

Health Professions Councils of Namibia

THE ABRIDGMENT OF  
OUR PERFORMANCE

# Annual Report 2019/2020



Protecting the Public through  
regulated education & practice

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2019/ 2020  
HPCNA ANNUAL REPORT



# Table of Contents

List of tables	vi
List of graphs	x
List of pie charts	xii
Abbreviations	xii
List of figures	xiii
Introduction	xiv
Objectives	xv
Vision	xv
Mission	xv
Values	xv
Councils and Members	xvi
Registrar's Message	xviii
Executive Summary	xx

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## Section one

Department: Education and Training Quality Assurance & Continuing Professional Development Section	3
Continuing Professional Development (CPD) Section	19

## Section two

Legal and Legislative Support Services Department	27
1. Professional Conduct Division	28
2. Legislative Support Division	37

## Section three

Professional Affairs Department	43
Medical and Dental Council	43
Pharmacy Council of Namibia	61
Nursing Council of Namibia	80
Allied Health Professions Council of Namibia	96
Social Work and Psychology Council of Namibia	113

## Section four

Department: Finance, Human Resources and Administration	125
Division: Finance	125
Division: Human resources (HR)	131
Division: Administration	137



# List of Tables

<b>Table 1:</b>	Pre-registration Evaluations for Nurses	<b>4</b>
<b>Table 2:</b>	Pre-Registration Evaluations for Allied Health Professions	<b>5</b>
<b>Table 3:</b>	Pre-registration evaluations for the Medical and Dental Council	<b>7</b>
<b>Table 4:</b>	Pre-registration evaluations for Social Work and Psychology Council	<b>7</b>
<b>Table 5:</b>	Inspected educational institutions for the training of Allied Health Professions	<b>10</b>
<b>Table 6:</b>	Health facilities inspected for training of student radiographers, intern physiotherapists, student occupational therapists, and student and intern medical technologists/ scientists	<b>10</b>
<b>Table 7:</b>	Health facilities inspected for training in the Psychology Profession	<b>11</b>
<b>Table 8:</b>	Health facilities inspected for training of student and pupil nurses	<b>12</b>
<b>Table 9:</b>	Classification of findings of the inspections in Table 8	<b>14</b>
<b>Table 10:</b>	Number of health facilities inspected per region during the 2019/20 reporting period	<b>15</b>
<b>Table 11:</b>	Inspected educational facility for nursing professions	<b>15</b>
<b>Table 12:</b>	List of engagements made with stakeholders	<b>16</b>
<b>Table 13:</b>	Number of completions of training received and verified for compliance with set minimum requirements of the Nursing Council for training of enrolled nurses/ midwives/accoucheurs	<b>16</b>
<b>Table 14:</b>	Number of completions of training received and verified for compliance with set minimum requirements of the Nursing Council for training of registered nurse/ midwives/accoucheurs	<b>17</b>
<b>Table 15:</b>	Number of approved CPD activities and accredited service Providers	<b>19</b>



# List of Tables

<b>Table 16:</b> Number of individual activity records/certificates received and CPD points captured	<b>21</b>
<b>Table 17:</b> Number of randomly selected practitioners per Council	<b>22</b>
<b>Table 18:</b> Monthly records of number of complaints reported to Councils	<b>28</b>
<b>Table 19:</b> Number of PIC meetings and status of cases	<b>30</b>
<b>Table 20:</b> Pending cases per Council in comparison to previous year	<b>32</b>
<b>Table 21:</b> Pending cases for professional conduct inquiry in comparison with the previous year	<b>34</b>
<b>Table 22:</b> Professional conduct inquiries conducted	<b>35</b>
<b>Table 23:</b> Appeal held and outcome	<b>36</b>
<b>Table 24:</b> Appeal outstanding	<b>36</b>
<b>Table 25:</b> Court matters	<b>37</b>
<b>Table 26:</b> Regulations per Council drafted and gazetted and drafted but not gazetted	<b>38</b>
<b>Table 27:</b> Council resolutions	<b>44</b>
<b>Table 28:</b> Meeting of the education committee	<b>45</b>
<b>Table 29:</b> State hospitals inspected for training of medical interns	<b>47</b>
<b>Table 30:</b> Private health facilities inspected for training of medical students	<b>47</b>
<b>Table 31:</b> Health facilities inspected to train dental interns	<b>48</b>
<b>Table 32:</b> Registered female and medical practitioners	<b>51</b>
<b>Table 33:</b> Number of practitioners on the register by 31 March 2020	<b>54</b>
<b>Table 34:</b> Attendance of the Council meeting	<b>62</b>
<b>Table 35:</b> Resolutions implemented	<b>62</b>
<b>Table 36:</b> Committee meetings	<b>64</b>
<b>Table 37:</b> Pharmacist interns	<b>65</b>
<b>Table 38:</b> Pharmacy students	<b>66</b>



# List of Tables

<b>Table 39:</b> Curricula received for assessment	<b>66</b>
<b>Table 40:</b> Approved and recommended training pharmacies	<b>67</b>
<b>Table 41:</b> Pharmaceutical facilities inspected	<b>69</b>
<b>Table 42:</b> Evaluations conducted	<b>70</b>
<b>Table 43:</b> Registered practitioners	<b>73</b>
<b>Table 44:</b> Registered pharmaceutical practices	<b>74</b>
<b>Table 45:</b> Pharmaceutical practices on the register by 31 March 2020	<b>74</b>
<b>Table 46:</b> Practitioners on the register by 31 March 2020	<b>76</b>
<b>Table 47:</b> Practitioner related services	<b>77</b>
<b>Table 48:</b> Pharmaceutical practice related services	<b>78</b>
<b>Table 49:</b> Number of resolutions made by Council	<b>81</b>
<b>Table 50:</b> Education committee meetings 2019/2020	<b>82</b>
<b>Table 51:</b> Curricula received for approval	<b>83</b>
<b>Table 52:</b> Educational institutions that applied for inspection	<b>84</b>
<b>Table 53:</b> Approved training hospitals and health facilities	<b>85</b>
<b>Table 54:</b> Registered student nurses / midwives / accoucheurs	<b>87</b>
<b>Table 55:</b> Enrolled pupil nurses/midwives/accoucheurs	<b>88</b>
<b>Table 56:</b> Graduates enrolled as nurses / midwives / accoucheurs	<b>88</b>
<b>Table 57:</b> Graduates registered as nurses / midwives / accoucheurs	<b>90</b>
<b>Table 58:</b> Registered foreign nationals	<b>91</b>
<b>Table 59:</b> Temporary registered practitioners	<b>91</b>
<b>Table 60:</b> Additional qualifications	<b>92</b>
<b>Table 61:</b> Total number of practitioners on the register / roll	<b>92</b>
<b>Table 62:</b> Requests for verification of credentials	<b>94</b>
<b>Table 63:</b> Other services	<b>95</b>
<b>Table 64:</b> Matters dealt with by EXCO	<b>98</b>
<b>Table 65:</b> Resolutions taken by the Council	<b>99</b>
<b>Table 66:</b> Curricula submitted to the Council for approval	<b>100</b>
<b>Table 67:</b> Institutions applied for approval to train students and/or interns	<b>100</b>
<b>Table 68:</b> Number of applications received per professional designation and status of registration	<b>101</b>
<b>Table 69:</b> Comparison of number of practitioners on the register per profession between 2018/2019 and 2019/2020	<b>103</b>
<b>Table 70:</b> Total number of practitioners on the register per profession	<b>104</b>
<b>Table 71:</b> Total number of practitioners removed from the registers	<b>108</b>



# List of Tables

<b>Table 72:</b> Number of practitioners removed from the register in 2017/2018 compared to 2019/2020	<b>109</b>
<b>Table 73:</b> Applications for certificate of status per professional designation	<b>110</b>
<b>Table 74:</b> Resolutions made by council	<b>114</b>
<b>Table 75:</b> Facilities applied for approval to train interns	<b>115</b>
<b>Table 76:</b> Pre-registration evaluations conducted	<b>116</b>
<b>Table 77:</b> Registered students	<b>117</b>
<b>Table 78:</b> Registered interns per training facility	<b>117</b>
<b>Table 79:</b> Registered practitioners per professional category	<b>118</b>
<b>Table 80:</b> Additional and specialty qualifications	<b>119</b>
<b>Table 81:</b> Total number of practitioners on the register	<b>119</b>
<b>Table 82:</b> Other services	<b>121</b>
<b>Table 83:</b> Breakdown of revenue received	<b>126</b>
<b>Table 84:</b> Breakdown per Council of healthcare practitioners removed from registers or roll due to nonpayment of annual fees	<b>128</b>
<b>Table 85:</b> Breakdown per Council of healthcare practitioners restored to the registers or roll.	<b>129</b>
<b>Table 86:</b> Breakdown of the Councils' workforce per gender and occupational level	<b>131</b>
<b>Table 87:</b> Breakdown of employees per age groups	<b>133</b>
<b>Table 88:</b> Study achievement awards	<b>134</b>
<b>Table 89:</b> Number of employees awarded per category	<b>135</b>
<b>Table 90:</b> Number of employees per years of services	<b>135</b>
<b>Table 91:</b> Contractual service providers	<b>138</b>
<b>Table 92:</b> Contractual obligations with tenants	<b>139</b>



# List of Graphs

<b>Graph 1:</b>	Pre-Registration Evaluations for Nurses	<b>4</b>
<b>Graph 2:</b>	Pre-Registration Evaluations for Allied Health Professions	<b>6</b>
<b>Graph 3:</b>	The number of practitioners under the Social Work and Psychology Council who were evaluated for the 2018/19 and 2019/20 period	<b>8</b>
<b>Graph 4:</b>	Number of students who completed their training and complied with minimum requirements as prescribed by the Nursing Council	<b>18</b>
<b>Graph 5:</b>	Comparison of approved CPD activities and accredited service providers	<b>20</b>
<b>Graph 6:</b>	Comparison of number of individual activity records/certificates received and captured between 2018-19 and 2019-20	<b>21</b>
<b>Graph 7:</b>	Comparison of compliance between years 2017/18, 2018/19 and 2019/20	<b>23</b>
<b>Graph 8:</b>	Graphical presentation of reported cases per Council during the period	<b>29</b>
<b>Graph 9:</b>	Number of PIC meetings and status of cases	<b>31</b>
<b>Graph 10:</b>	Pending cases per Council during 2019-2020 in comparison 32 to 2018 – 2019	<b>32</b>
<b>Graph 11:</b>	Pending cases for professional conduct inquiry in comparison with previous year	<b>34</b>
<b>Graph 12:</b>	Regulations drafted, gazetted and drafted but not gazette	<b>38</b>

<b>Graph 13:</b>	Evaluation dynamics	<b>72</b>
<b>Graph 14:</b>	Registered practitioners in 2018/19 versus 2019/20	<b>73</b>
<b>Graph 15:</b>	Pharmaceutical practices on the register by 31 March 2020	<b>75</b>
<b>Graph 16:</b>	Practitioners on register by 31 March 2019 compared to 31 March 2020	<b>76</b>
<b>Graph 17:</b>	The number of practitioners on the register / roll for 2018/2019 and 2019 /2020	<b>93</b>
<b>Graph 18:</b>	Applications received in 2019 compared to 2018	<b>103</b>
<b>Graph 19:</b>	Comparison of applications of status received between 2018/2019 and 2019/2020	<b>111</b>
<b>Graph 20:</b>	Number of practitioners on the registers by March 2019 and 2020	<b>120</b>
<b>Graph 21:</b>	Graphic presentation of revenue received	<b>127</b>
<b>Graph 22:</b>	Graphic presentation of healthcare practitioners removed from registers or roll	<b>128</b>
<b>Graph 23:</b>	Graphic presentation of healthcare practitioners r estored to the registers or roll	<b>130</b>
<b>Graph 24:</b>	Breakdown of the Councils' workforce per gender and occupational level	<b>132</b>
<b>Graph 25:</b>	Number of employees per age group	<b>133</b>
<b>Graph 26:</b>	Number of employees per years of services	<b>135</b>
<b>Graph 27:</b>	The implementation rate of the JPC's resolutions	<b>141</b>



# List of Pie Charts

<b>Pie Chart 1:</b>	Comparison of Jurisprudence Questionnaires recieved per Council	<b>9</b>
<b>Pie Chart 2:</b>	Graduates per institution enrolled nurses / midwives / accoucheurs	<b>89</b>
<b>Pie Chart 3:</b>	Graduates per institution registered as nurses / midwives / accoucheurs	<b>90</b>

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## Abbreviations used in the Report

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

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# List of Figures

<b>Figure 1:</b>	Number of received applications for registration	<b>49</b>
<b>Figure 2:</b>	Pre-registration evaluation sessions held per discipline	<b>50</b>
<b>Figure 3:</b>	Percentage of practitioners registered per professional disciplines	<b>53</b>
<b>Figure 4:</b>	Registered practitioners during 2018/19, 2019/20 and total on registers	<b>57</b>
<b>Figure 5:</b>	Involuntary removal of names from the registers per discipline	<b>58</b>
<b>Figure 6:</b>	Verification of credentials and other services	<b>60</b>



# Introduction

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

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

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

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

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

# Objectives

## The objectives of the Councils are

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

## Vision

Protecting the public through regulated education and practice

## Mission

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

## Values

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



# Councils & members

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

## **Making learning greater than experience!**

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







2019/ 2020  
HPCNA ANNUAL REPORT

XVII





Cornelius Vataleni Weyulu  
**Registrar/ CEO**

# From the **Registrar's** desk

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I applaud all our registrants who practiced their respective healthcare professions competently and adhered to the principles of caring for patients and clients with dignity and compassion. These registrants are the backbone of the country's healthcare system. They are the very people who provide healthcare to the public in a way that demonstrates that good health is every citizen's right.

I thank the Ministry of Health and Social Services, for the immense support and most importantly for allowing the health care professions in Namibia to self-regulate. Without professional self-regulation, these distinguished occupations cannot be called true professions and the practicing of healthcare professions in Namibia would just be mere hobbies.

I wish to thank the presidents and all members of the five Councils for the sacrifices that they have made to ensure that we uphold the mandate of the HPCNA to protect the public through regulated education and practice. I look forward to your continued guidance and I pledge my support to you in the year to come. As the administration, we remain committed to delivering the highest quality services to you and to the public.

I would be remiss if I do not appreciate my staff for their dedication, availability, and willingness to excel in their responsibilities. I count on our collective efforts moving forward.

**It gives me great pleasure to present the 2019/2020 Annual Report.**



# Executive Summary

## Professional Affairs

Registration with the Health Professions Councils of Namibia (the Councils ) is a pre-requisite for professional practice. It is also a legal requirement to keep the registers for all registered healthcare practitioners. During the year under review, a total of 4 106 healthcare practitioners including students and interns were registered.

The number of foreign-trained Namibian medical and dental graduates continues to upsurge to the extent that some of the graduates who have passed the pre-internship evaluation could not find placement for internship training. Currently, there are only four (4) state hospitals that are approved to train medical interns and twelve (12) state hospitals approved to train dental interns. While the Ministry of Health and Social Services has identified more hospitals yet to be inspected and approved for training of interns, few private dental health facilities are also training dental interns.

## Administration

An amount of N\$ 135 413.11 was spend on repairs and maintenance of Councils' properties. However, the renovations at Erf 4210 and the construct additional ablution facilities for clients at the same property could not be done due to insufficient fund. The procurement activities were done smoothly without any interruptions and the Councils continued to maintain an excellent working relationship with its service providers.

## Finance

During the period under review, the total revenue of the Councils has decreased by 6.2% from N\$ 15.3 million in the 2018/2019 financial year to N\$ 14.3 million. This was largely attributed to technical changes that were made on the integration between the billing and the pastel accounting systems in order to improve the accuracy of financial records.

Rental income however increased with 14% from N\$ 379 200.00 in the 2018/2019 financial year to N\$ 431 186.00 in the 2019/2020 financial year. This is due to annual increase in the rental fees.

A high cash outflow by Councils has resulted in less funds being kept in the call accounts and thus resulting in a 32% decrease in interest income from 709 040.00 to N\$ 477 295.66.

The only long-term liability the Councils have is the bond on erf 4169 which stood at N\$ 1 756 218.22 as at 31st of March 2020. The Councils are planning to pay off this balance during the 2020/2021 financial year in order to save on interest charges.

## Information Technology (IT)

Africa online continued to host the Councils' website while regular updates were done by an in-house IT systems administrator. A company called V-Tech Holdings was however appointed to redesign the website and this project is anticipated to be completed in the second quarter of the 2020/2021 financial year. Once the website redesign is done the registers for all healthcare practitioners will be accessible online to members of the public.

## Data and Records

Several requests for statistical information on registered healthcare practitioners were received from individuals and institutions for planning and research purposes. The Councils are increasing running out of filling space and the possibility an electronic filing system is being explored.

## Legal Services

During the period under review and in comparison to the 2018/2019 financial year, the Medical and Dental Council received 20% less complaints, Nursing Council received 6% more complaints, Pharmacy Council received 2% less complaints, Social Work and Psychology Council received 11% more complaints and Allied Health Professions Council received no complaint against registered healthcare practitioners.

The complaints pending investigations have decreased from 238 to 231 and cases pending professional conduct inquiry have decreased from 30 to 29 in comparison to the 2018/2019 financial year.

While the Medical and Dental Council held two professional conduct inquiries and the Social Work and Psychology Council held one professional conduct inquiry, other Councils held no professional conduct inquiries during the reporting period.

Two appeal hearing were held for the Medical and Dental Council and the Allied Health Professions Council, respectively. A high court application was filed against the Allied Health Professions Council while a supreme court appeal was filed against the Medical and Dental Council.

## Education and training quality assurance

During the year under review, seven hundred and seventy-seven (777) persons who applied for registration with various Councils were evaluated and only two hundred and eighty-one (281) passed the evaluation. A high failure rate was particularly recorded for medical graduates who had undergone the pre-registration evaluation.

Eight (8) educational institutions and eleven (11) health facilities were inspected for the training of students and interns in the allied health related professions. Furthermore, fifty-eight (58) health facilities and one (1) educational institution were inspected for the training of students of nursing and midwifery professions.

A total number of one thousand six hundred and ninety-six (1696) healthcare practitioners from all five Councils were randomly selected to assess compliance with continuous professional development (CPD). The average compliance rate was sixteen percent (16%) which indicated a drop in the CPD compliance in comparison with the 2018/19 financial year.



# Section **one**

**Department: Education and  
Training Quality Assurance**

**&**  
Continuing Professional  
Development

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# Education and Training

## Quality Assurance

### Introduction

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

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

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

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

For the reporting period 2019/20, ETQA assisted Councils in performing the following strategic objectives.

### Strategic objective

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

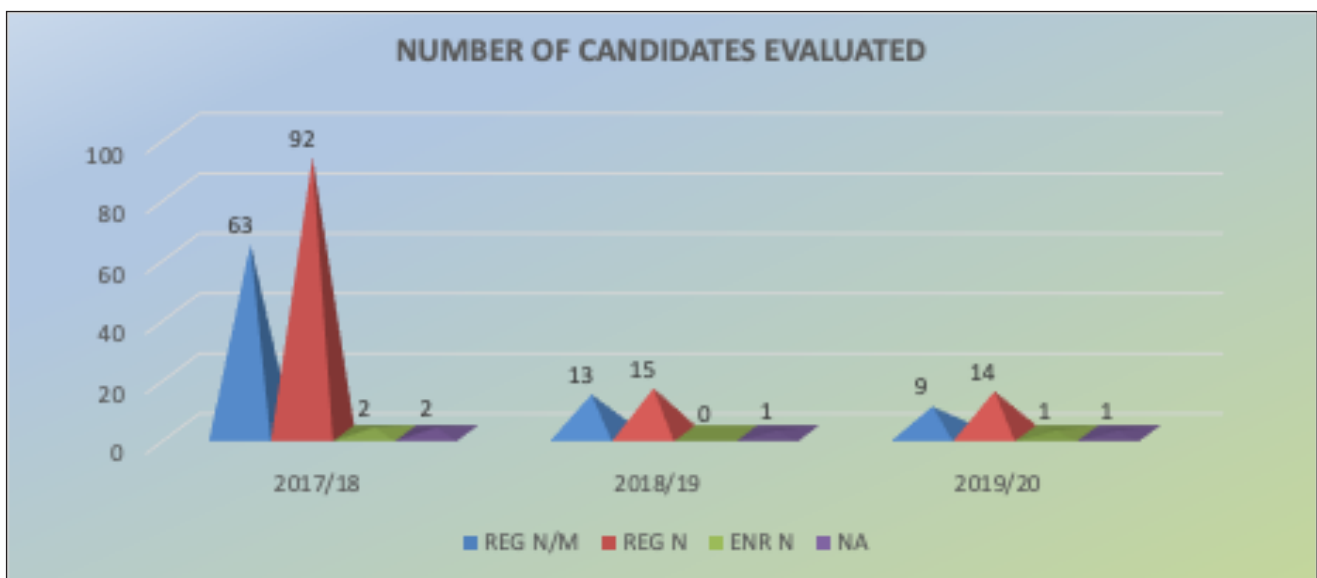
The ETQA section assisted the Nursing Council, the Allied Health Professions Council, Pharmacy Council, and Social Work and Psychology Council, in conducting pre-registration evaluations as indicated in Tables 1, 2, 3 and 4. This activity was conducted within the provision of the Nursing Act 2004 (Act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

**Table 1: Pre-registration evaluations for Nurses**

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Registered Nurse/Midwife/ Accoucheur	6	9	9	0	100%	0%
Registered Nurse		14	13	1	93%	7%
Enrolled Nurse		1	1	0	100%	0%
Nursing Auxiliary		1	1	0	100%	0%

The pass rate in Table 1 indicates that the majority of the candidates were found to be competent to practice and register with the Nursing Council.

**Graph 1: Pre-registration evaluations for Nurses**



Graph 1 is a comparison of the number of candidates evaluated from 2017/18 to 2019/20. It is evident that there was a considerable decrease in the number of candidates evaluated from 2017/18 to 2018/19. Whereas the figures of 2018/19 to the current reporting period show a slight decrease. This could be caused by the lack of employment opportunities for foreign nationals in the country.

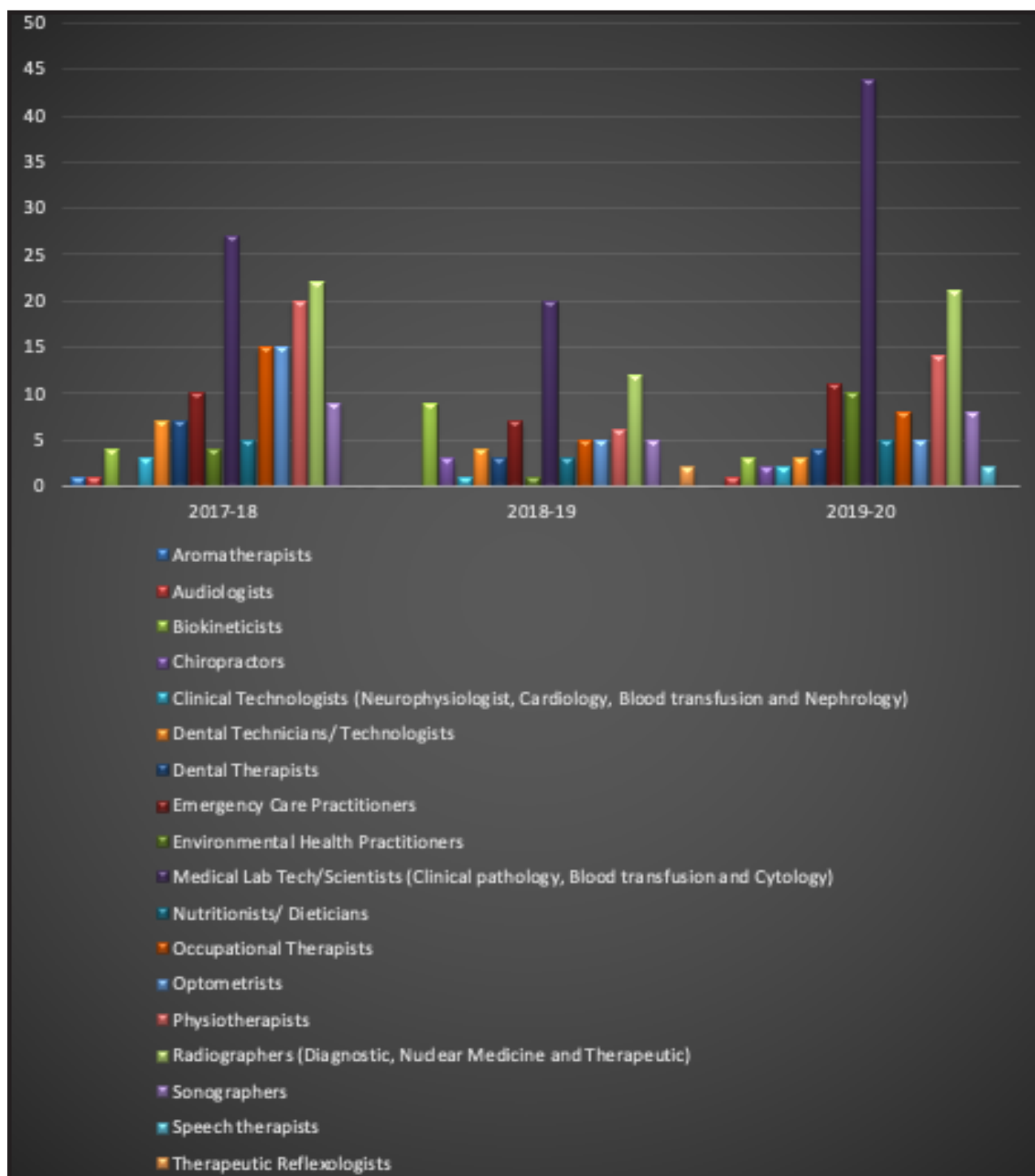


Table 2: Pre-registration evaluations for Allied Health Professions

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Audiologists	1	1	1	0	100%	0%
Biokineticists	1	3	2	1	67%	33%
Clinical Technologists	2	2	2	0	100%	0%
(Blood Transfusion and Nephrology)	2	2	2	0	100%	0%
Chiropractors	1	3	3	0	100%	0%
Dental Technicians	2	4	2	2	50%	50%
	2	11	0	11	0%	100%
Dental Therapists	2	10	5	5	50%	50%
Emergency Care Practitioners	4	44	37	7	84%	16%
Environmental Health Practitioners	3	5	5	0	100%	0%
Medical Lab Tech/Scientists (Clinical Pathology, Blood Transfusion and Cytology)	4	8	8	0	100%	0%
Dieticians	3	5	4	1	80%	20%
Occupational Therapists	3	14	9	5	64%	36%
Optometrists	5	21	14	7	67%	33%
Physiotherapists	3	14	9	5	64%	36%
Radiographers (Diagnostic and Nuclear Medicine)	5	21	14	7	67%	33%
Sonographers	4	8	4	4	50%	50%
Speech Therapists	2	2	2	0	100%	0%

Table 2 indicates that during the reporting period, applicants for 16 professions registrable under the Allied Health Professions Council were evaluated. Many candidates passed their evaluation and could register with the Allied Health Professions Council as practitioners.

