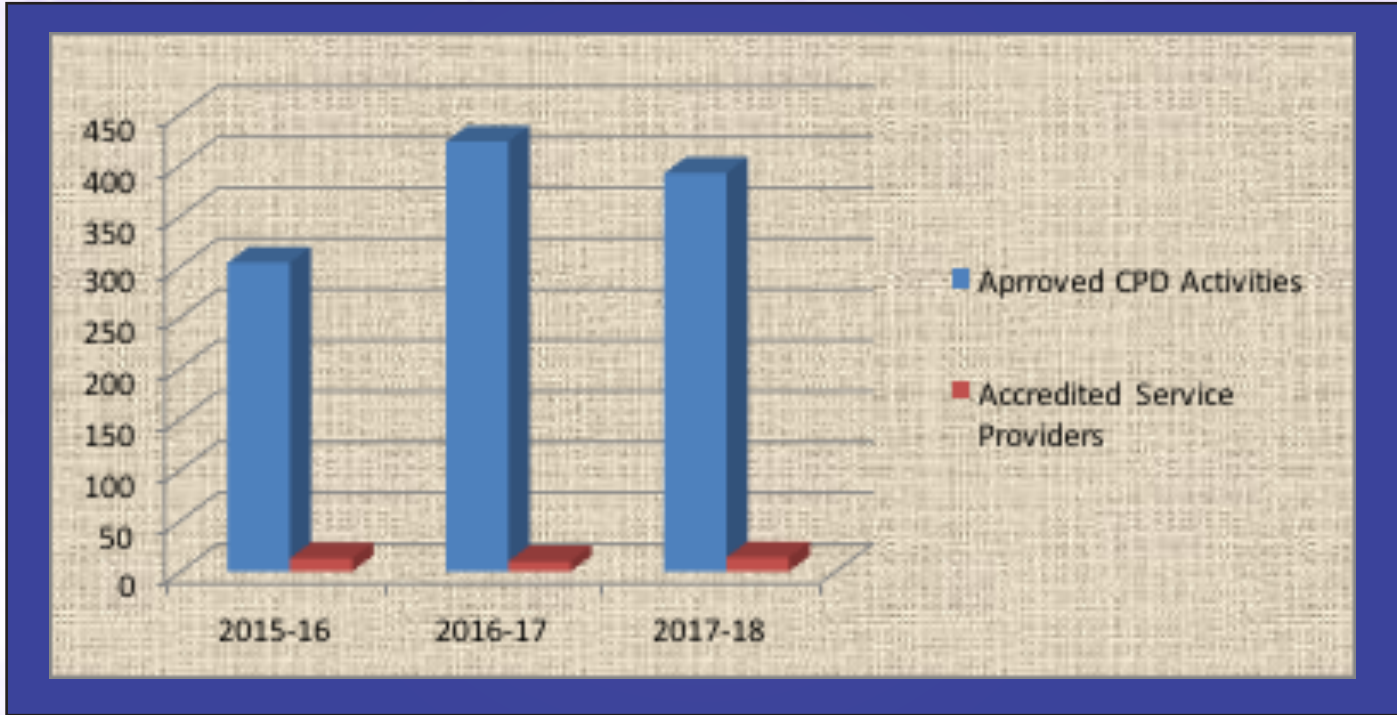
The main objective of the CPD section is to implement and maintain an obligatory CPD system for registered and enrolled practitioners and to provide opportunities to health professionals for maintaining and enhancing of professional skills, knowledge and attitudes.

In order to promote the CPD of registered and enrolled practitioners, the CPD committee approved several CPD activities and accredited service providers as set out below in Table 7. Graph 4 presents a comparison of approved CPD activities and accredited service providers

Table 6: List of stakeholders engaged

Activity	Number submitted	Number approved	Number not approved
Approved CPD activities	394	392	2
Accredited service providers	15	14	1

Graph 4: Comparison of approved CPD Activities and accredited service providers



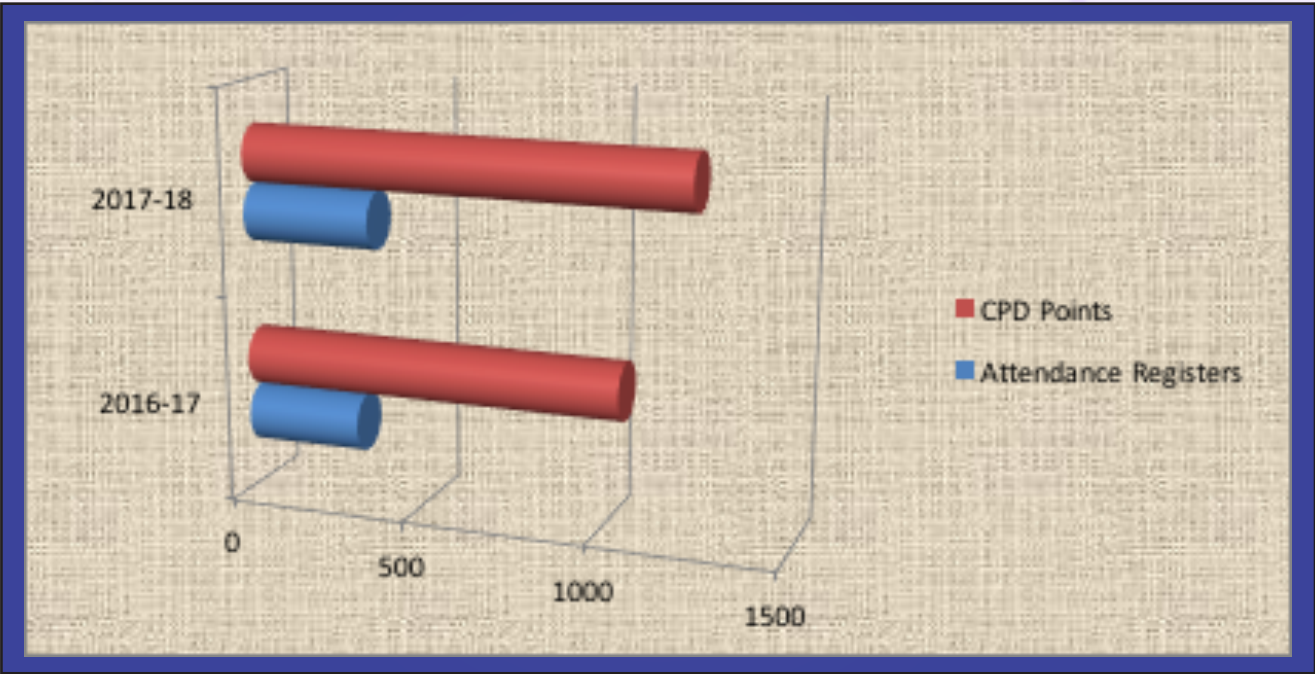
There has been a slight decrease in the number of the approved CPD activities and a slight increase in the number of new CPD service providers as opposed to the previous years.

In addition to processing applications for approval of CPD activities and providers, the section is required to capture all attendance registers and CPD points. During this reporting period, the following were captured as shown in Table 8. A comparison of number of received attendance registers and CPD points captured is presented in Graph 5.

Table 8: Number of attendance registers received and CPD points captured

Item received	Number captured
Attendance registers	293
CPD points	1237

Graph 5: Comparison of number of attendance registers recieved and CPD points captured between 2016/2017 and 2017/2018



STRATEGIC OBJECTIVE

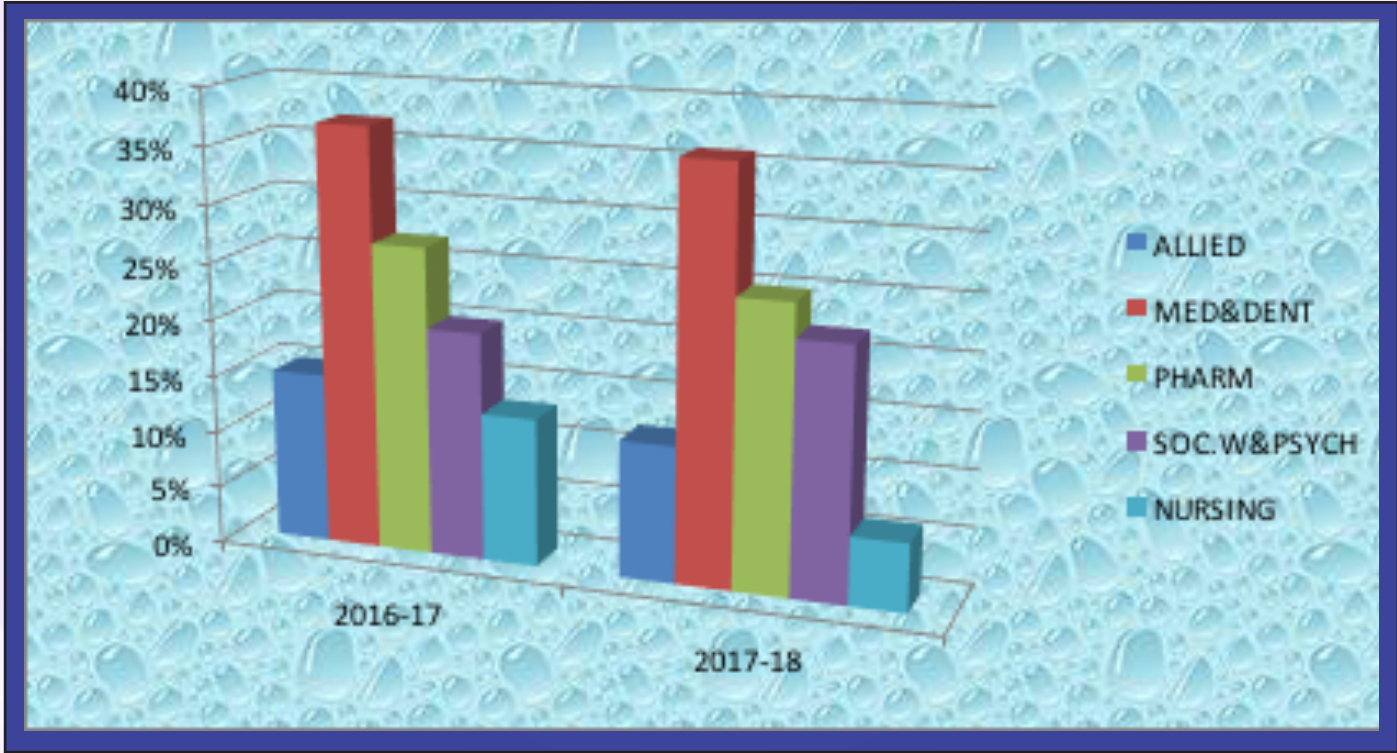
To ensure compliance of the continuing professional development legislation.

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 1368 of practitioners were randomly selected during the reporting period and following are the compliance results as shown in Table 9 and Graph 6.

Table 9: Number of randomly selected practitioners per council

Profession	No. selected	No. complied	Compliance%
Allied Health Professions	221	26	12%
Medical & Dental	151	54	36%
Nursing	866	49	6%
Pharmacy	79	20	25%
Social Work & Psychology	51	11	22%

Graph 6: Comparison of compliance between years 2016/2017 and 2017/2018



As can be seen from the graph, there was only an increase in the compliance of the Social Work and Psychology Council. The compliance level in the other four Councils decreased. The Nursing Council had the highest decrease rate. The main reason for this decrease is due to the remoteness of some areas where nurses are placed with no internet connectivity. Also nurses sometimes work alone in a facility which makes it impossible to attend CPD activities which are offered in the bigger facilities. Practitioners, who have access to internet facilities, are advised to register for online CPD activities.

STRATEGIC OBJECTIVE

To promote and ensure compliance with CPD requirements.

Table 10 presents the number of CPD presentations offered.

Table 10: Number of CPD presentations done

REGION	INSTITUTION	NO. OF ATTENDEES
Khomas region	Namibian Police Force Health Care Services	30

STRATEGIC OBJECTIVE

To create an effective communication atmosphere and to enhance service delivery and culture.

During the reporting period, the department held three (3) staff meetings in an effort to promote teamwork.



SECTION TWO

LEGAL AND LEGISLATIVE SUPPORT
SERVICES DEPARTMENT

SECTION TWO

LEGAL AND LEGISLATIVE SUPPORT SERVICES DEPARTMENT

INTRODUCTION

The Legal Services Department (‘the department’) of the Health Professions Council of Namibia 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.

PERSONNEL

The personnel in the department are
Ms Johanna Nghishekwa: Senior manager legal services
Ms Sylvia Hamata: Manager professional conduct
Mr Johannes Burger: Manager legislative support
Ms Charne Visser: Manager legislative support
Ms Elizabeth Matomola: Administrative support officer.

1. PROFESSIONAL CONDUCT DIVISION

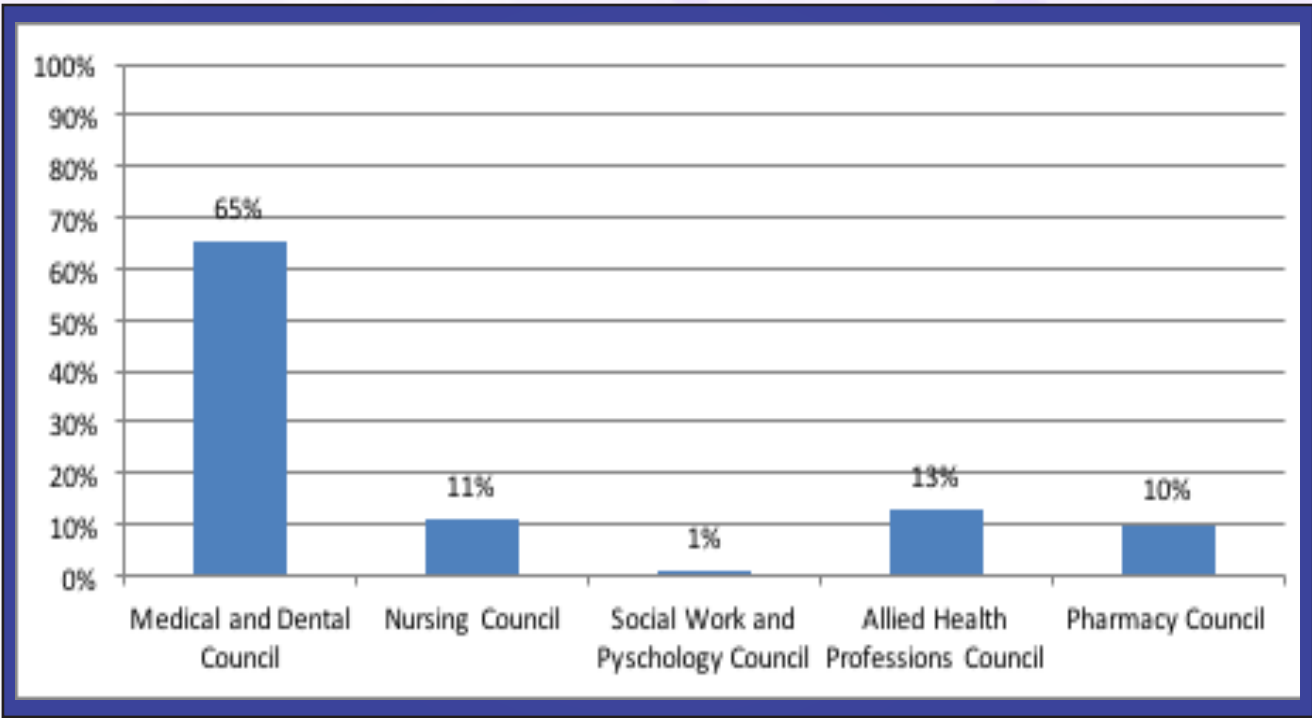
1.1 Complaints recorded

Table 11 presents the number of reported complaints per month for each Council. Graph 7 is a comparative depiction of reported complaints per Council.

Table 11: Monthly records of number of complaints reported to Councils

Month	Medical and Dental Council	Nursing Council	Social Work and Psychology	Allied Health Professions Council	Pharmacy Council	TOTAL
April 2017	3	1	0	1	1	6
May 2017	5	1	0	1	1	8
June 2017	6	1	0	2	0	9
July 2017	6	2	0	0	2	10
August 2017	6	0	0	2	0	8
September 2017	1	0	0	1	1	3
October 2017	3	1	0	1	0	5
November 2017	9	0	1	0	0	10
December 2017	0	0	0	0	1	1
January 2018	1	1	0	0	0	2
February 2018	4	1	0	1	0	6
March 2018	2	0	0	0	1	3
TOTAL	46	8	1	9	7	71

Graph 7: Graphical presentation of reported cases per council during the period



- The Medical and Dental Council received 19% less complaints compared to the previous year. The nature of complaints against medical practitioners involved negligence, unprofessional conduct, improper relationship with patients and billing.
- The Nursing Council received 27% more complaints as compared to the previous year. Breakdown of the complaints were: 70% of the complaints reported against the nurses related to lack of proper general nursing care of patients, 5% related to improper attitude towards patients and 25% of the complaints related to lack of care resulting in still births.
- The Social Work and Psychology Council received 50% more complaints than the previous year. Complaints related to the practicing outside the scope of practice.
- The Allied Health Professions Council received 84% more complaints compared to the previous year. Breakdown of complaints: 80% related to practitioners practicing outside their scope of practice and 20% related to practicing without registration with the council.
- The Pharmacy Council received 90% more complaints in comparison to the previous year. Breakdown of complaints: 45% related to overcharging for services rendered and 55% related to touting and advertising.
- From the cases reported over the years, there has been a decline in complaints of still birth against nurses. It may be a result of nurses having taken steps to address the issues surrounding the manner in which expectant mothers are to be cared for. There seems to be lack of expertise or willingness to offer general care to patients which involve communication, advocating and health education. During professional conduct inquiries the nurses charged for unprofessional conduct expressed that are overworked and experienced a high level of pressure in their working environment due to the shortage of nursing staff in public health facilities and the high number of patients. As a result, they pay little attention to patients.

- There seems to be lack of understanding of the roles of a psychologist and psychology counsellor, despite defined scopes of practices in place. This may be attributed to the fact that there are no psychologists in some parts of the country and patients are attended to by psychology counsellors.
- The records reflect a high rate of complaints relating to advertising by pharmacists. The investigations revealed that the public may not be aware of the allowable parameters of advertising of services and are of the opinion that a professional is completely barred from advertising. Most of the complaints were misguided. However, touting remains an issue that needs to be strictly controlled.
- The demographic representation of the complainants is mostly people who reside in towns or near health centers. It casts doubt as to whether the general population is aware of their rights to lay complaints against health practitioners in the event of mistreatment. Public awareness of such a right is necessary.

1.2 Committees

1.2.1 Preliminary investigation committees (PICs)

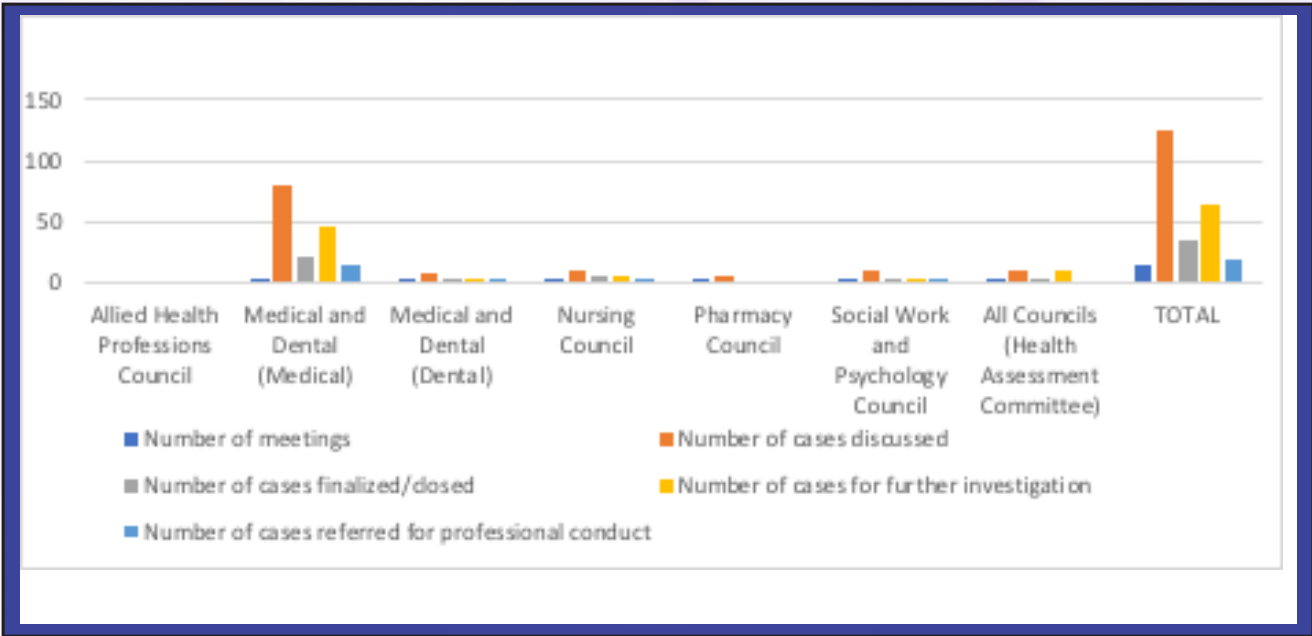
The PICs are tasked to investigate complaints against health practitioners and to make recommendations to relevant councils on their findings for councils to take decisions.

1.2.1.1 Meetings held by committees

Different committees held meetings for the purpose of conducting preliminary investigations into matters reported to the relevant councils as envisaged by the relevant legislations. Table 12 shows the activities of the committees. Note that # is used to represent number. The data in Table 12 are presented in Graph 8.

Council	#of meetings	# of cases discussed	# of cases finalized/closed	#of cases for further investigation	# of cases referred for professional conduct
Medical and Dental (Medical)	4	81	21	45	15
Medical and Dental (Dental)	2	7	3	3	1
Nursing Council	2	11	5	5	1
Pharmacy Council	2	5	0	5	0
Social Work and Psychology Council	3	9	4	2	3
All Councils (Health Assessment Committee)	2	11	1	10	0
TOTAL	15	124	34	65	20

Graph 7: Graphical presentation of reported cases per council during the period



- Cases are closed when there is insufficient evidence to prove the claim of unprofessional conduct.
- A committee pends a case in case it wishes to obtain further information, expert opinion or legal opinion. A large number of cases were pended, and more investigations need to be done.
- Some of the cases that were referred for professional conduct inquiry are yet to be presented to various councils for ratification and do not necessarily make up the number in Table 12.

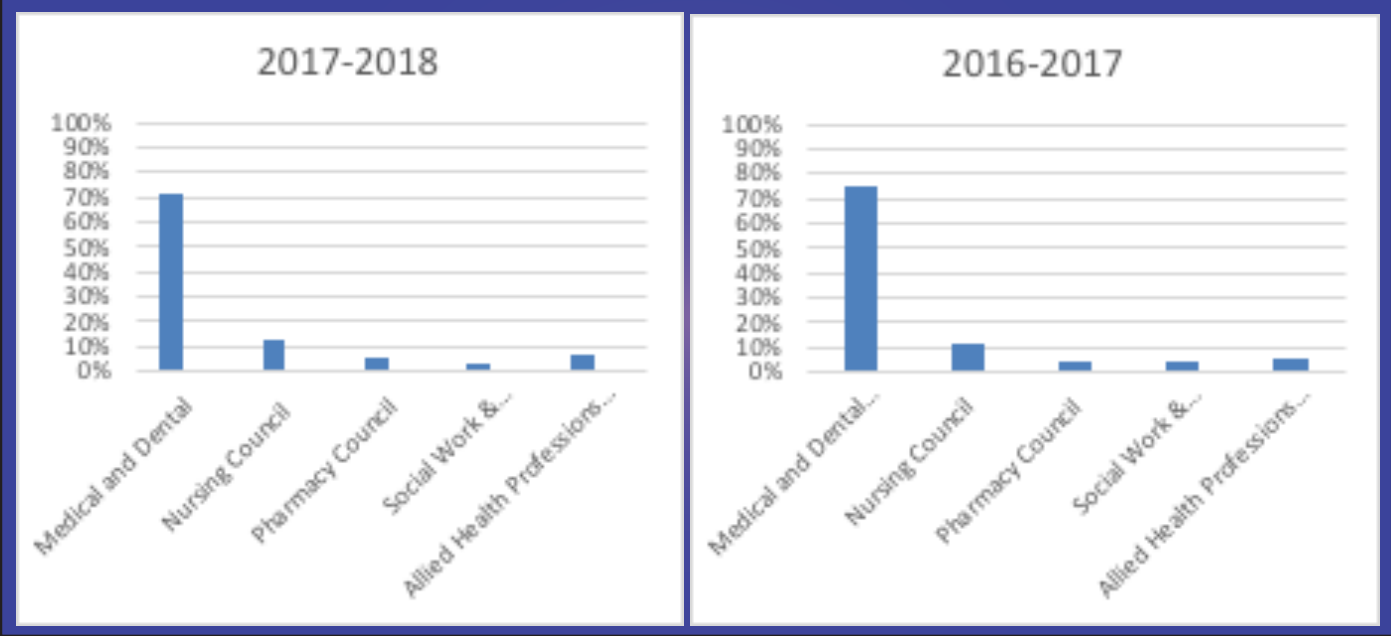
1.2.1.2. Pending cases

Pending cases are those cases that are still under investigations, including cases from previous years, by PICs awaiting information from the complainant and/or accused and/or health institutions and/or expert opinions and/or legal opinions and/or professional conduct inquiry. Tables 13 and 14 and Graphs 9 and 10 pertain to pending cases and pending professional conduct inquiries.

Table 13: Pending cases per council in comparison to previous year

COUNCIL	#of cases for further investigation	# of cases referred for professional conduct
Medical and Dental Council	136	178
Nursing	25	30
Pharmacy	11	9
Social Work and Psychology	6	9
Allied Health Professions	13	12
TOTAL	191	238

Graph 9: Graphic presentation of pending cases per council during 2017 / 2018 in comparison to 2016 / 2017

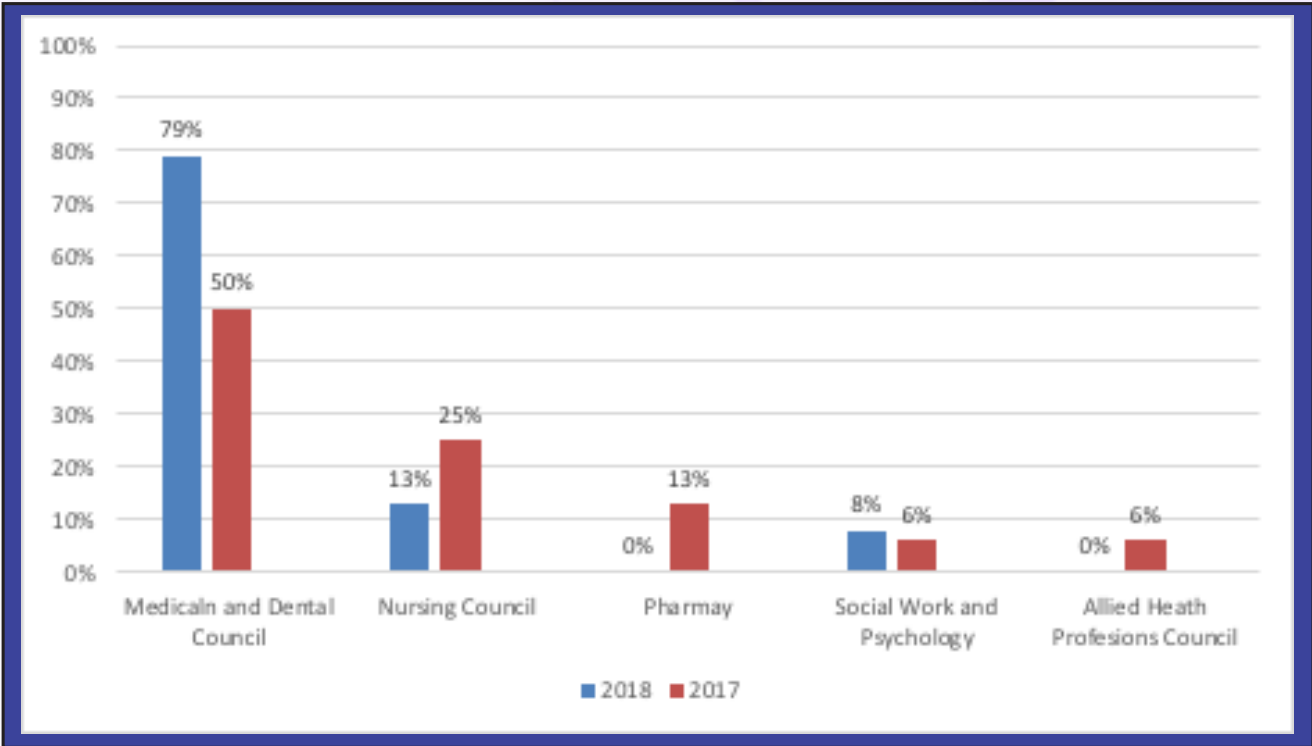


- Medical and Dental Council (MDC) had a high number of pending cases in both years, although slightly lower with 4% in the current year. The MDC recorded a high receipt of complaints over the years. The high percentage can also be attributed to the need to obtain expert opinions in many of the cases investigated.
- The high request for expert opinion is attributed to the complicated services that medical practitioners provide and issues surrounding a complaint that may not be fairly investigated without the involvement of an expert. The pending period is exacerbated by the fact that the MDC seeks opinion mainly from practitioners in South Africa due to unwillingness to express an opinion on a “colleague” by local practitioners.

Table 14: Pending professional conduct inquiry in comparison with previous year

COUNCIL	2017-2018	2016-2017
Medical and Dental Council	19	8
Nursing	3	4
Pharmacy	0	2
Social Work and Psychology	2	1
Allied Health Professions	0	1
TOTAL	24	16

Graph 10: A graphic presentation of pending professional conduct inquiry in comparison with previous year



- Apart from the Social Work and Psychology Council, the number of cases pending inquiries increased for all councils due to additional cases cleared for inquiries and few inquiries took place during this period because of lack of funds.
- Additional funds need to be allocated to clear the backlog.

1.2.2. Professional conduct committee (PCC)

The PCC is responsible for conducting inquiries against practitioners whose conduct are considered to be below the expected standard of the profession. The number of inquiries conducted are presented in Table 15.

Table 15: Professional inquiries conducted

COUNCIL	DATE OF HEARING	ACCUSED	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY	PENALTY
Nursing Council	September/October 2017 and February 2018	Angula & 3 others	Contravention of Regulations 2 (a), 2 (b) (ii), 2 (b) (iii), 2(b) (vii) & (viii), 2 (kk) (i), 2 (kk) (j) and 30 of GG 2040.	Guilty	First accused suspended for 6 months and payment of fine of N\$ 10 000.00, per charge. Second accused suspended for 12 months and payment of a fine of N\$ 12 000.00. Third and fourth, on two charges, accused to pay a fine of N\$ 10 000.00 per charge.

COUNCIL	DATE OF HEARING	ACCUSED	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY	PENALTY
	May 2017	Gichovi & another	Contravention of Regulations 2 (a), 2 (b) (ii), 2 (b) (iii), 2(b) (vii) & (viii), 2 (kk) (i), 2 (kk) (j) and 30 of GG 2040.	Guilty	Payment of fines of N\$ 5 000.00, each.
Pharmacy Council	July 2017	Maisiri & Murakatiwa	Contravention of Section 36 (1) (a) read with Section 36 (4) and (11) and Section 36 12 (a) read with Section 36 (11).	Guilty	Suspension from practicing the profession for a period of 24 months and payment of a fine of N\$ 70 000.00 per charge.
Medical and Dental Council	March 2018 (ongoing – to continue 22-25 October 2018)	Dr. T J H Nel	Failure to attend to patient and making a diagnosis.	In progress	

- The division utilizes the services of legal practitioners in private practice as pro-forma complainants and charge their normal fees for services rendered. Only three professional conduct inquiries were held during this period due to lack of funds.

1.2.3 Appeal committee (AC)

The AC is mandated to deal with the appeals against decisions taken by the PCC or council. Table 16 pertains to the appeals conducted.

Table 16: Appeal conducted

COUNCIL	DATE OF HEARING	APPELLANTS	PARTICULARS OF APPEAL	OUTCOME
Pharmacy	February 2018	Maisiri & Murakatiwa	Appeal against the decision of the Council – suspension and fine.	Suspension from practicing the profession for a period of 24 months, of which 18 months are suspended for a period of five years on condition that appellants are not found guilty of similar offences. Payment of fine of N\$ 25 000 – charge 1 and N\$ 70 000.00 – charge 2.

2. LEGISLATIVE SUPPORT DIVISION

The councils are empowered in terms of their respective Acts to recommend to the Minster 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 the initial drafting of the proposed regulations by a council, which are then forwarded to the professionals through their associations/societies/union for input and comments. The draft is then forwarded to the minster 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 was in the drafting process during this period. The division has rendered 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.

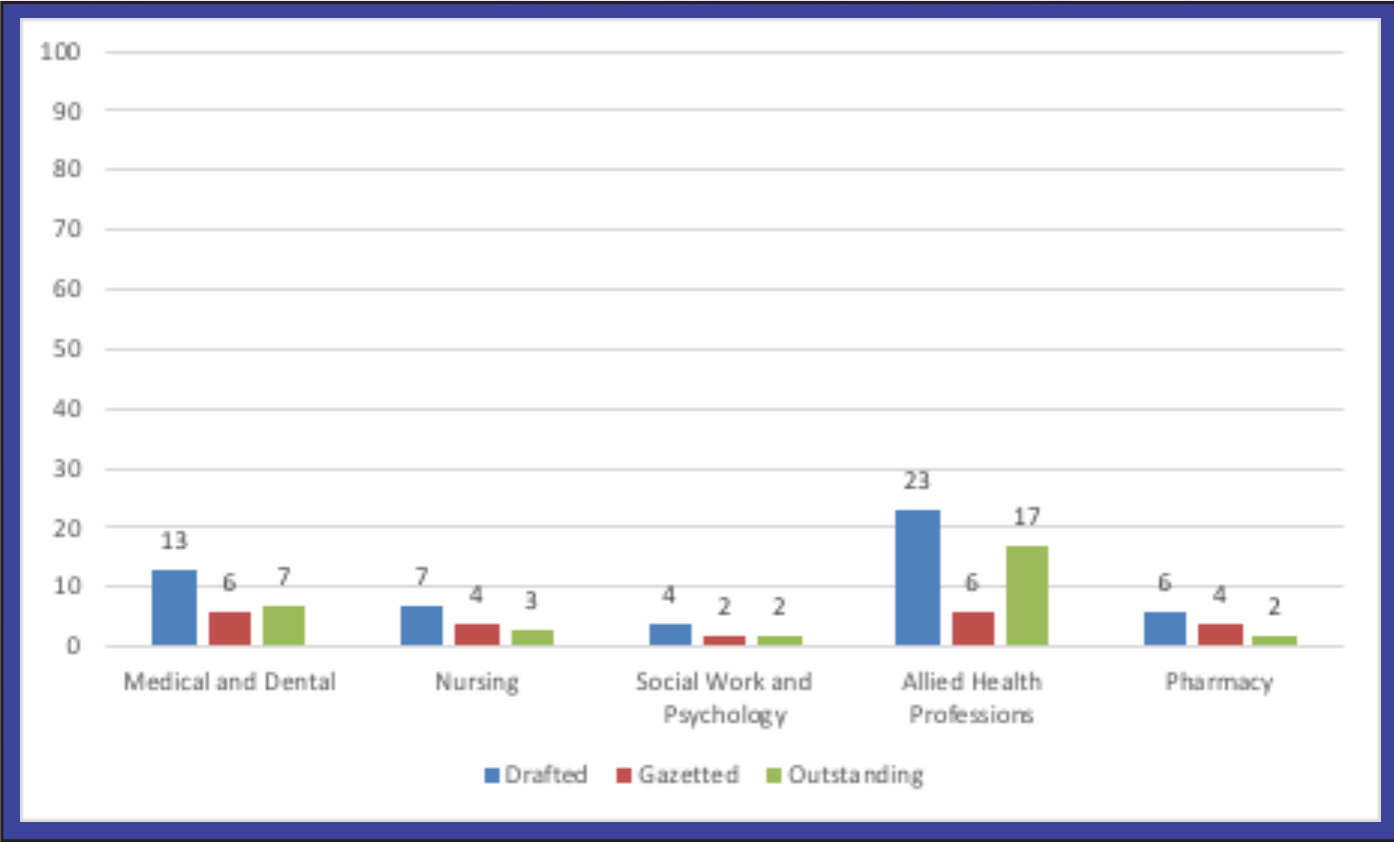
2.1.2 Regulations

Each Council's respective drafted, gazetted and outstanding regulations are presented in Table 17 and Graph 11.

Table 17: Sets of regulations per council drafted, gazetted and outstanding drafts

COUNCIL	Drafted	Gazetted	Outstanding
Medical and Dental	13	6	7
Nursing	7	4	3
Social Work and Psychology	4	2	2
Allied Health Professions	23	6	17
Pharmacy	6	4	2
TOTAL	53	22	31

Graph 11: Graphic presentation of draft, gazetted and outstanding sets of regulations in numbers



- Each profession requires regulations for student registration, 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 which indicates reasons for a high number of outstanding draft regulations. The high number is expected to remain in the next period 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

3. CHALLENGES FACED BY THE DEPARTMENT

The legal department is faced with numerous challenges that threaten the execution of its mandate.

3.1 Investigation process

During this period, as in previous years, the department experienced a slow progress of investigation as it greatly relies on correspondence to conduct investigations of all complaints from across the country. The process of obtaining information in such a manner delays the process of finalizing complaints. 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

During this period three professional conduct inquiries and one appeal were held. This was due to insufficient funds to cover the costs of such activities. The department plans to make use of internal legal personnel to conduct inquiries and appeals. This will save cost and clear the backlog of cases.

4. CONCLUSION

- The operations of the professional conduct section rely heavily on the co-operation of complainants, practitioners and public or private health facilities. The speed at which investigations of complaints are finalized is therefore dependent on the general appreciation of the importance of such investigations by the stakeholders. The high number of outstanding cases will remain until such time that all parties involved are committed to being responsive to complainants about their complaints within the shortest time possible.
- In recent years the health professionals have increasingly been willing to assist with investigations by providing information when called to do so. Similarly, the private health facilities have been of great assistance in providing information within a reasonable time. The challenge remains with the public health facilities in that, on a number of occasions, vital documents such as medical records, are not located and consequently investigations are compromised. This may be attributed to the manner in which such documents are archived.
- With the immense support of the Ministry of Health and Social Services and Ministry of Justice a commendable number of regulations were gazetted during this period. There is however more to be done before all professional activities are legally mandated and controlled.

SECTION THREE

PROFESSIONAL
AFFAIRS DEPARTMENT

SECTION THREE

PROFESSIONAL AFFAIRS DEPARTMENT

MEDICAL AND DENTAL COUNCIL

OVERVIEW

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 practising of fourteen (14) professions, namely, 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 apply for registration to practice such professions are suitably qualified before they get registered. Council also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under this Act.

COUNCIL MEMBERS

Dr S.J. Briedenhann (President)
Dr M. Kimberg (Vice-President)
Dr M.D.T. Aluteni
Dr H.E.A. Förtsch
Dr A.R. Kaura
Dr D.A. Kock
Dr H. Mentzel
Dr E.K. Namwandi
Dr E.S. Serfontein



3. SUMMARY OF COUNCIL ACTIVITIES

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

3.1. Meetings of council, committees and sub-committees

3.1.1 Council meetings

A minimum of two Council meetings were held as prescribed in the Act. Summary of resolutions is presented in Table 18.

Table 18: Resolutions taken

Number of resolutions	Number of resolutions implemented	Number of resolutions pending
85	81 (96.6%)	4 (3.4%)

- Follow up inspections for the University of Namibia (UNAM) School of Dentistry (SoD) to be conducted during the year 2019.

3.1.2 Executive committee meetings (EXCO)

EXCO exercise the powers and perform the duties or functions of the Council during the periods between the meetings of Council. EXCO did not hold meetings during the period, but some round-robin resolutions were passed.

3.1.3. Education committee (EC)

Two meetings were held at which the UNAM School of Medicine's (SoM) curriculum for a four (4) year Master of Medicine (anaesthesiology, critical care and pain management) and the curriculum for a two (2) year Postgraduate Diploma in Clinical Anaesthesiology were considered and recommended for approval by the Council. The EC has several sub-committees.

3.1.4. Sub-committee on training of medical interns

This sub-committee was established to review guidelines, logbooks and supervise the training of medical interns at the approved training hospitals and health facilities. The sub-committee held four meetings.

3.1.5. Sub-committee on training of dental interns

This sub-committee was established to develop guidelines, protocols, logbooks and supervise the training of dental interns at the approved training hospitals and health facilities as well as oversee the remedial program for dental graduates. The sub-committee did not meet during the reporting period.

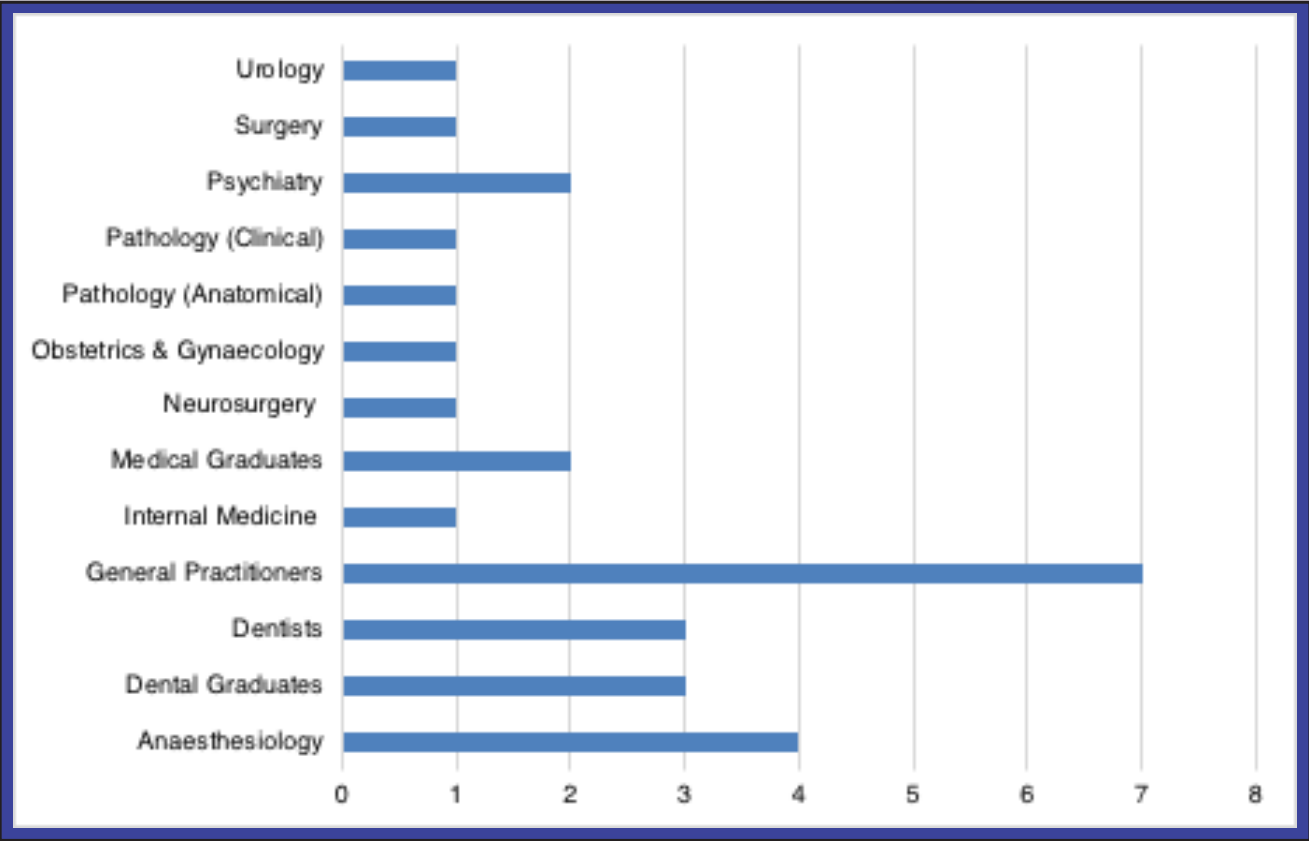
3.1.6. Sub-committees on inspection

These sub-committees were established to inspect hospitals, health facilities and educational institutions for training of medical and dental interns. They also monitor the training of medical and dental students. They inspected five (5) hospitals for the training of dental interns, four (4) hospitals for the training of medical interns, and one (1) educational institution for training of medical students.