**Graph 2: Pre-registration evaluations for Allied Health Professions**



Graph 2 is a comparison of three reporting periods: 2017/18, 2018/2019 and 2019/20. The 2019/20 reporting period shows an increase in the number of professions and candidates compared to the 2018/19 reporting period. The significant increase in the medical laboratory profession could be due to the increase of student intake at the Namibia University of Science and Technology.



Tables 3 and 4 pertain to pre-registration evaluations.

**Table 3:** Pre-registration evaluations for the Medical and Dental Council

PROFESSIONAL DESIGNATION	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Medical graduates	2	578	130	448	22%	78%

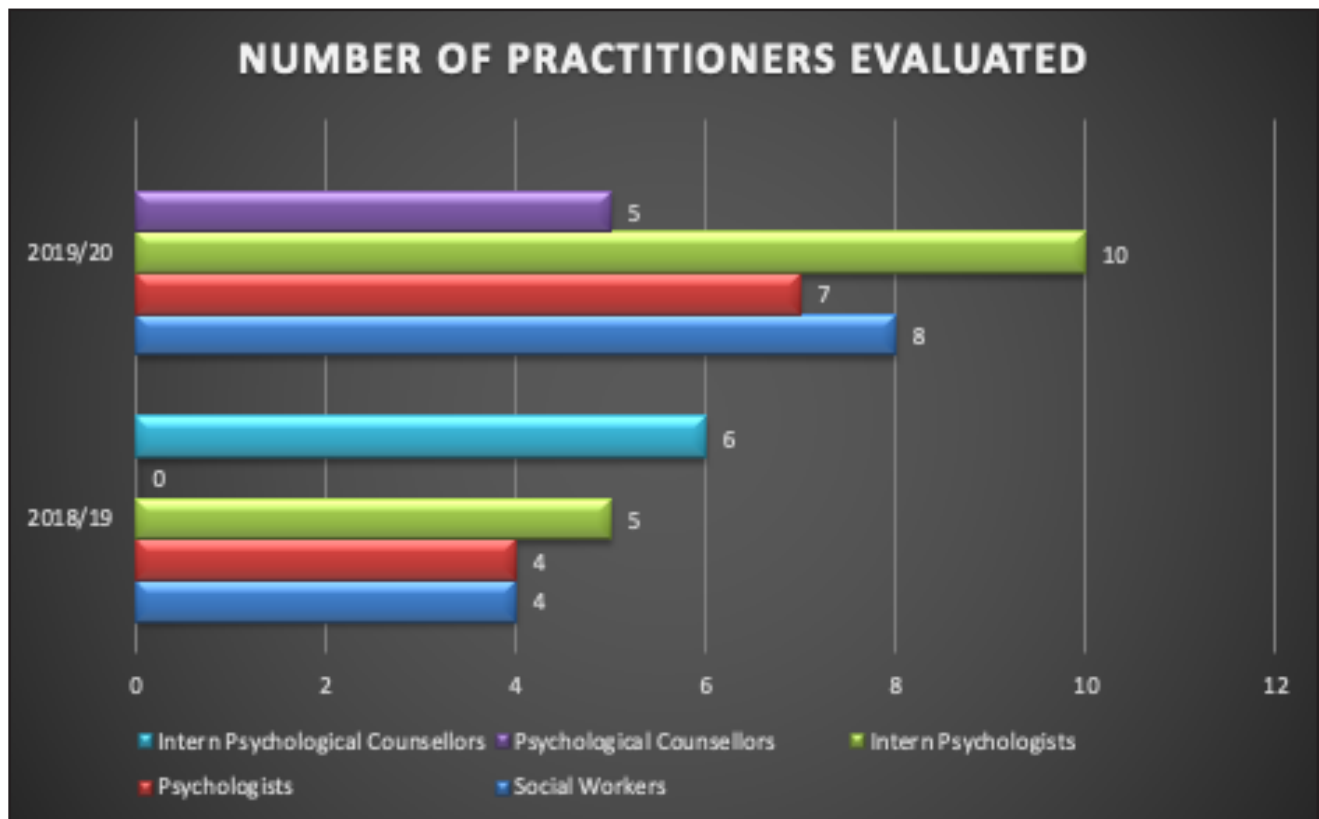
The failure rate of 78% in Table 3 indicates that the number of candidates could double for the next evaluations considering that there could be the same number of new graduates 2020/21 applying for pre-internship registration.

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

PROFESSIONAL DESIGNATION	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Social Workers	6	8	6	2	75%	25%
Clinical Psychologists		6	5	1	100%	10%
Educational Psychologists		1	0	1	0%	100%
Intern Clinical Psychologists		10	10	0	100%	0%
Psychological Counsellors		5	3	2	60%	40%
Intern Psychological Counsellors		1	1	0	100%	0%

Table 4 illustrates that the overall performance of the candidates was good. There was an average pass rate of 71% and a 29% failure rate.

**Graph 3:** The number of practitioners under the Social Work and Psychology Council who were evaluated for the 2018/19 and 2019/20 period



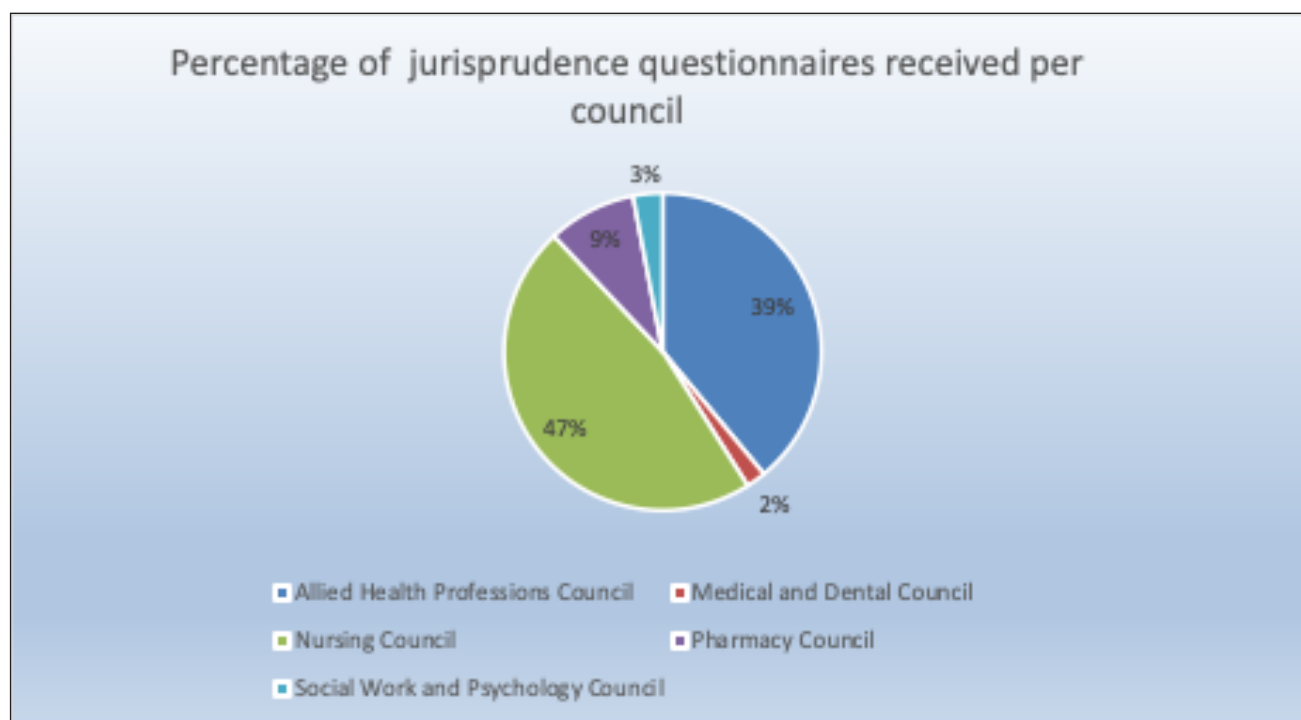
Graph 4 shows there was an increase in the candidates evaluated in the 2019/20 reporting period. This indicates that there will be more health workers in these professions who are able to cater for the public once registered with the Social Work and Psychology Council as practitioners.

#### o Jurisprudence multiple choice questionnaires

All persons who go through the evaluation process are required to complete the jurisprudence multiple choice questionnaire. On successful completion thereof they obtain their first CPD points in professional ethics. During the reporting period, a total number of 465 jurisprudence multiple choice questionnaires were received and marked as opposed to the 435 received and marked in the 2018/19 reporting period. Out of the 465 questionnaires which were received and marked, 412 practitioners passed, and 53 practitioners failed.



**Pie chart 1:** Comparison of jurisprudence questionnaires received per Council



Pie chart 1 shows that most jurisprudence questionnaires were received from the Nursing Council registrants and enrolments, followed by the Allied Health Professions Council. Compared to 2018/19, the Allied Health Professions Council submitted the most. Other Councils seem to be lagging behind.

## STRATEGIC OBJECTIVE

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

To ensure that minimum educational and training standards are in line with the relevant legislation, the ETQA section has the responsibility of facilitating the inspections of hospitals, health centres, clinics, and private practices, as well as accreditations of educational training institutions. Tables 5 to 11 below present details of the institutions which were inspected between April 2019 and March 2020.

During the reporting period, eight educational institutions offering training to allied professions were inspected as shown in Table 5. Also shown are the programmes which were inspected and their outcome.

**Table 5:** Inspected educational institutions for the training of Allied Health Professions

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
<b>OSHANA REGION</b>	Atlantic Training Institute: Oshakati	Emergency Care Practitioners- Basic and Intermediate	Approval granted for three years - Grade B
<b>KHOMAS REGION</b>	University of Namibia	Occupational Therapy Programme	Approval granted for one-year Grade C
	Namibia University Science and Technology	Biomedical Science Programme	Approval granted for five years - Grade A
	Welwitschia Health Training Centre	Environmental Health Practitioners	Approval not granted – due to critical shortcomings identified during the inspection.
	Osona Military School	Student Combat Medics	Approval granted for three years – Grade C
	Atlantic Training Institute: Windhoek	Emergency Care Practitioners- Basic	Approval granted for three years – Grade C
	City of Windhoek: Emergency Management	Emergency Care Practitioners- Basic	Approval granted for three years - Grade B
	Pre-Hospital Emergency Care Training and Specialist Services	Emergency Care Practitioners- Basic	Approval granted for three years – Grade C

Table 6 indicates the facilities which were inspected for the placement of students and interns under the Allied Health Professions Council.

**Table 6:** Health facilities inspected for training of student radiographers, intern physiotherapists, student occupational therapists, and student and intern medical technologists/ scientists

REGION	FACILITY	CATEGORY	OUTCOME
<b>KHOMAS REGION</b>	Namibia Institute of pathology (Windhoek)	Intern and Student Medical Technologists	Approval granted for three years
	Medical Imaging (Medi Clinic)	Student Radiographers	Approval granted for three years
	Medical Imaging (Rhino Park)	Student Radiographers	Approval granted for three years



REGION	FACILITY	CATEGORY	OUTCOME
KHOMAS REGION	Medical Imaging (Roman Catholic)	Student Radiographers	Approval granted for three years
	Petronella Zhakata-Jantjies	Intern Physiotherapists	Approval granted for three years
	Windhoek Central Hospital	Student Occupational Therapists	Approval granted for one year
	Katutura Hospital	Student Occupational Therapists	Approval granted for one year
OSHIKOTO REGION	Namibia Institute of pathology (Onandjokwe)	Intern and Student Medical Technologists	Approval granted for three years
OSHANA REGION	Namibia Institute of pathology (Oshakati)	Intern and Student Medical Technologists	Approval granted for three years
	Ongwediva Medi-park	Student radiographers	Approval granted for three years
KAVANGO EAST REGION	Namibia Institute of pathology (Rundu)	Intern and Student Medical Technologists	Approval granted for three years

As shown in Table 6, nine out of the eleven facilities, which were inspected, were approved for a duration of three years and two approved for one year. This signifies that more facilities meet the training standards of the Allied Health Professions Council are available to train interns and students in the physiotherapy, radiography, occupational therapy, and medical technology/ science fields.

Table 7 displays three facilities which were inspected during the reporting period for training of intern clinical psychologists and intern psychological counsellors. All three facilities were granted approval to train for three years.

**Table 7:** Health facilities inspected for training in the Psychology Profession

REGION	FACILITY	CATEGORY	OUTCOME
KHOMAS REGION	Ministry of Health and Social Services Mental Health Unit	Intern clinical Psychologists	Approval granted for three years <b>Grade B</b>
	Ministry of Industrialisation, Employment Creation and Social Welfare	Intern clinical Psychologists and Psychological Counsellors	Approval granted for three years <b>Grade B</b>
OTJOZONDJUPA REGION	Okonguarri Psychotherapeutic Centre	Intern clinical Psychologists and Psychological Counsellors	Approval granted for three years <b>Grade B</b>

Table 8 pertains to 58 health facilities in eight regions that were inspected for training of student and pupil nurses/midwives/ accoucheurs.

**Table 8:** Health facilities inspected for training of student and pupil nurses

REGION	NAME OF FACILITY	OUTCOME
	Mediclinic Hospital Windhoek	Approval granted for five years - Grade A
	Katutura Health Centre	Approval granted for three years - Grade B
	Robert Mugabe Clinic	Approval granted for three years - Grade B
	Maxuilili Clinic	Approval granted for three years - Grade B
//KARAS REGION	Lüderitz Hospital	Approval granted for one year – Grade C
	Lüderitz Clinic	Approval granted for three years - Grade B
	Rosh Pinah Clinic	Approval granted for three years - Grade B
	Karasburg Clinic	Approval granted for three years - Grade B
	Karasburg Hospital	Approval granted for one year - Grade C
	Daan Viljoen Clinic	Approval granted for three years - Grade B
	Keetmanshoop Clinic	Approval granted for three years - Grade B
	Bethanie Clinic	Approval granted for three years - Grade B
	Aroab Health Centre	Approval granted for three years - Grade B
	Keetmanshoop Hospital	Approval granted for three years - Grade B
OMUSATI REGION	Outapi Hospital	Approval granted for three years - Grade B
	Oshikuku Hospital	Approval granted for three years - Grade B
	Okalongo Health Centre	Approval granted for three years - Grade B
	Tsandi Hospital	Approval granted for three years - Grade B
	Onesi Health Centre	Approval granted for three years - Grade B
	Okahao Hospital	Approval granted for one year – Grade C
	Indira Ghandi Health Centre	Approval granted for three years - Grade B
OHANGWENA REGION	Okongo Hospital	Approval granted for three years - Grade B
	Eenhana Hospital	Approval granted for three years - Grade B
	Engela Hospital	Approval granted for three years - Grade B



REGION	NAME OF FACILITY	OUTCOME
OSHANA REGION	Oshakati Hospital	Approval granted for three years - Grade B
	Oshakati PH+Centre	Approval granted for three years - Grade B
	Ou Nick Health Centre	Approval granted for three years - Grade B
	Okatana Health Centre	Approval granted for three years - Grade B
	Ongwediva Health centre	Approval granted for three years - Grade B
	Eluwa Clinic	Approval granted for three years - Grade B
	Ondangwa Health Centre	Approval granted for three years - Grade B
	Uukwiyuushona Clinic	Approval granted for three years - Grade B
	Eloolo Clinic	Approval granted for three years - Grade B
	Ongwediva Medipark	Approval granted for five years - Grade A
	Onamutayi Clinic	Approval granted for three years - Grade B
	Okaku Clinic	Approval granted for three years - Grade B
OSHIKOTO REGION	Tsumeb Hospital	Approval granted for three years - Grade B
	Onandjokwe Hospital	Approval granted for three years - Grade B
	Okankolo Health Centre	Approval granted for three years - Grade B
	Onayena Health Centre	Approval granted for three years - Grade B
	Onyaanya Health Centre	No approval granted - Ungraded
HARDAP REGION	Maltahohe Health Centre	Approval granted for one year - Grade C
	Maltahohe Clinic	Approval granted for one year - Grade C
	Gibeon clinic	Approval granted for three years - Grade B
	Aranos Clinic	Approval granted for one year - Grade C
	Aranos Health Centre	Approval granted for three years - Grade B
	Mariental Hospital	Approval granted for three years - Grade B
	Mariental Clinic	Approval granted for three years - Grade B
	St' Mary's Hospital	Approval granted for three years - Grade B
	Rehoboth Health Centre	Approval granted for three years - Grade B
	Rehoboth Timosa clinic	Approval granted for three years - Grade B

REGION	NAME OF FACILITY	OUTCOME
OMAHEKE REGION	Corridor Clinic	Pending ratification
	Epako Clinic	Pending ratification
	Leonardville Clinic	Pending ratification
	Otjinene Health Centre	Pending ratification
	Tallismanus Clinic	Pending ratification
	Epukiro Post 3 Clinic	Pending ratification
	Gobabis Hospital	Pending ratification

Out of the 58 health facilities inspected for training of student and pupil nurses /midwives/ accoucheurs two (2) were granted approval for five years (Grade A); 42 were granted approval for three years (Grade B), six (6) were granted approval for one year (Grade C). One (1) was not granted approval (Ungraded). Seven (7) facilities are awaiting ratification by the Nursing Council

**Classification of inspection findings for the Nursing Council is presented in Table 9.**

**Table 9:** Classification of findings of the inspections in Table 8

Grading System	Findings	Classification	% score	Inspection cycle	Approval period
<b>Grade A</b>	The facility complies with set criteria	Slight deficiencies	80-100%	5 years	5 years
<b>Grade B</b>	The facility complies with most of the set criteria	Minor deficiencies	60-79%	3 years	3 years
<b>Grade C</b>	The facility partially complies with set criteria	Major deficiencies	50-59 %	1 year	1 year
<b>Ungraded</b>	The facility does not comply with set criteria	Critical deficiencies / shortcomings	Below 0%	-	No approval

**Table 10:** Number of health facilities inspected per region during the 2019/20 reporting period

Category	Hardap	//Karas	Khomas	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto
Hospital	2	3	1	3	1	4	2	2
Health Centre	3	1	1	0	1	3	5	3
Clinic	5	6	2	0	5	0	5	0

**Table 11:** Inspected educational facility for Nursing Professions

REGION	NAME OF FACILITY	OUTCOME
KHOMAS REGION	I – Care Health Training Institute (Windhoek)	No approval granted – Ungraded due to critical shortcomings identified during the inspection.

Table 11 shows that only one educational institution was inspected to offer training to pupil nurses/midwives/accoucheurs. The institution was not granted approval to train.

## STRATEGIC OBJECTIVE

**Set up strategic networks with stakeholders and other education, training and quality assurance bodies.**

For the period under review Table 12 shows the stakeholders that were engaged.



**Table 12:** List of engagements made with stakeholders

Entity	Purpose	Remarks
Ministry of Health and Social Services	Consultative workshop of the National Quality Policy and Strategy	The draft national quality policy and strategic plan was presented and input from staff and various stakeholders was given.
Deans Forum	Consultative workshop with stakeholders to discuss student ratios/ placement of students and pupil nurse midwives/accoucheurs in health facilities and the concept paper on the establishment of clinical units within the Ministry of Health and Social Services (MoHSS).	The issue on ratios not finalized – there is need to engage more stakeholders. The concept paper was finalized and to be forwarded to the MoHSS.

Tables 13 and 14 present nursing training information.

**Table 13:** Number of completions of training received and verified for compliance with set minimum requirements of the Nursing Council for training of enrolled nurses/ midwives/accoucheurs

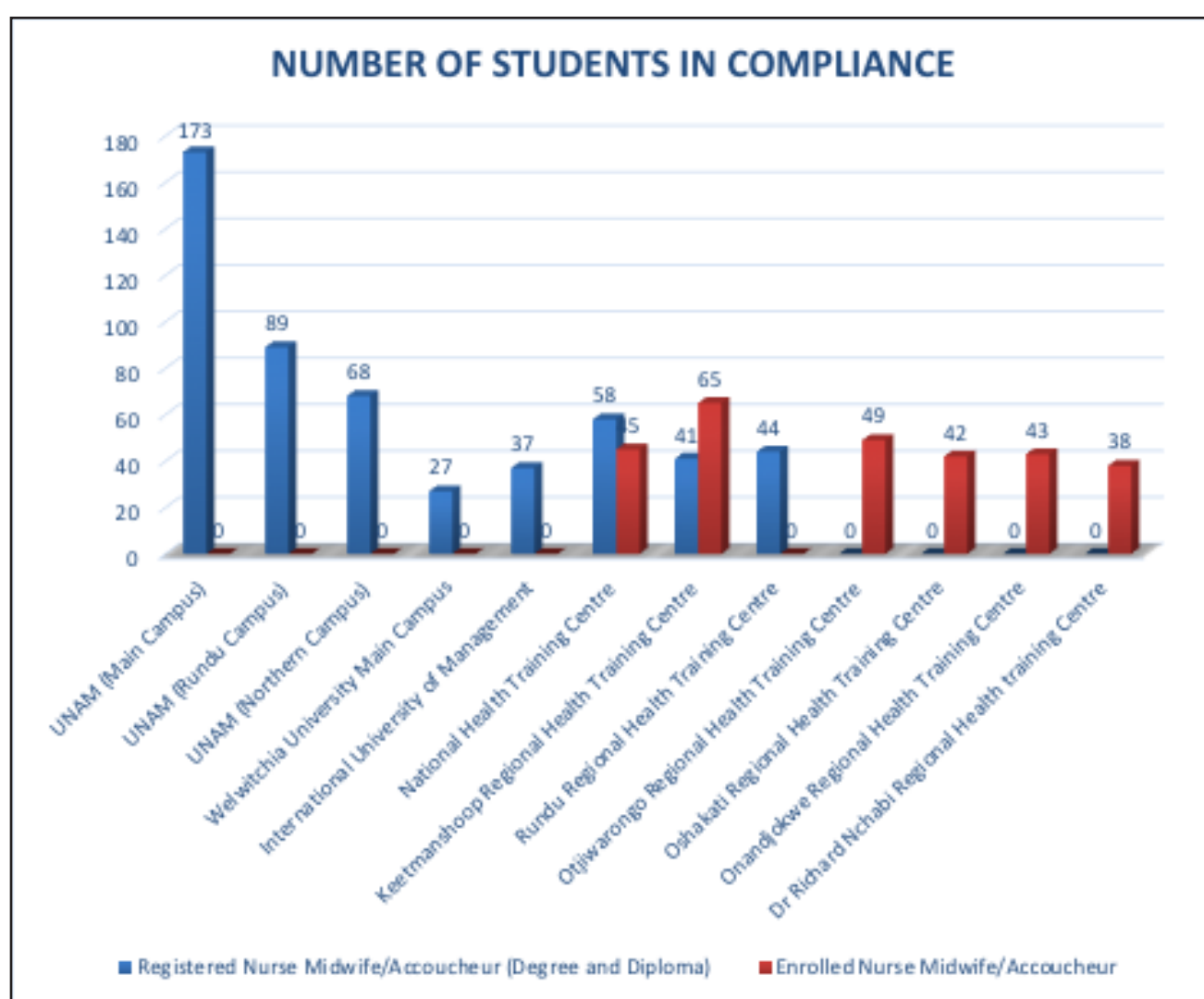
DESIGNATION	EDUCATIONAL INSTITUTION	NUMBER OF COMPLETIONS RECEIVED	NUMBER OF COMPLETIONS VERIFIED
Enrolled Nurse/ Midwife/ Accoucheurs	National Health Training Centre	45	45
	Keetmanshoop Regional Health Training Centre	65	65
	Otiwarongo Regional Health Training Centre	49	49
	Oshakati Regional Health Training Centre	42	42
	Onandjokwe Regional Health Training Centre	43	43
	Dr Richard Nchabi Regional Health Training Centre	38	38
TOTAL NUMBER OF COMPLETIONS FOR ENROLLED NURSE / MIDWIFE / ACCOUCHEURS		282	282

**Table 14:** Number of completions of training received and verified for compliance with set minimum requirements of the Nursing Council for training of registered nurse/ midwives/accoucheurs

DESIGNATION	EDUCATIONAL INSTITUTION	NUMBER OF COMPLETIONS RECEIVED	NUMBER OF COMPLETIONS VERIFIED
Registered Nurse / Midwife/ Accoucheurs (B degree)	UNAM Main Campus	100	100
	UNAM Rundu Campus	89	89
	UNAM Northern Campus	68	68
	International University of Management	37	37
	Welwitchia University	27	27
Registered Nurse / Midwife/ Accoucheurs (Diploma)	UNAM (Main Campus)	73	73
	National Health Training Centre	58	58
	Keetmanshoop Regional Health Training Centre	41	41
	Rundu Health Training Centre	44	44
TOTAL NUMBER OF COMPLETIONS FOR NURSE / MIDWIFE / ACCOUCHEURS		537	537

As shown in Tables 13 and 14 there were 819 completions (282 + 537) received and verified during the reporting period. Therefore 819 nurses complied with the minimum requirements prescribed by the Nursing Council and after registration they can join the job market.

**Graph 4:** Number of students who completed their training and complied with minimum requirements as prescribed by the Nursing Council





# Continuing Professional Development (CPD) Section

## Introduction

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.

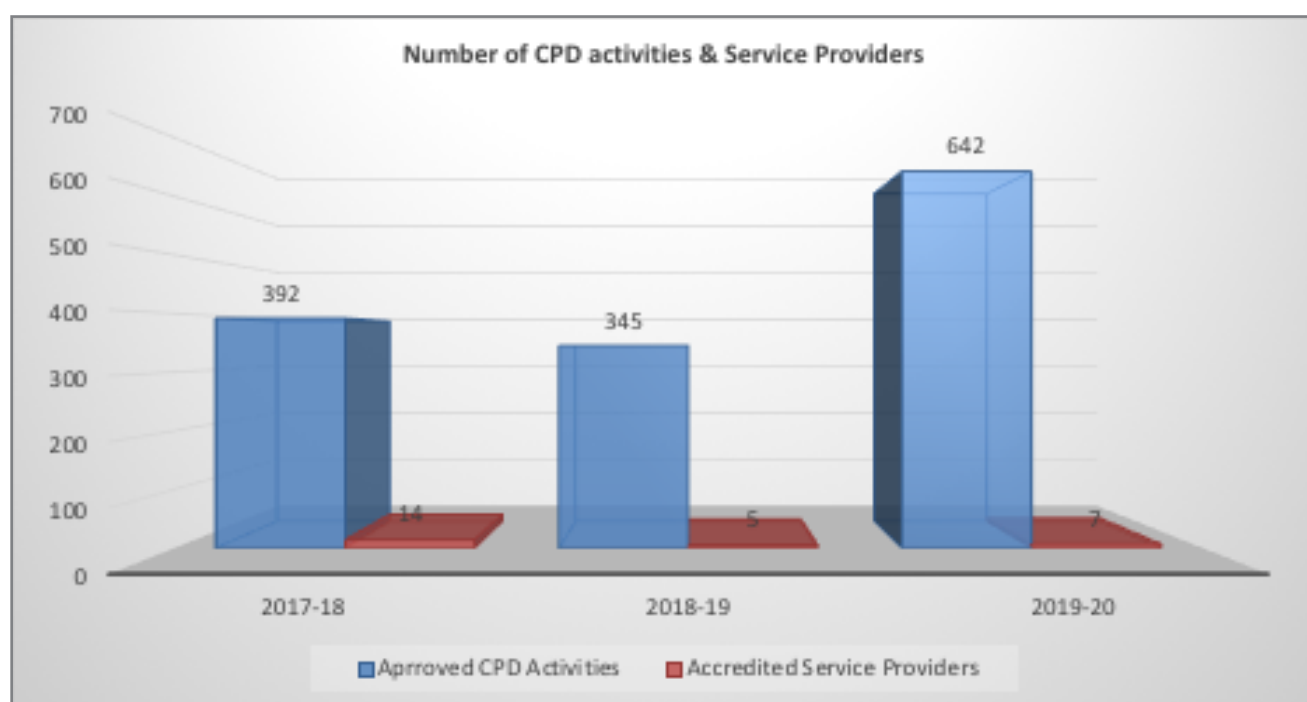
In order to promote CPD of registered and enrolled practitioners, the CPD committee approved several CPD activities and accredited service providers as set out in Table 15.

**Table 15:** Number of approved CPD activities and accredited service providers

Activity	Number submitted	Number approved	Number not approved
Approved CPD activities	642	638	4
Accredited service providers	7	7	0

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

**Graph 5:** Comparison of approved CPD activities and accredited service providers



There was an increase in the number of approved CPD activities and the number of new CPD service providers during the reporting period 2019/20 compared to year 2018/19.

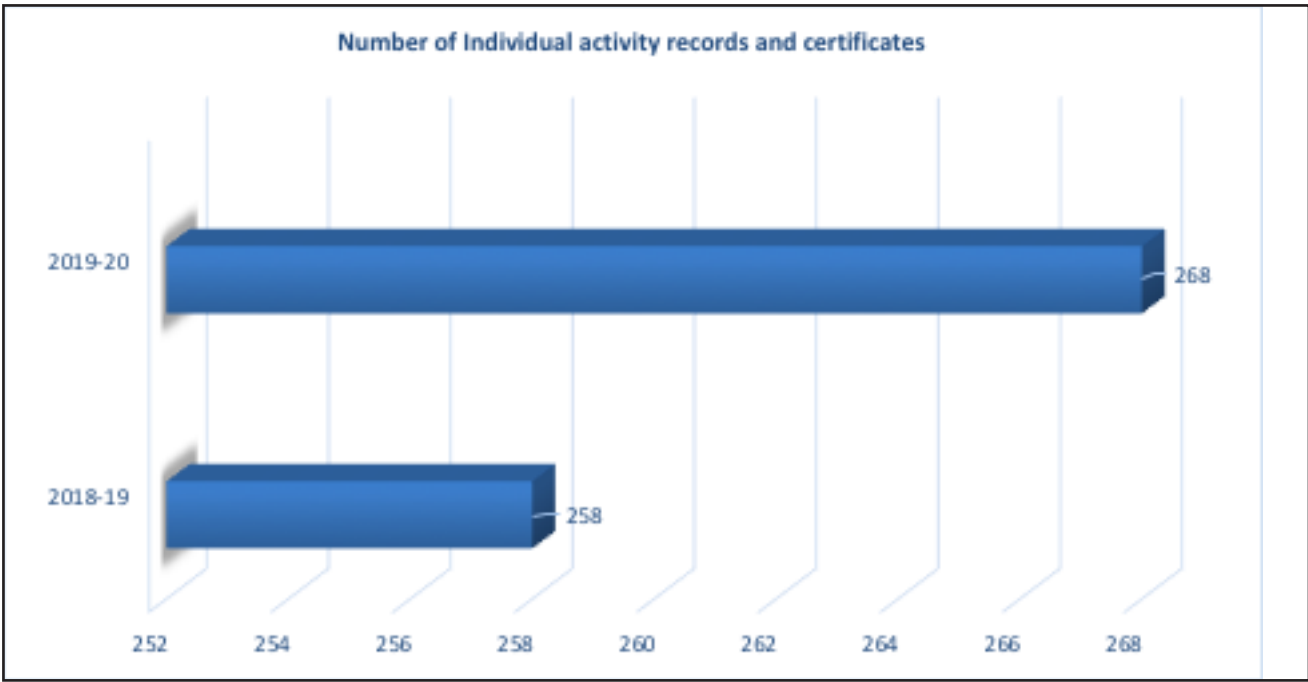
In addition to processing applications for approval of CPD activities and providers, the section is required to capture all individual activity records received from randomly selected practitioners who were audited. During this reporting period, the following was captured as shown in Table 16.

**Table 16:** Number of individual activity records/certificates received and CPD points captured

Item received	No. Captured
CPD points – Individual activity records	268

As shown in Table 16 there was 268 individual activity records/certificates received from practitioners.

**Graph 6:** Comparison of number of individual activity records/certificates received and captured between 2018-19 and 2019-20



As can be seen in Graph 6 there was an increase in the number of individual activity records/certificates received and captured between 2018/9 and 2019/20.



## STRATEGIC OBJECTIVE

**To ensure compliance with the legislation on continuing professional development.**

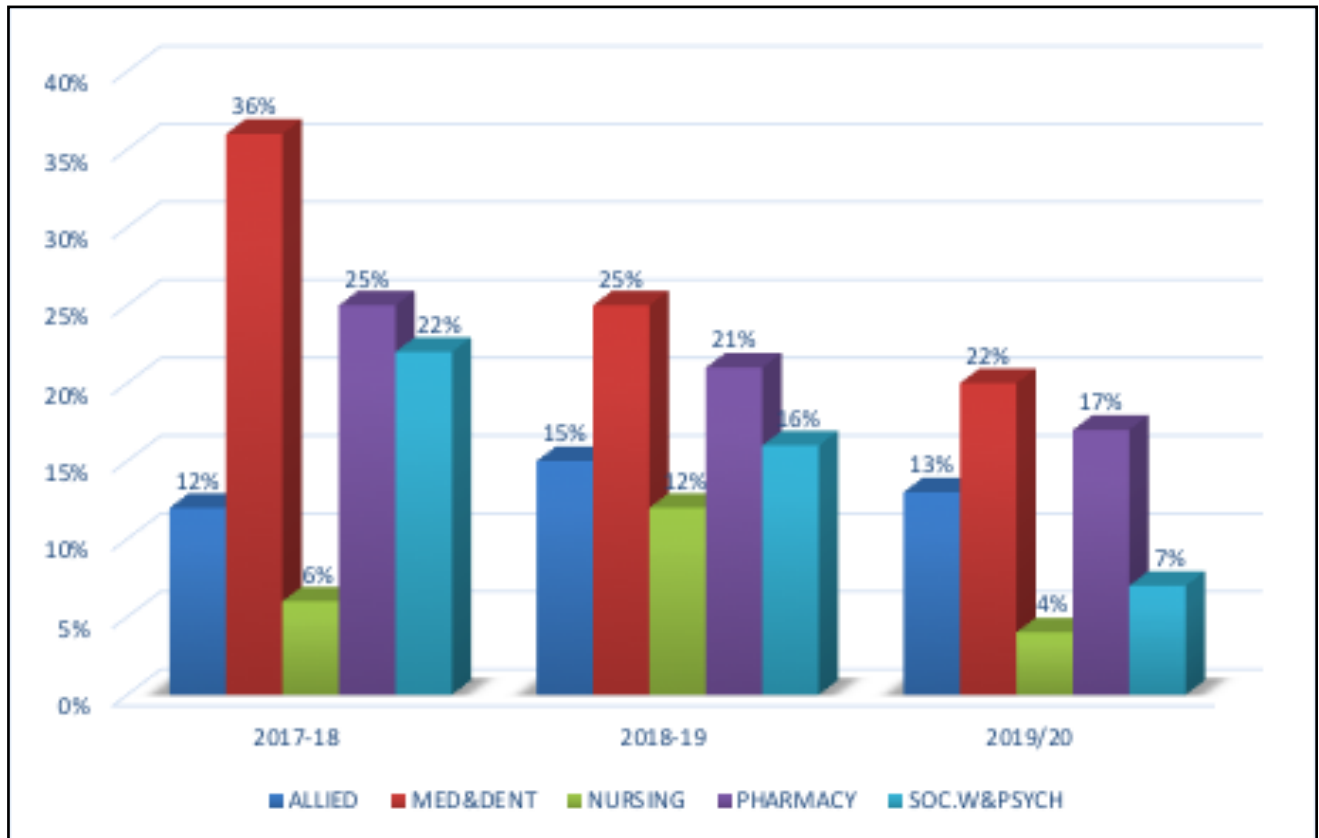
The CPD section conducted a 10% random selection of names of professionals from each Council. A total number of 1696 of practitioners from the five Councils were randomly selected during the reporting period as shown in Table 17 as well as compliance results.

**Table 17:** Number of randomly selected practitioners per Council

Profession	No. selected	No. complied	Compliance%
Allied Health Professions	344	48	13%
Medical & Dental	204	45	22%
Nursing	978	46	4%
Pharmacy	102	18	17%
Social Work & Psychology	68	5	7%

It is evident that the Nursing Council has the highest number of registrants and therefore 10% selection of practitioners from this Council is the highest compared to the other Councils. The compliance rates as shown in Table 17 for all the Councils were low. The Nursing and Social Work and Psychology Council had the lowest rates, 4% and 7%, respectively.

**Graph 7:** Comparison of compliance between years 2017/18, 2018/19 and 2019/20



As can be seen in Graph 7 there was a drop in CPD compliance by all professionals between the reporting years 2018/19 and 2019/20. In an effort to encourage professionals to comply with their CPD requirements, the office of the Registrar issued letters to all who were randomly selected to remind them about their responsibility regarding CPD compliance and the consequences of not complying.

## STRATEGIC OBJECTIVE

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

During the period under review the CPD committee held one meeting instead of two as required. This was due to absence of agenda items. However, the CPD committee managed to execute its responsibility regarding scrutinizing and approving CPD activities.

## CONCLUSION

In conclusion, the ETQA and CPD department managed to carry out all the planned activities for the year 2019/2020 and looks forward to 2020/21.

# Section **two**

**Legal**



Legislative Support  
Services Department

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# Legal and Legislative

## Support Services Department

### Introduction

The legal services department (the department) of the Health Professions Councils of Namibia (HPCNA) is tasked with facilitating investigations of complaints against health practitioners and drafting of legislations. The department coordinates, among others, activities of the preliminary investigation committees, professional conduct committees, appeal committees and health assessment committee. The department is also responsible for conducting of professional conduct inquiry and represents the Councils during appeals. 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, Ministry of Health and Social Services and the Ministry of Justice.

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

### Personnel

*The personnel in the department are:*

**Ms. Johanna Nghishekwa** as Chief Legal Officer – Legal Services,

**Mr. Garth Joseph** as Legal Officer: Professional Conduct,

**Ms. Charne Visser** as Senior Legal Officer: Legislative Drafting,

**Mr. Johannes Burger** as Senior Administrative Officer: Legislative Support,

**Ms. Elizabeth Matomola** as an Administrative Support Officer: Professional Conduct.

**Ms. Sylvia Hamata** resigned from her position as the Manager: Professional Conduct during January 2020.

# 1. PROFESSIONAL CONDUCT DIVISION

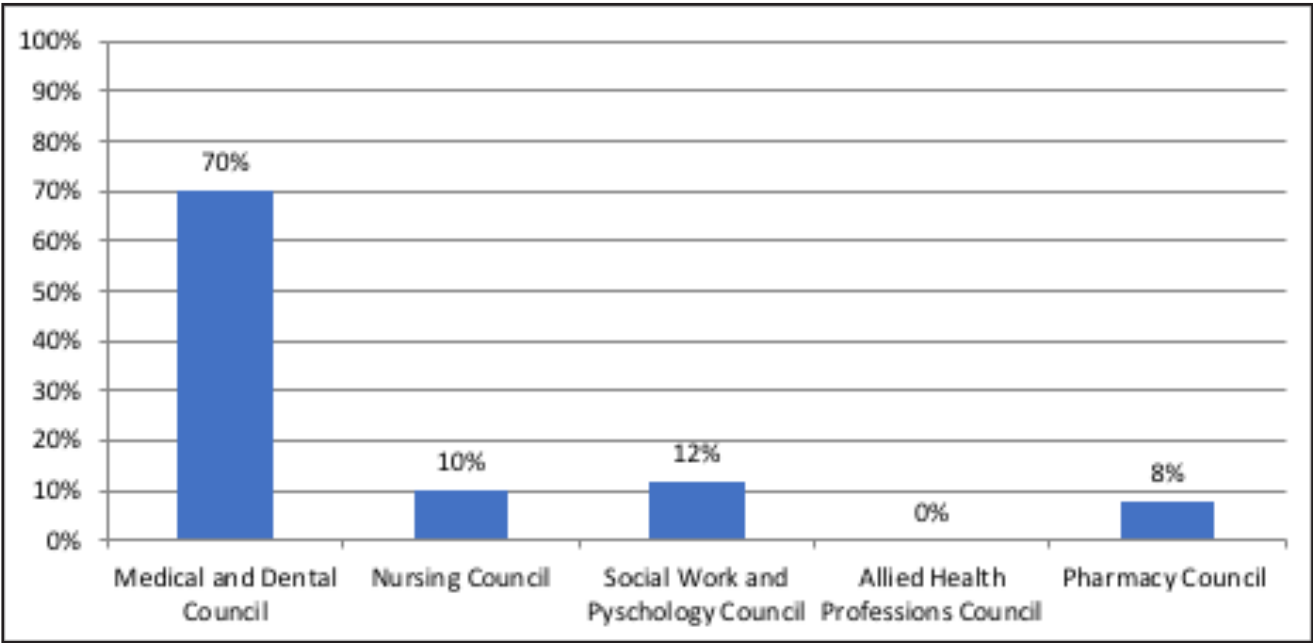
## 1.1 Complaints recorded

**Table 18:** Monthly records of number of complaints reported to Councils

Month	Medical and Dental Council	Nursing Council Council	Social Work and Psychology	Allied Health Professions Council	Pharmacy Council	TOTAL
April 2019	5	0	1	0	0	6
May 2019	1	1	0	0	1	3
June 2019	2	0	2	0	0	4
July 2019	4	0	1	0	0	5
August 2019	6	1	1	0	0	8
September 2019	2	1	0	0	0	3
October 2019	3	0	0	0	1	4
November 2019	8	0	1	0	0	9
December 2019	3	0	0	0	1	4
January 2020	0	3	0	0	0	3
February 2020	3	0	0	0	2	5
March 2020	4	0	1	0	0	5
TOTAL	41	6	7	0	5	59



**Graph 8:** Graphical presentation of reported cases per Council during the period



- The Medical and Dental Council received 20% less complaints compared to the previous year. Complaints relating to general medicine were prominent during this period. Compared to the previous year there was a significant reduction in complaints pertaining to obstetrics and gynaecology. Complaints relating to surgery, dentistry and medical science remained very low. Complaints against medical practitioners continued to be the dominate statistics of complaints received over the years, notwithstanding the reduction during this period. The practice of general medicine raises concerns as most complaints have emanated there from.
- The Nursing Council received 6% more complaints as compared to the previous year. General nursing care of patients related complaints remained dominant as in the previous year, followed by complaints relating to maternal death. Complaints relating to lack of care resulting in still births continued to decline. The notable change over the past four years of reporting is the significant decline of complaints against nurses.
- The Social Work and Psychology Council observed a sharp increase of 11% of complaints compared to the previous year. Complaints related to inadequate investigations in social welfare cases; custody and control of minor children contributed to the increase of complaints.
- Allied Health Professions Council did not receive complaints during this period.
- The Pharmacy Council received 2% less complaints compared to the previous year. Complaints related to operating of pharmacies in contravention of the relevant regulations.
- The Khomas region continues to dominate the demographic representation of the complainants, followed by Hardap, Erongo and Otjozondjupa. Regions such as Kavango East, Kavango West Oshana, Oshikoto,



Omaheke and Ohangwena represented a very minimal stake in complaints. The interpretation is two-fold: incidents of unprofessional conduct occurred mainly in the regions with the highest complaints and such incidents were less in other regions, or an awareness of a right to lodge a complaint is less in other regions.

## 1.2 Committees

### 1.2.1 Preliminary investigation committees

The preliminary investigation committees (PICs) are tasked to investigate complaints against health practitioners and to make recommendations to the relevant Councils on their findings for the Councils to take decisions.

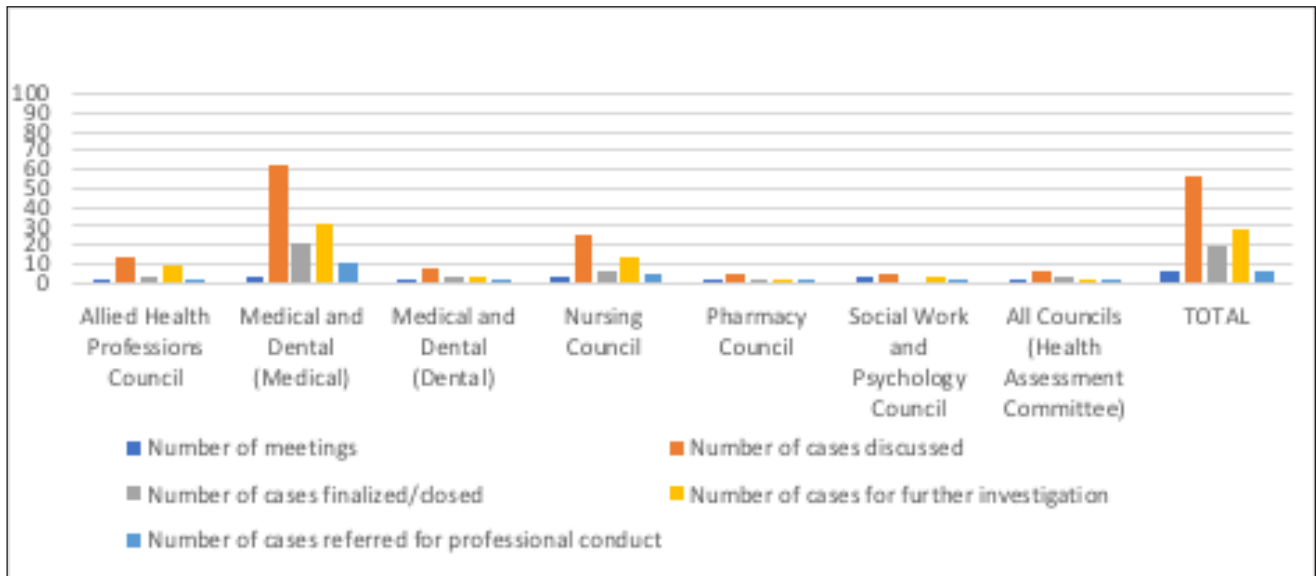
#### 1.2.1.1 Meetings held by committees

Different committees held meetings for purposes of conducting preliminary investigations into matters reported to the relevant Councils as envisaged by the relevant legislations. The activities of the PICs are presented in Table 19.

**Table 19:** Number of PIC meetings and status of cases

Council	Number of meetings	Number of cases discussed	Number of cases finalized/closed	Number of cases for further investigation	Number of cases referred for professional conduct
Medical and Dental (Medical)	3	63	21	32	10
Medical and Dental (Dental)	1	8	4	3	1
Nursing Council	3	25	6	14	5
Pharmacy Council	2	5	1	2	2
Social Work and Psychology Council	3	5	0	4	1
Allied Health Professions Council	2	14	4	9	1
Health Assessment Committee	1	6	3	2	1
<b>TOTAL</b>	<b>15</b>	<b>126</b>	<b>39</b>	<b>66</b>	<b>21</b>

**Graph 9:** Number of PIC meetings and status of cases



- Cases are closed when there is insufficient evidence to prove the claim of unprofessional conduct.
- A case remains under investigation when a PIC's intent is to obtain further information; further explanation from parties involved, expert or legal opinions, for example.

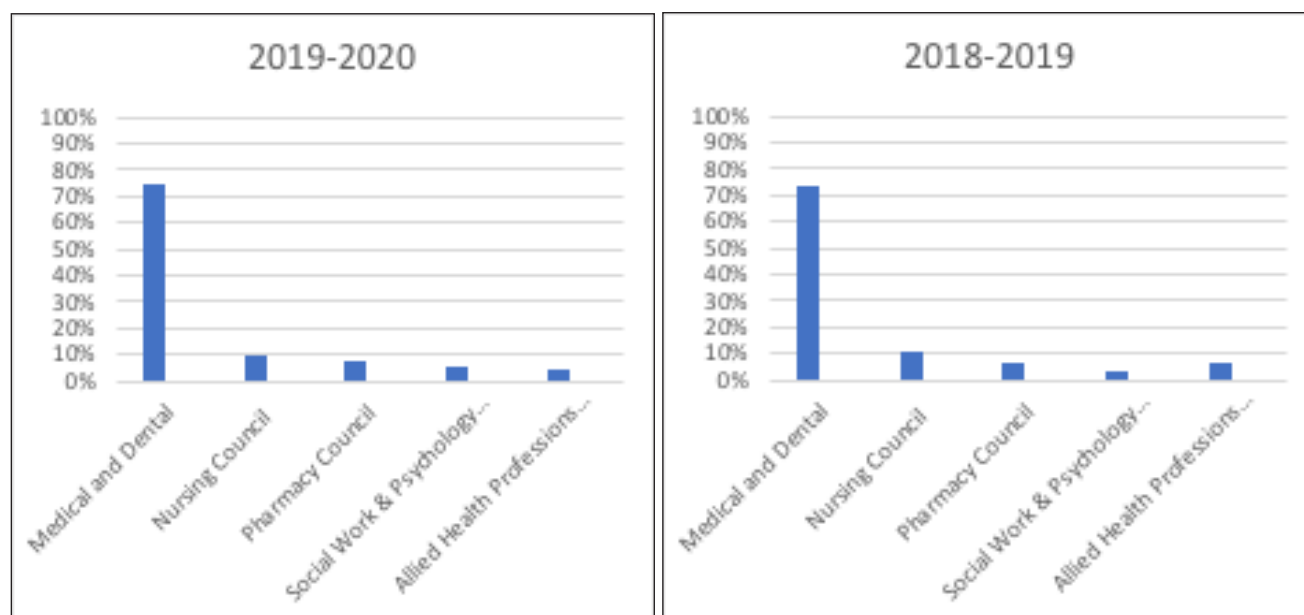
#### 1.2.1.2. Pending cases for preliminary investigation committee

Pending cases are those under investigations, including cases from previous years PICs, awaiting information from complainant and/or accused and/or health institutions and/or expert opinions and/or legal opinions. Table 20 presents 231 pending cases in 2019/2020 compared to 238 in the previous year.