3.1.7. Sub-committee on examination and evaluation

This sub-committee coordinates the pre-registration evaluation or examination of foreign trained health professionals. The core function of this sub-committee is to determine the nature and content of the evaluation or examination and to ensure that it is properly executed. Twenty-eight (28) evaluations or examination sessions were held as shown in Graph 12.

Graph 12: Total number of pre-registration evaluation/examination sessions held per discipline



Comments

- Pre-registration evaluation or examination is mandatory for all foreign trained medical and dental professionals, i.e. new graduates for internship, general practitioners and specialists.
- Medical specialists who obtained qualifications from the following countries are exempted from pre-registration evaluation
- South Africa
 - United Kingdom (GMC)
 - Canada
 - Australia
 - Ireland
 - New Zealand

4. CONTROL OVER EDUCATION AND TRAINING

4.1 Inspection of hospitals to train Interns

Due to increasing number of foreign trained medical and dental graduates, the Ministry of Health and Social Services (MoHSS) has requested for more hospitals to be inspected and approved to train medical and dental interns. In response, new and follow up inspections were conducted by the Council at various hospitals as indicated in Tables 19 and 20 below.

Table 19: Hospitals inspected to train dental interns

FACILITIES NAME	DATE OF INSPECTION	REGION	OUTCOME
Otjiwarongo District Hospital (ODH) – Dental unit	28/02/2018	Otjozondjupa	Approved for 5 years to train two (2) dental interns per year
Intermediate Hospital Rundu (IHR) – Dental Unit	01/03/2018	Kavango East	Approved to continue training two (2) dental interns per year
Katima Mulilo District Hospital (KDH) – Dental Unit	02/03/2018	Zambezi	Approved for 5 years to train two (2) dental interns per year
Gobabis District Hospital (GDH) – Dental Unit	16/12/2016	Omaheke	Approved for 5 years to train two (2) dental interns per year
Swakopmund District Hospital (SDH) – Dental Unit	23/02/2017	Erongo	Not Approved, to be re-inspected after six (6) Months
Keetmanshoop District Hospital (KDH) - Dental Unit	23/09/2017	!Karas	Approved for 5 years to train two (2) dental interns per year

Comments

- Swakopmund District Hospital was not granted approval to train dental interns. Two of the dental chairs were not functioning. There was lack of a dental laboratory. A few other shortcomings were observed during the inspection visit.
- Swakopmund District Hospital was recommended for a follow up inspection after six (6) months to verify if shortcomings identified have been addressed.
- The Intermediate Hospital Rundu was approved in 2016 for five (5) years to train four (4) dental interns per year but was only allowed to start training two (2) dental interns until the broken dental chair was fixed. During the 2018 review, approval was given to continue with training of two (2) dental interns until the dental unit was expanded to include the third dental chair and to recruit a third dentist.
- The Keetmanshoop District Hospital was approved to train two (2) dental interns in 2016 on condition that the hospital recruited a dentist. The shortcomings were addressed in 2017 and proof thereof furnished to Council upon which an approval for five (5) years to start training two (2) dental interns was granted.
- All approved training hospital are to be re-inspected annually to monitor adherence to training requirements and standards.
- Approved training hospitals are to submit quarterly progress reports to the Council on internship training.

Table 20: Hospitals inspected to train medical interns

FACILITIES NAME	DATE OF INSPECTION	REGION	OUTCOME
Windhoek Central Hospital (WCH) and Intermediate Hospital Katutura (IHK) complex	18/05/2017 19/05/2017	Khomas	Approved to train 150 interns
Intermediate Hospital Oshakati	01/09/2017	Oshana	Approved to train 80 interns
Intermediate hospital Onandjokwe	03/11/2017	Oshana	Approved to train 25 interns

Comments

- Windhoek Central Hospital and Intermediate Hospital Katutura (Windhoek Hospital Complex) were approved in 2015 for five (5) years to train medical interns.
- At inspection, 141 interns were undergoing internship at Windhoek Hospital Complex.
- Due to continued excellent training at the Windhoek Hospital Complex, the number of approved posts for interns for the year 2018 was increased from 120 to 150.
- The Intermediate Hospital Oshakati was also approved in 2015 for five (5) years to train medical interns and did so exceptionally well.
- During inspection 57 interns were undergoing internship at the Intermediate Hospital Oshakati. The number of approved posts was increased from 50 to 80 for the year 2018 intake.
- The Onandjokwe Intermediate Hospital was approved in 2017 for five (5) years to train medical interns and despite being a new training site, and the hospital was managing very well.
- Seven (7) interns were undergoing internship at the time of inspection and the number of approved posts was increased from 10 to 25 for the year 2018 intake.

4.3 Educational institution and hospitals inspected for training of medical students

UNAM SoM was inspected from 17 to 21 July 2017 for the Bachelor of Medicine, Bachelor of Surgery (MBChB). The inspection included the following hospitals for the placement and training of medical students: Windhoek Central Hospital, Katutura Intermediate Hospital, Intermediate Oshakati Hospital, Onandjokwe Intermediate Hospital and Ongwediva Medipark Private Hospital. UNAM was approved for three (3) years to offer the MBChB program and to limit the annual intake of students to eighty (80) including new intake, appeals and repeaters.

5. REGISTERS KEPT

The focal point of control of any profession is through a 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.

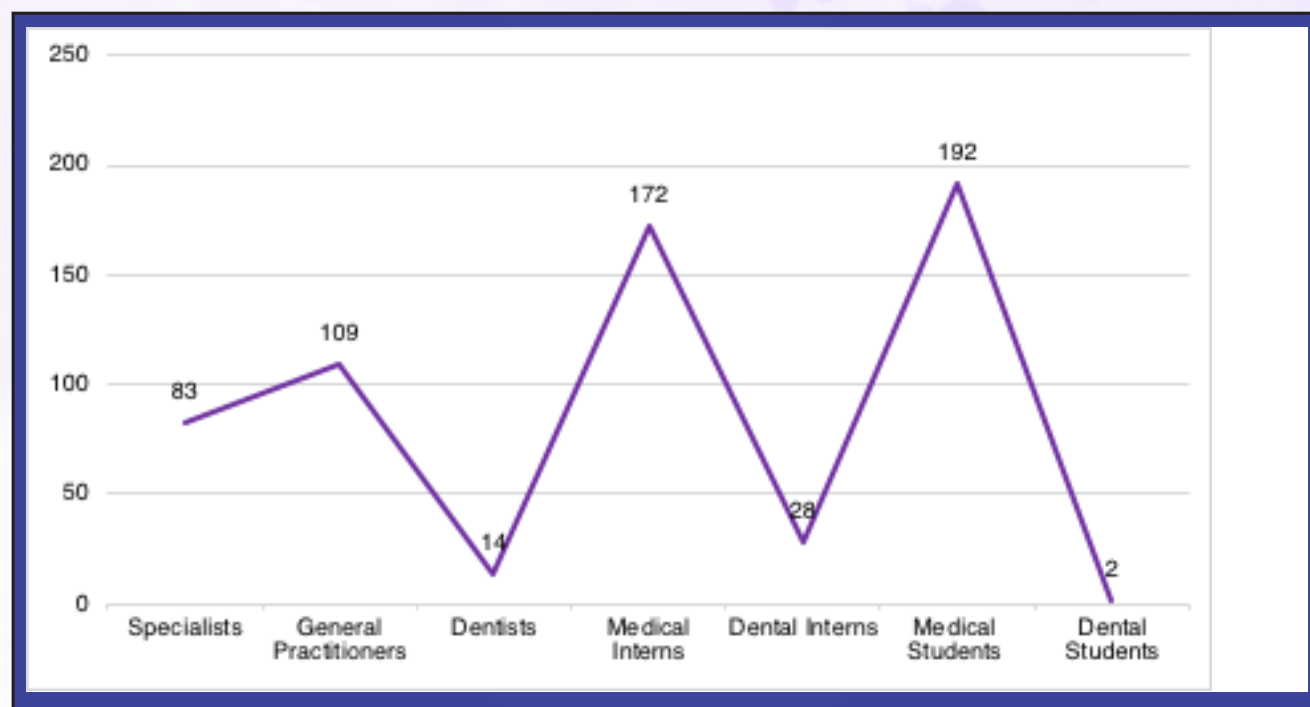
Admission to the register as provided for under the Act is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register (section 23), the maintenance of registration (section 26), and the removal (section 24) or restoration of a name to the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

5.1 REGISTERED PRACTITIONERS

Table 21, Graphs 13 and 14, and Pie chart 2, present information regarding registered practitioners.

	Specialty	Number registered
	Anesthesiology	9
1.	Cardiology	1
2.	Dermatology	2
3.	Diagnostic radiology	5
4.	Family medicine	3
5.	Internal medicine	10
6.	Neurosurgery	3
7.	Obstetrics and gynaecology	6
8.	Ophthalmology	2
9.	Orthopaedics	4
10.	Otorhinolaryngology	2
11.	Paediatrics	4
12.	Pathology (Anatomical)	5
13.	Pathology (Clinical)	1
14.	Pathology (Haematology)	2
15.	Pathology (Microbiology)	1
16.	Plastic and reconstructive surgery	1
17.	Psychiatry	7
18.	Radiation oncology	6
19.	Surgery	7
20.	Urology	2
TOTAL REGISTERED		83

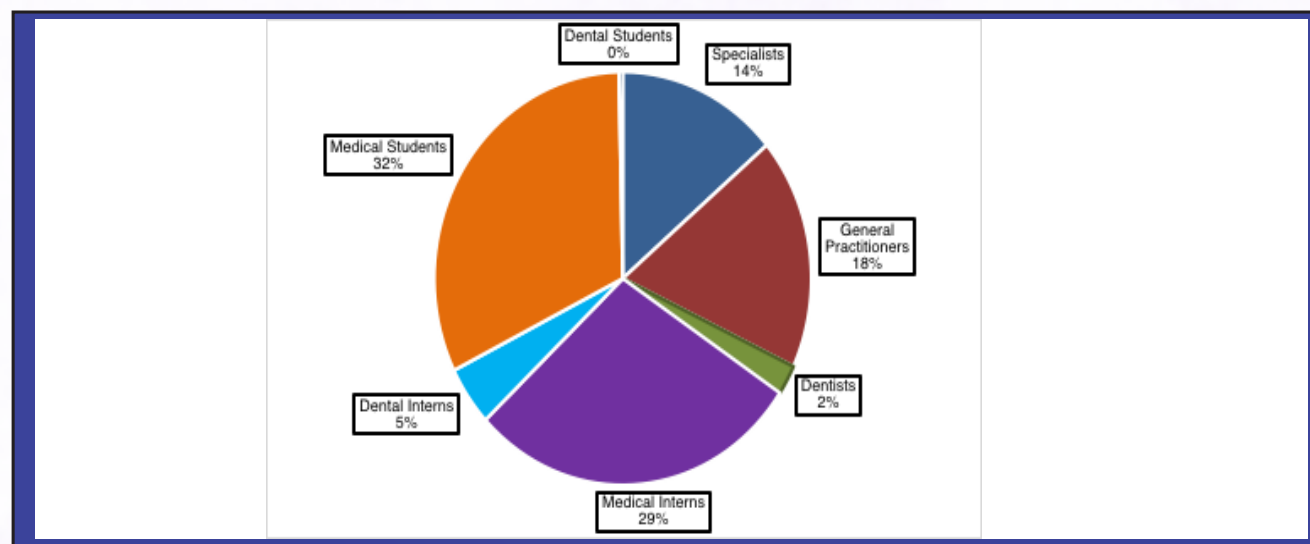
Graph 13: Total number of applicants registered



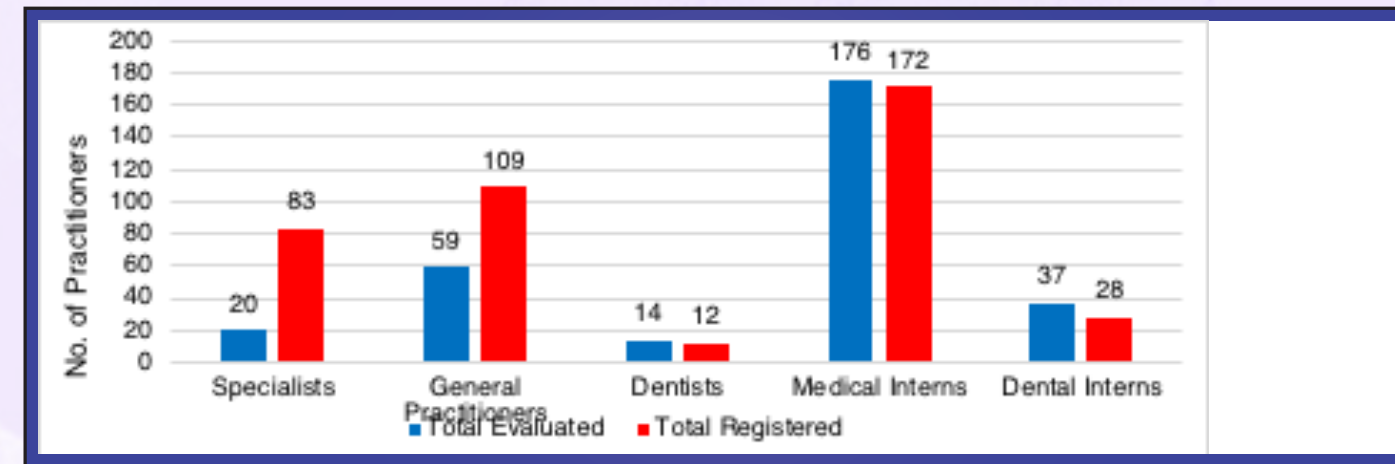
Comments

- One hundred and nine (109) general practitioners (GPs) were registered. This number included GPs who underwent an evaluation and those who were exempted from the evaluations because they were trained in Namibia.
- One hundred and seven nine (172) medical interns were registered, including the foreign trained and UNAM trained medical graduates.
- Out of the one hundred and two (102) medical students registered, ninety (90) were registered at educational institutions outside Namibia.

Pie chart 2: Percentage of practitioners registered



Graph 14: Total number evaluated vs total number registered



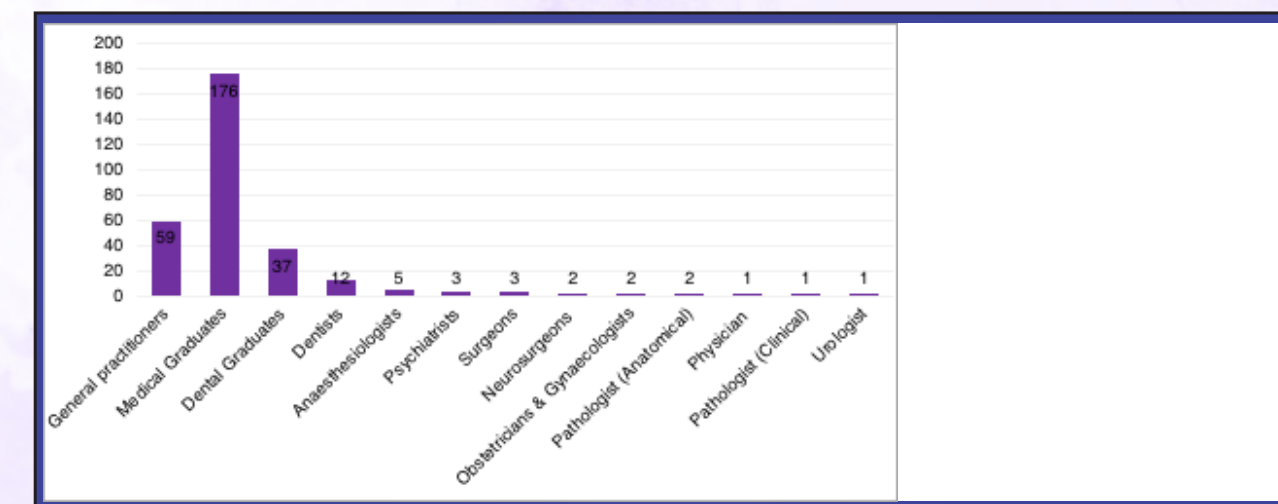
Comments

- The discrepancy in total number of practitioners registered and total number evaluated was because not all practitioners who are registered were evaluated e.g. medical interns who completed their internship training in Namibia and applied for registration as medical practitioners

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. Graph 15 and Pie chart 3 cover this type of evaluation.

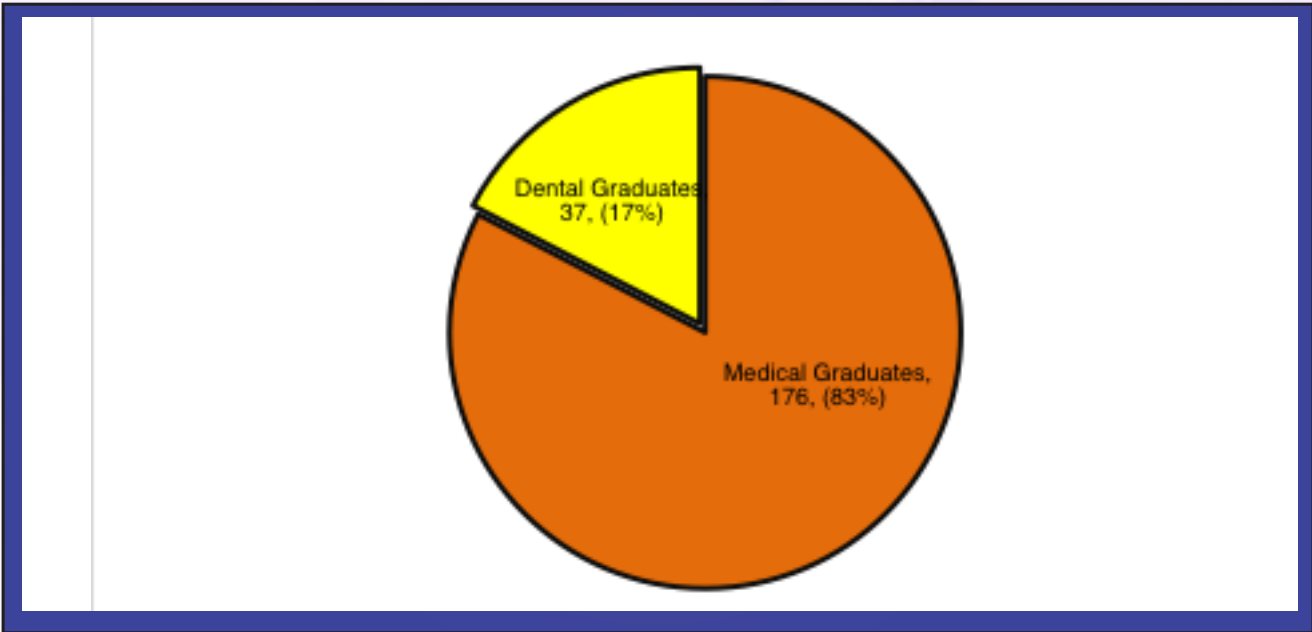
Graph 15: Applicants evaluated per discipline



Comments

- Three hundred and four (304) applicants were evaluated during the reporting period.
- Two hundred and thirteen (213) applicants were foreign trained medical and dental graduates who successfully passed the pre-internship evaluations.

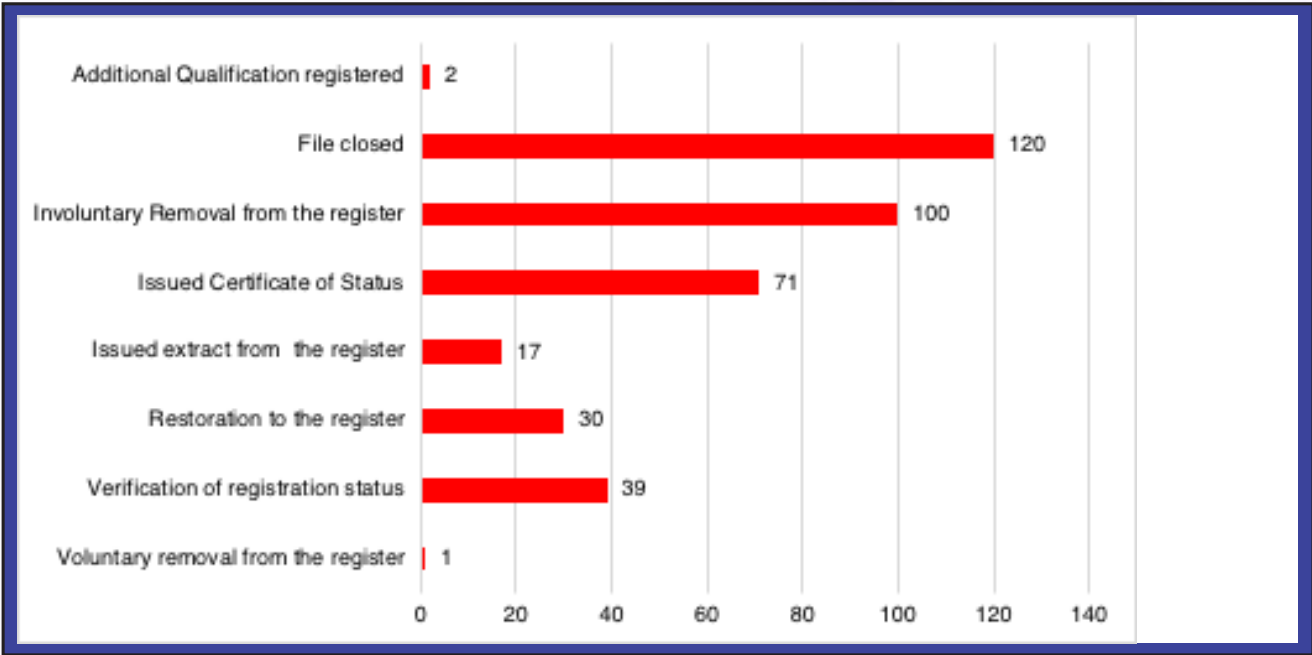
Pie chart 3: Percentage of evaluated foreign trained medical graduates versus dental graduates



Comments

- Out of one hundred and seventy-six (176) medical graduates evaluated, ninety-nine (99) graduates passed and were registered: a 56% pass rate.
- All 37 dental graduates evaluated passed: 100% pass rate. However, only 28 applied and registered as dental interns due to lack of approved training hospitals.