**Table 20:** Pending cases per Council in comparison to previous year

COUNCIL	2019/2020	2018/2019
Medical and Dental Council	174	177
Nursing	24	26
Pharmacy	15	14
Social Work and Psychology	9	6
Allied Health Professions	9	15
TOTAL	231	238

**Graph 10:** Pending cases per Council during 2019-2020 in comparison to 2018 - 2019



- Medical and Dental Council remained dominant and constant in the number of cases that were outstanding. A slight increase was observed in other Council with an average increase of 1% compared to the previous year.
- Medical and Dental Council recorded a high receipt of complaint during this period, compared to the past five years. Delays in obtaining expert opinion, medical records, and the pace of conducting professional conduct inquiries, played a major role in the increased number of pending cases.
- A high request for expert opinion was attributed to the complicated services that medical practitioners provide and issues surrounding the complaints that may not be fairly investigated without the involvement of an expert. A number of specialists at the local private hospitals have expressed willingness to be engaged in providing expert opinions. This will alleviate the backlog of expert opinions.
- During this period, the department observed an increase in the requests for expert opinion by the PIC of the Nursing Council. Such requests translated into additional costs and a delay in investigations.
- The challenge remains with the provision of the medical records. The requests for the medical records are channeled through the office of the executive director in the Ministry of Health and Social Services. A delay in submitting the medical records from various hospitals and health facilities across the country to the office of the executive director and to Councils largely contributed to the number of outstanding cases.
- The Councils engage private legal practitioners to act as proforma complainant in professional conduct inquiries. The availability of such practitioners and costs often delay the schedule of inquiries thereby resulting in a backlog of cases pending inquiries. The department is in the process of recruiting personnel to provide legal opinions and conduct professional conduct inquiries in house and in conjunction with the private legal practitioners.

### **1.2.2 Professional conduct committees**

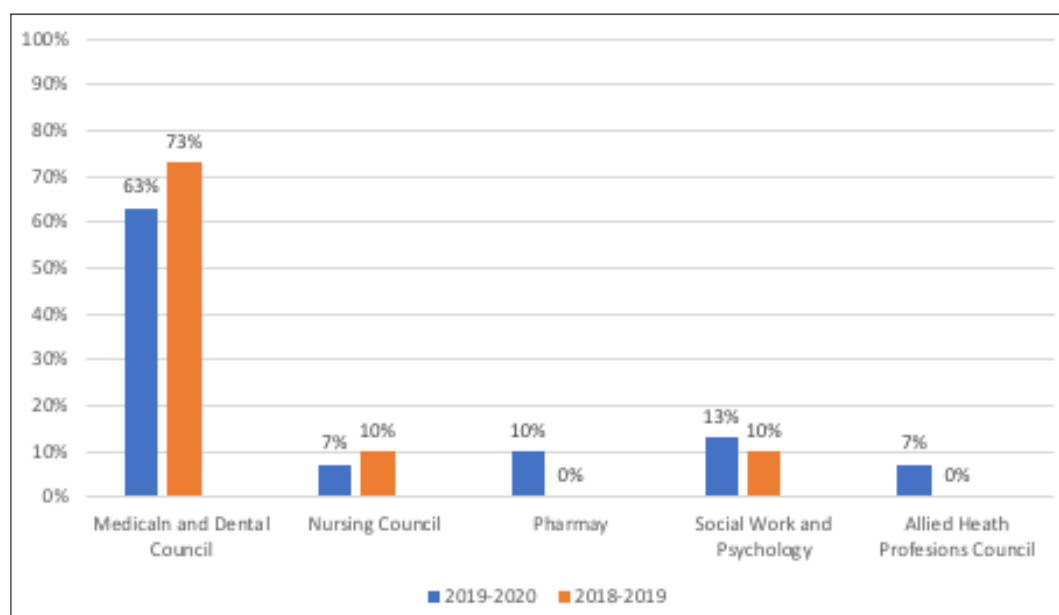
A professional conduct committee (PCC) is tasked to conduct professional conduct inquiry on behalf of Councils and to make recommendations on its findings to Councils for ratification. Table 21 shows there were 29 pending cases in 2018/2019 and 30 in 2019/2020.



**Table 21:** Pending cases for professional conduct inquiry in comparison with the previous year

COUNCIL	2018-2019	2019-2020
Medical and Dental Council	21	19
Nursing	3	2
Pharmacy	0	3
Social Work and Psychology	3	4
Allied Health Professions	0	2
<b>TOTAL</b>	<b>29</b>	<b>30</b>

**Graph 11:** Pending cases for professional conduct inquiry in comparison with previous year



- There is a need for more fund allocation for the prosecution of the cases, capacitation of the professional conduct division to conduct inquiries in-house and strengthen investigations of complaints. Although most inquiries are conducted in-house, the funds are required to secure expert witness and other witnesses to attend the inquiries.

Table 22 provides details of conducted inquiries and their outcomes.

**Table 22:** Professional conduct inquiries conducted

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
Medical and Dental Council	28-29 May 2019 & 11-12 February 2020	Dr. T J H Nel	Failure to attend to patient and make a correct diagnosis.	<p>Dr. Nel was found guilty of unprofessional conduct. The following penalties were imposed:</p> <ul style="list-style-type: none"> <li>• Suspension for a period of one year from practising his profession as a general surgeon, which suspension is suspended for a period of five years, provided he is not found guilty of a similar offence.</li> <li>• That he pays a fine of N\$ 70 000.00.</li> </ul>
Medical and Dental Council	12-16 August 2019, 15-18 October 2019 and 24-28 February 2020.	Dr. J H T Nel	Anastomosing the distal segment branches to the proximal oesophagus in the oesophageal atresia repair and failure to consider conservative treatment.	The inquiry is finalized, and the Professional Conduct Committee is yet to make its findings.
Social Work and Psychology Council	19-20 November 2019	Waldi Kubirske	Improper conduct in the custody and control case of a minor child and impeding on another practitioner's work.	<p>Ms. Kubirske was found guilty of unprofessional conduct. The following penalties were imposed:</p> <ul style="list-style-type: none"> <li>• Removal from the register</li> <li>• Payment of fine of N\$ 150 000.00</li> </ul>

### 1.2.3 Appeals committee

An appeal committee is mandated to deal with the appeals against decisions taken by the PCC or Council or failure to make decision by the Council.

The appeal committee held one appeal session during this period as shown in Table 23.

**Table 23:** Appeal held and outcome

COUNCIL	APPELLANT	PARTICULARS OF APPEAL	DATE OF HEARING	OUTCOME
Medical and Dental	Dr. Dhara Shastri	Appellant appealed against the decision of the Council to refuse her application for registration.	Matter was not scheduled	Appellant withdrew the appeal
Medical and Dental	Dr. Catherine Muthoga	Appellant appealed against the decision of the Council to refuse her application for registration as medical intern.	8 July 2019	The Council was ordered to register the appellant and refund the fees paid and pay cost incurred by the Appellant.

### 1.2.4 Appeal outstanding

Details of an outstanding appeal are presented in Table 24.

**Table 24:** Appeal outstanding

COUNCIL	APPELLANT	PARTICULARS OF APPEAL	DATE OF HEARING	OUTCOME
Allied Health Professions Council	Marine Kimaro	Appellant appeals against the decision of the Council to cancel his conditional registration.	11 July 2019	Matter not finalized due to the departure of the Chairperson of the Appeal Committee

## 2. HIGH/SUPREME COURT MATTERS

Table 25 pertains to court matters.

**Table 25:** Court matters

APPLICANT/ APPEALLANT	RESPONDENTS	CLAIM	PROGRESS
<b>Saskia Maturell Elias // Allied Health Professions Council</b>	Allied Health Professions Council	Applicant lodged a high court review application during June 2019 against the decision of the Council to refuse her application for registration as a Physiotherapist.	The matter is set for hearing.
<b>Dr. Ruhupisa Justus Kandando</b>	Medical and Dental Council	Dr. Kandando filed an appeal in the Supreme Court against the decision of the High Court to refuse his review application to nullify the scope of practice of Clinical Biochemists.	The matter was removed from the roll with costs to the Respondents on 31 March 2020.

## 3. LEGISLATIVE SUPPORT DIVISION

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

### 3.1 Regulations

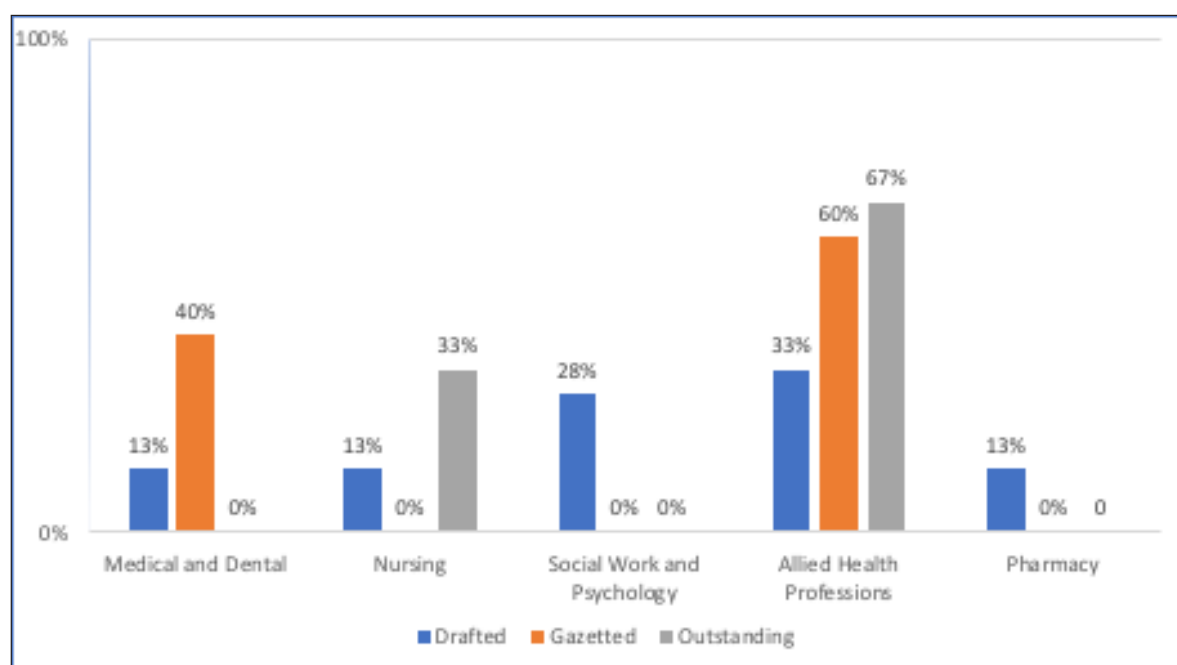
Table 26 presents information of 15 regulations that were handled in 2019/2020. Five were gazetted and three were drafted but not gazetted. Graph 12 depicts data in percentages.



**Table 26:** Regulations per Council drafted and gazetted and drafted but not gazetted

COUNCIL	Drafted	Gazetted	Drafted but not gazette (with Ministry of Justice for scrutiny)
Medical and Dental	2	2	0
Nursing	2	0	1
Social Work and Psychology	4	0	0
Allied Health Professions	5	3	2
Pharmacy	2	0	0
TOTAL	15	5	3

**Graph 12:** Regulations drafted, gazetted and drafted but not gazetted



Each profession requires regulations for student registration, minimum requirement for registration, scope of practice and other regulations for auxiliary matters. The division is embarking on ensuring that each profession is fully regulated.

### **3.2. Health Professions Bill**

The department has assisted the Minister of Health and Social Services in consultations with the legal drafters of the Ministry of Health and Social Services on the incorporation of the comments and input from the professional associations.

## **4. CHALLENGES FACED BY THE DEPARTMENT**

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

### **4.1 Investigation process**

- The investigation of complaints highly depends on the stakeholders for information. The health practitioners or institutions that are identified to provide information relating to a complaint tend to take time to provide such information and, in most cases, do not provide anything. This delays the process of investigation.

### **4.2 Professional conduct inquiries and appeals**

- The unavailability of funds remained the biggest challenge in the execution of the duties of the department during this period. The determination on the number of inquiries to be held in a year depends on the availability of funds. Capacitation of the department to undertake in-house legal opinion, inquiries and appeals has been underway and more inquiries will be conducted. Conducting of inquiries in-house will deal with the backlog of cases, but funds are still required to cater for the expenses relating to expert witnesses and other witnesses.
- The chairperson of the appeals committee, Adv. Esi Schimming-Chase, relinquished her position during December 2019 due to the fact that her senior council status was not conferred as envisaged by the Acts pertaining to Councils. The departure of the chairperson resulted in an appeal being outstanding. The Councils are in the process of appointing a new chairperson.

### 4.3 Administrative functions

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

## 5. CONCLUSION

1. The department is committed to performing its functions professionally and timeously within the resources available.
2. The plan to capacitate the department with qualified personnel to conduct professional conduct inquiries will assist in clearing the backlog of cases outstanding for inquiries and further cut on costs of engaging private legal practitioners.
3. The Ministry of Health and Social Services, and the Ministry of Justice, legal drafters in particular, have rendered immense support and assistance to the department in the execution of its functions.

# Section **three**

**Professional**

Affairs

Department

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# Medical and Dental Council

## Introduction

The Medical and Dental Council of Namibia (hereinafter referred to as the Council) is established in terms of the Medical and Dental Act, 10 of 2004 (hereinafter referred to as the Act). The Council regulates the practicing of thirteen (13) professions: medical practitioner, dentist, biomedical engineer, clinical biochemist, clinical officer, genetic counsellor, medical assistant, medical biological scientist, medical physicist, medical scientist, ophthalmic assistant, oral hygienist, and rural medical aid. This Council ensures that all persons who apply for registration to practice these professions are suitably qualified before they get registered. The Council also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under the Act. The Council's further functions include dealing firmly, fairly, and promptly with a registered person whom a charge, complaint or allegation of unprofessional conduct has been laid or whose fitness to practice his or her profession is in doubt.

## Council members

### **Front row seated (from left to right):**

*Dr Nguundja Uamburu,  
Mr Benetus Nangombe (Executive Director),  
Dr Bernard Haufiku (Former Hon Minister of Health),  
Ms Grace Mugaviri (Legal Practitioner),  
Prof. Fillemon Amaambo.*

### **Back row standing (from left to right):**

*Dr Silvio Suardi, Dr Johann Archer (Vice President),  
Mr Ngamane Karuaihe-Upi (Member of the public),  
Dr Wilson Benjamin (President),  
Dr Akutu Munyika, Dr Christo Buys, Dr Dean Kock.*

### **Not appearing on the picture:**

*Dr Adolf R. Kaura and Dr Elliot Newaka.*



### 3. COUNCIL AND COUNCIL COMMITTEES

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

#### 3.1. Council meetings

The Council was expected to hold not less than two meeting per financial year (01 April 2019 to 31 March 2020). The first Council meeting took on the 21 September 2019. The second meeting was scheduled for 28 March 2020 but had to be postponed due to the outbreak of Covid-19. At the first Council meeting the following number of resolutions were taken as shown in Table 27.

**Table 27:** Council resolutions

Number of Resolutions	Number of Resolutions Implemented	Number of Resolutions Pending
44	43(98%)	1 (2%)

#### Comments

The pending resolution relates to the appointment of members of the newly established postgraduate education and training (PET) committee. This committee is discussed in more detail under 3.6 below.

#### 3.2. Executive committee

This is the committee that exercises the powers and performs the duties or functions of the Council during the periods between the meetings of Council. However, the Council may amend or set aside, at its meeting any decision or act made or performed. The sub-committee did not hold a meeting, but some resolutions were taken by the same committee via round robin.

### 3.3. Education committee

The education committee advises the Council on any matter relating to, any requirement or qualification pertaining to the registration, education or training of persons or relating to the professions to which the Act applies. Three committee meetings were held during the reporting period as shown in Table 28.

**Table 28:** Meetings of the education committee

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Nine (9)	16 May 2019	7	2
	11 September 2019	7	2
	25 November 2019	8	1

### 3.4. Medical students and interns training committee

This committee advises the Council on matters relating to the training of medical students and interns. The committee may assist the Council in the exercise of such of its powers or the performance of such of its duties or functions in terms of the Act as the Council may delegate or assign to it from time to time. The committee is also tasked to review the training guidelines, logbooks and supervise the training of medical interns at approved training hospitals and health facilities. The committee held two meetings during the reporting period.

### 3.5. Dental students and interns training committee

This committee is established to assist the Council in the exercise of its powers or the performance of its duties or functions pertaining to training dental students and interns as the Council may delegate or assign to the committee from time to time. It is further responsible for the formulation of training guidelines, protocols and logbooks; the supervision of internship training at the approved training hospitals and health facilities and to oversee the remedial programme for dental graduates. The committee did not hold any meetings during the reporting period.

### 3.6. Postgraduate education and training (PET) Committee

The Council has constituted a sub-committee of the education committee called the postgraduate education and training (PET) committee. The committee was established

- to assist the Council with the evaluation of the curricula for postgraduate studies,
- to monitor the education and training of specialists;
- o coordinate the inspection of specialist training platforms;
- to evaluate the complex applications for specialist registration;
- to propose and regularly review the trainer to trainee ratio; and
- to develop training guidelines, policy, and criteria for the recognition of specialist training time.

The PET committee is yet to hold its first meeting.

## 4. CONTROL OVER EDUCATION AND TRAINING

Section 16 of the Act provides that no person or educational institution may offer or provide in Namibia any education, tuition or training having as its object to qualify any person to practise any profession to which this Act applies, unless such education, tuition or training has been approved by the Council as being appropriate education, tuition or training for such purpose. The same section also provides that the Council may appoint in writing from time to time a person to investigate whether the conditions and requirements in respect of a person or an educational institution, are being complied with and to report back to the Council in writing.

### 4.1 Inspection of training hospitals and health facilities

The Council has appointed healthcare professionals to inspect hospitals and health facilities for training of medical and dental interns and students. The inspectors for dental professions inspected four (4) private facilities for the training of dental interns. The inspectors for medical professions inspected three (3) state hospitals or health facilities for the training of medical interns and three (3) private hospitals for training of medical students. Table 29 shows the four (4) state hospitals inspected for training of medical interns.



**Table 29:** State hospitals inspected for training of medical interns

Hospital	Inspection date	Region	Outcome
Windhoek Central Hospital & Intermediate Katutura	01/08/2019	Khomas	Intake capacity increase from 150 to 200 interns per year.
Intermediate Hospital Oshakati	18/07/2019	Oshana	Intake capacity increase from 80 to 90 interns per year
Onandjokwe Intermediate Hospital	19/07/2019	Oshikoto	Intake capacity increase from 25 to 40 interns per year.

**Comments**

- All training hospitals were approved to continue with the training of medical interns as there were no major shortcomings reported.
- The hospitals are required to submit quarterly progress reports to the Council on the recommendation by the Council.

Table 30: Shows details of private hospitals inspected for training of medical students.

**Table 30:** Private health facilities inspected for training of medical students

Hospital	Inspection date	Region	Outcome
Rhino Park Private Hospital	27/02/2020	Khomas	Recommended to train twelve (12) sixth year students.
Ondangwa Private hospital	28/02/2020	Oshana	Recommended to train twelve (12) sixth year students and twenty (20) students in practical training.
Ongwediva Medipark Hospital	28/02/2020	Oshana	Recommended to train sixteen (16) fifth year students.

**Comments**

- Ongwediva Medipark Hospital was approved in 2016 for two (2) years to train twenty-six (26) medical students at the University of Namibia (UNAM). On re-inspection, the number of students was reduced from 26 to 16 who must be in their 5th year of study.

- All approved training hospitals are to be re-inspected every second year to monitor adherence to training requirements and standards.
- The hospitals were also required to address shortcomings identified and to implement the recommendations made.

Table 31: indicates private health facilities inspected to training dental interns.

**Table 31:** Health facilities inspected to train dental interns

Facility	Date inspected	Region	Outcome
Dr A.S. Uusiku dental practice	12/03/2019	Khomas	Approved to train one (1) dental intern
Dr Wallenstein dental practice	21/06/2019	Khomas	Approved to train two (2) dental interns
Integrated dental holdings Swakopmund	28/06/2019	Erongo	Approved to train one (1) dental intern
Dr Dean Kock dental Practice	01/07/2019	Erongo	Approved to train two (2) dental interns

#### Comments

- These facilities were inspected for the first time. They will be inspected annually to monitor adherence to training requirements and standards.
- These health facilities are to submit quarterly progress reports to the Council on internship training.
- Approval excludes training in community dentistry and maxillofacial and oral surgery for which they have no capacity to provide.

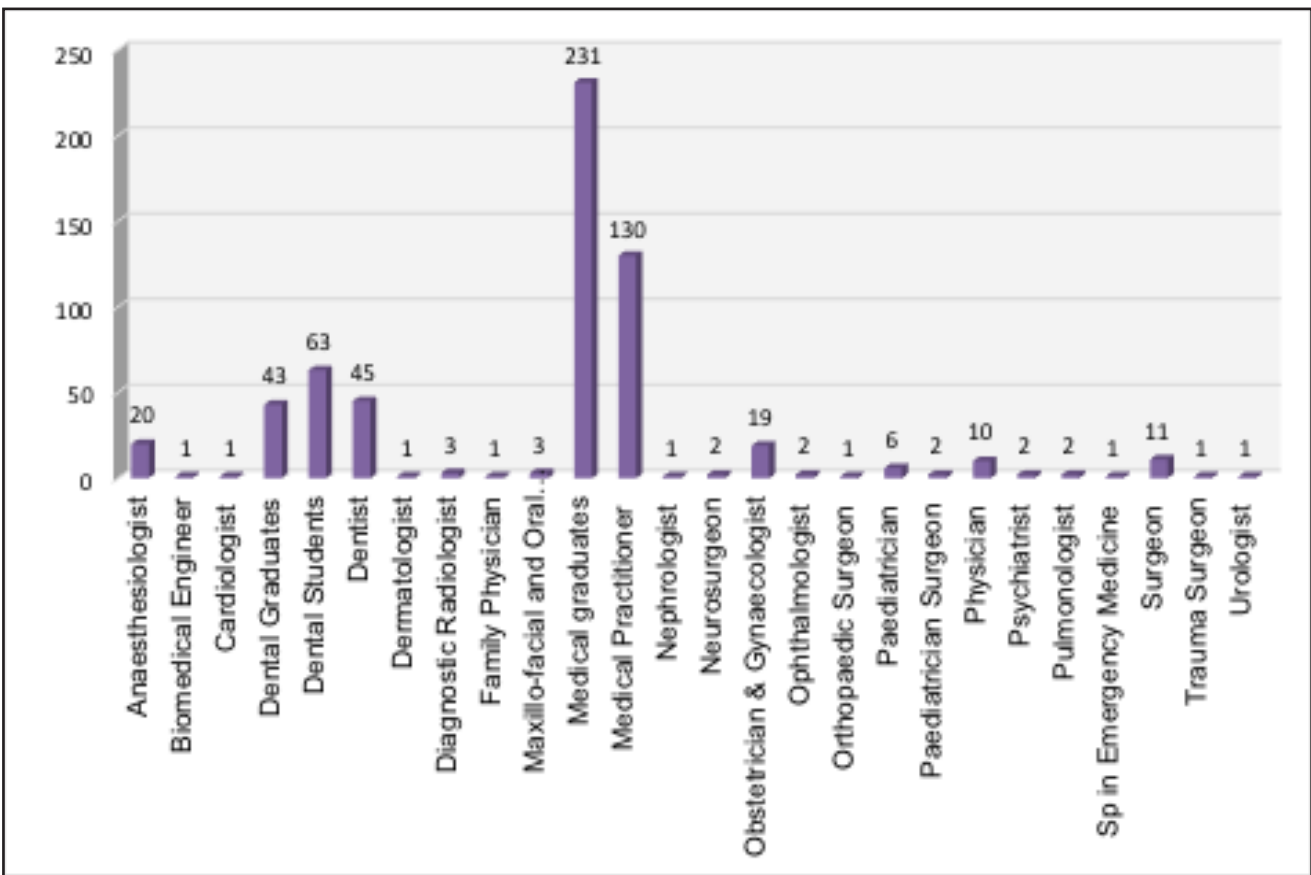
## 5. REGISTERS KEPT

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 the public for scrutiny.

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

### 5.1 Application for registration

The number of applications for registration received during the reporting period is presented in Figure 1.



**Figure 1:** Number of received applications for registration.

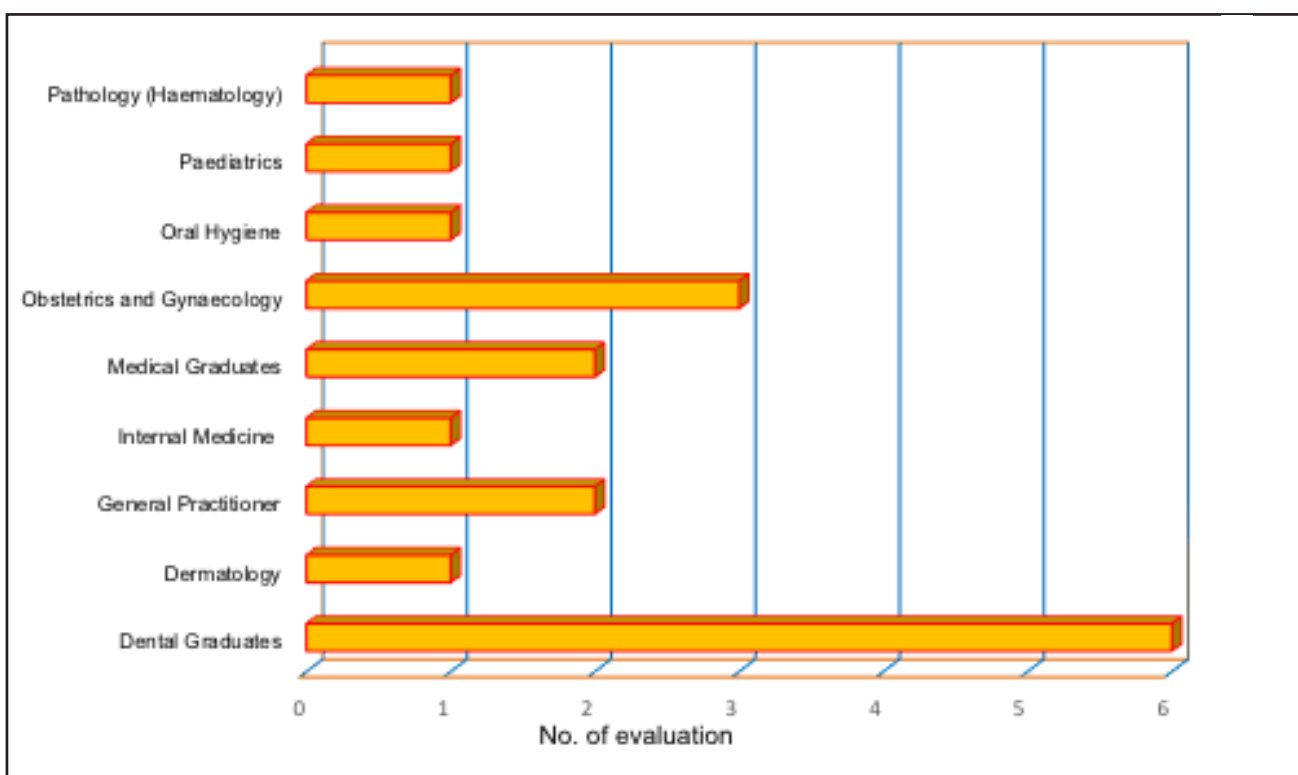
### Comments

- Two hundred and thirty-one (231) applications for registration as medical interns were received from foreign trained medical graduates.
- One-hundred and thirty (130) applications for registration as medical practitioners were mainly received from practitioners who completed internship training locally.
- More specialists applications were received for anaesthesiologists, obstetricians and gynaecologists as compared to other specialities.

### 5.2 PRE-REGISTRATION EVALUATION

Section 20 (3) (a) (i)(ii) of the Act, provides that the Council may require 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. In compliance with this provision, the Council has appointed healthcare professionals in various disciplines registrable under the Act to evaluate applicants seeking registration with the Council. A total of eighteen (18) evaluation sessions were held as indicated in Figure 2 below.

**Figure 2:** Pre-registration evaluation sessions held per discipline





## Comments

- Pre-registration evaluation is mandatory for all foreign trained healthcare professionals before registration with the Council.
- Out of the six (6) evaluation for dental graduates, three (3) were conducted orally and three (3) were written.

## 5.2 REGISTERED PRACTITIONERS

Table 32 shows the number of practitioners registered during the period under review.

**Table 32:** Registered female and medical practitioners

No.	Designation	Female	Male	Total
1	Anesthesiologist	3	14	17
2	Cardiologist	0	1	1
3	Cardiothoracic surgeon	0	1	1
4	Clinical haematologist	0	1	1
5	Dental intern	12	12	24
6	Dental student	41	21	62
7	Dental students in practical training	2	1	3
8	Dentist	30	11	41
9	Dermatologist	1	1	2
10	Diagnostic radiologist	1	4	5
11	Family physician	0	2	2
12	Gastroenterologist	0	1	1
13	Medical practitioner	80	64	144
14	Maxillo-facial and oral surgeon	0	4	4
15	Medical intern	125	45	170
16	Medical student	191	77	268
17	Medical students in practical training	176	80	256
18	Nephrologist	0	1	1

19	Neurologist	1	0	1
20	Neurosurgeon	0	1	1
21	Obstetrics and gynaecologist	1	13	14
22	Ophthalmologist	1	3	4
23	Oral hygienist	2	1	3
24	Oral medicine and periodontics	0	1	1
25	Orthopaedic surgeon	0	2	2
26	Otorhinolaryngologist	0	1	1
27	Paediatrician	1	4	5
28	Pathologist (anatomical)	0	2	2
29	Physician	2	9	11
30	Psychiatrist	1	0	1
31	Pulmonologist	0	1	1
32	Radiation oncologist	1	0	1
33	Specialist in emergency medicine	0	1	1
34	Specialist in nuclear medicine	0	2	2
35	Surgeon	0	8	8
36	Trauma surgeon	0	1	1
37	Urologist	0	3	3
38	Vascular surgeon	0	1	1
Total		672	395	1067

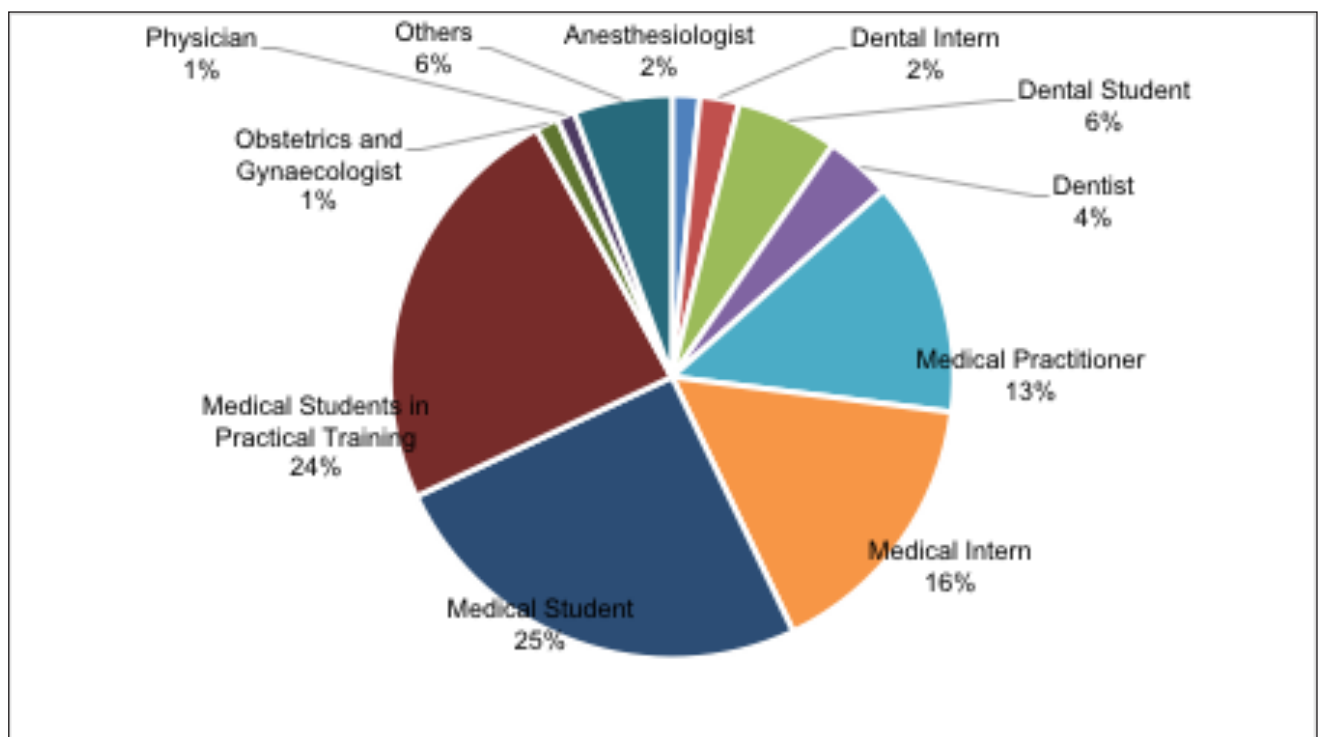
### Comments

- A few practitioners were registered temporarily for purposes of educational demonstrations or training as per section 29.
- The two hundred and sixty-eight (268) medical students registered include one hundred and sixty-eight

(168) UNAM first year undergraduate students for the 2018 and 2019 academic years, and one hundred (100) elective students pursuing medical education outside Namibia.

- The two hundred and fifty-six (256) medical students in practical training are foreign trained medical graduates who failed the pre-internship evaluation.
- The ninety-one (91) registered medical specialists include basic and sub-specialties.
- The one hundred and fifty-four (144) registered medical practitioners include those who are locally trained and those who qualified outside Namibia.
- The sixty-two (62) registered dental students consists of forty-one (41) UNAM first year undergraduate students for the 2018 and 2019 academic years, and twenty-one (21) elective students pursuing medical education outside Namibia.
- The five (5) registered dental specialists include four (4) maxillo-facial and oral surgeons, and one (1) in oral medicine and periodontist.

**Figure 3** indicates the percentage of practitioners registered per professional disciplines.



**Figure 3:** Percentage of practitioners registered.


### Comment

The 6% 'others' include the following disciplines: cardiologist, cardiothoracic surgeon, clinical haematologist, dental students in practical training, dermatologist, diagnostic radiologist, family physician, gastroenterologist, maxillo-facial and oral surgeon, nephrologist, neurologist, neurosurgeon, ophthalmologist, oral hygienist, oral medicine and periodontics, orthopaedic surgeon, otorhinolaryngologist, paediatrician, pathologist (anatomical), psychiatrist, pulmonologist, radiation oncologist, specialist in emergency medicine, specialist in nuclear medicine, surgeon, trauma surgeon, urologist, vascular surgeon.

Table 33 shows the cumulative number of practitioners (3567) on the register by 31 March 2020.

**Table 33:** Number of practitioners on the register by 31 March 2020

PROFESSIONAL DISCIPLINES	NUMBERS OF PRACTITIONERS
Anaesthesiologists	51
Specialists in critical care	1
Cardiologists	5
Cardiothoracic surgeons	9
Clinical biochemist specialists	1
Clinical haematologist	3
Dental interns	34
Dental students	72
Dental students in practical training	4
Dentists	218
Dentist and specialists	1
Dermatologists	11
Diagnostic radiologists	50
Family physicians	31
Gastroenterologists	2

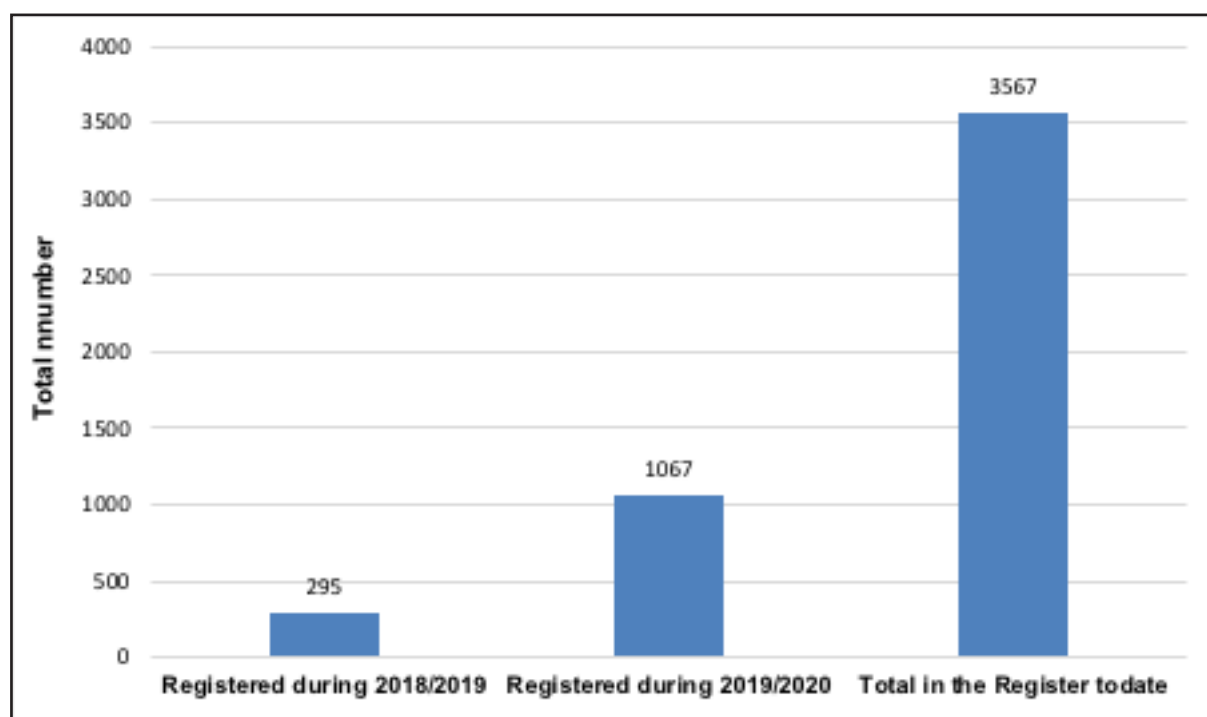
 <b>Maxillo-facial and oral surgeons</b>	5
<b>Medical assistants</b>	9
<b>Medical biological scientists</b>	7
<b>Medical interns</b>	357
<b>Medical oncologists</b>	1
<b>Medical physicists</b>	4
<b>Medical practitioners</b>	1229
<b>Medical scientists</b>	4
<b>Medical students</b>	728
<b>Medical students in practical training</b>	279
<b>Nephrologists</b>	3
<b>Neurologists</b>	5
<b>Neurosurgeons</b>	10
<b>Obstetrician and gynaecologists</b>	55
<b>Ophthalmic assistants</b>	21
<b>Ophthalmologists</b>	23
<b>Oral hygienists</b>	40
<b>Specialists in oral medicine and periodontics</b>	1
<b>Orthodontists</b>	3
<b>Orthopaedic surgeons</b>	32
<b>Otorhinolaryngologists</b>	10
<b>Paediatricians</b>	38
<b>Paediatric cardiologists</b>	4



<b>Pathologists (anatomical)</b>	15
<b>Pathologists (clinical)</b>	7
<b>Pathologists (forensic)</b>	3
<b>Pathologists (haematological)</b>	4
<b>Pathologists (microbiological)</b>	4
<b>Pathologists (virological)</b>	1
<b>Physicians</b>	56
<b>Plastic and reconstructive surgeons</b>	7
<b>Psychiatrists</b>	14
<b>Pulmonologists</b>	2
<b>Radiation oncologists</b>	13
<b>Rheumatologists</b>	1
<b>Rural medical aid</b>	4
<b>Specialists in emergency medicine</b>	5
<b>Specialists in infectious diseases</b>	1
<b>Specialists in nuclear medicine</b>	6
<b>Specialists in occupational medicine</b>	1
<b>Specialists in reproductive medicine</b>	1
<b>Surgeons</b>	44
<b>Trauma surgeons</b>	1
<b>Urologists</b>	14
<b>Vascular surgeons</b>	2
<b>Total</b>	<b>3567</b>

Figure 4 presents a comparison of the number of practitioners registered during 2018/19 financial year to the number of practitioners registered during the 2019/20 financial, and the cumulative number of practitioners on the register by the 31 March 2020.

**Figure 4:** Registered practitioners during 2018/19, 2019/20 and total on registers.



### 5.3 REMOVAL OF NAMES FROM THE REGISTERS

The removal from the register can happen voluntarily or involuntarily.

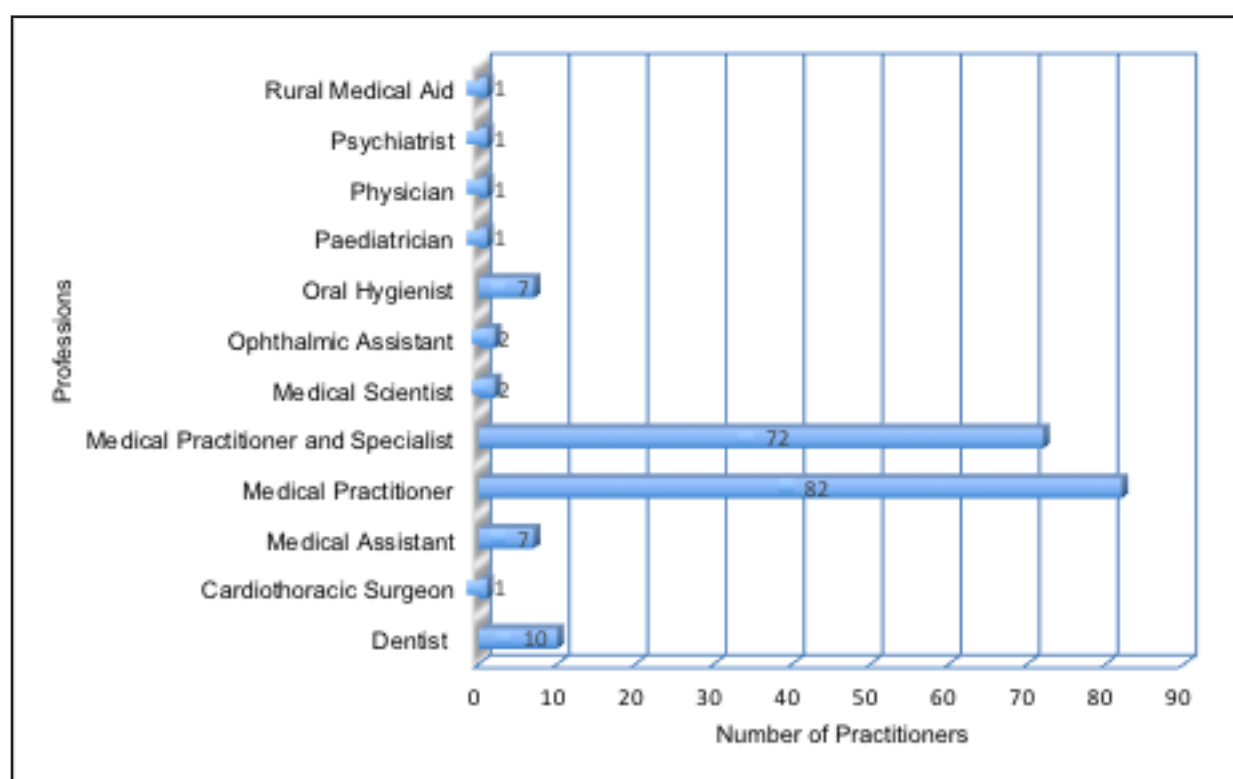
#### 5.3.1 Voluntary removal

Section 24 of the Act states the Council may remove from the register the name of any registered person who has requested in writing that his or her name be removed from the register. During the year under review only one (1) practitioner was voluntarily removed from the register due to retirement from active practice.

#### 5.3.2 Involuntary removal

Section 24 of the Act provides that the Council may remove from the register the name of any registered person who has failed to pay to the Council on or before 31<sup>st</sup> of March of the year the concerned annual fees. A total of one hundred and eighty-seven (187) registered practitioners were involuntarily removed from the register due to non-payment of annual fees as illustrated in Figure 5.

**Figure 5:** Involuntary removal of names from the registers per discipline



**Comment**

- One hundred and eighty-seven (187) practitioners were removed from the register.

## 6. REMEDIAL PROGRAMME FOR MEDICAL AND DENTAL GRADUATES

All foreign trained Namibians seeking registration as medical or dental interns are required to pass an evaluation. To assist those who failed the evaluation to prepare for their second and final chances of evaluation, graduates have to undergo a remedial programme for a period of not more than twelve months to equip themselves with knowledge and skills before taking the next evaluation.

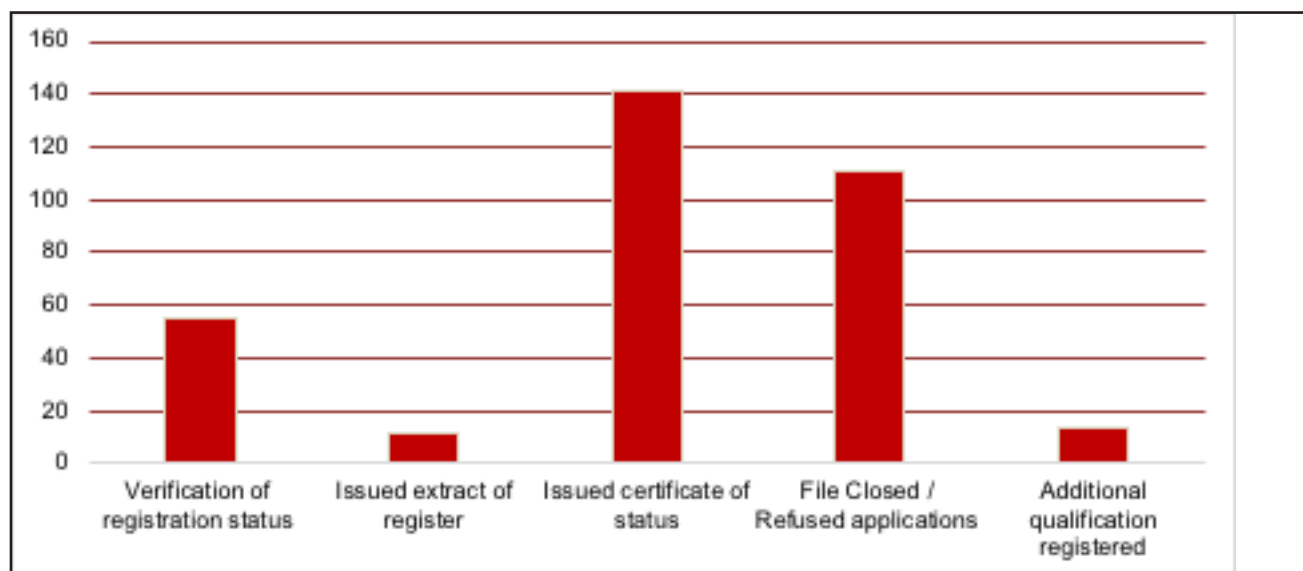
The remedial programme for medical graduates was initiated by the MoHSS with support of the stakeholders such as the Council, UNAM and Namibia Students Financial Assistance Fund (NSFAF) to address the gaps noted among the foreign trained medical graduates. The programme faced challenges during implementation.

With the number of medical and dental graduates increasing every year, the demand for the remedial programme was high putting more strain on the approved training hospitals and health facilities under the MoHSS. As a result, in March 2020 the Ministry of Health and Social Services instituted a review to have improve the effectiveness of the programme. More than two hundred seventy (270) medical graduates are expected to benefit from this programme. Similar attention is also needed for dental graduates.

## 7. VERIFICATION OF CREDENTIALS AND OTHER SERVICES

Since 1 September 2016, the Council has joined the Educational Commission for Foreign Medical Graduates (ECFMG) in the USA, for assistance in verifying the education credentials of the internationally qualified applicants seeking registration in Namibia. As a result, all foreign qualified individuals, when submitting applications for registration as medical practitioners in Namibia, are required to provide ECFMG verification of their academic credentials to the Council. The ECFMG verification provides assurance to the Council on the authenticity of the qualification on which an applicant is relying for registration. Figure 6 indicates the verification of registration status issued and other services rendered by the Council.

**Figure 6:** Verification of credentials and other services.



#### Comments

- Verifications of registration status were issued to ECFMG and the Dataflow Group in the United Arab Emirates.
- Extracts from the register were issued to practitioners who lost their original certificates of registration or simply wanted the new version of the registration certificate.
- Certificates of status were issued to practitioners going for further studies and for registration with other authorities outside Namibia.
- Closed files were because of incomplete applications, failure to pass evaluation or failure to meet the prescribed minimum requirements of study for registration. Notices of closure of files were communicated to applicants.

## 8. CONCLUSION

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



# Pharmacy Council of Namibia

## 1. Introduction

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

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

The functions of the Council further includes to deal firmly, fairly, and promptly with a registered person whom a charge, complaint or allegation of unprofessional conduct has been laid or whose fitness to practice his or her profession is in doubt.

## 2. Council members

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

**Front row seated (from left to right):**

Ms. Bonita R de Silva (legal practitioner),  
Mr Benetus Nangombe  
(Executive Director),  
Dr Bernard Haufiku (Former Hon Minister  
of Health),  
Ms. Fransina Nambahu,  
Ms. Ester Hango

**Back row standing (from left to right):**

Mr. Piet Williams (Vice-President ),  
Ms. Bona Naita T Nghishekwa (President),  
Mr. Ngamane Karuaihe-Upi  
(Member of the public)



The president of the Council Ms. B N T Nghishekwa resigned from the Council. Ms. F Shigwedha was appointed by the Minister to replace her. The president is to be appointed at the next Council meeting to take place in the new financial year.