Graph 16 presents details of other services rendered.



Comments

- Involuntary removal from the register was mainly due to non-payment of annual maintenance fees as per Section 26 (1)(c) of the Act, No 10 of 2004.
- The reasons for closed files were either because of application being incomplete, 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.
- Certificates of status were issued to the practitioners who applied for further studies and for registration outside Namibia.
- Extracts from the register were issued to practitioners, who were previously registered under the Medical Board, Dental Board, and the Interim Medical and Dental Council, as many of them did not have their original registration certificates or the ones they had did not conform with the requirements of the Namibian Association of Medical Aid Funds.
- Voluntary removal from the register was due to retirement from active practice.
- Verifications of registration status were issued to the Educational Commission for Foreign Medical Graduates (ECFMG) in the United State of America and to the Dataflow Group in the United Arab Emirates.

7. REMEDIAL PROGRAMME FOR MEDICAL AND DENTAL GRADUATES

All foreign trained Namibians seeking registration as medical or dental interns are required to pass a pre-internship examination. To assist those who failed the examination to prepare for re-examination, a remedial program for medical graduates was jointly developed by the Council, MoHSS and UNAM SoM. In this program, the MoHSS is providing clinical training and the UNAM SoM is providing the needed theoretical teaching. The remedial program for dental graduates was also jointly introduced by the Council, MoHSS, and the Namibian Dental Association.

Nine (9) dental and thirteen (13) medical graduates who underwent and completed a structured remedial program for a period of six (6) and twelve (12) months respectively subsequently sat for pre-internship evaluation. The dental remedial program was offered by approved private health facilities in collaboration with the MoHSS. The medical remedial program was offered by the MoHSS with the assistance of UNAM SoM. All dental graduates passed the evaluations and were registered as dental interns. Twelve (12) medical graduates passed the evaluations and were also registered as medical interns. One (1) failed the evaluation and was recommended for formal medical education.

Twenty-seven (27) medical graduates were registered under the remedial program for a period of not less than one year for the 2018 intake in accordance with Regulations No. 279, Government Gazette No. 6444 of 17 October 2017, Regulations relating to practical training of medical students and dental students. No dental graduate was registered for the programme.

With the number of medical and dental graduates increasing every year, there is a demand for the remedial program which thus places more strain on the approved training hospitals and other resources. It is therefore paramount that stakeholders put in place effective plans to deal with the increasing demand for remedial program.

8. VERIFICATION OF CREDENTIALS

Since 1 September 2016, the Council has requested the 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 their 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 relying for registration.

9. CONCLUSION

The Council aims at ensuring that all persons aspiring to practice health care 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 this Act. The Council has significantly delivered on this mandate.



PHARMACY COUNCIL OF NAMIBIA

OVERVIEW

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 practicing of seven (7) professions, namely, pharmacists, pharmacist interns, pharmaceutical technicians, pharmacist assistants, student pharmacists, student pharmaceutical technician and student pharmacist assistants, by ensuring that all persons who apply for registration to practice such professions are suitably qualified before they get registered. Council also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under this Act.

COUNCIL MEMBERS

Ms. K. Brockmann (President)
Mr. J. Gaeseb (Vice-President)
Ms. P.U. Henguva
Ms. N. Coetzee
Mr. P. Williams
Pastor G. Gurirab

Mr. A C Anderson resigned from the Council and he was not replaced.



3. SUMMARY OF COUNCIL ACTIVITIES

3.1.1 Meetings

Table 22 below indicates the number of meetings held. Tables 23 to 25 show dates and attendance of meetings.

Table 22: Number of meetings

STUCTURE	NUMBER OF MEETINGS
Council	3 meetings
Executive Committee	0 meetings
Education Committee	3 meetings
Practice Committee	4 meetings

Table 23: Council meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
16 June 2017	6	5	1
27 October 2017	6	6	0
23 March 2018	6	5	1

Table 24: Education committee meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
26 October 2017	5	5	0
22 March 2018	5	4	1

Table 25: Practice committee meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
13 April 2017	6	4	2
21 June 2017	6	6	0
09 November 2017	6	4	2
15 March 2018	6	4	2

3.2 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 this 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. Table 26 presents the number of applications received from pharmacist interns. Table 27 presents the number of applications received from pharmacist students. Tables 28 to 31 cover training information and inspection of training facilities.

Table 26: Applications received from pharmacist interns

EDUCATIONAL INSTITUTION	DESIGNATION	NUMBER OF APPLICATIONS	STATUS	JUSTIFICATION
Windhoek Central Hospital Pharmacy	Pharmacist Intern	17	17 pending 2 refused	Appointment letter as pharmacist intern from the Public Service Commission is out-standing. Applicants do not meet the minimum requirement for registration as a pharmacist.
Rundu Intermediate Hospital Pharmacy	Pharmacist Intern	3	3 pending	Appointment letter as pharmacist intern from the Public Service Commission is out-standing.
Walvis Bay State Hospital Pharmacy	Pharmacist Intern	1	1 pending	Appointment letter as pharmacist intern from the Public Service Commission is out-standing.
Hochland Park Pharmacy	Pharmacist Intern	1	Registered	
Esteria Apteek Sentrum	Pharmacist Intern	1	Registered	
Lady Pohamba Private Hospital Pharmacy	Pharmacist Intern	1	Registered	
Paramount Healthcare Centre Pharmacy CC	Pharmacist Intern	1	Registered	

EDUCATIONAL INSTITUTION	DESIGNATION	NUMBER OF APPLICATIONS	STATUS	JUSTIFICATION
Pharmacy at Lady	Pharmacist Intern	1	Registered	
Victoria Pharmacy	Pharmacist Intern	1	Registered	
Dis-Chem The Grove Mall Pharmacy	Pharmacist Intern	2	Registered	
Luisen Pharmacy/ International Pharmacy	Pharmacist Intern	1	Registered	
Rhino Park Pharmacy	Pharmacist Intern	1	Registered	
Langerhans Pharmacy	Pharmacist Intern	1	Registered	
Medchem Pharmacy	Pharmacist Intern	1	Registered	
Family Care Pharmacy	Pharmacist Intern	1	Registered	
Eland Pharmacy	Pharmacist Intern	1	Registered	
Medisun Pharmacy	Pharmacist Intern	1	Registered	
Pama Pharmacy	Pharmacist Intern	1	Registered	
Khabuser Pharmacy	Pharmacist Intern	1	Registered	
Badenhorst Pharmacy	Pharmacist Intern	1	Registered	
Medikor Pharmacy	Pharmacist Intern	1	Registered	
Ongwediva Hospital Pharmacy	Pharmacist Intern	1	Registered	
Erongo Medical Care t/a Welwitschia Chemist	Pharmacist Intern	1	Registered	
Riverside Pharmacy	Pharmacist Intern	1	Registered	
Eros Pharmacy	Pharmacist Intern	1	Registered	
Adler Pharmacy	Pharmacist Intern	1	Registered	
New Medical Investment Holdings (PTY) LTD t/a New-Med	Pharmacist Intern	1	Registered	
Platz Am Meer Pharmacy	Pharmacist Intern	1	Registered	
Fabupharm	Pharmacist Intern	1	Registered	
TOTAL	48			

Table 27: Applications received from pharmacist students

EDUCATIONAL INSTITUTION	DESIGNATION	NUMBER OF APPLICATIONS	STATUS	JUSTIFICATION
University of Namibia: School of Pharmacy	Student pharmacist	85	Pending	Application fees outstanding
National Health Training Centre	Student pharmacist's assistant	33	Registered	
International University of Management	Student pharmacist's assistant	32	Registered	
TOTAL		150		

Table 28: Curricula submitted to Council for approval

NO.	INSTITUTION	CURRICULUM	STATUS
1.	International University of Management	Certificate: Pharmacist's Assistant	Approved
2.	Welwitchia University	Certificate: Pharmacist's Assistant	Approval pending the incorporation of recommendations
3.	Welwitchia University	Diploma: Pharmaceutical Technician	Approval pending the incorporation of recommendations
4.	Health Science Academy	Certificate: Pharmacist's Assistant	Approval pending the incorporation of recommendations

Table 29: Educational institution inspected for training of student pharmacist's assistants

NO.	DATE INSPECTED	NAME OF INSTITUTION	OUTCOME
1.	20-21 September 2017	National Health Training Centre	Approved for 3 years

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

NO.	DATE INSPECTED	NAME OF PRACTICE	OUTCOME
1.	20-21 September 2017	National Health Training Centre	Approved for 3 years
KHOMAS REGION			
1	21/09/2017	Continental Pharmacy	Approved for 3 years
2.	21/09/2017	Ocean Pharmacy	Approved for 3 years
3.	30/09/2017	Medi-Plus Pharmacy	Approved for 3 years
4.	20/11/2017	Wanaheda Pharmacy	Approved for 3 years
5.	23/11/2017	Okuryangava Pharmacy	Approved for 3 years
6.	23/11/2017	Medi-Pill Pharmacy	Approved for 3 years
7.	24/11/2017	Tauben Glen Pharmacy	Approved for 3 years
8.	05/12/2017	Auas Valley Pharmacy	Approved for 3 years
9.	08/12/2017	Eland Pharmacy	Approved for 3 years
10.	08/12/2017	Zavi – Med Pharmacy	Approved for 3 years

11.	08/12/2017	Namib Pharmacy	Approved for 3 years
12.	08/12/2017	Olympia Pharmacy	Approved for 3 years
13.	14/12/2017	Langerhans Pharmacy	Approved for 3 years
14.	15/12/2017	One-health Pharmacy	Approved for 3 years
15.	15/12/2017	CECE Otjo Pharmacy	Not Approved. Improvement recommended.
16.	17/12/2017	Dorado Valley Pharmacy	Approved for 3 years
17.	19/12/2017	Tee Kay Pharmacy	Approved for 3 years
18.	20/12/2017	Essential Pharmacy	Approved for 3 years
19.	02/01/2018	Paramount Healthcare Centre Pharmacy CC	Approved for 3 years
20.	02/01/2018	Pharmacy at Lady	Approved for 3 years
21.	02/01/2018	Medchem Pharmacy	Approved for 3 years
22.	02/02/2018	Medisun Pharmacy CC	Approved for 3 years
23	14/02/2018	Eros Pharmacy	Approved for 3 years
OTJOZONDJUPA REGION			
24.	20/12/2017	Medikor Pharmacy	Approved for 3 years
OHANGWENA REGION			
25.	14/12/2017	Eenhana Pharmacy	Approved for 3 years
26.	14/12/2017	Green-Light Pharmacy	Approved for 3 years
OSHANA REGION			
27.	15/12/2017	New-Med Pharmaceutical Wholesaler	Approved for 3 years
28.	18/12/2017	Pola Pharmacy CC	Approved for 3 years
29.	13/12/2017	Northmed Pharmacy	Approved for 3 years
30.	15/12/2017	Oukolele Pharmacy	Approved for 3 years
31.	18/12/2017	Pharmacy 2000	Approved for 3 years

NO.	DATE INSPECTED	NAME OF PRACTICE	OUTCOME
OSHANA REGION			
32.	19/12/2017	Oshana Pharmacy	Approved for 3 years
33.	19/12/2017	Medicine World Ondangwa Pharmacy	Approved for 3 years
ERONGO REGION			
34.	18/12/2017	Cottage Private Hospital Pharmacy	Approved for 3 years
35.	18/12/2017	Platz Am Meer Pharmacy	Approved for 3 years
36.	18/12/2017	FY Pharmacy	Approved for 3 years
37.	19/12/2017	Ongwari Pharmacy	Approved for 3 years
38.	19/12/2017	Karibib Pharmacy	Approved for 3 years
KAVANGO REGION			
40.	26/09/2017	Riverside Pharmacy	Approved for 3 years
41.	18/12/2017	Pro Park Pharmacy CC	Approved for 3 years
OSHIKOTO REGION			
42.	12/12/2017	Tsumeb Pharmacy	Approved for 3 years
OMAHEKE REGION			
43.	14/11/2017	Medipharm Pharmacy	Approved for 3 years

Table 31: Hospitals and health facility inspected to train pharmacist interns

NO.	DATE OF INSPECTION	HOSPITAL / HEALTH FACILITY	STATUS
KHOMAS REGION			
1.	17/08/2017	Windhoek Central Hospital Pharmacy	Approved for 3 years
2.	17/08/2017	Central Medical Stores (CMS)	Not approved. Recommendations for improvement made.

KAVANGO REGION			
4.	26/09/2017	Intermediate Hospital Rundu	Approved for 3 years
ERONGO REGION			
5.	01/04/2016	Walvis Bay State Hospital Pharmacy	Approved for 3 years
6.	01/04/2016	Swakopmund State Hospital Pharmacy	Not approved. Recommendations for improvement made.
OSHANA REGION			
7.	20/12/2016	Intermediate Hospital Oshakati	Not approved. Recommendations for improvement made.
8.	20/12/2016	Intermediate Hospital Onandjokwe	Not approved. Recommendations for improvement made.

3.3 OPERATIONAL INSPECTION OF COMMUNITY PHARMACIES

Table 32 presents details of pharmacies inspected.

Table 32: Pharmacies Inspected

NO.	DATE OF INSPECTION	HOSPITAL / HEALTH FACILITY	STATUS
KHOMAS REGION			
Okuryangava Pharmacy	23/11/2017	Approved with recommendations for improvement.	Approved for 3 years
OMAHEKE REGION			
1.	01/04/2016	Walvis Bay State Hospital Pharmacy	Approved for 3 years
2.	01/04/2016	Swakopmund State Hospital Pharmacy	Not approved. Recommendations for improvement made.
OSHANA REGION			
3.	20/12/2016	Intermediate Hospital Oshakati	Not approved. Recommendations for improvement made.
4.	20/12/2016	Intermediate Hospital Onandjokwe	Not approved. Recommendations for improvement made.

NO.	DATE OF INSPECTION	HOSPITAL / HEALTH FACILITY	STATUS
OTJOZONDJUPA REGION			
5.	Mediclinic Pharmacy - Otji-warongo	20/12/2017	Approved with recommendations for improvement
OSHANA REGION			
5.	Mediclinic Pharmacy - Otji-warongo	20/12/2017	Approved with recommendations for improvement
7.	Bom Dia Pharmacy	18/12/2017	Approved with recommendations for improvement
8.	Olupandu Pharmacy	19/12/2017	Approved with recommendations for improvement
9.	Homeland Pharmacy	20/12/2017	Approved with recommendations for improvement
OMUSATI REGION			
10.	Ombalantu Pharmacy	13/12/2017	Approved with recommendations for improvement
OMUSATI REGION			
11.	Kavmed Pharmacy	25/09/2017	Approved with recommendations for improvement
12.	Nkurenkuru Pharmacy	25/09/2017	Approved with recommendations for improvement

3.4 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.

Details of pre-registration evaluations are presented in Table 33.

TaTable 33: Pre-registration evaluation

DOMAIN AND NATURE OF EVALUATION	EVALUATION DATE	APPLICANTS INVITED	APPLICANT DE-CLINED INVITATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED
PHARMACISTS						
Competency & Legal	22 & 23 June-17	64	48	16	12	4
Competency & Legal	19 & 20 Oct-17	46	36	10	6	4

DOMAIN AND NATURE OF EVALUATION	EVALUATION DATE	APPLICANTS INVITED	APPLICANT DE-CLINED INVITATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED
PHARMACISTS						
Competency & Legal	1 & 2 March-18	46	35	11	5	6
PHARMACIST INTERNS:						
Legal	23-Jun-17	37	3	34	33	1
OSCEs	24-Jun-17	3	0	3	3	0
Legal	20-Oct-17	4	1	3	2	1
OSCEs	11-Nov-17	34	1	33	20	13
Legal	27-Jan-18	13	0	13	9	4
Calculations	02-Mar-18	2	0	2	2	0
OSCEs	03-Mar-18	3	0	3	2	1
PHARMACEUTICAL TECHNICIANS:						
Legal	23-Jun-17	15	6	9	4	5
OSCEs	24-Jun-17	15	6	9	6	3
Legal	03-Nov-17	18	15	3	3	0
OSCEs	01-Nov-17	14	10	4	4	0
Legal	02-Mar-18	19	17	2	0	2
OSCEs	03-Mar-18	11	9	2	2	0
Calculations	03-Mar-18	11	9	2	0	2
PHARMACIST'S ASSISTANTS						
Competency + Legal	22 & 23 June-17	0	0	0	0	0
Competency + Legal	19 & 20 Oct.-17	1	0	1	1	0
Competency + Legal	1 & 2 March-18	2	0	2	1	1
TOTAL		358	196	162	115	47

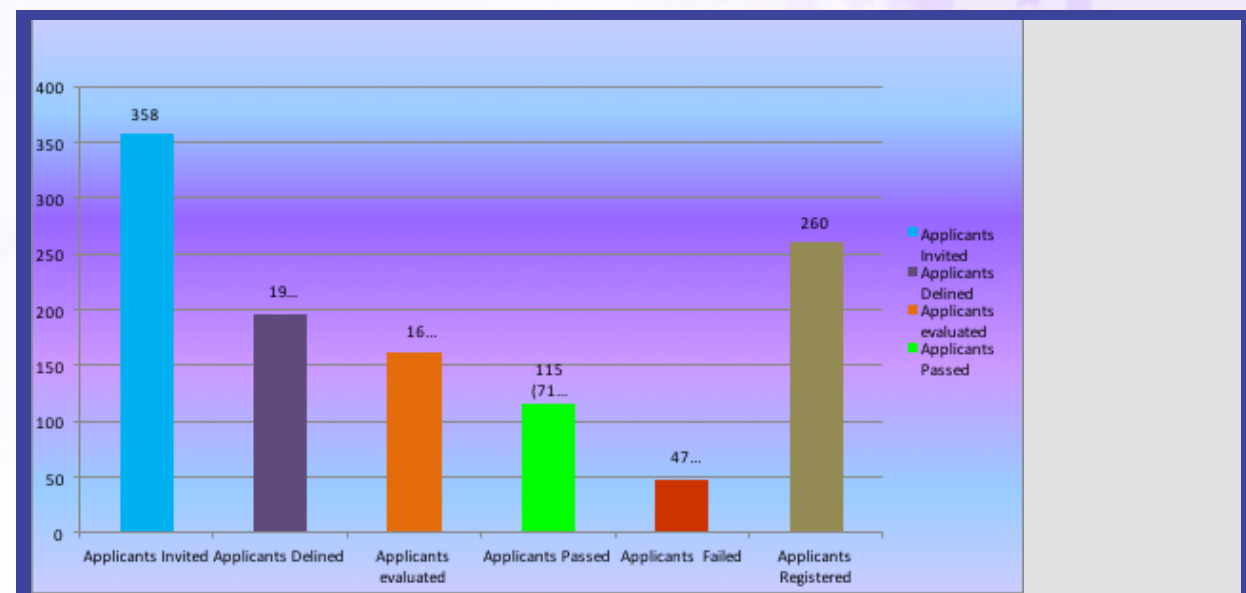
The Pharmacy Council took the following resolutions regarding pre-registration evaluations in June 2017 and which were implemented in October 2017.

- The Council will have two (2) evaluation sessions per year for pharmacy practitioners in February and October.
- Midterm evaluation for pharmacist interns will be held annually during June and October. The paper will consist of pharmaceutical legal matters and calculations only.
- Pass mark for calculations for the pharmacy profession is 80%.
- Passing mark for competency and legal papers is 50% respectively.
- Second attempt evaluations for pharmacy practitioners will be done in a form of OSCE's.
- Pharmacist interns competency final evaluation and pharmaceutical technician competency evaluation will be OSCEs.

Pre-registration evaluation process must be completed within two years from the date of the first evaluation, or the candidate can only be evaluated twice, whichever of the two options comes first. Candidates who fail to pass the evaluations with their second attempt and still desire to be registered with the Council, must apply anew.

Graph 17 below presents details of applicants evaluated and registered.

Graph 17: Applicants evaluated and registered.



3.5 REGISTERS KEPT

Admission to the register, as provided for under the Pharmacy Act, 2004 (Act No. 9 of 2004), 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.

3.5.1 Registers for pharmacy practitioners

Tables 34 to 36 cover register information.

Table 34: Registration status per professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS RECEIVED	APPLICATIONS SUCCESSFUL	APPLICATIONS UNSUCCESSFUL	APPLICATIONS PENDING
Pharmacist	118	23	15	80
Pharmacist completed internship in Namibia	38	37	0	1
Pharmacist Intern	48	21	2	21
Pharmaceutical Technician	31	11	1	19
Pharmacist's Assistant	4	2	0	2
Pharmacist's Assistant student	33	33	0	0
Student Pharmacist	0	0	0	0

Table 35: Removals from the register

PROFESSIONAL DESIGNATION	REASONS FOR REMOVAL	
	VOLUNTARY	NON-PAYMENT OF ANNUAL FEE
Pharmacist	6	23
Pharmaceutical Technician	0	0
Pharmacist's Assistant	1	11

Table 36: Cumulative number on register for practitioners

PROFESSIONAL DESIGNATION	NUMBER ON THE REGISTER
Pharmacist	68
Pharmacist Intern	48
Pharmaceutical Technician	26
Pharmacist's Assistant	52
Pharmacist's Assistant student	33
Student Pharmacist	35
TOTAL	262

Comments

The total number of practitioners registered with the Council at the end of the reporting period is 1 253.

3.5.2 Registers for pharmaceutical practices

Tables 37 to 39, and Pie chart 4, cover register information.

NATURE OF PHARMACEUTICAL PRACTICE	APPLICATIONS RECEIVED	PRACTICES REGISTERED	APPLICATIONS PENDING
Community Pharmacies	9	8	1
Wholesalers	4	2	2
Manufacturing	1	1	0
Hospital Pharmacies	1	1	0
Total	15	*12 (80%)	*3 (20%)

Comments

Fifteen applications were received, and 80% of the pharmaceutical practices that applied for registration were granted approval and registered accordingly. Outstanding documents pertain to *20% of the applications that are still pending.

Table 38: Pharmaceutical practices applications and change of particulars

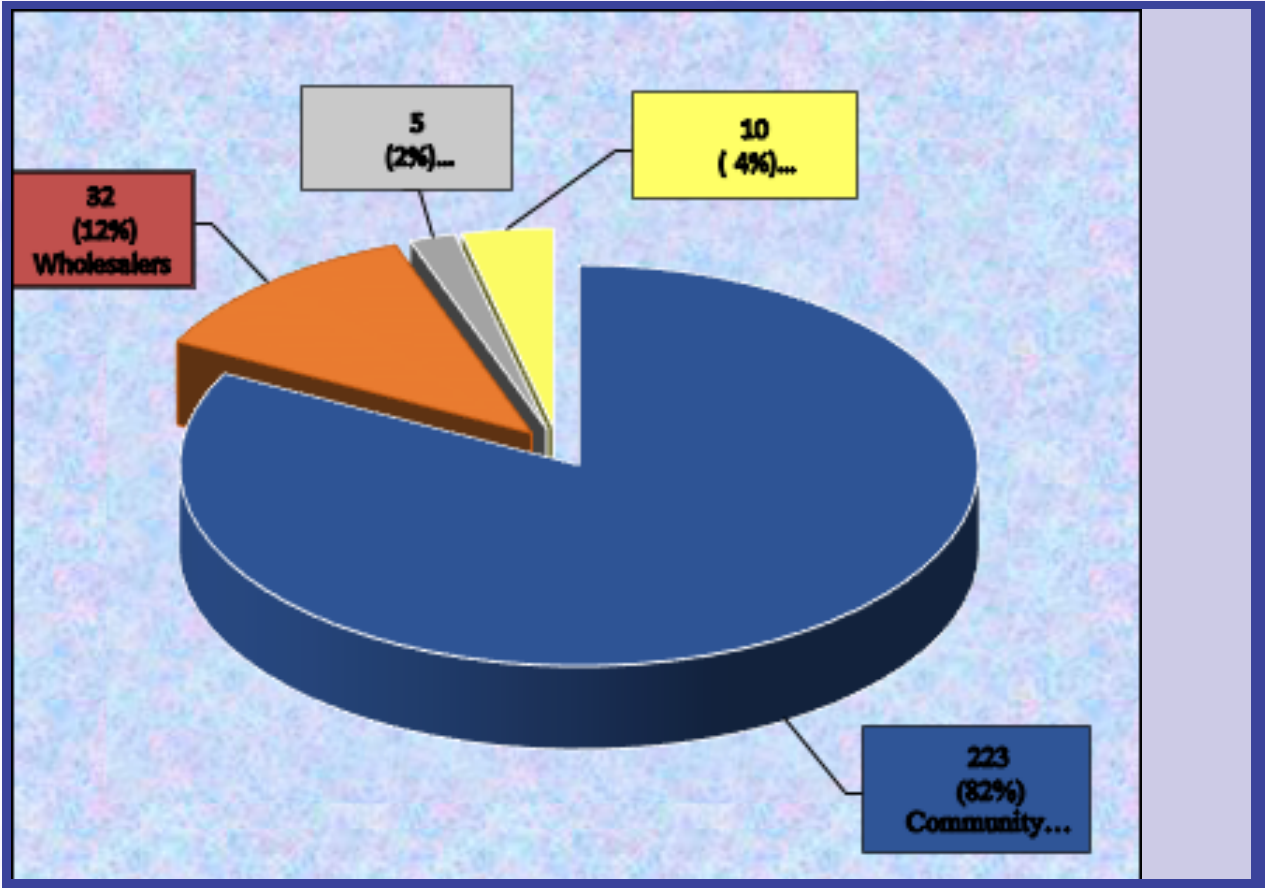
TYPE OF APPLICATION	COMMUNITY PHARMACY	WHOLESALER	HOSPITAL PHARMACY	TOTAL APPLICATIONS
Application of new practices registration	11	5		16
Change of ownership	6	1		7
Change of name	1		2	3
Change of ownership and name	3	6		9
Change of Pharmacy Layout	2			2
Change of members in the founding statement	3			3
Relocation	5			5
Relocation and change of name	1			1
Registration of new Managing Director or Managing Member		3		3
Resignation of Managing Director or Managing Member	2	2		4
Registration of Responsible Pharmacist	60	2		62
Resignation of Responsible pharmacist	17			17
Notification of closure of practice	5			5
Withdrawal of application	3			3

Total number of all the applications = 140

Table 39: Number of pharmaceutical practices on the register

NATURE OF PHARMACEUTICAL PRACTICES	NUMBER ON THE REGISTER
Community Pharmacy	223
Pharmaceutical Wholesaler	32
Manufacturing Pharmacy	5
Hospital Pharmacy	10
TOTAL	270

Pie Chart 4: Indicates the number of pharmaceutical practices on the register



3.6 COUNCIL RESOLUTIONS

Resolutions are presented in Table 40.

Table 40: Number of resolutions made and percentage of implementation status

NUMBER OF RESOLUTIONS MADE	NUMBER & PERCENTAGE OF RESOLUTIONS IMPLEMENTED	NUMBER AND PERCENTAGE OF RESOLUTIONS PENDING
49	47(96%)	2 (4%)

3.5 REGISTERS KEPT

Comments on pending resolutions
 Legal opinion is being obtained on two (2) community pharmacy practices regarding ownership and advertisement.

3.7 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 this Act. The Council has significantly delivered on this mandate.



NURSING COUNCIL OF NAMIBIA

OVERVIEW

The Nursing Council of Namibia (hereinafter referred to as the Council) is established in terms of the Nursing Act, 8 of 2004 (hereinafter referred to as the Act). The Council regulates the practicing of ten (10) professions, namely,registered nurse/ midwife or accoucheur, registered nurse, registered midwife or accoucheur, enrolled nurse/ midwife or accoucheur, nursing auxiliary, student nurse/ midwife or accoucheur, student nurse, student midwife or accoucheur, pupil nurse / midwife or accoucheur, pupil nursing auxiliary, by ensuring that all persons who applied for registration 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 this Act.

COUNCIL MEMBERS

- Mr AM Maswahu President
- Mr EM Shiwayu Vice-President
- Mr PT Egodhi
- Mr HJ Eliphas
- Mr J Lumbu
- Ms M Tobias
- Pastor J Mtuleni
- Mr. A C Anderson resigned from the Council and he was not replaced.



2. SUMMARY OF COUNCIL ACTIVITIES

2.1 Meetings

Tables 41 and 42 cover meetings and resolutions.

Table 41: Council and committee meetings

MEETINGS	NUMBER OF MEETINGS HELD
Council	2 meetings
Education Committee	3 meetings

Table 42: Resolutions made by Council

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
17	16 (95%)	1(5%)

Comment on the resolution which is pending

Ministry of Health and Social Services (MoHSS) requested the Council to consider enrolling Health Assistants as nursing auxiliaries. The Council resolved to establish a committee including persons to be identified by the MoHSS to compare the curriculum for the course leading to enrolment as a nursing auxiliary with the curriculum for the course undertaken by health assistants with a view to bridge the gaps between the two curricula. A one-year bridging course for health assistants was to be developed enabling them to be enrolled as nursing auxiliaries.

The implementation of this resolution was kept at abeyance on the request of the MoHSS.

2.2 Registers / rolls kept

Admission to the register / roll as provided for under the Nursing Act, 2004 (Act No 8 of 2004) is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register/ roll, the maintenance of registration/ enrolment. These registers / rolls lie open during ordinary office hours at the office of the Registrar for inspection by any interested member of the public.

2.2.1 Registration of student nurses/ midwives/accoucheurs

Registration information is presented in Table 43.

Table 43: Student nurses/midwives /accoucheurs registered per educational Institution

EDUCATIONAL INSTITUTION	NUMBER OF STUDENT NURSES / MIDWIVES/ ACCOUCHEURS REGISTERED
University of Namibia: Main Campus – Bridging Course	42
University of Namibia: Main Campus – Bachelor's Degree in Nursing Science	79
University of Namibia : Northern Campus Bachelor's Degree in Nursing Science	48
University of Namibia: Rundu Campus Bachelor's Degree in Nursing Science	75
Welwitchia University: Main Campus Bachelor's Degree in Nursing Sience	118
Welwitchia University: Nkurenkuru Campus Bachelor's Degree in Nursing Science	43
Welwitchia University: Kombat Campus Bachelor's Degree in Nursing Science	51
International University of Management: Bachelor's Degree in Nursing Science	50
Rundu Regional Health Training Centre: Diploma in Nursing and Midwifery Science	19
TOTAL	567

2.2.2 Enrollment of pupil nurse/midwives/accoucheurs

Enrollment information is presented in Table 44.

Table 44: Pupil nurses enrolled per educational institution

EDUCATIONAL INSTITUTION	NUMBER OF PUPIL NURSES / MIDWIVES/ ACCOUCHEURS ENROLLED
National Health Training Centre	74
Keetmanshoop Regional Health Training Centre	61
Otiwarongo Regional Health Training Centre	48
Oshakati Regional Health Training Centre	45
Onandjokwe Regional Health Training Centre	39
Dr Richard Nchabi Kamwi Regional Health Training Centre	54
TOTAL	321

2.2.3 Hospitals and health facilities applied for practical training of pupils/ student nurses midwives/ accoucheurs

Details pertaining to this are presented in Table 45.

Table 45: Location and training status of hospitals and health facilities

REGION	NUMBER OF APPLICANTS	APPLICANTS APPROVED	APPLICANTS NOT APPROVED	PENDING APPLICATIONS
ERONGO	1	Welwitchia Private Hospital		
KAVANGO EAST & WEST	16	Andara Hospital Andara Clinic Sambyu Health Centre Rundu Hospital Rundu Clinic Nkarampamwe Clinic Sauyemwa Clinic Nankudu Hospital Nankudu Clinic Nkurenkuru Hospital Bunya Health Centre Ruparara Health Centre Tondoro Health Centre Nyangana Health Centre Nyangana Clinic Mupini Health Centre	Mpungu Health Centre	
KHOMAS	5	Lady Pohamba Private Hospital Rhino Park Private Hospital Namibia Oncology Centre Paramount Sub Acute Rehabilitation Centre		UNAM Clinic
OSHANA	1			Ongwediva Medipark
OTJOZONDJUPA	1			Otiwarongo Alterhein (Old Age Home)
ZAMBEZI	4	Katima Mulilo Hospital Katima Mulilo Clinic Bukalo Health Centre Ngoma Clinic	Mavuluma Clinic Simbinda Health Centre Ngweze Clinic	

Comments on pending applications

Applications are pending due to the term of office of the Council that came to an end on 31 March 2018. At this stage the Registrar is unable to cause these institutions to be inspected as same is done in the name and on behalf of the Council.

2.2.4 Educational institutions applied to train pupil and student nurses/ midwives/accoucheurs

Details are presented in Table 46.

Table 46: Location and status of educational institutions

REGION	NUMBER OF APPLICANTS	APPLICANTS APPROVED	APPLICANTS NOT APPROVED	PENDING APPLICATIONS
KAVANGO EAST	1	UNAM – Rundu Campus (B-Degree in Nursing & Midwifery)		
KAVANGO WEST	2	Welwitchia University – Nkurenkuru Campus (B-Degree in Nursing & Midwifery)		
OTJOZONDJUPA	1			Welwitchia University – Kombat Campus (B-Degree in Nursing & Midwifery)

Comments on pending applications

Application is pending due to the term of office of the Council that came to an end on 31 March 2018. At this stage the Registrar is unable to cause these institutions to be inspected as same is done in the name and on behalf of the Council.

2.2.5 Curricula submitted to council for approval

Curricula information is presented in Table 47.

Table 47: Status of curricula submitted for approval

INSTITUTION	NATURE OF PROGRAMME	STATUS
African Institutional Management Service (AIMS)	Certificate Enrolled Nurse / Midwife	Provisionally approved provided that AIMS re-looked at the references and re-submit the curriculum to Council within 14 days from the 5th February 2018
UNAM Main Campus	Advanced Diploma in Midwifery and Neonatal Nursing Care	Pending
Shanah College	Diploma in General Nursing	Pending
Welwitchia University	Certificate for Enrolled Nurse / Midwife	Approved
S. Buys Academy	Dispensing for Health Care Professionals	Pending
I-Care Health Training Institution	Diploma in Enrolled Nurse / Midwifery	Pending

Comments on pending curricula

Curricula are pending due to the term of office of the Council that came to an end on 31March 2018. At this stage no meetings may be held, and meetings will be scheduled when the Council is constituted.

2.2.6 Registration and enrolment of nurse/ midwifery/ accoucheurs practitioners

Tables 48 and 49, and Graphs 18 and 19, present registration information.

Table 48: Newly qualified enrolled nurses

DESIGNATION	EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETION RECEIVED	APPLICATIONS RECEIVED	APPLICANTS EN-ROLLED
Enrolled Nurse / Midwife / accoucheur	National Health Training Centre	33	33	33
	Keetmanshoop Regional Health Training Centre	55	55	55
	Otjiwarongo Regional Health Training Centre	48	48	48
	Oshakati Regional Health Training Centre	61	61	61
	Onandjokwe Regional Health Training Centre	35	35	35
	Dr Richard Nchabi Regional Health Training Centre	47	47	47

Graph 18: Number of nurses enrolled per educational institution 2017/2018

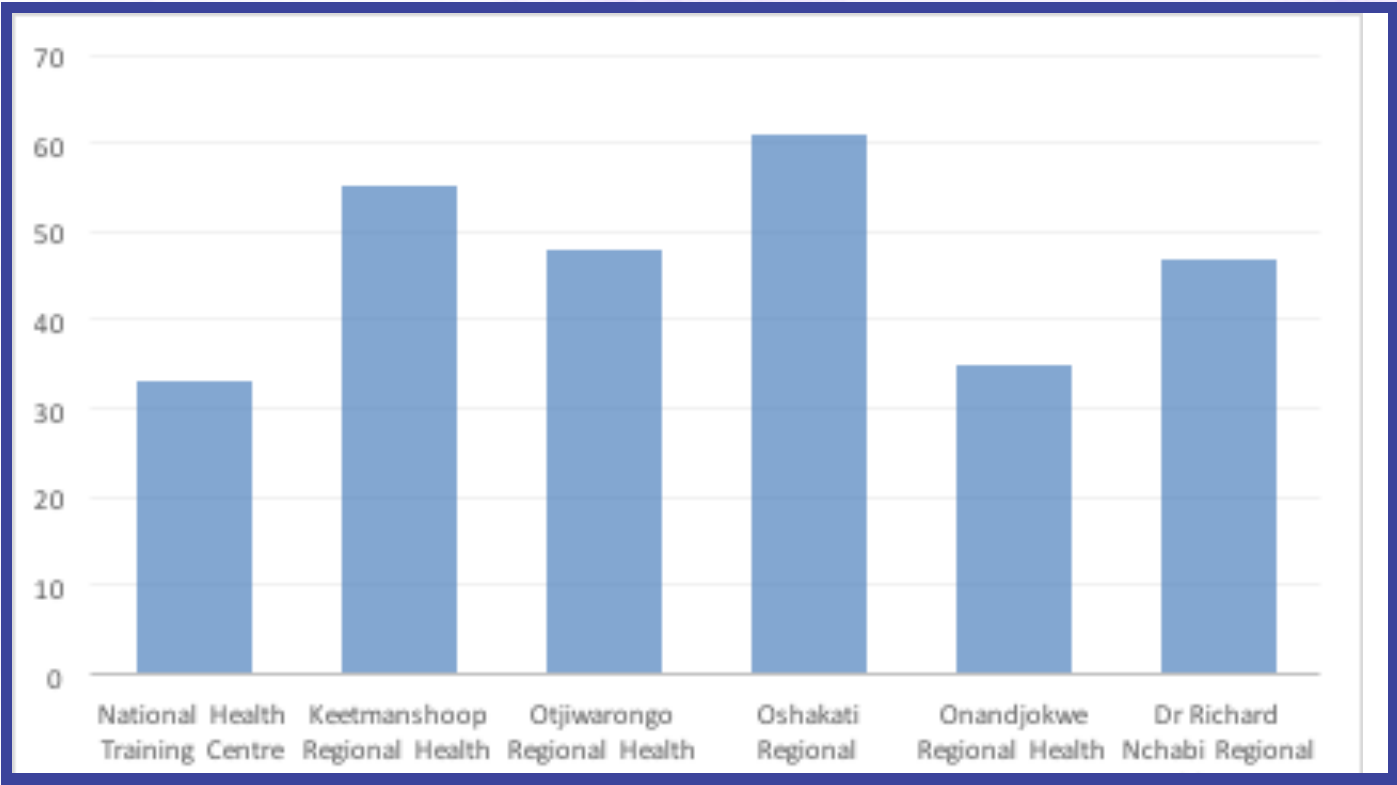


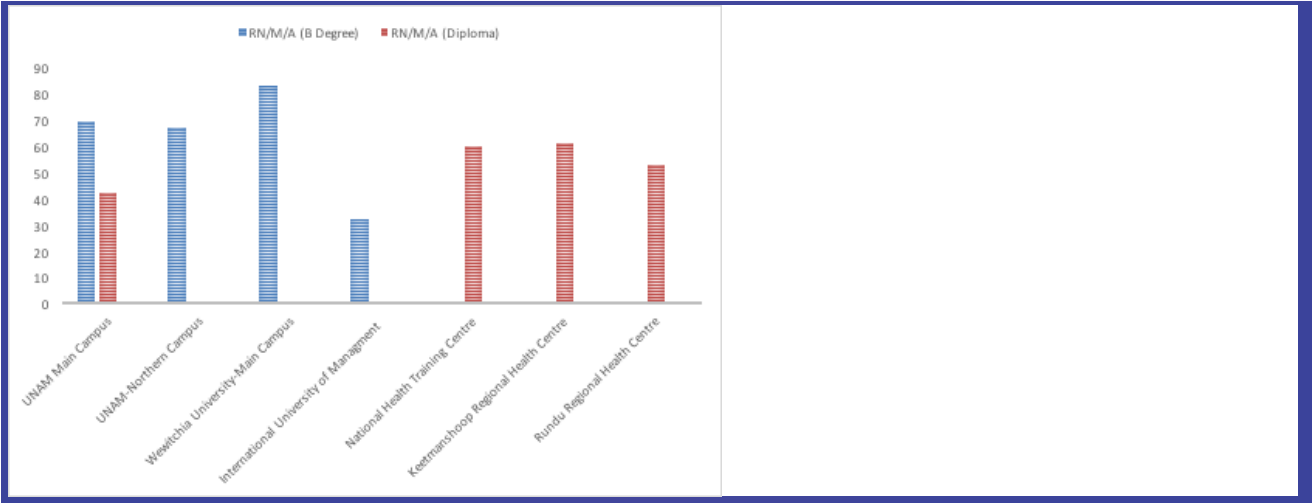
Table 49: Newly qualified registered nurses/midwives/accouchers

DESIGNATION	EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETION	APPLICATION RECEIVED	APPLICANT REGISTERED	APPLICATION PENDING
Registered Nurse / Midwife/ Accoucheur	UNAM Main Campus	71	71	69	2
	UNAM Northern Campus	67	67	67	0
	International University of Management	32	32	32	0
	Welwitchia University	109	109	83	26
Registered Nurse / Midwife/ Accoucheur (Diploma)	UNAM	42	42	42	0
	National Health Training Centre	60	60	60	0
	Keetmanshoop Regional Health Training Centre	61	61	61	0
	Rundu Health Training Centre	53	53	53	0

Comments

Application is pending due to the term of office of the Council that came to an end on 31March 2018. At this stage the Registrar is unable to cause these institutions to be inspected as same is done in the name and on behalf of the Council.

Graph 19: Number of nurses/midwives /accoucheurs registered



Comments on pending applications

84 The applications pending are due to incomplete applications received prior to 31March 2018.

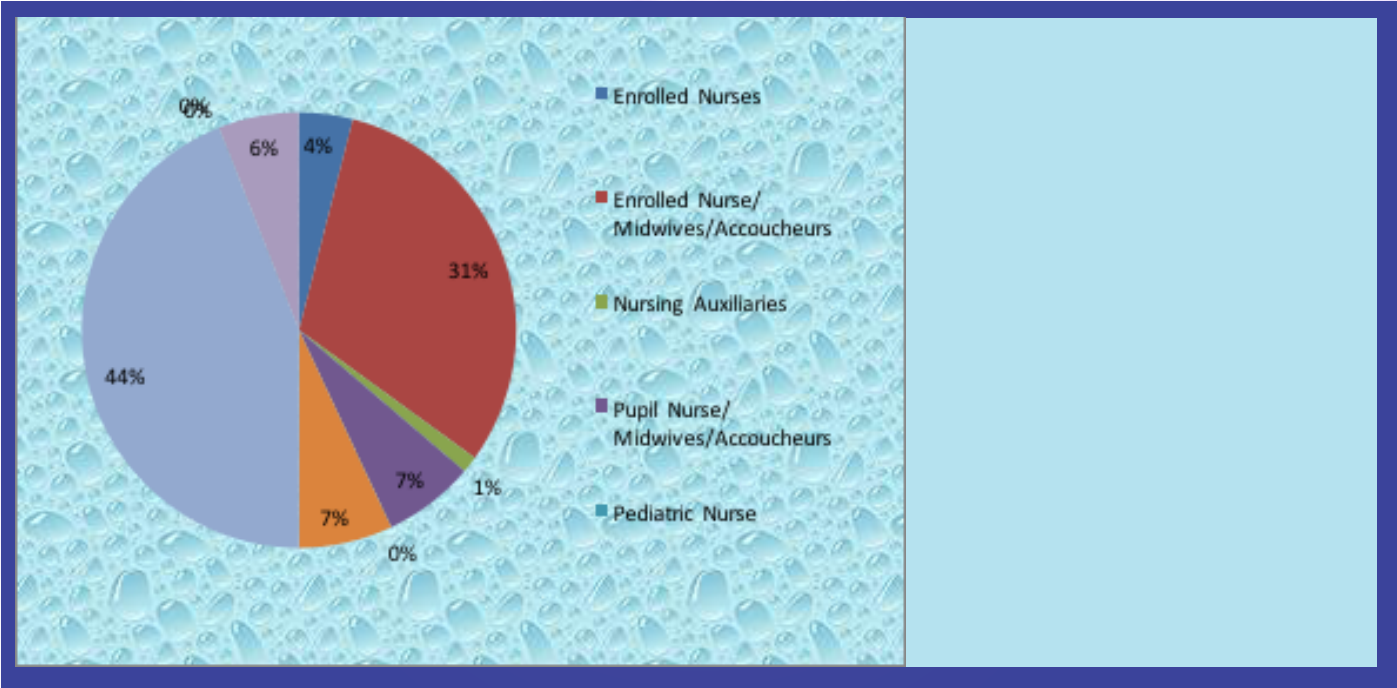
2.3 REGISTER AND ROLL FOR NURSING / MIDWIFERY/ACCOUCHEURY PRACTITIONERS

Register information is presented in Table 50 and Graph 20.