### 3. SUMMARY OF COUNCIL ACTIVITIES

#### 3.1 Council meetings

Section 11 (4) of the Act stipulates that the Council must hold not less than two meetings in each year, and may hold, in addition thereto, such other meetings as the Council may determine from time to time. The first Council meeting for the reporting period was held on 12 September 2019. The second Council meeting was scheduled for 20 March 2020 but could not convene due to the Covid-19 pandemic.

Table 34 presents details of the meeting.

**Table 34:** Attendance of the Council meeting

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT WITH APOLOGY
12 September 2019	8	6	2

The Council has taken the following number of resolutions during the reporting period and the execution of those resolutions are indicated in Table 35.

**Table 35:** Resolutions implemented

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
18	16 (88.8%)	2 (11.2%)

The two pending resolutions relate to

- one curriculum under assessment
- one training institution's inspection is pending.

## 3.2. COMMITTEE MEETINGS

Section 12 (1) (a) of the Act stipulates that the Council must establish an executive committee of the Council to so exercise the powers and perform the duties of the functions of the Council. The Council may set aside or amend any decision or act of the executive committee made or performed. The executive committee held one meeting during the reporting period.

Section 12 (4) (a) of the Act states the Council must establish a standing education committee, consisting of such number of persons, including persons who are not members of the Council, as the Council may determine and appoint to such committee. The education committee must advise the Council with regard to and investigate and report to the Council in writing on any matter relating to, any requirement or qualification pertaining to the registration, education, tuition or training of persons in or relating to the professions to which this Act applies. The committee held two meetings during the period under review.

Section 12 (6) (a) of the Act further states that the Council may establish from time to time one or more committees, consisting of such number of persons, including persons who are not members of the Council, as the Council may determine and appoint thereto in writing.

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

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

In line with the above provisions, the Council established the practice committee which held four meetings during the period under review.

**Table 36:** Committee meetings

COMMITTEE	MEETING HELD	DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT WITH APOLOGY
Executive	1	22/10/2019	6	6	0
Education	2	19/08/2019	7	6	1
		06/03/2020	6	4	2
Practice	4	16/07/2019	5	4	1
		24/07/2019	5	4	1
		19/11/2019	5	5	0
		19/02/2020	5	4	1

The president of the Council resigned hence the difference in the total number of members at the second education meeting.

Recommendations of the committees were submitted to the Council for final decisions. The executive committee resolutions were submitted to Council for ratification.

### 3.3 CONTROL OVER EDUCATION AND TRAINING

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

### 3.3.1 Pharmacist interns

Table 37 shows the number of pharmacist interns registered during the reporting period.

**Table 37:** Pharmacist interns

TRAINING FACILITY	NUMBER OF INTERNS
Ongwediva Hospital Pharmacy	1
City Pharmacy	1
New-Med	1
Eland Pharmacy	1
Medipharm Apteek	1
Langerhans Pharmacy CC	1
Dis-Chem The Grove Mall Pharmacy	1
Bom Dia Main Pharmacy	1
Eros Apotheke	1
Wernhil Pharmacy	1
Platz Am Meer Pharmacy	1
Luisen Apotheke	1
Medisun Pharmacy CC	1
Riverside Pharmacy	1
Paramount Healthcare Centre Pharmacy CC	1
Zavi - Med Pharmacy	1
M Plus Pharmacy	1
Gobabis Pharmacy	1
M Plus Distributors	2
Windhoek Central Hospital Pharmacy	13
Rundu Intermediate Hospital Pharmacy	1
Walvis Bay State Hospital Pharmacy	3
<b>TOTAL</b>	<b>37</b>



During the period under review thirty-seven (37) pharmacist interns were registered, seventeen (17) doing training in public pharmacies and twenty (20) in private pharmacies.

### 3.3.2 Pharmacy students

Table 38 shows the number of pharmacy students who applied for registration during the reporting period.

**Table 38:** Pharmacy students

EDUCATIONAL INSTITUTION	DESIGNATION	NUMBER OF APPLICATIONS
University of Namibia	Student Pharmacists	48
University of Namibia	Student Pharmaceutical Technicians	45
International University of Management	Student Pharmacist's Assistants	24
Welwitchia Health Training Centre	Student Pharmacist's Assistants	19
<b>TOTAL</b>		<b>136</b>

### 3.3.3 Curricula assessment

Table 39 indicates the curriculums received by the Council to determine the acceptability for registration.

**Table 39:** Curricula received for assessment

NO	INSTITUTION	CURRICULUM	STATUS
1.	Chuvash State University <b>Russia</b>	Bachelor of Pharmacy Degree	Acceptable.
2.	University of Zambia <b>Zambia</b>	Bachelor of Pharmacy Degree	Partially acceptable
3.	Boitekanelo College <b>Botswana</b>	Diploma in Pharmacy	Partially acceptable
4.	Harare Institute of Technology <b>Zimbabwe</b>	Bachelor of Pharmacy Honours Degree	Assessment not finalised
5.	People's Friendship University of Russia <b>Russia</b>	Master of Science in Pharmacy Degree	Partially acceptable
6.	Eastern Mediterranean University <b>Cyprus</b>	Bachelor of Pharmacy Degree	Assessment not finalised
7.	CT University <b>India</b>	Bachelor of Pharmacy Degree	Assessment not finalised
8.	Wenzhou Medical University <b>China</b>	Bachelor of Pharmacy Degree	Assessment not finalised

- Graduates who are partially approved should complete specified modules before they are permitted to register as pharmacist interns.

### 3.3.3 New training pharmacies

Table 40 indicates the pharmacies approved or recommended to train pharmacist Interns, Student Pharmaceutical Technicians and Student Pharmacist's Assistants.

**Table 40:** Approved and recommended training pharmacies

NO.	DATE INSPECTED	NAME OF PRACTICE	STATUS
<b>KARAS REGION</b>			
1.	12/06/2019	Luderitzbucht Pharmacy	Recommended
<b>HARDAP REGION</b>			
2.	10/06/2019	Hardap Pharmacy	Recommended
3.	10/06/2019	Care-One Pharmacy	Recommended
4.	10/06/2019	Rehoboth Pharmacy	Approved
<b>KHOMAS REGION</b>			
5.	08/02/2020	Wernhil Pharmacy	Approved
6.	13/03/2020	Greenwall Pharmacy	Approved
7.	13/03/2020	Living Waters Pharmacy	Approved
8.	20/03/2020	Dis-Chem The Grove Mall Pharmacy	Approved
9.	04/02/2020	Victoria Pharmacy	Approved
<b>OMAHEKE REGION</b>			
10.	14/11/2017	Gobabis Pharmacy	Approved
<b>OTJOZONDJUPA REGION</b>			
11.	16/04/2019	Medi-Wize Grootfontein Pharmacy	Approval pending compliance with recommended changes
12.	16/04/2019	Grootfontein Private Hospital Pharmacy (PTY) Ltd	Approval pending compliance with recommended changes
<b>ERONGO REGION</b>			
13.	10/05/2019	Bismarck Pharmacy	Approval pending compliance with recommended changes
<b>OSHIKOTO REGION</b>			
14.	26/06/2019	Quality Pharmacy	Approved

OSHANA REGION			
15.	26/06/2019	Freedom Pharmacy Onguta	Approval pending compliance with recommended changes
OMUSATI REGION			
16.	20/03/2020	Omusati Pharmacy	Approved
OHANGWENA REGION			
17.	26/06/2019	Kaizzy Pharmacy	Approved
18.	26/06/2019	Santa Clara Pharmacy Oshikango CC	Recommended

Eighteen (18) pharmacies were inspected. Ten (10) were approved as training pharmacies for a period of three (3) years.

- Recommended pharmacy indicates that the pharmacy is approved by Council to offer training to the pharmacist interns and students for a period of 3 years.

### 3.4 REMEDIAL TRAINING AND EVALUATION

Twelve (12) graduates were referred to the University of Namibia (UNAM) School of Pharmacy (SoP) for remedial training and evaluation before they could register as pharmacist interns. These graduates were from JSS University in India and China Pharmaceutical University. Eleven (11) graduates from Lusaka Apex Medical University and two (2) from the University of Zambia were referred to the UNAM SoP for evaluation before they could be registered as pharmacist interns. The two (2) graduates from the University of Zambia passed the evaluation and were registered as pharmacist interns.

### 3.5 OPERATIONAL INSPECTION OF PHARMACEUTICAL FACILITIES.

Section 42. (1) of the Act stipulates that "Notwithstanding anything in this Act or in any other law, the Council may authorize in writing any person to inspect the professional practice of any registered person, including the premises where such practice is being conducted". In compliance with this provision, Table 41 provides information regarding pharmaceutical facilities inspected during the year under review.

**Table 41:** Pharmaceutical facilities inspected

NAME OF PHARMACY	DATE OF INSPECTION	APPROVAL STATUS
<b>KARAS REGION</b>		
<b>Khabuser Southern Dispensary</b>	11/06/2019	Approval pending compliance with recommended changes
<b>Keetmanshoop State Hospital Pharmacy</b>	11/06/2019	Approval pending compliance with recommended changes
<b>Luderitz State Hospital Pharmacy</b>	12/06/2019	Approval pending compliance with recommended changes
<b>KHOMAS REGION</b>		
<b>City Pharmacy</b>	20/05/2019	Approval granted with recommended changes
<b>Medi-Mart Pharmacy</b>	21/05/2019	Inspection halted due to relocation of the pharmacy.
<b>ERONGO REGION</b>		
<b>Dolphin Pharmacy</b>	10/05/2019	Approval granted with recommended changes
<b>Ocean View Chemist</b>	10/05/2019	Approval granted with recommended changes
<b>OTJOZONDJUPA REGION</b>		
<b>Vobaco Pharmacy</b>	16/04/2019	Approval granted with recommended changes

### 3.6 PRE-REGISTRATION EVALUATION

Section 22 (3) (a) (i) (ii) of the Act provides that the Council may require an applicant to pass to its satisfaction an evaluation to determine whether the applicant possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied for. Table 42 provides information regarding the pre-registration evaluations conducted during the reporting period.

**Table 42:** Evaluations conducted

DOMAIN AND NATURE OF EVALUATION	EVALUATION DATE	APPLICANTS INVITED	APPLICANTS DECLINED INVITATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED	APPLICANTS REGISTERED
<b>PHARMACISTS</b>							
<b>Competency</b>	13-Jun-19	31	29	2	2	0	2
<b>Calculations</b>	13-Jun-19	28	27	1	0	1	0
<b>Legal</b>	14-Jun-19	24	24	0	0	0	0
<b>Competency</b>	24-Oct-19	28	27	1	0	1	
<b>Calculations</b>	24-Oct-19	28	26	2	2	0	1
<b>Legal</b>	25-Oct-19	24	23	1	0	1	
<b>Competency</b>	17-Feb-20	6	4	2	1	1	
<b>Calculations</b>	17-Feb-20	3	2	1	1		1
<b>Legal</b>	18-Feb-20	3	1	2	1	1	
<b>TOTAL</b>		175	163	12	7	5	4
<b>PHARMACIST INTERNS</b>							
<b>Legal</b>	13-Jun-19	15	2	13	13	0	
<b>OSCE'S</b>	14-Jun-19	32	0	32	32	0	27
<b>Calculations</b>	14-Jun-19	41	0	41	28	13	
<b>Calculations</b>	30-Aug-19	13	0	13	13	0	13
<b>OSCE'S</b>	25-Oct-19	11	0	11	8	3	
<b>Calculations</b>	24-Oct-19	11	0	11	11	0	9
<b>OSCE'S</b>	15-Feb-20	4	0	4	3	1	
<b>Calculations</b>	17-Feb-20	19	1	18	12	6	
<b>Legal</b>	18-Feb-20	19	2	17	17	0	
<b>TOTAL</b>		165	5	160	137	23	49



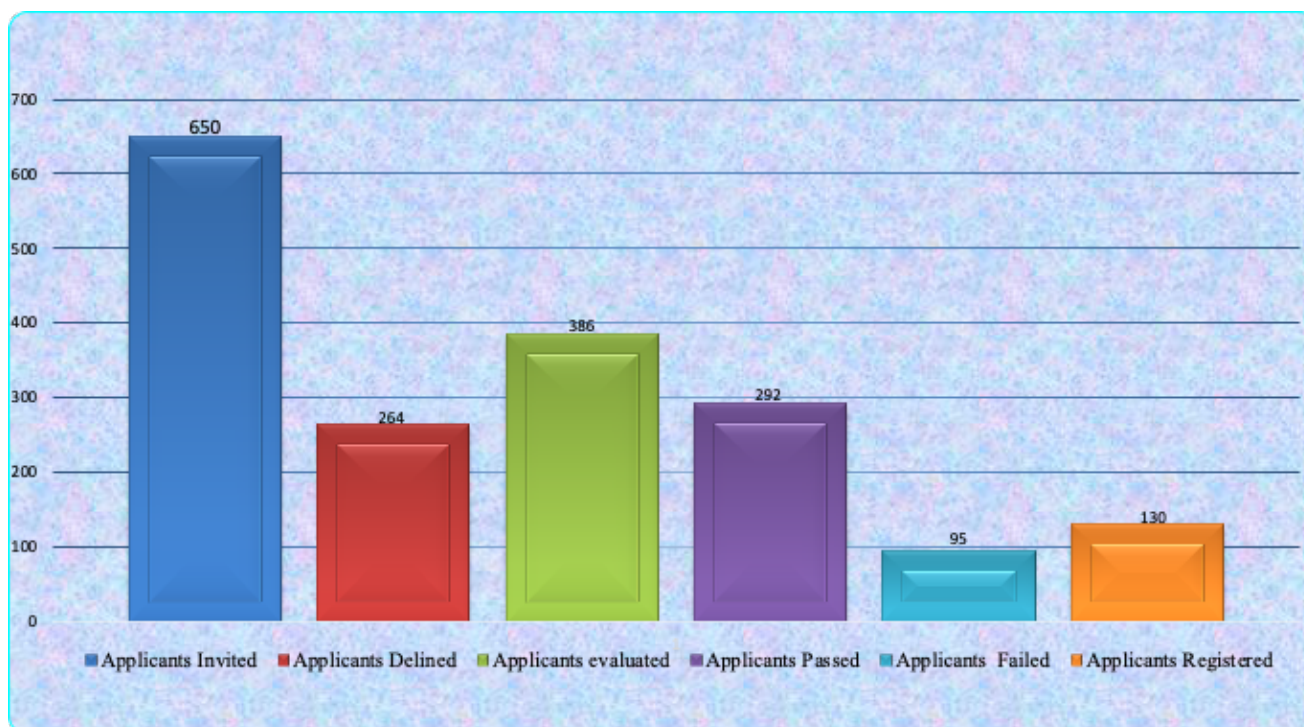
PHARMACEUTICAL TECHNICIANS							
Legal	13-Jun-19	27	19	8	8	0	0
OSCE'S	14-Jun-19	21	13	8	6	2	
Calculations	14-Jun-19	28	15	13	3	10	3
Calculations	30-Aug-19	6	0	6	2	4	2
OSCE'S	25-Oct-19	15	13	2	2	0	
Calculations	24-Oct-19	21	10	11	2	9	2
OSCE'S	15-Feb-20	10	6	4	0	4	
Calculations	17-Feb-20	21	10	11	0	11	
Legal	18-Feb-20	11	7	4	3	2	3
TOTAL		160	93	67	26	42	10
PHARMACIST'S ASSISTANTS							
Legal	14-Jun-19	53	0	53	44	9	44
Legal	24-Oct-19	9	0	9	7	2	7
Competency	17-Feb-20	29	1	28	27	1	16
Calculations	17-Feb-20	29	1	28	17	11	
Legal	18-Feb-20	30	1	29	27	2	
TOTAL		150	3	147	122	25	67
GRAND TOTAL		650	264	386	292	95	130

### Comments

- The pharmacist's assistants who completed training at the National Health Training Centre were assessed in pharmaceutical legal matters only.
- Seeing that this was a new training programme, the pharmacist's assistants who completed training at the International University of Management were assessed in competency, calculations and pharmaceutical legal matters.
- To be eligible for registration, candidates were expected to pass all domains. This has resulted in a smaller number of applicants passing the evaluation.

Graph 13: presents details of the evaluations conducted and the results.

**Graph 13:** Evaluation dynamics



### 3.7 REGISTERS KEPT

Admission to the registers as provided for under the Act is strictly controlled. The Act also contains very important provisions pertaining to the method of admission of practitioners to the register (section 22), the maintenance of registration of practitioners (section 25), the removal (section 26) or restoration of a name of a practitioner to the register (section 27), 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.

#### 3.7.1 REGISTER FOR PRACTITIONERS

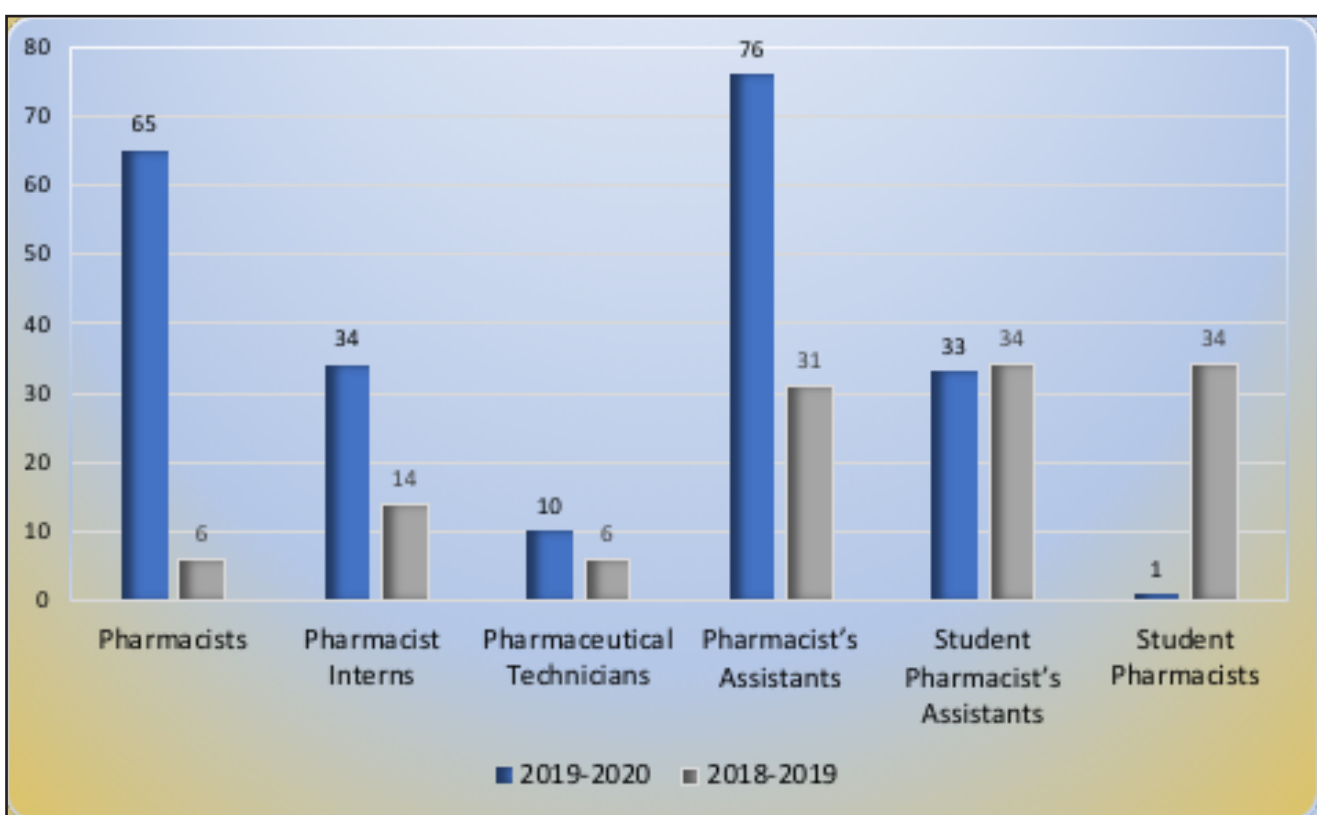
Table 43 indicates the number of the pharmacy practitioners registered during the period under review.

**Table 43:** Registered practitioners

PROFESSIONAL DESIGNATION	NUMBER REGISTERED
Pharmacists	65
Pharmacist Interns	34
Pharmaceutical Technicians	10
Pharmacist's Assistants	76
Student Pharmacist's Assistant s	33
Student Pharmacist	1
TOTAL	219

Graph 14 provides information of registered parctitioners in 2018/19 compared to 2019/20 reporting years.

**Graph 14:** Registered practitioners in 2018/19 versus 2019/20



### 3.7.2 REGISTER FOR PHARMACEUTICAL PRACTICES

Table 44 indicates the number of the pharmaceutical practices registered during the period under review.

**Table 44:** Registered pharmaceutical practices

PHARMACEUTICAL PRACTICE	APPLICATIONS RECEIVED	PRACTICES REGISTERED
Community Pharmacies	25	23
Wholesalers	8	8
Total	33	31

Comments:

Ninety-four percent (94%) of all the pharmaceutical practices that applied for registration were approved and registered. Six percent (6%) of the applications were still pending the recommended changes or submission of additional information.

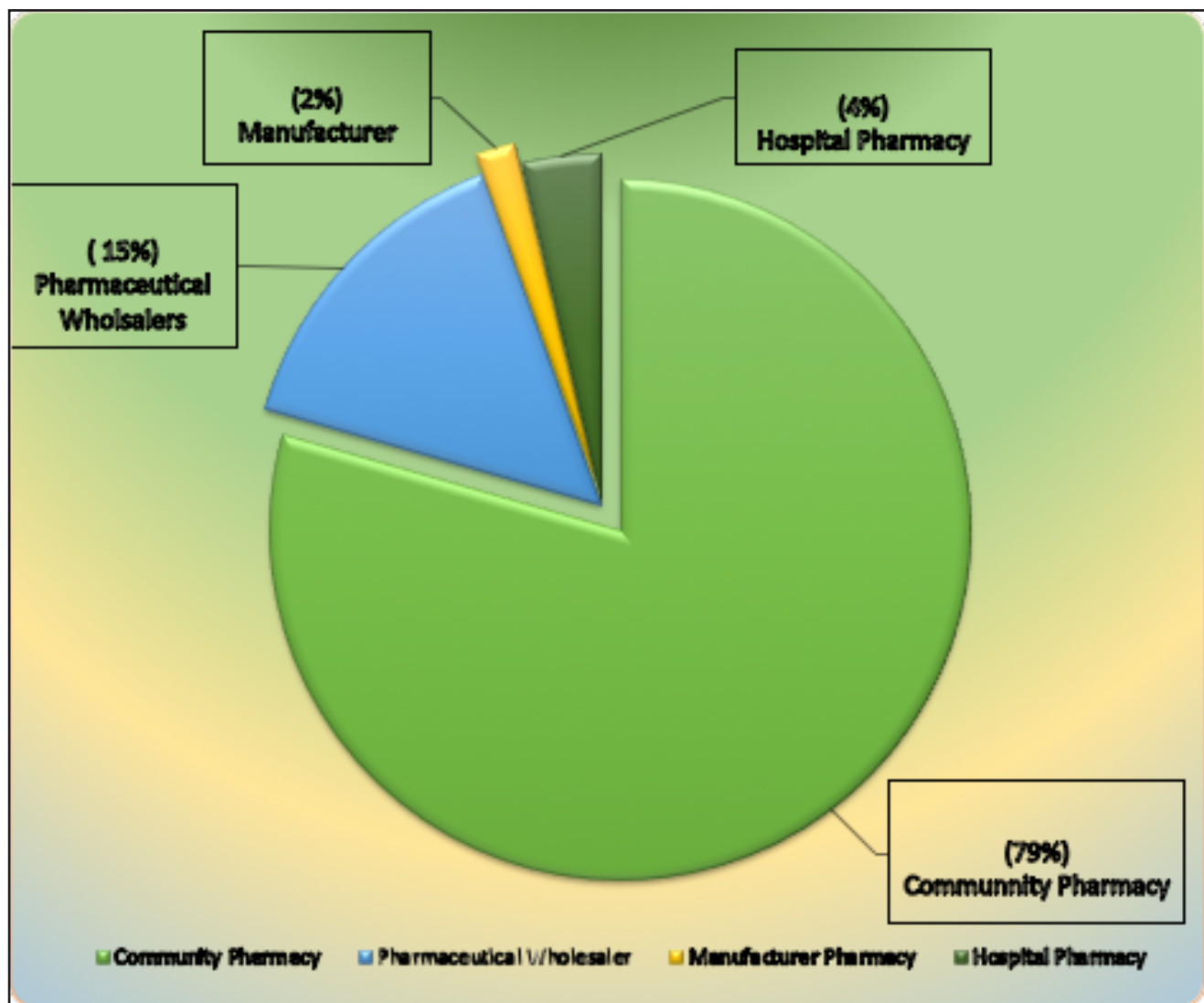
Table 45 indicates the cumulative number of the pharmaceutical practices on the register as of 31 March 2020.

**Table 45:** Pharmaceutical practices on the register by 31 March 2020

NATURE OF PHARMACEUTICAL PRACTICES	NUMBER ON THE REGISTER
Community Pharmacy	216
Pharmaceutical Wholesaler	41
Manufacturing Pharmacy	5
Hospital Pharmacy	10
TOTAL	272

Graph 15 provides the percentage of pharmaceutical practices on the register by 31 March 2020.