Table 50: Total number of practitioners on the register or roll

CATEGORY	TOTAL
Enrolled Nurses	404
Enrolled Nurse / Midwives / Accoucheurs	3374
Nursing Auxiliaries	114
Pupil Nurse / Midwives / Accoucheurs	734
Registered Midwives	17
Registered Nurses	760
Registered Nurse / Midwives / Accoucheurs	4881
Specialist Midwife and Neonatology	1
Specialist Trauma Nurse	1
Student Nurse / Midwives / Accoucheurs	696
TOTAL	10982

Graph 20: Number of practitioners on the register/roll by the end of the reporting period



2.4 OTHER SERVICES RENDERED BY COUNCIL

Other services are presented in Table 51.

Table 51: Other services

SERVICE RENDERED	TOTAL
Registration/ Enrolment Certificates issued	756
Certificates of Status issued	205
Extracts from the Register/Roll issued	11
Involuntary Removal from Register/ Roll	395
Voluntary Removal from Register / Roll	29
Restoration of names to Register/ Roll	203
Ethics and Jurisprudence Manuals sold	877
Namibian Standard Treatment Guidelines sold	794
DISTINGUISHING DEVICES SOLD	
Epaulettes	0
Badges	427
Green Bars	184
Yellow Bars	109
Black Bars	31
White Bars	7
Silver Bars	19

Comments

- **Epaulettes:** The epaulettes which are used by nurses are manufactured by a company in South Africa and the material used is sourced from India. Due to problems encountered in respect of the quality of fabric used by the company a decision was taken to source a local supplier to make the epaulettes. A tender was put out but the exercise failed dismally as none of the bidders conformed to the specifications as set out both in workmanship and the type of fabric required. The office is now at a stage of testing the fabric samples received from the supplier and on confirmation of the specifications in respect of fabric composition, colour fastness and weight, the material will be shipped in and the manufacturing of the epaulettes will commence.

- Voluntary removal: The act provides for registrants going on retirement to request for voluntary removal from the roll or register. Council grants approval for those who request in writing to be voluntary removed from the roll or register.
- Involuntary removal: Registrants who failed to pay maintain registration qualify for involuntary removal. Council sends them letters to inform them of the removal of their names from the roll or register. Most of them respond to the involuntary removal and request for restoration to the roll or register.
- Certificate of Status: Certificates of status are issue to registrants who applied to other registering authorities for registration. Most of these applicants are foreign nationals whose contracts are not renewed by the Ministry of Health and Social Servicewho applied for jobs in Europe and neighboring countries.

2.5 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 this Act. The Council has significantly delivered on this mandate

ALLIED HEALTH PROFESSIONS OF NAMIBIA

OVERVIEW

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, and keeping the register for persons practicing the allied and complementary health professions.

COUNCIL MEMBERS

Ms H. Burger (President)
 Ms Z. Crous
 Ms C. Damases
 Ms J.A Duiker
 Pastor G. Gurirab
 Ms E. G. W. Hoffmann
 Ms. L. Karunga-Beukes
 Mr. C.L. Lawrence
 Ms J. E. Odendaal
 Mr. E. Rieth
 Ms. K. Smit
 Ms. S.M. Smit

(Vice-President)



3. COUNCIL ACTIVITIES

3.1 Professional committees

Section 12(6)(a) of the Act provides 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 to assist the Council in the exercise of its powers or the performance of its duties or functions in terms of the Act as the Council may so delegate or assign. Professional committees advise the Council on any matter relating to their respective professions.

3.1.1 Professional committee for the emergency care professions

The committee held two meetings and discussed issues relating to entry requirements for registration as emergency care practitioner-basic, and the declaration of a new category, namely, emergency practitioner assistant.

3.1.2 Professional committee for medical technology and related professions

The committee held one meeting and discussed issues relating to registration of medical technologists who graduated from educational institutions in Kenya. The committee recommended that all medical technologists from Kenya who graduated after 2008 and obtained a diploma in medical laboratory science may be evaluated if they comply with the regulations relating to the registration of medical technologists No.3795 of Government Gazette of 22 February 2007.

3.1.3 Professional committee for dietetic and related professions

The committee held one meeting and discussed issues relating to Namibia University of Science and Technology's (NUST) curriculum for Bachelor of Human Nutrition. The curriculum was recommended for approval which was eventually granted by the Council. NUST started with the first intake of thirty-five (35) students in 2018.

3.1.4 Professional committee for biokinetics and related professions

The Committee held one meeting and discussed matters relating to the refusal by Health Professions Council of South Africa (HPCSA) to register biokineticists who completed internship in Namibia.

In the past, the South African biokinetics who completed internship in Namibia were able to register with the HPCSA. This however was not the case in 2018 because the internship done in Namibia was no longer in conformity with the latest South African regulations and standards on internship.

The committee discussed the matter with members of the biokineticists board of the HPCSA and recommended the review of the Namibian training guidelines and logbooks to bring them in line with the South African requirements for internship. The committee also recommended for the conclusion of a memorandum of understanding between the Council and the HPCSA on matters relating to internship.

3.1.5 Council meetings

Three Council meetings were held as required by the Act.

3.1.6 Executive committee meeting

No executive committee (EXCO) meetings were held. However, urgent matters were concluded by the EXCO members through round robin.

3.2 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.

Tables 52 and 53 present training related information.

Table 52: Curricula submitted to the Council

INSTITUTION	NATURE OF PROGRAMME	STATUS
Atlantic Training Institution	Emergency Care Practitioner - Basic Certificate	Not yet approved
Prehospital Emergency Care Training College	Emergency Care Practitioner - Basic Certificate	Not yet approved
Namibia University of Science and Technology	Bachelor of Emergency Medical Care (Honours)	Approved
Namibia University of Science and Technology	Bachelor of Human Nutrition	Approved
University of Namibia	Revised Curriculum for Bachelor of Radiography (Honours)	Not yet approved

Table 53: Applications submitted for approval of clinical training of students and /or interns

INSTITUTION	NATURE OF TRAINING	REGION	STATUS
Namibia Institute of Pathology, Oshana	Student and Intern Medical Technologists	Oshana	Inspection pending
Namibia Institute of Pathology, Windhoek	Student and Intern Medical Technologists	Khomas	Inspection pending
BRG Biokinetics Incorporated, West Care	Intern Biokineticists	Khomas	Inspection pending
BRG Biokinetics Incorporated, Main Branch	Intern Biokineticists	Khomas	Inspection pending
Murphy Namibia Radiology	Diagnostic Student Radiographers	Khomas	Refused - Requirement not met
Namibia University of Sciences and Technology	Environmental Health Practitioner and Paramedic Students	Khomas	Inspection pending

National Health Training Centre	Environmental Health Practitioner Assistant and Diagnostic Radiography Assistant Students	Khomas	Inspection pending
Zenra Buys Physiotherapy	Intern Physiotherapists	Khomas	Inspection pending

3.3. 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 professions falling under the Council.

3.3.1 Number of registered practitioners

Six hundred and two (602) applicants applied for registration. Five hundred and seventy-one (571) applicants were successful; sixteen (16) applications were incomplete and pending; and fifteen (15) applications did not meet the prescribed requirements and were refused. Details of applications are presented in Table 54 and Graph 21.

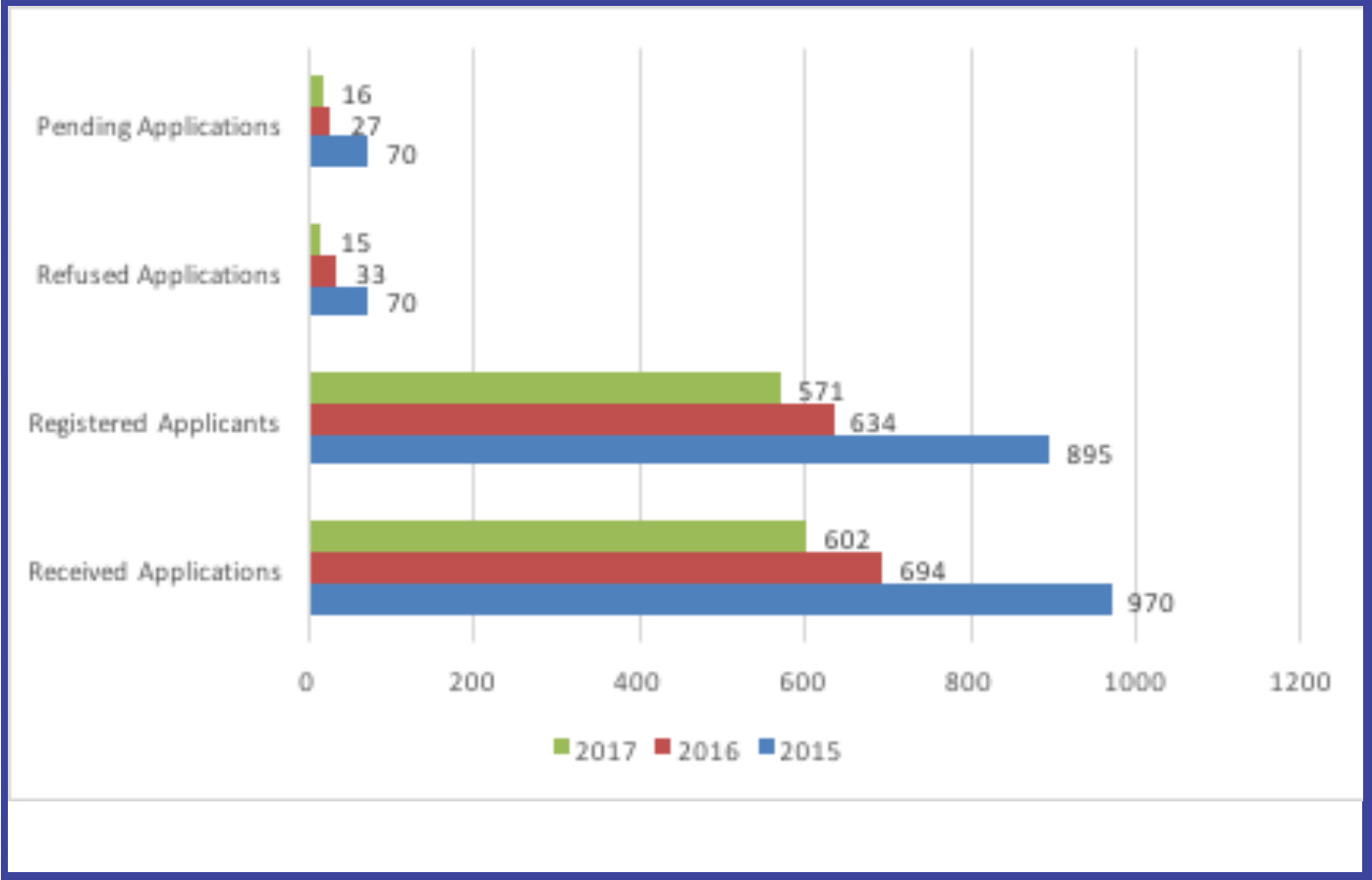
Table 54: Number of applications received per profession and status of registration

PROFESSION	RECEIVED APPLICATIONS	REGISTERED	REFUSED	PENDING
Biokineticist	3	3	0	0
Biokineticist Intern	3	3	0	0
Clinical Technologist	4	3	1	0
Chiropractor	1	1	0	0
Chinese Medicine & Acupuncturist	1	1	0	0
Dental Therapist	5	3	2	0
Dietician	2	2	0	0
Dispensing Optician	3	2	0	1
Dental Technologist	3	3	0	0
Emergency Care Technician	3	3	0	0
Emergency Care Practitioner-Basic	175	173	2	0
Emergency Care Practitioner-Intermediate	22	21	1	0
Emergency Care Practitioner-Student Intermediate	30	30	0	0

PROFESSION	RECEIVED APPLICATIONS	REGISTERED	REFUSED	PENDING
Paramedic	15	15	0	0
Paramedic Student	13	13	0	0
Environment Health Practitioner	25	24	1	0
Environmental Health Practitioner Student	23	23	0	0
Environment Health Practitioner Assistan	2	2	0	0
Pupil Environmental Health Practitioner Assistant	85	85	0	0
Medical Rehabilitation worker	2	1	0	1
Medical Laboratory Scientist	13	12	1	0
Medical Laboratory Scientist student	29	27	0	2
Medical Laboratory Technician	15	15	0	0
Medical Laboratory Technician Student	12	10	0	2
Phlebotomy Technician Student	1	0	0	1
Nutritionist Student	6	6	0	0
Physiotherapist Student	2	1	0	1
Occupational Therapist	9	6	2	1
Optometrist	7	7	0	0
Osteopath	1	0	0	1
Phlebotomy Technician	10	10	0	0
Physiotherapist	20	15	4	1
Physiotherapist Intern	8	7	0	1

Diagnostic Radiographer Assis- tant	5	5	0	0
Diagnostic Radiographer	19	17	0	2
Diagnostic Radiographer Student	18	18	0	0
Therapeutic Radiographer Ultra-Sound	2	1	0	1
Sonographer	5	3	1	1
TOTAL	602	571	15	16

Graph 21: Received applications and registered applicants as from 2015 / 2017



COMMENTS

In 2017, a significant reduction in the numbers of applications received and applicants registered was noted compared to the two previous years. The decline is attributable the number applicants from outside Namibia which have significantly decreased. Table 55 presents the total number of registered practitioners per profession.

Table 55: Number of practitioners on the register per profession

PROFESSION	NUMBER OF PRACTITIONERS
Art Therapist	1
Audiologist	3
Acupuncturist	2
Biokineticist	69
Biokinetics Intern	14
Chinese Medicine Practitioner and Acupuncturist	6
Chiropractor	11
Clinical Technologist	19
Dental Technician	36
Dental Technologist	9
Dental Therapist	58
Dietician	29
Dispensing Optician	10
Emergency Care Practitioner(Basic)	1046
Emergency Care Practitioner (Intermediate)	290
Emergency Care Practitioner (Intermediate) Student	32
Emergency Care Technician	45
Emergency Care Technician Student	20
Environmental Health Practitioner	228
Environmental Health Practitioner Assistant	47
Environmental Health Practitioner Student	124
Environmental Health Practitioner Assistant Student	86
Hearing Aid Acoustician	9
Homoeopath	8
Medical Laboratory Scientist	62
Medical Laboratory Scientist Student	57
Medical Laboratory Technician	140

Medical Laboratory Technician Student	47
Medical Orthotist and Prosthetist	21
Medical Rehabilitation Worker	13
Medical Technologist	244
Music Therapist	1
Naturopath	3
Nutritionist	4
Nutritionist Student	7
Occupational Therapist	98
Optometrist	101
Orthopaedic Technologist	6
Orthopaedic Technician	4
Operational Emergency Care Orderly	2
Paramedic (Advanced Life Support)	66
Paramedic (Advanced Life Support) Student	13
Phlebotomy Technician	14
Physiotherapist	156
Physiotherapist Intern	20
Physiotherapist Student	2
Phytotherapist	2
Podiatrist	1
Pupil Radiography Assistant	27
Radiographer	226
Radiography Assistant	48
Radiographer Student	57
Speech Therapist and Audiologist	13
Speech Therapist	13
Therapeutic Aromatherapist	4
Therapeutic Masseuse	3

PROFESSION	NUMBER OF PRACTITIONERS
Therapeutic Reflexologist	6
Unani Tibb Practitioner	1
TOTAL	3684

3.5 COUNCIL RESOLUTIONS

Summary of resolutions is presented in Table

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPE- MENTED	NUMBER OF RESOLUTIONS PENDING
69	60 (87%)	9 (13%)

Comments on pending resolutions

1. Criminal charges are yet to be laid against Emergency Training Academy for contravening Section 17(1) of the Act.
2. Additional inspectors for NUST’s environmental health program are yet to be appointed by the Council.
3. Regulations relating to the minimum requirements of study for registration as ultrasound sonography and sonographer are yet to be published.
4. Regulations relating to the minimum requirements of study for registration as radiography assistants are yet to be gazetted.
5. A detailed policy regarding areas on which competencies are to be tested for issuing of dispensing licenses is yet to be received from the Namibia Medicines Regulatory Council.
6. The professional committee for physiotherapy is yet to discuss the progress report regarding the Bachelor of Physiotherapy program from the University of Namibia and provide feedback to the Council.
7. Educational Commission for Foreign Medical Graduates is yet to be approached by Council to find out if it can extend its services for verification of practitioners’ credentials to include the allied health professions.
8. The professional committee for orthotic, prosthetic and other related professions is yet to submit changes professional designations to be in line with those used by the Namibia Public Service Commission, the international societies for orthotists and prosthetists, as well as qualifications obtained from various educational institutions.
9. The proposed policy for philanthropic work is yet to be made available to the Ministry of Health and Social Services for adoption as guidelines for authorization or registration of short-term philanthropic healthcare practitioners in Namibia.



SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA

OVERVIEW

The Social Work and Psychology Council of Namibia (hereinafter referred to as the Council) is established in terms of the Social Work and Psychology Act, 6 of 2004 (hereinafter referred to as the Act). The Council regulates the practicing of fourteen (14) professions, namely, social worker, social auxiliary worker, student social worker, student social auxiliary worker, clinical psychologist, counselling psychologist, educational psychologist, psychological counsellor, psychometrist, psychotechnician, intern psychologist, student psychologist, student psychometrist, student psychotechnician. Council also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under this Act.

COUNCIL MEMBERS

The Council of Namibia comprises 12 members.

- Ms. RA Adams President
- Dr. JG Hoffman Vice-President
- Ms. L Nangolo
- Ms. EN Mayne
- Ms. NP Meiring
- Ms. AY Wentworth
- Dr. EN Shino
- Ms. VZZ du Preez
- VR. Theron
- Ms. ES January
- Mr. S Geiseb
- Advocate M Strydom



2. SUMMARY OF COUNCIL ACTIVITIES

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

2.1 Meetings

Table 57 presents the number of meetings held during the period under review, and Table 58 presents summary of resolutions

Table 57: Meetings held

STRUCTURE	NUMBER
Council	2
Executive Committee	0
Education Committee	0

Table 58: Resolutions

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
16	16	0

Comments

All (100%) Council resolutions were implemented.

2.2 CONTROL OVER EDUCATION AND TRAINING

Table 59 presents training facilities that were inspected for practical training of intern psychological counselors, intern clinical psychologists and intern educational psychologists.

Table 59: Facilities inspected

PROFESSION	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
Intern Psychological Counsellors Intern Clinical Psychologists	Bel Esprit Mental Health Clinic	Approved for (3) years (Registration date 29/11/2017)
Intern Psychological Counsellors Intern Educational Psychologists	Ministry of Education: Diagnostic, Advisory and Training Services	Approved for (3) years (Registration date13/10/2017)
Intern Psychological Counsellors Intern Clinical Psychologists	Let's Talk Psychology Practice. Let's Talk Psychology Practice moved office and reapply for the placement of interns at the new premises.	Approved for (3) years (Registration date 14/02/2017) Pending
Intern Psychological Counsellors Intern Clinical Psychologists	Okonguarri Psychotherapeutic Centre	Pending
Intern Psychological Counsellors Intern Clinical Psychologists	Ministry of Labour, Industrial Relations and Employment Creation	Pending

2.3 REGISTERS KEPT

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 maintenance of registration (section 28) and the removal (section 26) or restoration of a name to the register (section 27). These registers lie open during ordinary hours at the offices of the Registrar for inspection by any interested member of the public.

2.3.1 Number and status of applications received

Information pertaining to applications is shown in Table 60.

Table 60: Applications received

PROFESSION	NUMBER OF A PPLICATIONS RECEIVED	NUMBER OF EVALUATED APPLICANTS	NUMBER OF REGISTERED APPLICANTS	NUMBER OF APPLICATIONS PENDING	NUMBER OF APPLICATIONS REFUSED
Social Worker (Local trained)	76	0	76	0	
Social Worker (Foreign trained)	4	0	0	4	
Student Social Worker	37	0	29	8	
Clinical Psychologist	8	4	2	2	2
Psychological Counsellor	14	7	3	7	4
Educational Psychologists	1	0	0	1	

Table 60: Applications received

Intern Clinical Psychologists	7	0	7	0	
Intern Psychological Counsellors	4	4	3	1	
Student Psychologists (BPsych)	19	0	19	0	
Student Psychologist (MPsych)	7	0	7	0	
Student Educational Psychologists	3	0	3	0	
TOTAL	180	15	149	23	6

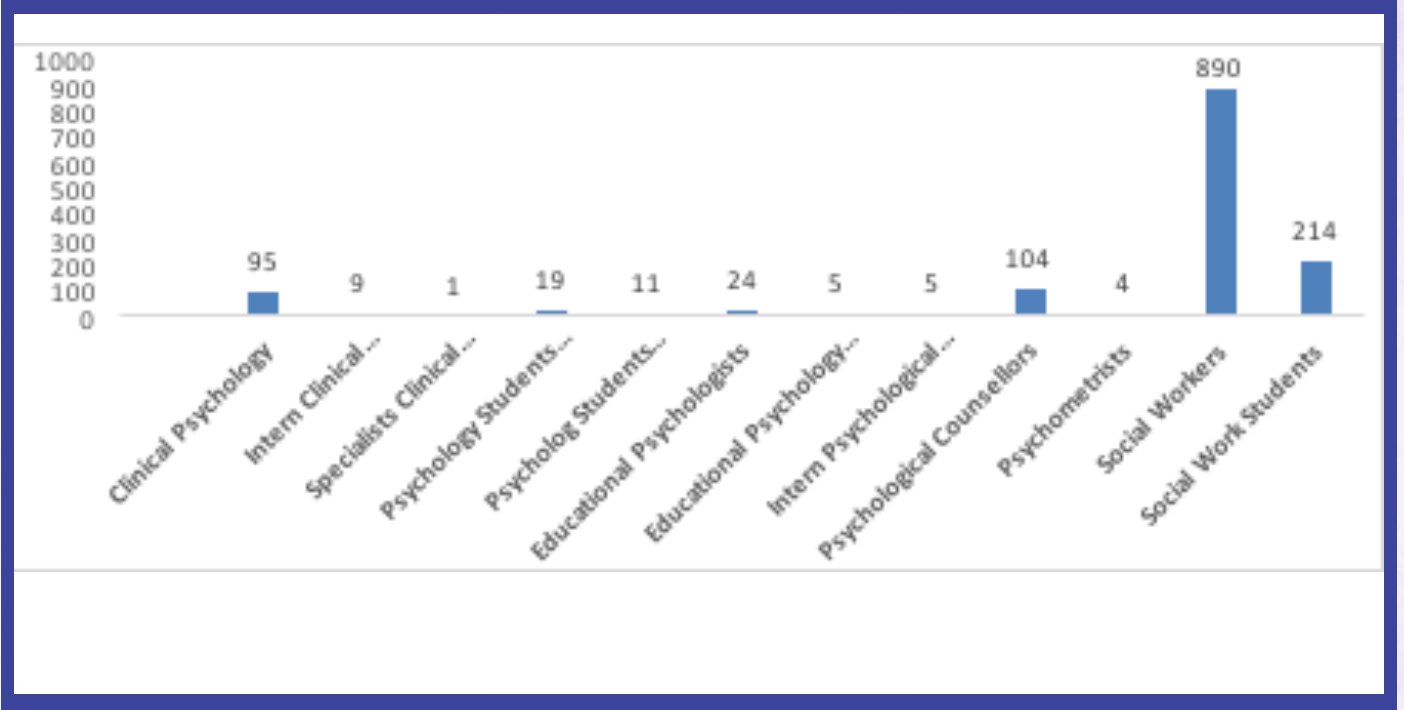
Comments

- Eighteen (18) applications received by post are pending due to outstanding documents.
- Two (2) applicants requested to be scheduled for evaluations on a later date.
- Six (6) applicants who failed evaluation had their internship extended.

3. NUMBER OF PRACTITIONERS REGISTERED WITH THE COUNCIL

Registered practitioners numbers are presented in Graph 22.

Graph 22: Number of registered practitioners



4. FILE AUDITING

As from 4 November 2017, the five Councils commenced auditing the files of all registered practitioners on the registers.

The purpose of this exercise is to keep the practitioners' records up to date for accurate reporting and to make sure that the information on files corresponds with the records on the electronic data system. The exercise will also enable the HPCNA to make the registers electronically available to the wider public.

The audit exercise is being carried out one Council at a time and this Council was the first to be audited and completed within the report period. The file audit exercise was successful, and the challenges identified were rectified immediately.

5. OTHER SERVICES

Other services provided are presented in Table 61.

Table 61: Other services rendered by Council

Service Rendered	Total
Issued Certificate of Status	22
Issued Extract from the register	3
Involuntary Removal	71
Voluntary Removal	9
Restoration	27
Ethics and Jurisprudence Manuals Sold	36
Namibian Standard Treatment Guidelines	24

Comments on pending applications

- Certificates of status are issued to registrants who applied to other registering authorities for registration. Most of these applicants are foreign nationals whose contracts are not renewed by the Ministry of Health and Social Services who applied for jobs in Europe and neighboring countries.
- Involuntary removal: Registrants who failed to pay maintaining of registration qualify for involuntary removal. Council sends letters to them to inform them of the removal of their names from the register. Most of them respond to the involuntary removal and request for restoration to the register.

- Voluntary removal: The Act provides for registrants going on retirement to request for voluntary removal from the register. Council grants approval for those who request in writing to be voluntary removed from the register.

6. 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 this Act. The Council has significantly delivered on this mandate.

SECTION FOUR

DEPARTMENT: FINANCE, HUMAN
RESOURCES AND ADMINISTRATION



SECTION FOUR

DEPARTMENT: FINANCE, HUMAN RESOURCES AND ADMINISTRATION DIVISION: FINANCE

a) Introduction

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

b) Sources of income

For the 2017/2018 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.

The economic downturn experienced in the country continue to affect the Councils adversely as the government grant remained constant despite the increase in all other costs incurred by Councils.

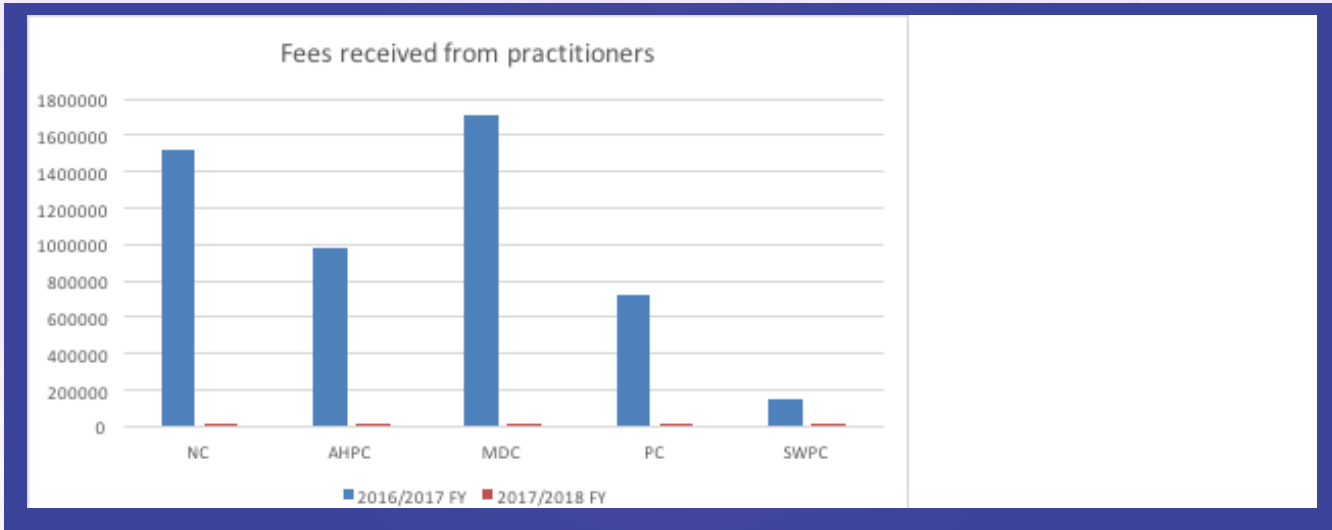
To improve its revenue base, Councils reviewed the fees payable by healthcare practitioners and increased such fees with an average of 17%. The revised fees were gazetted in December 2017. Councils also collected an amount of N\$ 234 600.00 from renting out of one of its properties.

Fees received from services provided by the various Councils for the financial year under review are shown in Table 62 and Graph 23.

Table 62: Breakdown of fees received from healthcare practitioners for services provided by Councils in comparison with previous year

COUNCILS	2016/2017 FY	2017/2018 FY
Nursing Council	N\$ 1 520 031.00	N\$
Allied Health Professions Council	N\$ 980 844.00	N\$
Medical & Dental Council	N\$ 1 710 098.00	N\$
Pharmacy Council	N\$ 719 453.00	N\$
Social Work & Psychology Council	N\$ 154 460.00	N\$
TOTAL	N\$ 5 084 886.00	N\$

Graph 23: Graphic presentation of fees received from practitioners for services rendered during 2017 / 2018 in comparison to 2016 / 2017



(I will insert the content only ones I get the final figures for 2017/2018 from the auditors because I need to talk about the increase in fees received and also to mention what percentage they make of the total revenue for HPCNA)

c) Investments

Councils continued to invest surplus of their funds in call accounts to generate interest. Call accounts generated a total of N\$ XXXXXXXX (waiting for audit figures) during the financial year under review. Councils will continue to explore other investment portfolios in line with the finance policy.

As per the resolution taken in 2016, Councils continued to contribute N\$ 150 000.00 every year as additional payment to reduce the two bonds on erf 4168 and erf 4171. The bond balances for the two properties as at 31 March 2018 were N\$ 247 094.50 and N\$ 526 868.15 respectively. This resolution will stand until the bonds are settled.

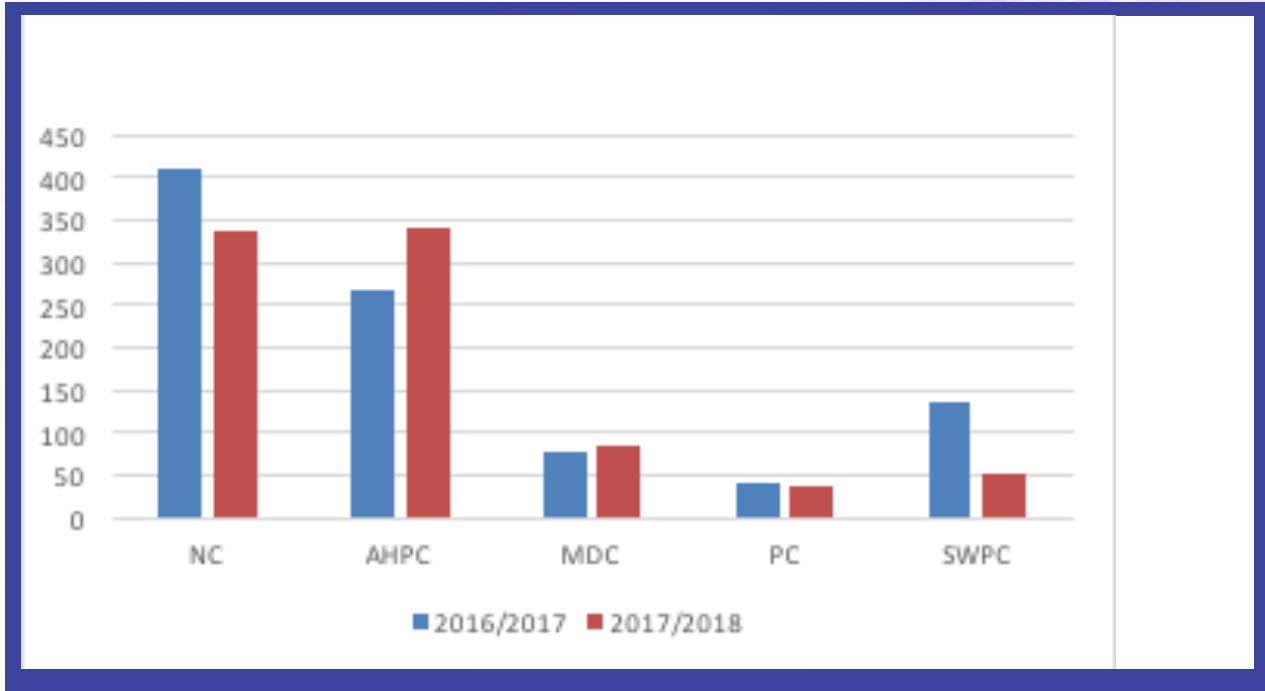
d) Involuntary removal of names of healthcare practitioners, from registers or roll due to non-payment of annual fees.

As provided by law Councils were left with no option but to remove from the register or roll the names of healthcare practitioners who failed to pay their maintenance fees within the prescribed time. Payment breakdown is presented in Table 63 and Graph 24 below. As reflected below under “restoration”, involuntary removal of names from registers or roll has proven to be one of the successful strategies to collect revenue.

Table 63: Breakdown per Council of healthcare practitioners removed from register or roll due to nonpayment of prescribed annual fees

COUNCILS	2016/2017 FY	2017/2018 FY
Nursing Council	410	338
Allied Health Professions Council	267	341
Medical & Dental Council	78	83
Pharmacy Council	41	36
Social Work & Psychology Council	135	52
TOTAL	931	850

Graph 24: Graphic presentation of healthcare practitioners removed from registers or roll during 2017/2018 in comparison to 2016 / 2017 FY



For the reporting period 4% of total registrants of the Nursing Council, 11% of the Allied Health Professions Council, 4% of the Medical & Dental Council, 3% of the Pharmacy Council, and 8% of the Social Work and Psychology Council were removed due to nonpayment.

Although there was an overall decrease in the number of registrants removed, the Allied Health Professions Council, and the Medical and Dental Council recorded an increase of 28%, and 6% respectively compared to the previous year.

Councils however continued to implement robust revenue collection measures to ensure that money owed by healthcare practitioners for annual maintaining and other services are paid on time.

To this end, Councils deployed various methods such as text messages, newspaper notices, and messages on the Councils website to remind practitioners to pay funds owed to Councils. Such efforts yielded positive results as most practitioners did pay their outstanding fees. The number of practitioners who were removed from the

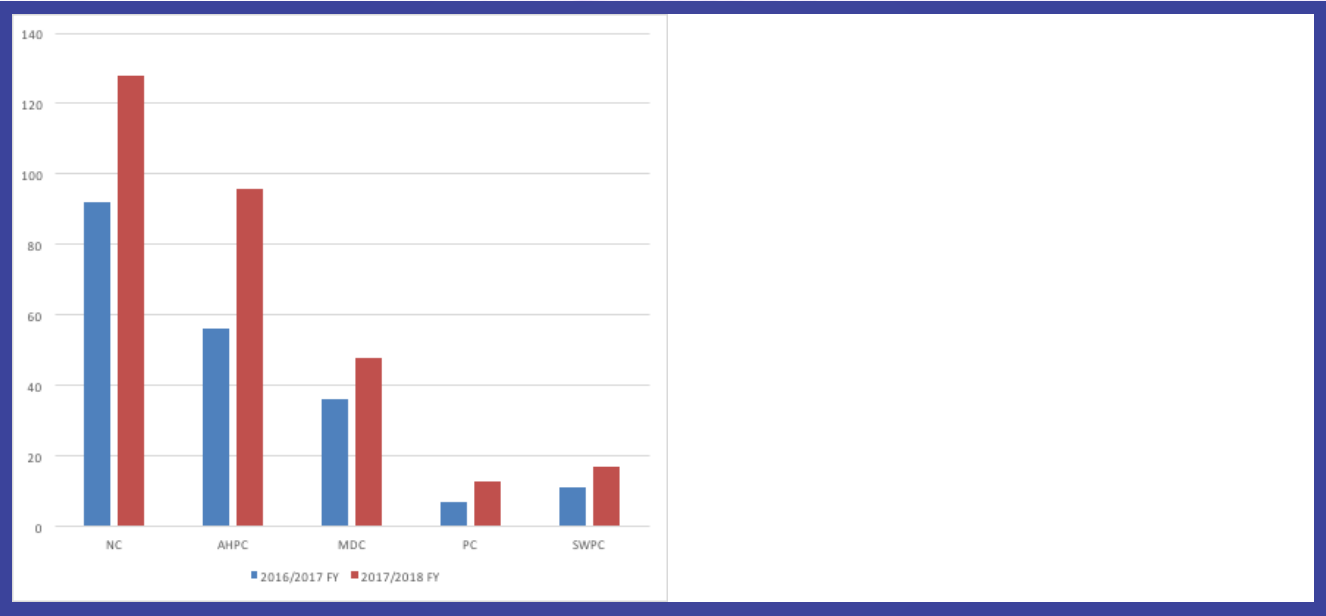
e) Restoration of names of health care practitioners in register or roll

In terms of the Acts, a person whose name has been removed from the role may apply to the Council to have his or her name restored to the register.

Table 64 and Graph 25 present a breakdown of restoration to the register of roll.

COUNCILS	2016/2017 FY	2017/2018 FY
Nursing Council	92	128
Allied Health Professions Council	56	96
Medical & Dental Council	36	48
Pharmacy Council	7	13
Social Work & Psychology Council	11	23
TOTAL	202	308

Graph 25: Graphic presentation of healthcare practitioners restored to the register or roll during 2017 / 2018 in comparison to 2016 / 2017 FY



Three hundred and eight (308) healthcare practitioners had their names restored to registers or roll after they were removed. This represents 36% of the total registrants removed from the register or roll during the financial year.

Restoration of names to registers or roll generated additional revenue of N\$ 202 030.00 in fees paid to Councils during the financial year 2017/2018. The number of practitioners restored in the registers or roll, and the revenue collected for the period under review was more compared to the previous financial year of 2016/2017 which indicates an improvement in efficiency and effectiveness of revenue collection system in place.

f) Phasing out cash transactions

Councils used to receive cash at its offices for various services offered to practitioners. There was a risk of cash in transit heists as large amounts of cash were collected at Council premises and banked daily. This was coupled with expenditure incurred on paying for transportation of daily banking.

During the financial year under review Councils introduced a cashless system to avoid security risks and other costs associated with handling cash at the premises. This was implemented as from 1 December 2017. No cash payments are now accepted at Council premises. Payments are now made via direct bank deposit, electronic funds Transfer (EFT), or speed point machine at the finance office.

g) Online payments

Councils used to make payments by cheque to suppliers and Council or committee members. Cheque payments were very costly because the bank charges are higher than online payment charges.

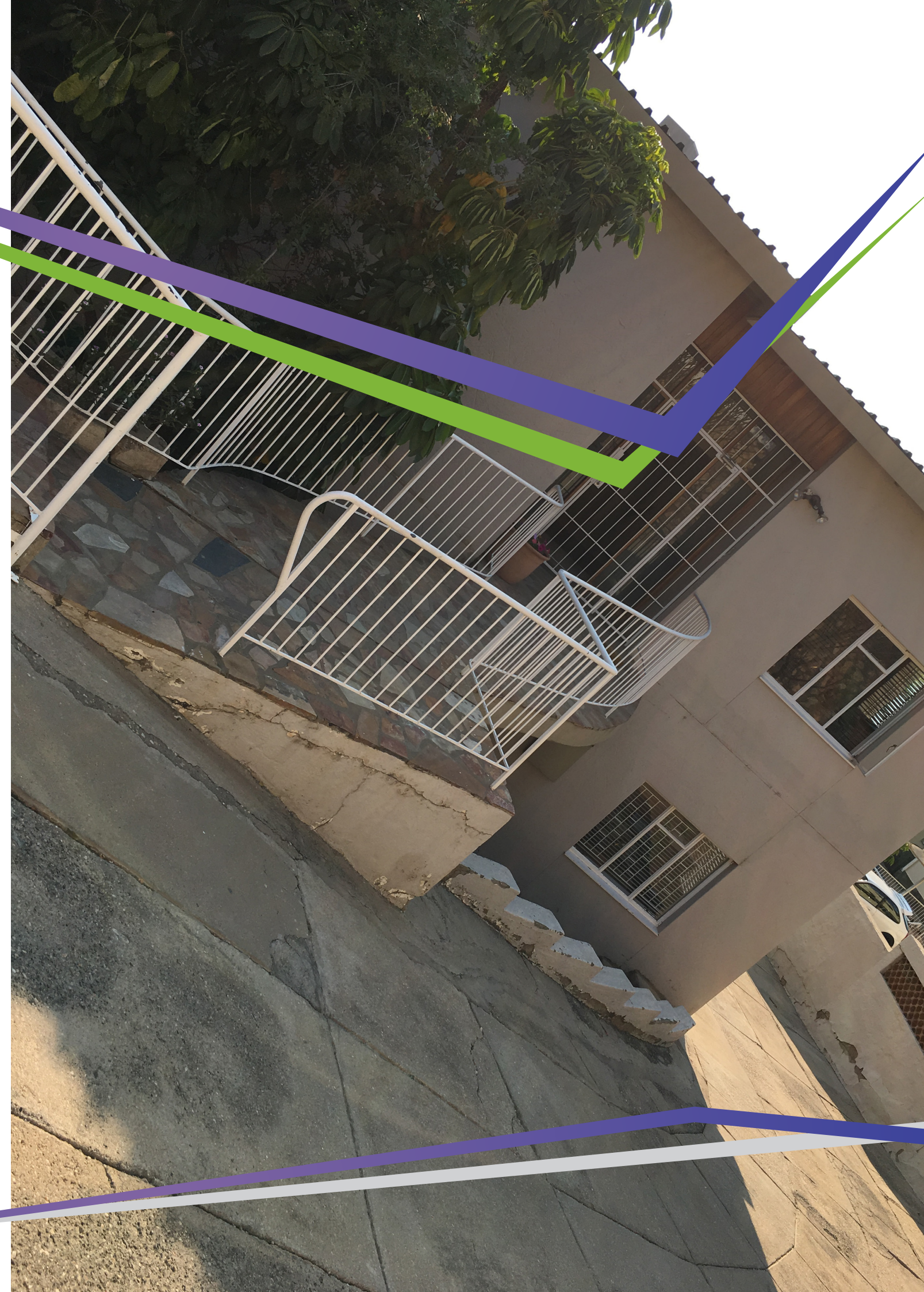
As from October 2017 Councils started using online payments to save cost on bank charges and improve on efficiency.

h) Audited financial statement

During the financial year under review Councils continued to keep proper accounting records and the finance policies were implemented prudently. Councils' accounting records were audited by PKF-FCS Auditors and audited financial statements were provided.

All Councils received unqualified audit opinions with an emphasis of matter relating to cash deposits processed on the administration system after year end could not be verified with regards to individual debtor's allocation. (awaiting audit report)

The detailed financial statements and audit reports are presented separately as an annexure to this report.



DIVISION: HUMAN RESOURCES (HR)

a) Introduction

The activities of the HR division were focused on the following strategic objectives.