**Graph 15:** Pharmaceutical practices on the register by 31 March 2020



### 3.7.3 PRACTITIONERS ON THE REGISTER

Table 46 below indicates the cumulative number of the pharmacy practitioners on the register as of 31 March 2020.

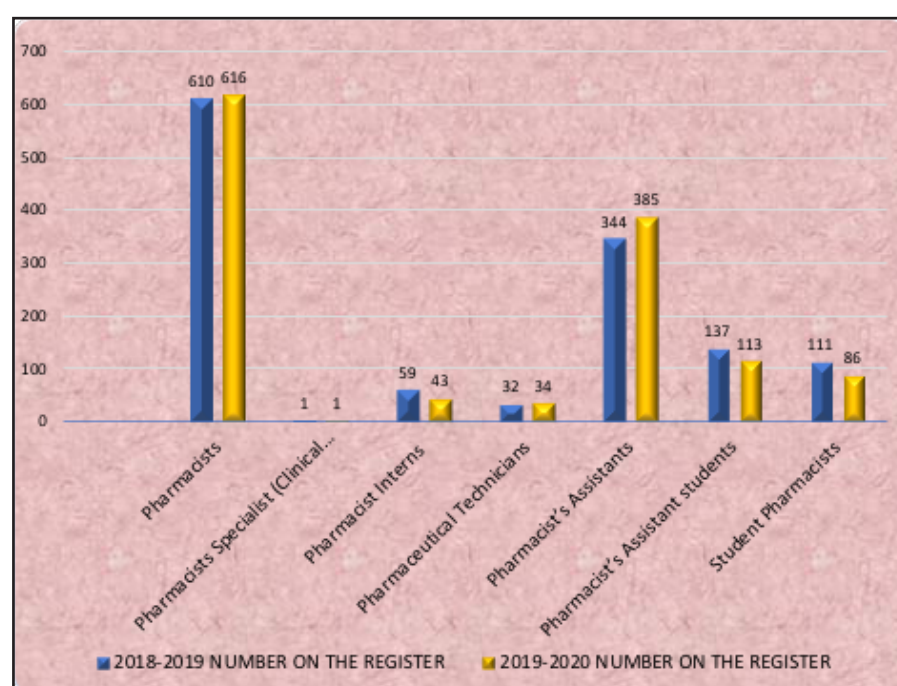


**Table 46:** Practitioners on the register by 31 March 2020

DESIGNATION	NUMBER ON THE REGISTER
Pharmacists	616
Pharmacists Specialist (Clinical Pharmacokineticist)	1
Pharmacist Interns	43
Pharmaceutical Technicians	34
Pharmacist's Assistants	385
Pharmacist's Assistant students	113
Student Pharmacists	86
<b>TOTAL</b>	<b>1278</b>

Graph 16 below provides information on number of practitioners on the register by 31 March 2019 as compared to the number of practitioners on the register by 31 March 2020.

**Graph 16:** Practitioners on register by 31 March 2019 compared to 31 March 2020



### 3.8 Other services

Table 47 indicates other practitioner related services provided by the Council.

**Table 47:** Practitioner related services

Activity	Pharmacists	Pharmaceutical technicians	Pharmacist's assistants	Interns/ students	Number of applications
Certificate of status	29	0	0	0	29
Removals	67	3	53	0	123
Restoration	4	0	5	0	9
Extract of the register	3	0	0	0	3
Cession of Contract	0	0	0	1	1
Reprint of practicing cards	22	0	0	0	22
Evaluation of foreign curriculums	4	1	0	0	5
Verification of completion of internship	0	0	0	1	1
Total	129	4	58	2	193

Table 47 indicates other pharmaceutical practice related services provided by the Council.

**Table 47:** Pharmaceutical practice related services

Activity	Community pharmacies	Wholesalers	Hospital pharmacies	Number of applications
Change of ownership	14	0	0	14
Change of Shareholder	1	0	0	1
Change of Pharmacy Layout/ Restructuring	5	0	0	5
Relocation	8	0	0	8
Registration of new Managing Director or Managing Member	4	4	0	8
Registration of Responsible Pharmacist	20	1	0	21
Resignation of Responsible pharmacist	3	1	0	4
Notification of closure of practice	3	0	0	3
Practice Now Operational	5	0	0	5
Total number of applications	63	6	0	69

## 4 Conclusion

The Council mandate of the Council is to ensure that all persons aspiring to practice the pharmacy profession in Namibia have acquired and maintained the required professional knowledge, skills, and competence. The Council has significantly delivered on this mandate.

# NURSING COUNCIL OF NAMIBIA

## INTRODUCTION

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 five (5) categories of nurses and midwives / accoucheurs namely; registered nurses/midwives or accoucheurs, registered nurses, registered midwives or accoucheurs, enrolled nurses / midwives or accoucheurs, nursing auxiliaries, as well as students and pupils pursuing these professional categories. 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. The functions of Council further include to deal firmly, fairly, and promptly with a registered / enrolled person to whom a charge, complaint or allegation of unprofessional conduct has been laid or whose fitness to practice his or her profession is in doubt.

**The Council comprises eight (8) members**



**Front row (from left to right):**

Ms Fransina Tjituka (President )  
Mr Benetus Nangombe  
(Executive Director)  
Dr Bernard Haufiku  
(Former Minister of MoHSS)  
Prof. Louise Pretorius,  
Dr Lusia

**Pinehas Back row (from left to right):**

Mr Eliud Shiwayu,  
Ms Cheryl Isaacs (Member of the  
public)  
Mr Gebhardo Timotheus (Vice  
President)  
Ms Hilma Shikwambi and  
Mr Tomas Nekongo  
(Legal Practitioner).



## 2. Summary of council activities

### 2.1 Council meetings

Section 11 (4) of the Act stipulates that the Council must hold not less than two meetings in each year and may hold, in addition thereto, such other meetings as the Council may determine from time to time. The Council held two meetings over the reporting period on the 05<sup>th</sup> of September 2019 and the 06<sup>th</sup> of March 2020. At these meetings, the following number of resolutions were taken as shown in Table 49.

**Table 49: Number of resolutions made by Council**

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
40	34	6

#### Comments

Most of the pending resolutions were related to education matters which could not be finalized within the reporting period as they needed further management by the education committee of the Council.

### 2.2 Executive committee of the Council

Section 12 (1)(a) of the Act stipulates that the Council must establish an executive committee (EXCO) of the Council to so exercise the powers and perform the duties or functions of the Council. The Council may set aside or amend any decision or act of the EXCO made or performed. During the period of reporting EXCO held one meeting on 12 July 2019.

### 2.3 Education committee of the Council

Section 12 (4)(a) of the Act further states that the Council must establish a standing education committee, to advise on any matter relating requirement or qualification pertaining to the registration, education, tuition or training of persons relating professions to which this Act applies. The committee held six meeting as shown in Table 50.

**Table 50:** Education committee meetings 2019/2020

COMMITTEE	NUMBER OF MEETINGS	MEETING DATES
Education Committee	6	26 <sup>th</sup> April 2019
		09 <sup>th</sup> May 2019
		14 <sup>th</sup> June 2019
		02 <sup>nd</sup> August 2019
		17 <sup>th</sup> January 2020
		14 <sup>th</sup> February 2020

### 3 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 persons, or the diagnosis, treatment, pharmaceutical care, or the prevention of any physical defect, illness, disease or deficiency in person, unless such education, tuition or training has been approved by the Council as being appropriate education, tuition or training for such purposes.

#### 3.1 Curricula received for approval

In line with the provisions of section 16 of the Act the following curricula were received for approval as shown in Table 51.

**Table 51:** Curricula received for approval

INSTITUTION	NATURE OF PROGRAMME	STATUS
<b>Shiramed Medical Institute</b>	Bachelor of Nursing Science	Approved
<b>Shiramed Medical Institute</b>	Certificate in Nursing and Midwifery Science	Shiramed Medical Institute is yet to make the changes to the curriculum as suggested by the Council.
<b>Alba Mwendela Nursing School</b>	Certificate Enrolled Nurse / Midwife / Accoucheur	Approved
<b>I – Care Health Training Centre</b>	Certificate Enrolled Nurse / Midwife / Accoucheur	Approved
	Certificate Nursing Auxilliary	Approved
<b>Higher Ground Training College</b>	Bachelor of Science Honours Degree	Higher Ground Training College is yet to make the changes to the curriculum as suggested by the Council.
<b>D’ Expert Health Care</b>	Certificate Enrolled Nurse / Midwife / Accoucheur	D’ Expert Health Care is yet to make the changes to the curriculum as suggested by the Council.
<b>Lady Luu School of Nursing</b>	Certificate Enrolled Nurse / Midwife / Accoucheur	Lady Luu School of Nursing is yet to make the changes to the curriculum as suggested by the Council.
<b>Welwitchia Health Training Centre</b>	Bachelor’s degree in Nursing Science	Welwitchia Health Training Centre is yet to make the changes to the curriculum as suggested by the Council.

The number nursing schools is increasing at an alarming rate. Space for clinical placement at hospitals and health facilities may thus soon become limited.

### 3.2 Institutions applied for accreditation to offer nursing education

Table 52 shows the educational institutions that applied to be inspected for purposes of providing nursing education and training.

**Table 52:** Educational institutions that applied for inspection

Region	Educational Institution	Qualification (s)	Remarks
<b>Khomas</b>	Welwitchia Health Training Centre (Windhoek)	Bachelor's in Nursing & Midwifery Science & Certificate Enrolled Nurse & Midwifery Science	Applications incomplete
<b>Erongo</b>	I – Care Health Training Institute (Walvisbay)	Diploma Enrolled Nurse & Nursing Science	For baseline inspection
	Welwitchia Health Training Centre (Walvisbay)	Certificate Enrolled Nurse & Midwifery Science	Application incomplete
<b>Oshana</b>	I – Care Health Training Institute (Ondangwa)	Diploma Enrolled Nurse & Nursing Science	For baseline inspection.
<b>Kavango West</b>	Welwitchia Health Training Centre (Nkurenkuru)	Certificate Enrolled Nurse & Midwifery Science	Application incomplete
	Alba Mwendela Nursing School	Certificate Enrolled Nurse & Midwifery Science	For inspection
<b>Otjozondjupa</b>	Welwitchia Health Training Centre (Kombat)	Bachelor's in Nursing & Midwifery Science	Application incomplete
	Welwitchia Health Training Centre (Kombat)	Certificate Enrolled Nurse & Midwifery Science	Application incomplete
<b>Zambezi</b>	Shiramed Medical Institute	BBachelor's r of Nursing Science curriculum & Certificate Enrolled Nurse & Midwifery Science	For baseline inspection

### 3.3 Hospitals and health facilities approved for training

Table 53 shows the hospitals and health facilities that were inspected and approved for practical training of student and pupil nurses/midwives/ accoucheurs.

**Table 53:** Approved training hospitals and health facilities

Region	Facility name	Ownership
<b>Khomas</b>	Mediclinic Private Hospital	Private
	Katutura Health Centre	Public
	Maxuilili Health Centre	Public
	Robert Mugabe Clinic	Public
<b>Karas</b>	Luderitz Clinic	Public
	Rosh Pinah Clinic	Public
	Karasburg Clinic	Public
	Daan Viljoen Clinic	Public
	Keetmanshoop Clinic	Public
	Bethanie Clinic	Public
	Aroab Health Centre	Public
	Keetmanshoop Hospital	Public
<b>Hardap</b>	Maltahohe Health Centre	Public
	Maltahohe Clinic	Public
	Aranos Health Centre	Public
	Aranos Clinic	Public
	Gibeon Clinic	Public
	Mariental Hospital	Public
	Mariental Clinic	Public
	Rehoboth Block E Clinic	Public
	Rehoboth Health Care	Public
	St Mary's Hospital	Roman Catholic Hospital (subsidized by Government)
<b>Oshana</b>	Oshakati Hospital	Public
	Oshakati Primary Health Care Clinic	Public
	Ou Nick Health Centre	Public
	Okatana Health Centre	Public
	Ongwediva Health Centre	Public
	Eluwa Clinic	Public
	Ondangwa Health Centre	Public
	Uukwiyuushona Clinic	Public
	Eloolo Clinic	Public
	Ongwediva Medipark Private Hospital	Private
	Onamutayi Clinic	Public
	Okaku Clinic	Public

<b>Omusati</b>	Outapi Hospital	Public
	Oshikuku Hospital	Public
	Okalongo Health Centre	Public
	Tsandi Hospital	Public
	Onesi Health Centre	Public
	Indira Ghandi Health Centre	Public
<b>Ohangwena</b>	Okongo Hospital	Public
	Eenhana Hospital	Public
	Engela Hospital	Public
<b>Omaheke</b>	Corridor 7 Clinic	Public
	Epako Clinic	Public
	Leonardville Clinic	Public
	Otjinene Health Centre	Public
	Tallismanus Clinic	Public
	Epukiro Post 3	Public
	Gobabis Hospital	Public

## 4 REGISTERS / ROLLS KEPT

Admission to the register / roll 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/roll, the maintenance of registration/enrollment. These registers/rolls lie open during ordinary office hours at the office of the Registrar for inspection by any interested member of the public.

### 4.1 Register for student nurses / midwives / accoucheurs

Table 54 presents the number of student nurses/midwives/ accoucheurs registered per educational institution during the reporting period.



**Table 54:** Registered student nurses / midwives / accoucheurs

EDUCATIONAL INSTITUTION	NUMBER OF STUDENT NURSES / MIDWIVES/ ACCOUCHEURS
University of Namibia: Windhoek Campus – Diploma in Nursing and Midwifery Science	72
University of Namibia: Windhoek Campus – Bachelor's Degree in Nursing Science	96
University of Namibia: Oshakati Campus - Bachelor's Degree in Nursing Science	99
University of Namibia: Rundu Campus - Bachelor's Degree in Nursing Science	89
University of Namibia: Keetmanhoop Campus Bachelor's Degree in Nursing Science	41
Welwitchia Health Training Centre: Windhoek Campus – Bachelor's Degree in Nursing Science	38
Welwitchia Health Training Centre: Nkurenkuru Campus - Bachelor's Degree in Nursing Science	28
Welwitchia Health Training Centre: Kombat Campus- Bachelor's Degree in Nursing Science	35
International University of Management: Bachelor's Degree in Nursing Science	60
<b>TOTAL</b>	<b>558</b>

## 4.2 Roll for pupil nurses/midwives/accoucheurs

Table 55 shows the number of pupil nurses/midwives/ accoucheurs enrolled per educational institution during the reporting period.

**Table 55:** Enrolled pupil nurses/midwives/accoucheurs

EDUCATIONAL INSTITUTION	NUMBER OF PUPIL NURSES / MIDWIVES/ ACCOUCHEURS
Alba Mwendela Nursing School	82
I – Care Health Training Institute	222
Welwithchia Health Training Centre - Windhoek Campus	46
Welwithchia Health Training Centre -Walvisbay Campus	52
Welwithchia Health Training Centre – Nkurenkuru Campus	60
Welwithchia Health Training Centre – Kombat Campus	52
<b>TOTAL</b>	<b>514</b>

#### 4.3 Roll for nurses/ midwives/ accoucheurs

Table 56 shows the number of graduates enrolled as nurses/midwives/ accoucheurs during the reporting period.

**Table 56:** Graduates enrolled as nurses / midwives / accoucheurs

Educational Institution	Number of graduates
National Health Training Centre	45
Keetmanshoop Regional Health Training Centre	65
Otjiwarongo Regional Health Training Centre	49
Oshakati Regional Health Training Centre	42
Onandjokwe Regional Health Training Centre	43
Dr Richard Nchabi Regional Health Training Centre	38
<b>Total</b>	<b>282</b>

Pie chart 2 is a graphic illustration of the data graduates per institution.

**Pie chart 2:** Graduates per institution enrolled nurses / midwives / accoucheurs



#### 4.4. Register for nurses / midwives / accoucheurs

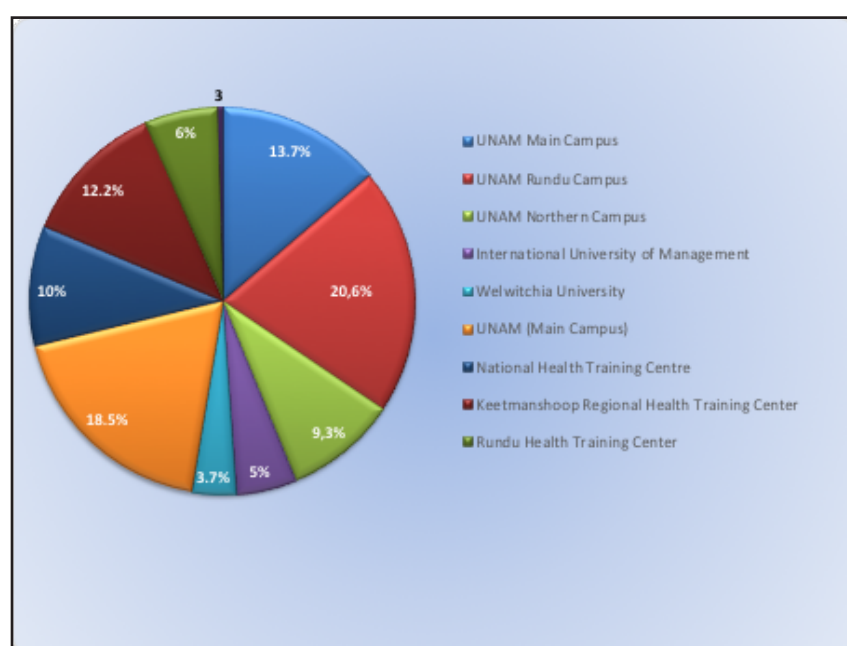
Table 57 shows the number of graduates registered as nurses/midwives/ accoucheurs during the reporting period

**Table 57:** Graduates registered as nurses / midwives / accoucheurs

Educational institution	Number of graduates
UNAM Windhoek Campus (Degree graduates)	100
UNAM Rundu Campus	89
UNAM Oshakati Campus	68
International University of Management Bachelors Degree	41
Welwitchia University Bachelors Degree	27
UNAM (Windhoek Campus) (Diploma graduates)	73
National Health Training Centre (Diploma graduates)	58
Keetmanshoop Regional Health Training Centre (Diploma graduates)	41
Rundu Health Training Centre (Diploma graduates)	44
<b>Total</b>	<b>541</b>

Pie chart 3 is a graphic presentation of data.

**Pie chart 3:** Graduates per institution registered as nurses / midwives / accoucheurs



#### 4.5 Registered foreign nationals

Table 58 shows the number of foreign national registered during the reporting period.

**Table 58:** Registered foreign nationals

Nationality	Designations	Number of applicants	Registered	Remarks
German	Registered Nurse	1	1	Passed evaluation
Romanian	Registered Nurse	1	0	Declined invitation for evaluation
South Africans	Registered Nurses & Midwives	11	11	Passed evaluation
Zimbabweans	Registered Nurses & Midwives	33	14	19 declined the invitations for evaluation
	Registered Nurses & Midwives	21	7	14 declined invitations for evaluation

#### 4.6 Temporary register

Section 31 (1) of the Act stipulates the Council may register, for the purpose of promoting education, tuition or training in respect of, or relating to, any profession to which this Act applies , any person not permanently resident in Namibia to teach or train or give educational demonstrations relating to any such profession for such period of time and subject to conditions as the Council may determine. Table 59 provides information regarding nurse and midwife practitioners registered temporarily during the reporting period.

**Table 59:**Temporary registered practitioners

Nationality	Designations	Total registered	Reason and Period for registration
Australians	Registered Nurses & Midwives	5	Training purposes for a period of 3 weeks at Oshakati Intermediate Hospital

#### 4.7 Additional qualification register

Section 33 (2) of the Act states any registered or enrolled person who, in addition to the qualification by virtue of which that person had been registered or enrolled in the first instance, desires to have (a) an additional qualification registered (b) a specialty registered; or (c) a subject or course listed for recognition, may apply to Council, in the form and manner determined by it, to have such additional qualification, specialty, subject or course listed against his or her name in the register or roll concerned. Table 60 provides information on qualifications listed against the names of practitioners on the register.

**Table 60:** Additional qualifications

Qualifications	Number of applicants
Postgraduate Diploma in Community Health Nursing Science	9
Postgraduate Diploma in Nursing Science (Health Service Management)	2
Postgraduate Diploma in Nursing Science (Nursing Education)	18
Postgraduate Diploma in Nursing Science (Critical Care)	1
Postgraduate Diploma in Nursing Science (Operating Room Nursing)	1
Postgraduate Diploma in Nursing Science (Health Promotion, Clinic Diagnostic & Treatment)	1
Certificate in Pharmacotherapy	1

#### 4.8 Nursing and midwifery practitioners on the register /roll

Table 61 shows the number of nursing and midwifery practitioners that were on the registers or rolls as of 31 March 2020.

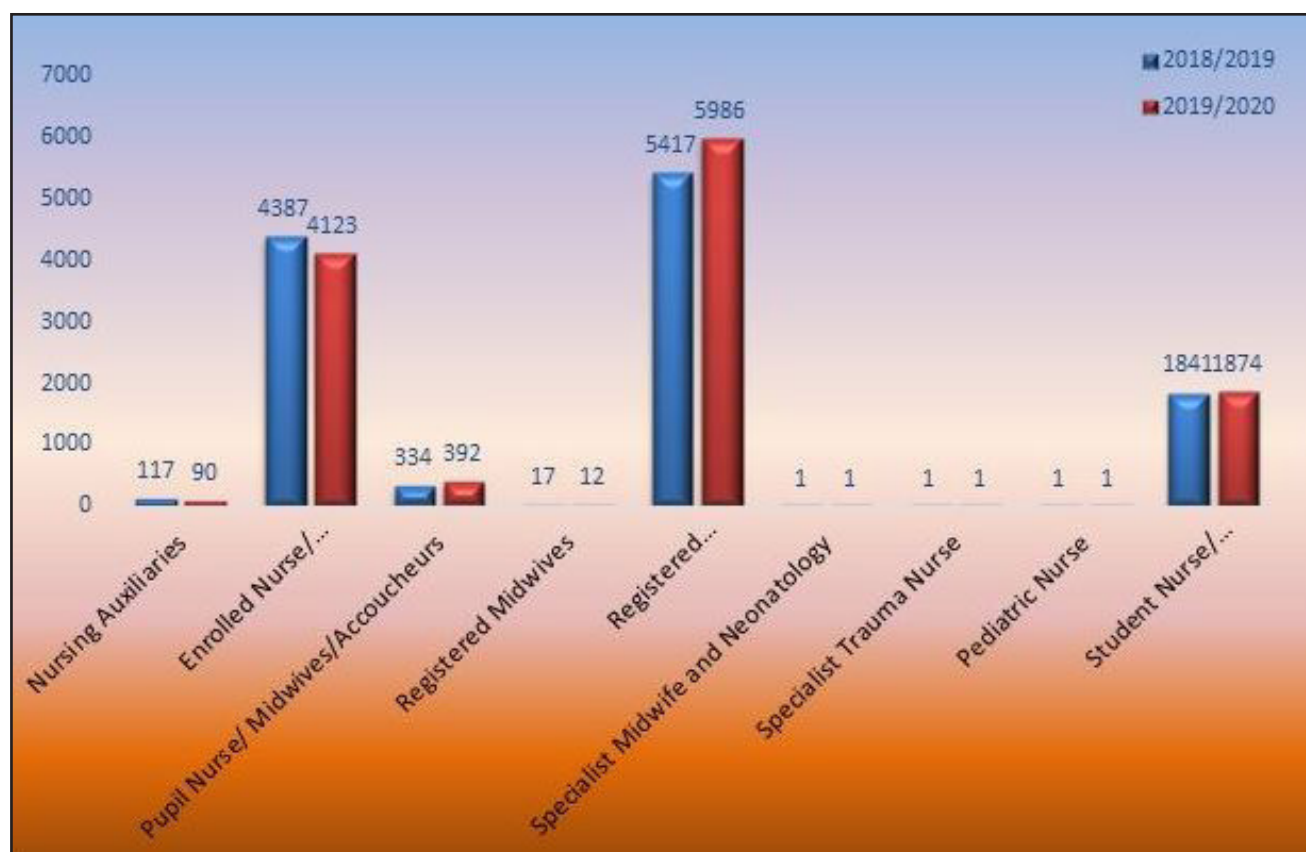
**Table 61:**Total number of practitioners on the register/roll

Designations	Number of practitioners
Nursing Auxiliaries	90
Enrolled Nurse / Midwives / Accoucheurs	4123
Pupil Nurse / Midwives / Accoucheurs	392
Registered Midwives	12
Registered Nurses	541
Registered Nurse / Midwives / Accoucheurs	5474
Pediatric Nurse	1
Specialist Midwife and Neonatology	1
Specialist Trauma Nurse	1
Student Nurse / Midwives / Accoucheurs	1874
<b>TOTAL</b>	<b>12 509</b>

Graph 17 is a presentation of comparative data.



**Graph 17:** The number of practitioners on the register / roll for 2018/2019 and 2019 /2020



## 5 VERIFICATION OF CREDENTIALS

Applicants seeking registration in Namibia are required to submit verification of their professional credentials from the countries they are currently registered. Similar requests were received from regulatory authorities with which professionals registered in Namibia were seeking registration. The countries and institutions that requested verification of credentials from the Council are indicated in Table 62 below.