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

In line with these strategic focus areas, the HR division has been responsible for the overall human resource management and effective administration of payroll for Councils' employees and consultants.

b) Staff recruitment and promotions

The Staff Recruitment, Promotion & Remuneration Review Committee continued to monitor the human resource demands and ensured that recruitment promotion and remuneration was done in a fair and transparent manner and in line with HR strategic objectives.

During the reporting period three (3) new employees were recruited. Out of the three (3) new employees, one (1) female and one (1) male were recruited on management level. It is also worth to mentioning that Councils are still committed to the promotion of gender balance by recruiting a female employee in management level. This is an effort to achieve the HR strategic objectives of reviewing and aligning the management structure in line with the mission-driven functional needs of the Councils' mandate, as well as to build a gender balance transformational and professional leadership within Councils.

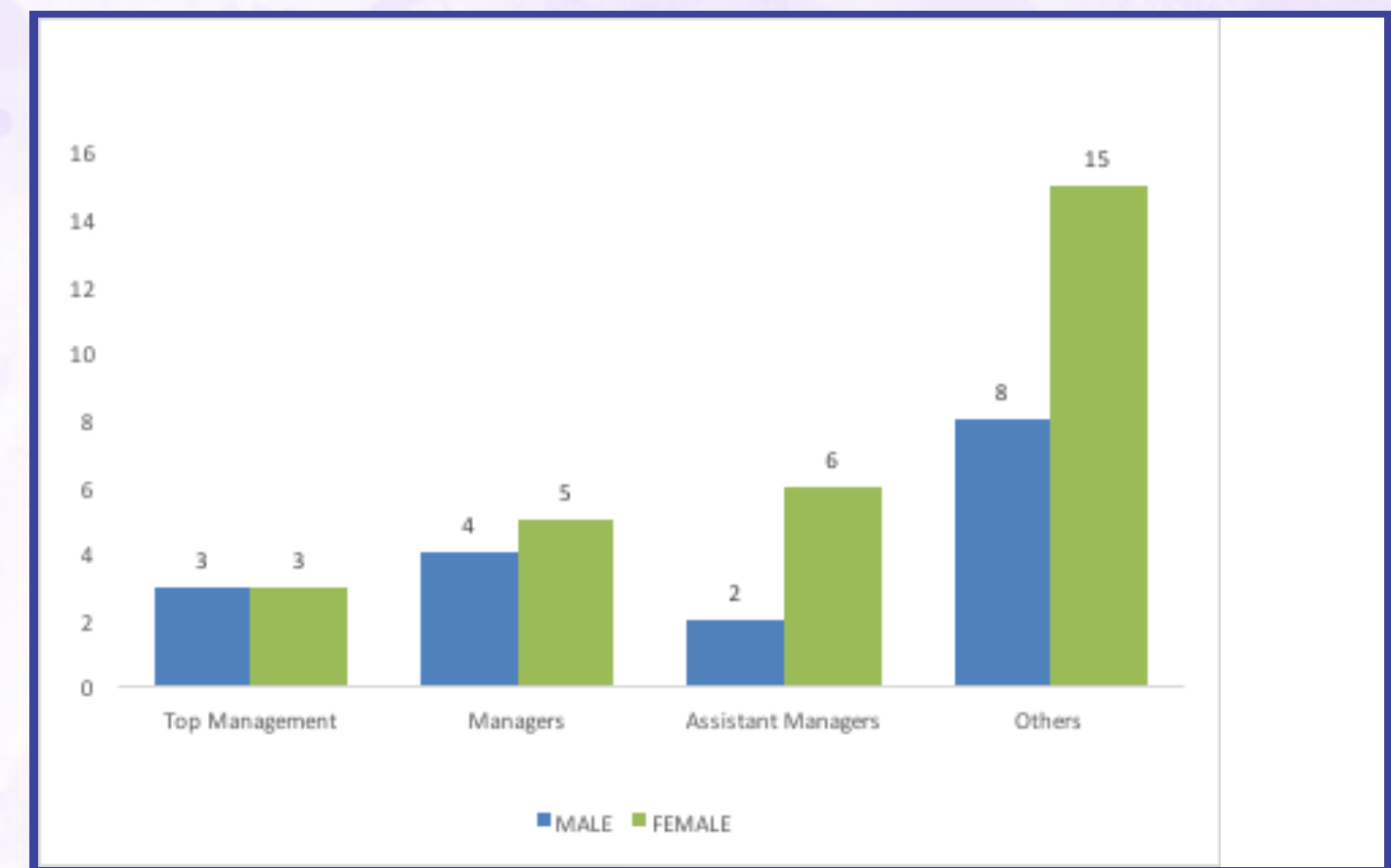
c) Breakdown of Councils' workforce

Data for the above are presented in Table 65 and Graph 26.

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

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top Management	3	3	6
Managers	4	5	9
Assistant Managers	2	6	8
Others	8	15	23
Total	17	29	46

Graph 26: Graphic presentation of Council's workforce per gender and occupation level



During the reporting period, Councils staff complement stood at 46 employees. As shown above gender representation of employees is 17 males (36%) and 28 females (64%). The gender demographics are an indication that the Councils continue to be mindful of the equity policy when recruiting staff.

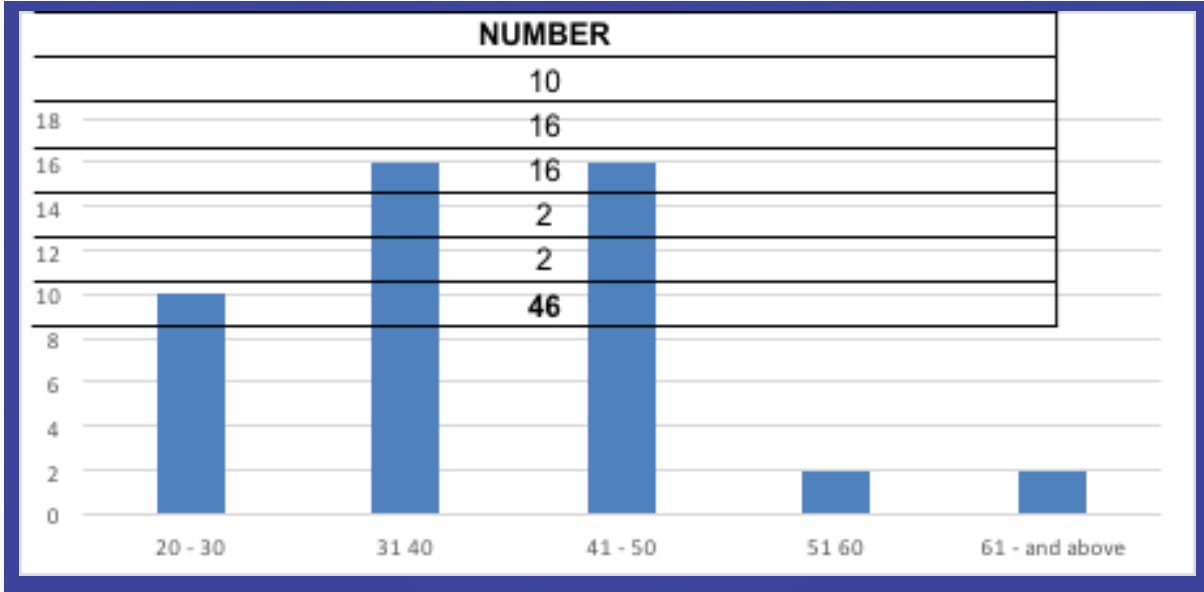
d) Employees age profile

TAs per the HR policy of Councils the retirement age for all employees is 65. Employees have to retire on the last day of the month in which they turn 65 years. Retirees may be re-employed by HPCNA, and re-employment is on a 12 month contract basis, and which may be extended depending on the employee's performance, the need to retain the employee and whether the employee is in good health. Age demographics of employees are presented in Table 66 and Graph 27.

Table 66: Number of employees per age group

AGE GROUP	NUMBER
20 - 30	10
31 - 40	16
41 - 50	16
51 - 60	2
61 - and above	2
TOTAL	46

Graph 27: Graphic presentation of employees per age group



During the reporting period, 2% of staff members of the Councils were above the age of 61 years, 35% were between the age of 31- 40 years, and same number were between 41 – 50 years of age. Only 22% of staff members were under the age of 31years. The age demographics show a positive picture that the Councils can use the current staff members in their long-term objectives.

e) Training and development

During the financial year 2015/2016, 14 Councils' employees attended the customer care service improvement course. During the period under review, as an effort to enhance human capital to meet internal and external customer requirements, the Councils engaged the Namibia University of Science and Technology to perform a post training assessment of the 14 employees who attended the course to evaluate how they were transferring the acquired skills onto the job.

f) Medical aid for employees

The Councils appreciated that employees are their biggest assets, and by investing in their wellness and helping them protect their health is a sound investment with high returns on productivity, and morale.

For many years, Councils have been applying for their employees to become members of the Public Service Employees Medical Aid Scheme. However, this did not bear fruit as Councils' employees are not appointed in terms of the Public Service Act, 1995 (Act 13 of 1995). During the period under review, Councils successfully entered in an agreement with Renaissance Health Medical Aid Fund to provide medical aid services to employees.

g) Long service awards

As per section 3.15 of the Councils' Human Resources Policy and Procedures, long service awards aim to give special recognition to employees with long, uninterrupted service to Councils for a period of 5, 10, 15, 20 and 25 years and longer, or upon retirement. This award is granted once only, on the date on which the various periods of continuous service have been completed. During the period under review, the number of awards issued is listed in Table 67.

Table 67: Number of employees awarded per category

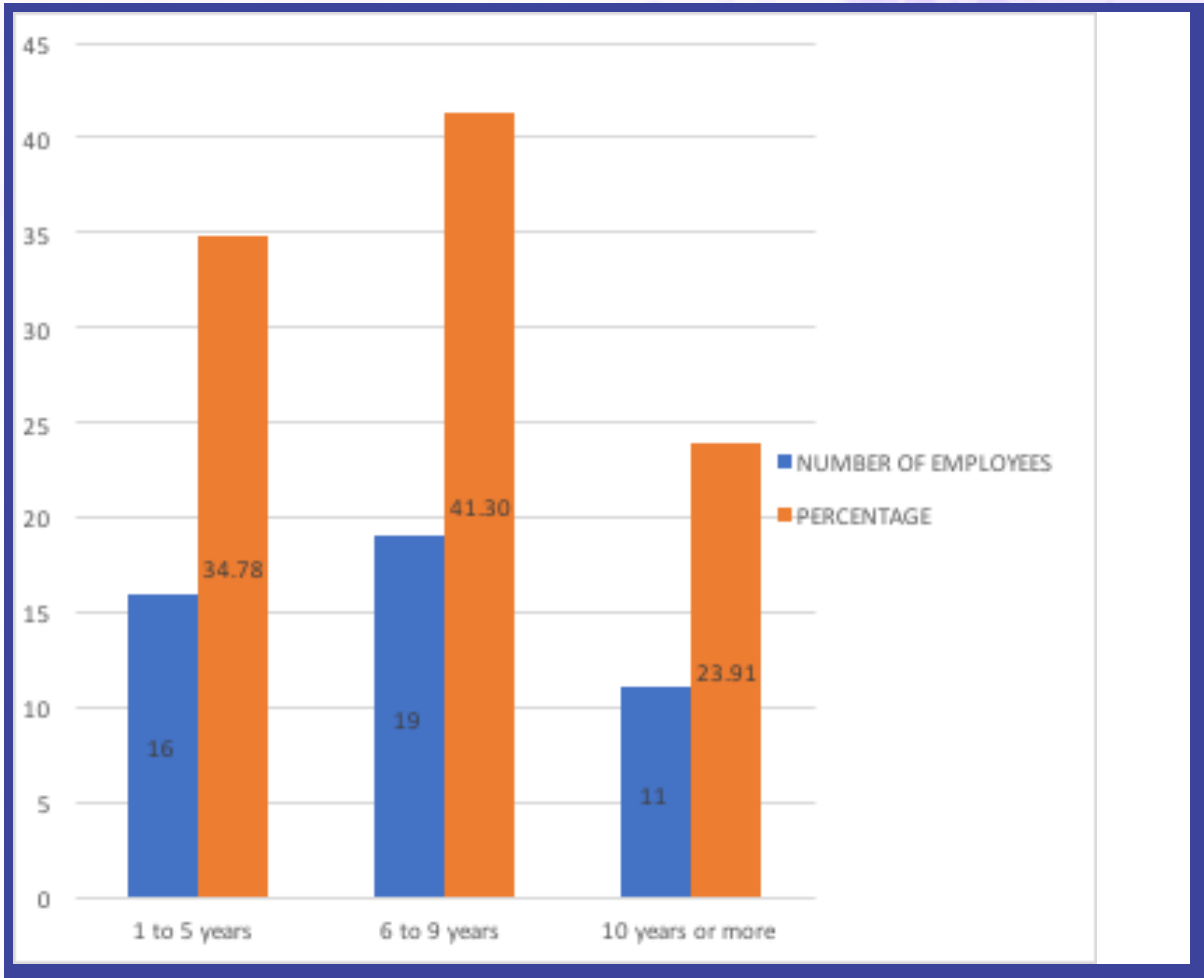
CATEGORY	NUMBER OF EMPLOYEES AWARDED
5 Year Awards	2
10 Year Awards	2

h) Staff retention

Table 68: Number of employees per years of service

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGE
1 to 5 years	16	34,78
6 to 9 years	19	41,30
10 years or more	11	23,91
TOTAL	46	100,00

Graph 28: Graphic presentation of the number of employees per years of service



Councils are committed to the retention strategy. This is evident in Table 68 above as it shows that 11 (23,91%) of the work force have been in the Councils' employment for a period longer than 9 years; 19 (41,3%) have been in Councils' employment for 6 to 9 years.

Long term service of employees is an indication that Councils are committed to employees' retention. It further demonstrates that employees feel valued and hence their loyalty to the employment with Councils.

Councils appear to be the preferred employers of choice as demonstrated by the low attrition rate of their staff and the expressed desire by those who left the employ of the Councils some years ago for re-employment.

i) Staff disciplinary matters

No disciplinary cases were reported during the period under review.

j) New and revised policies

During the reporting period, Councils reviewed and made amendments to the Human Resources Policy and Procedure document for the first time since its development in 2005. This was necessary to ensure the Human Resources Policy and Procedures are effectively addressing the emerging needs in line with the new legislations and processes. Some of the amendments made relate to the organogram, management of disciplinary matters, performance management and condition of service. Councils also developed a Motor Vehicle Allowance Policy as part of the Human Resources Policy and Procedures. These policies were approved at the Joint Presidents' Committee on 30 November 2016.

k) Staff remuneration

Labour cost was well-managed and remained within the budget. However, due to the change in some factors of the economy that pushed high inflation rate, the Councils deemed it necessary to adjust the basic salaries of all employees by 5% to cater for inflation. This increment was effective from 1 April 2017.

DIVISION:

DIVISION: ADMINISTRATION

a) Introduction

The activities of the administrative division focused on the following strategic objectives of the Councils.

- Develop a roadmap to relocate toward construction of a one stop office premises that will host all staff
- Effective and efficient fleet management

In line with these strategic objectives the following are the core functions of the Division: Administration:

- Physical facilities management
- Transport management
- General support services

In line with these strategic focus areas, the HR division has been responsible for the overall human resource management and effective administration of payroll for Councils' employees and consultants.

b) Physical facilities management

Councils acquired House Erf: 4169 Schonlein Street in February 2018 at a cost of N\$ 3, 800 478.00 inclusive of transfer costs. The long-term plan is to have this property consolidated with erf 4168, which also belongs to Councils, to construct one central office block for the Councils. In the meantime, the property will be leased out to generate additional funds for the Councils. Councils also continued to improve the physical infrastructure through regular repairs and maintenance.

c) Transport management

During the period under review, Councils had a well serviced fleet of three vehicles. The current fleet is well maintained, licensed and serviced. There are Internal control measures in place to ensure that transport is properly managed. These include fuel utilization monitoring and log book control.

During the period under review, the Management Sciences of Health donated a vehicle, Toyota Fortuner V6 2007, to the Councils. This vehicle will particularly be utilised for

d) General support services

General support services include the management of incoming and outgoing mail, printing and supply of stationery and other related functions to Councils and other departments.

e) Contract management

Information pertaining to contractual obligations is presented in Table 69.

Table 69: List of service providers, nature of service and duration of contract

Service provider	Service provided	Contract duration
Canocopy Pty Ltd	Photocopy machine	3 years
Bidvest Namibia Information Technology IT	Information Technology	12 months
Cube IT CC	Database System Administration	Yearly
Lida Cleaning Services Pty Ltd	Cleaning Services	3 years
Shine Information Technology Pty Ltd	Security Services	3 years
First National Bank of Namibia	Insurance	Yearly
Africa Online Pty Ltd	Website Maintenance	Yearly

Contracts were managed prudently, and 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.

f) Procurement

During the period under review, goods and services were procured in accordance with the procurement policy. Councils are in the process of aligning the procurement policy to the new Public Procurement Act 15 of 2015.

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 filling space remained a challenge for both the Data and Record Management teams.

During the financial year under review Councils received 31 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 is discussed under E-register below.

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 system enables the Councils to make regular changes and updates to work processes and is currently externally maintained by Cube IT CC. However, most of the troubleshooting, maintenance, information updates and report generating are handled by the in-house IT system administrator.

Councils entered into a Service Level Agreement with Bidvest IT Namibia (see Table 69) to perform an audit on Councils’ IT infrastructure including both hardware and software. After the audit, major upgrades were done to the IT infrastructure to be on par with industry standards. Councils also replaced eleven (11) desktop computers, six (6) laptops, and upgraded eight (8) desktop computers. Councils also acquired Office 365 licenses which enable the emails to be hosted on the cloud.

The exchange server is also now online. After the Kaspersky antivirus expired in November 2017, the Councils acquired a new antivirus license called ESET for a period of 12 months to replace the Kaspersky. The IT server was decommissioned to accommodate virtual servers which enable the data files, antivirus and other applications to be hosted on one server making it possible to acquire more applications and host them on one server. Councils managed to save costs in this way. Furthermore, folder redirection has been configured which enables users’ data to be backed up on the virtual server.

i. Website

The Councils have appointed Africa Online to redesign its current website due to limited in-house knowledge and skills related to web maintenance. This project is anticipated to be completed in the second quarter of the 2018/2019 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.

iii. Electronic register (E-register)

During the 2016/2017 financial year, Councils appointed V Tech IT to develop an E-register which will be integrated into the website to allow members of the public access to basic information of registered or enrolled health care practitioners online. The E-register will only be made available to the public once the file audit exercise, which is currently underway, has been completed. The exercise is expected to be completed in the next financial year 2018/19.

iii. Internet upgrade

The Councils managed to upgrade its asymmetric digital subscriber line (ADSL) to fiber which enables fast internet connections. The fiber line is used to browse the internet, conduct online payments, and to support all applications that require internet connections and Office 365 applications which include emails.

Joint Presidents’ Committee (JPC)

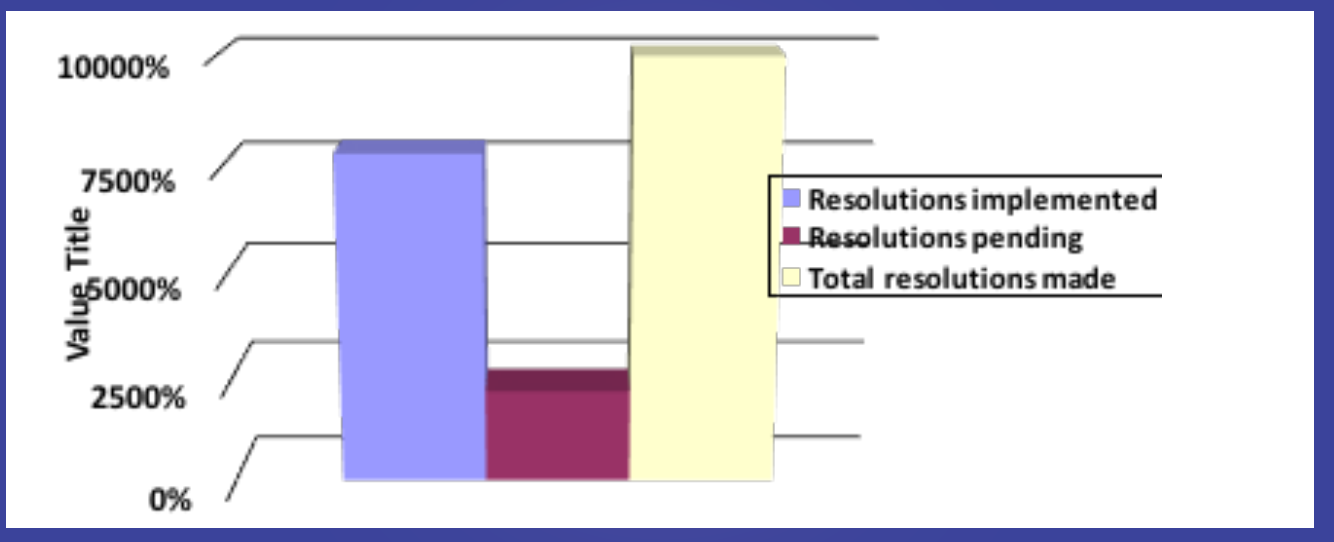
The Acts prescribe that the five Councils can act conjointly. This led to the establishment of the Joint Presidents Committee (JPC).

The functions of the JPC are amongst others, the approval of staff establishment, salary increment, joint procurement and approval of high purchases, and regular meetings with the minister. The JPC also serves as the policy-making, and finance and audit committee of the Councils. Table 70 and Graph 29 present information on resolutions of the JPC.

Table 70: Number of the JPC’s resolutions and the rate of implementation

RESOLUTIONS MADE	RESOLUTIONS IMPLEMENTED	RESOLUTIONS PENDING
14 (100%)	13 (93%)	1 (7%)

Graph 29: Graphical presentation on the implementation rate of the JPC’s resolutions



NOTES

As evident from the above there was a high implementation rate of JPC resolutions. The one pending resolution relates to the installation of solar geysers at Councils offices to save on electricity costs. Several service providers were approached but quotations received were extremely high. Efforts are being made to consult more service providers.

CONCLUSION

The Department of Finance, Administration and Human Resource 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 meaningfully delivered on this mandate.

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