**Table 62:** Requests for verification of credentials

Country	Total
United Arab Emirates	2
International Education Consultant Josef Silny & Associates, Inc	3
Botswana	14
Ireland	37
Kenya	12
New Zealand	3
South Africa	5
United Kingdom	36
United States of America	18
Uganda	2
Zambia	6
Zimbabwe	21

## 6 OTHER SERVICES

Table 63 provides information on other services rendered by the Council during the reporting period.

**Table 63:** Other services

Activity	Number
Registration / enrolment certificates issued	1603
Extracts from the register/roll issued	5
Practitioners whose names were involuntarily removed from the register/ roll	1175
Practitioners whose names were voluntarily removed from the register / roll	25
Practitioners whose names were restored to the register/ roll	81
Ethics and Jurisprudence Manuals sold	811
Namibian Standard Treatment Guidelines sold	173

## 7 CONCLUSION

The responsibility of the Council is to ensure that all persons aspiring to practice nursing and midwifery professions in Namibia have acquired and maintained the required professional knowledge, skills, and competence. This is done through proper monitoring of professional education and practice of all professions falling under this Act. The Council has significantly delivered on this mandate.

# ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

## INTRODUCTION

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

The Council's functions include the registration of practitioners, issuing of registration certificates, approval of training programmes, setting of education and practice standards, as well as keeping the register for persons practicing the allied and complementary health professions.

The Council's further functions include dealing firmly, fairly, and promptly with a registered person against whom a charge, complaint or allegation of unprofessional conduct has been laid or whose fitness to practice his or her profession is in doubt.

## COUNCIL MEMBERS

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

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



## 3 SUMMARY OF COUNCIL ACTIVITIES

### 3.1 Professional committees

Section 13(1) of the Act provides that the Council established eleven professional committees whose function are *inter alia*, to consider or investigate any matters pertaining to allied and complementary professions; to advise or make recommendations to the Council or the Minister on any matter falling within the scope of the Act; to recommend to or advise, the relevant education committee on the minimum requirements of study, qualifications, educational institutions, examinations and examiners; to advise the Council on the scope of practice; to investigate and report to the Council or education committee on any matter relating to any requirement or qualification for registration; to implement such decisions of the Council on the instruction of the Council; to consult and liaise with other professional committees on matters of mutual concern; and to exercise such powers and perform such functions and duties as may from time to time be delegated or assigned to or imposed upon them by the Council.

The Professional Committees held a joint meeting on 10 May 2019 and made the following recommendations which were approved by Council during the year under review.

- New training facilities to start training after the baseline inspection is conducted and clearance for commencement of training is provided.
- More evaluators and inspectors for training and educational institutions to be appointed.
- To draft generic evaluation guidelines for all professions.
- Professional committees for optometry and occupational therapy in consultation with dispensing opticians and medical rehabilitation workers to develop evaluation tools and to recommend dispensing opticians and medical rehabilitation workers to be appointed as evaluators.
- Professional committees for occupational therapy, environmental health, chiropractor, acupuncture/chinese medicine practitioner, phytotherapy, naturopathy, osteopathy, therapeutic masseur, therapeutic aromatherapist, therapeutic reflexology, dental technician and dietetics professions to develop intern logbooks and thereafter the Healthcare practitioners of the above-mentioned professions that wish to train interns can then apply to Council for clinical placement of interns.
- Emergency care, combat medic, biokinetic, radiography, environmental health, physiotherapy, occupational therapy and medical technology professions were to revise their self-assessment tools and aligned them with the new grading system.

## 3.2 PROFESSIONAL COMMITTEE MEETINGS

### 3.2.1 Professional committee for the emergency medical care professions

The committee held two meetings and discussed issues relating to application of a paramedic (advanced life support) from the United Kingdom (UK) and Atlantic Training Institution's curriculum for emergency care intermediate course.

The committee found that the applicant obtained a certificate in hazardous environment medicine paramedic over a period of two (2) years online study. Therefore, the Committee recommended that paramedics (Advanced life support) who graduated from the educational institutions in the UK with a certificate in hazardous environment medicine paramedic do not meet the minimum requirements of study for registration in Namibia. The final report for Atlantic Training Institution's curriculum is yet to be submitted to Council.

### 3.2.2 Professional committee for medical technology and related professions

The committee held one meeting and discussed issues relating to the curriculum for a diploma in biomedical sciences from Welwitchia Health Training Centre (WHTC). The committee recommended that WHTC should review its curriculum and re-submit it to Council for consideration.

## 3.3 Executive committee

The executive committee (EXCO) of the Council exercises the powers and performs the functions or duties of the Council during the periods between meetings of the Council. However, the Council may amend or set aside, at its meeting any decision or act made or performed EXCO. During the period under review, the following matters were dealt with by the EXCO as shown in Table 64.

**Table 64:** Matters dealt with by EXCO

ACTIVITY	DATE	STATUS
Roland Physiotherapy cc's inspection report	29 October 2019	Approved
University of Namibia Occupational Therapy department's inspection report	29 October 2019	Approved



### 3.4 COUNCIL MEETING

One Council meeting was held on 13 September 2019. The second Council meeting scheduled for 29 March 2020 had to be postponed due to the Covid-19 pandemic.

#### 3.4.1 Council resolutions

The resolutions are presented in Table 65.

**Table 65:** Resolutions taken by the Council

Number of resolutions	Resolutions implemented	Resolutions pending implementation
40	38(95%)	2(5%)

#### Resolutions pending implementation

1. The professional committees for the physiotherapy, biokinetic and medical technology professions to review and update the existing logbooks and submit them to Council for approval.
2. The professional committee for dietetic to review the existing regulations relating to minimum requirements of study for registration as dietician and recommend the qualification for lactation consultant to be prescribed as an additional qualification for dietetics before submission to the Minister.

## 4 CONTROL OVER EDUCATION, TUITION AND TRAINING

Section 17(2) of the Act provides that any person or educational institution intending to offer the education, tuition or training must apply to the Council in writing before offering such training. The following curriculums were submitted to the Council for approval as shown in Table 66.

**Table 66:** Curricula submitted to the Council for approval

INSTITUTION	PROGRAMME	STATUS
Atlantic Training Institution, Oshakati	Emergency Care Practitioner – Intermediate Certificate	Pending evaluation report
Welwitchia Health Training College	Diploma in Biomedical Science	Pending evaluation report

Table 67 shows the institutions that applied for approval to train students and or interns.

**Table 67:** Institutions applied for approval to train students and/or interns

INSTITUTION	NATURE OF TRAINING	INSPECTION DATE	REGION	STATUS
Namibia University of Science and Technology, Windhoek	Student Medical Laboratory Scientists	15 – 18 October 2019	Khomas	Approved
Jack Retief Biokinetics, Windhoek	Intern Biokineticists	16 August 2019	Khomas	Approved
Intermediate Hospital Katutura-Physiotherapy Department	Intern and Student Physiotherapists	Inspection was called off due to COVID - 19 outbreak.	Khomas	Pending inspection
Roland Physiotherapy cc	Intern Physiotherapists	26 September 2019	Khomas	Approved
Windhoek Central Hospital-Occupational Therapy Department	Student Occupational Therapists	22 November 2019	Khomas	Approved
Atlantic Training Institution, Windhoek	Emergency Care Practitioner - Basic	27 February 2020	Khomas	Pending
S & S Prehospital Emergency Care Training and Specialist Service cc	Emergency Care Practitioner - Basic	03 October 2019	Khomas	Approved
Med-Clinic and Roman Catholic Medical Imaging	Diagnostic Student Radiographers	19 July 2019	Khomas	Approved

## 5. APPLICATIONS FOR REGISTRATION

In terms of section 20 of the Act, any person who wishes to be registered must submit to the Registrar an application to the Council. Applications for registration received are indicated in Table 68.

**Table 68:** Number of applications received per professional designation and status of registration

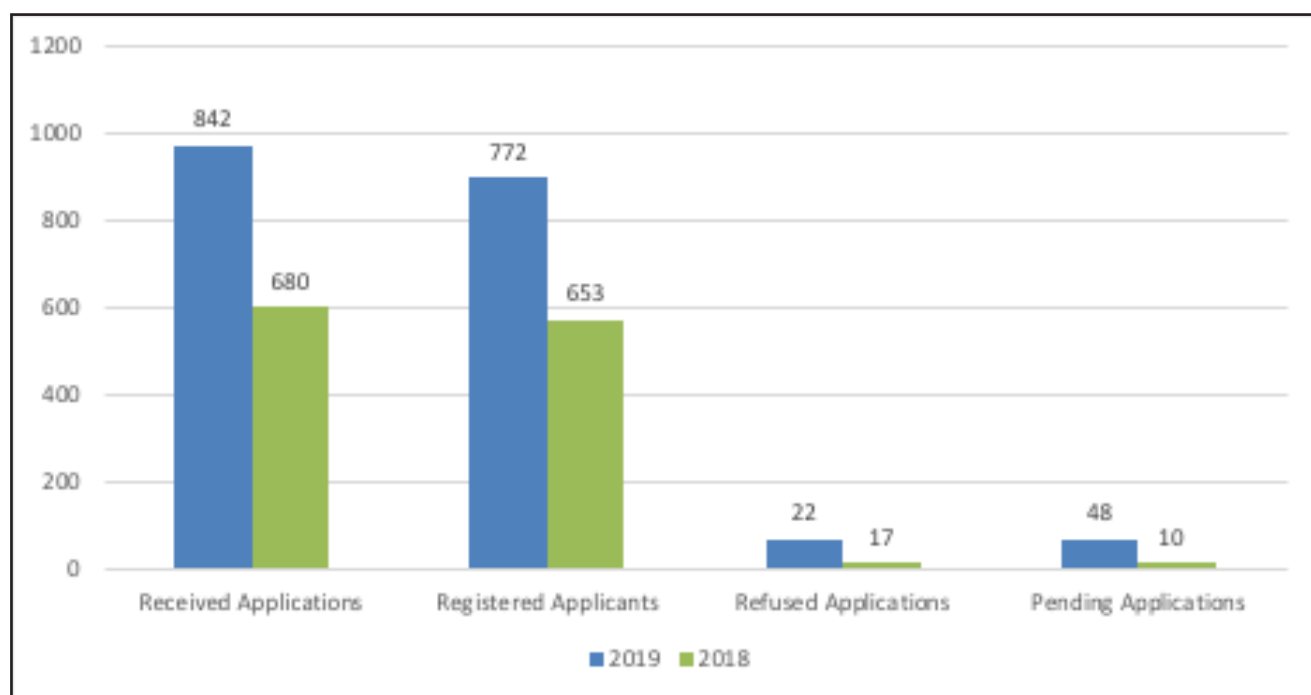
Professional designation	Number of applications	Registered	Refused	Pending
Audiologists	1	1	0	0
Biokineticists	9	3	1	5
Biokineticist Interns	2	2	0	0
Clinical Technologists	5	4	0	1
Chiropractors	1	1	0	0
Combat Medic Students	18	18	0	0
Dental Therapists	5	5	0	0
Dental Technologists	1	1	0	0
Dieticians	5	5	0	0
Dispensing Opticians	2	2	0	0
Emergency Care Technicians	6	6	0	0
Emergency Care Practitioner-Basics	266	263	0	3
Emergency Care Practitioner-Intermediates	24	22	2	0
Emergency Care Practitioner-Student Intermediates	48	48	0	0
Paramedics	8	8	0	0
Paramedic Students	24	24	0	0
Environment Health Practitioners	32	29	0	3
Environmental Health Practitioner Students	14	14	0	0
Environment Health Practitioner Assistants	47	47	0	0
Environmental Health Practitioner Assistant Students	24	24	0	0
Medical Laboratory Scientists	26	21	5	0

Medical Laboratory Scientist students	71	71	0	0
Medical Laboratory Technicians	6	6	0	0
Medical Laboratory Technician Students	3	3	0	0
Medical Technologists	4	2	0	2
Medical Technologist Interns	10	10	0	0
Medical Orthotist and Prosthetists	2	0	0	2
Nutritionist Students	1	1	0	0
Occupational Therapists	11	7	0	4
Occupational Therapist Students	13	13	0	0
Optometrists	6	4	0	2
Speech Therapists	4	3	0	1
Phytotherapists	1	0	0	1
Physiotherapist	27	4	14	9
Physiotherapist Interns	23	13	0	10
Physiotherapist Students	13	13	0	0
Diagnostic Radiographer Assistants	21	20	0	1
Diagnostic Radiographers	17	13	0	4
Diagnostic Radiographer Students	38	38	0	0
Nuclear Medicine Radiographers	1	1	0	0
Ultrasound Sonographers	2	2	0	0
<b>Total</b>	<b>842</b>	<b>772 (92%)</b>	<b>22 (3%)</b>	<b>48 (6%)</b>

Eight hundred and forty-two (842) persons applied for registration. Seven hundred and seventy-two (772) applications were successful; forty-eight (48) applications were pending either due to incomplete documentation or awaiting the pre-registration evaluation; and twenty-two (22) applicants did not meet the prescribed requirements for registration and were subsequently refused.

The 2018 and 2019 applications are shown in Graph 18.

**Graph 18:** Applications received in 2019 compared to 2018



As shown Graph 18 there was a significant increase in the number of applications received and applicants registered in 2019/2020 compared to the previous year. A possible reason for this could be the increased number of new training institutions in Namibia.

Table 69 presents a comparison of the number of healthcare practitioners registered in 2018/19 and 2019/2020.

**Table 69:** Comparison of number of practitioners on the register per profession between 2018/2019 and 2019/2020

NUMBER OF PRACTITIONERS IN 2018/19	NUMBER OF PRACTITIONERS IN 2019/20
4430	4936

There was an increase of 506 (10%) of practitioners on the register in the financial year 2019/2020 compared to the previous financial year.

### 5.1 Temporary registration

In terms of section 30 of the Act the Council may register, for the purpose of promoting education, tuition or training any person not permanently resident in Namibia to teach or train or give educational demonstrations relating to any such profession for such period of time and subject to such conditions as the Council may determine.

During the financial year under review, two physiotherapists were temporarily registered for a period of one year to assist the Council with inspections of training and educational institutions.

## 6 REGISTERS KEPT


The Council is made up of a diverse group of healthcare professionals providing a wide range of healthcare services to Namibians. In terms of section 24 of the Act, the Council must keep the registers of registered persons. A register is kept for each of the 70 professions falling under the Council. The cumulative number of persons per register (4936) is indicated in Table 70.

**Table 70:** Total number of practitioners on the register per profession

PROFESSION	NUMBER OF PRACTITIONERS
Art Therapists	1
Audiologists	9
Acupuncturists	2
Biokineticists	82
Biokinetic Interns	16
Chinese Medicine Practitioner and Acupuncturists	8
Chiropractors	14
Clinical Technologists (Cardiology)	12
Clinical Technologists (Cardio-vascular Perfusion)	2
Clinical Technologists (Nephrology)	7
Dental Technicians	37
Dental Technologists	12



 Dental Therapists	67
Dieticians	37
Dispensing Opticians	12
Emergency Care Practitioners (Basic)	1537
Emergency Care Practitioners (Intermediate)	350
Combat Medic Students	19
Emergency Care Practitioner (Intermediate) Students	38
Emergency Care Technicians	85
Environmental Health Practitioner	273
Environmental Health Practitioner Assistants	122
Environmental Health Practitioner Students	136
Environmental Health Practitioner Assistant Students	58
Hearing Aid Acousticians	9
Homoeopaths	9
Medical Laboratory Scientists	
(Clinical Pathology)	161
Medical Laboratory Scientists	
(Blood Transfusion)	3
Medical Laboratory Scientists	
(Cytotechnology Technique)	2
Medical Laboratory Scientist Students	
(Clinical Pathology)	130
Medical Laboratory Technicians	
(Blood Transfusion)	31
Medical Laboratory Technicians	
(Clinical Pathology)	97
Medical Laboratory Technicians (Histopathological Technique)	12
Medical Laboratory Technician Students (Clinical Pathology)	18
Medical Laboratory Technician Students	
(Blood Transfusion)	19
Medical Laboratory Technician Students	
(Cytotechnology Technique)	1
Phlebotomy Technicians	19
Phlebotomy Technician Students	8
Medical Orthotists and Prosthetists	21

 Medical Rehabilitation Workers	15
Medical Technology Interns	
(Clinical Pathology)	10
Medical Technologists	
(Clinical Pathology)	249
Medical Technologists (Blood Transfusion)	4
Medical Technologists (Chemical Pathology)	3
Medical Technologists	
(Cytotechnology Technique)	9
Medical Technologist	
(Histopathological Technique)	5
Music Therapist	1
Naturopaths	4
Nutritionists	4
Nutritionist Students	26
Occupational Therapists	117
Occupational Therapist Students	36
Ocularists	1
Optometrists	121
Orthopaedic Technologists	7
Orthopaedic Technicians	3
Operational Emergency Care Orderlies	2
Paramedics (Advanced Life Support)	90
Paramedics (Advanced Life Support) Students	84
Physiotherapists	168
Physiotherapist Interns	25
Physiotherapist Students	27
Phytotherapist	2
Podiatrists	1
Radiographers (Diagnostic)	207
Radiographers	
(Ultrasonography)	23

<b>Radiographers</b>	
<b>(Nuclear Medicine)</b>	6
<b>Radiographers</b>	
<b>(Therapeutic)</b>	13
<b>Radiography Assistants (Diagnostic)</b>	69
<b>Radiographer Students (Diagnostic)</b>	89
<b>Speech Therapists</b>	17
<b>Speech Therapists and Audiologists</b>	9
<b>Therapeutic Aromatherapists</b>	4
<b>Therapeutic Masseurs</b>	3
<b>Therapeutic Reflexologists</b>	6
<b>TOTAL</b>	<b>4936</b>

## 7 REMOVAL OF NAMES FROM THE REGISTER

### 7.1 Voluntary removal

In terms of section 25 of the Act, the Council may remove from the register the name of any registered person who has requested in writing that his or her name be removed from the register. During the year under review the names of six (6) practitioners were removed from the relevant registers.

### 7.2 Involuntary removal

Section 25 of the Act states that the Council may remove from the register the name of any registered person who has failed to pay to the Council on or before 31<sup>st</sup> of March of the financial year concerned the annual fees. Despite being mandatory for all registered practitioners to maintain their registration 12% of the practitioners on the register failed to do so as indicated in Table 71.

**Table 71:** Total number of practitioners removed from the registers

PROFESSION	NUMBER OF PRACTITIONERS
Audiologists	1
Acupuncturists	2
Chiropractors	1
Clinical Technologists	1
Dental Therapists	9
Dental Technologists	1
Dental Technicians	6
Dieticians	2
Dispensing Opticians	2
Emergency Care Practitioner-Basics	355
Emergency Care Practitioner-Intermediates	2
Emergency Care Technicians	1
Environmental Health Practitioners	23
Environmental Health Practitioner Assistants	11
Homeopaths	1
Hearing Aid Acousticians	1
Medical Laboratory Technicians	16
Medical Technologists	21
Medical Orthotists and Prosthetists	4
Medical Rehabilitation workers	5
Naturopaths	1
Nutritionists	1
Occupational Therapists	11
Optometrists	8
Orthopaedic Technicians	1
Physiotherapists	10
Paramedic-Advanced Life Supports	11
Radiographers	24
Radiography Assistants	8

 Speech Therapists	1
Therapeutic Masseur	2
Therapeutic Reflexologists	1
Unani Tibb	1
<b>TOTAL</b>	<b>545</b>

A total of 545 (12%) of practitioners were removed from the registers due to non- payment of annual fees. Amongst those removed, only 30 (6%) had applied for restorations of their names to relevant registers. Table 72 shows a comparison of the number of healthcare practitioners removed in the 2017/2018 practicing year and that of 2019/2020.

**Table 72:** Number of practitioners removed from the register in 2017/2018 compared to 2019/2020

 2017/18	2019/20
475	545

There was an increase of 70 in the number of practitioners removed from the register in the financial year 2019/2020 compared to the previous financial year.

## 8 VERIFICATION OF CREDENTIALS

### 8.1 Certificate of status

In terms of section 29 of the Act, a registered person may apply to the registrar for the issue of a certificate of status. Applications for certificates of status are indicated in Table 73.

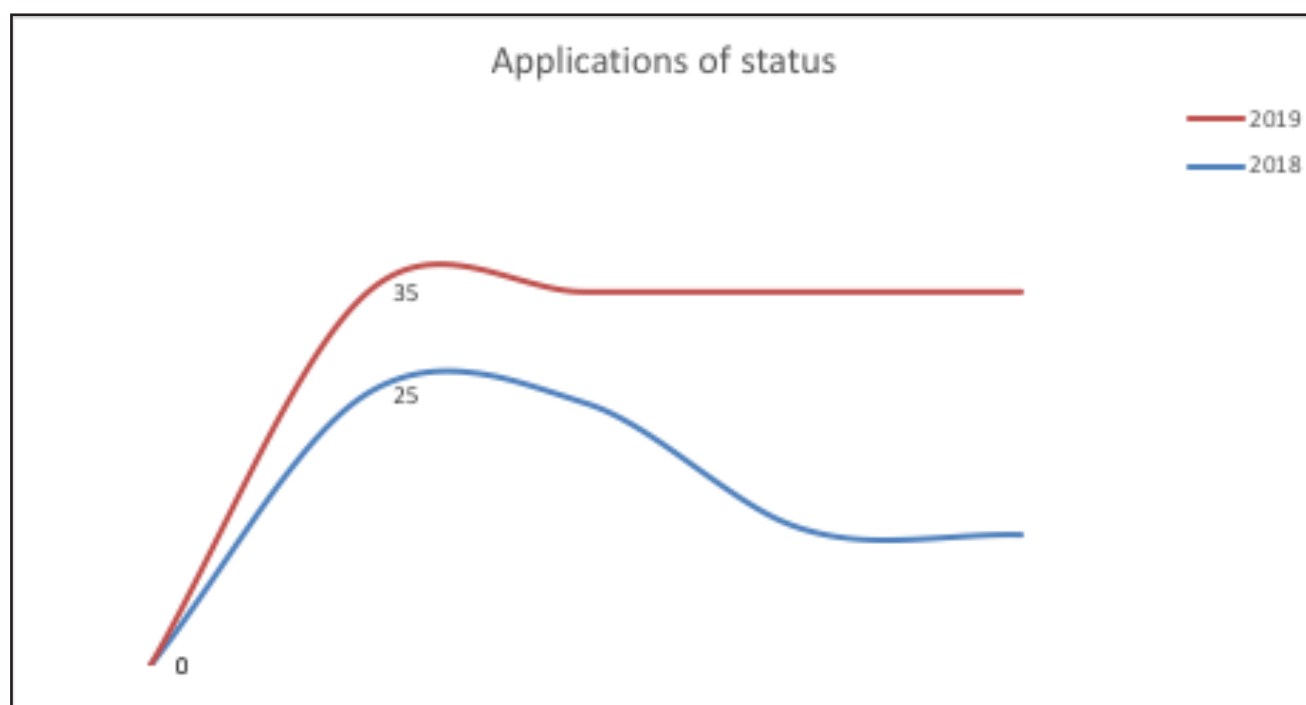
**Table 73:** Applications for certificate of status per professional designation

Professional designation	Applications	Reasons
Dental Therapists	2	Seeking registration with the Health Professions Council of Zimbabwe
Dispensing Optician	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Emergency Care Practitioner-Intermediate	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Medical Laboratory Scientist	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Medical Technologists	4	Seeking registration with the Health and Care Professions Council of the United Kingdom
Medical Laboratory Technician	1	Seeking registration with the Health Professions Council of South Africa
Occupational Therapists	6	Seeking registration with the Health and Care Professions Councils of the United Kingdom, Canada, and Australia
Optometrists	2	Seeking registration with the Health Professions Council of South Africa
Physiotherapists	3	Seeking registration with the Health and Care Professions Council of the United Kingdom
Paramedic-Advanced Life Support	5	Seeking registration with the Health and Care Professions Council of the United Kingdom
Radiographers	11	Seeking registration with the Health and Care Professions Council of the United Kingdom



Graph 19 shows comparative data of the number of applications received.

**Graph 19:** Comparison of applications of status received between 2018/2019 and 2019/2020



Compared to the 2018/ 2019 reporting year there was a significant increase in the numbers of applications for certificate of status. The majority (86%) of applications were mainly from foreign nationals; 14% was from Namibians who were seeking employment in the United Kingdom. The increase can be attributed to foreign nationals returning to their respective countries or relocating to other countries.

## 9 STAKEHOLDER ENGAGEMENTS

By invitation from the Faculty of Health and Applied Sciences at the Namibia University of Science and Technology, Council had a platform with medical laboratory scientist, paramedics (advanced life support),

environmental health practitioner and nutritionist students on matters pertaining to registration, education, training and ethical conduct of students.

The orientation is a platform that the Council used to engage first year students on pertinent issues relating to registration and it afforded them also an opportunity to ask questions on matters related to the role and function of the Council.

The Council also engaged the representatives of Parul University from India. Topics discussed at this engagement were related to the following.

- Different health programmes offered by Parul University in India.
- Minimum requirements of study for registration in Namibia.
- Challenges of enrolling Namibians into courses in India that are not meeting the Namibia registration requirements.

The purpose of this engagement was to ensure that Parul University does not accept Namibians into health-related courses not meeting the minimum requirements of study for registration in Namibia.

## 10 CONCLUSION

A considerable number of local trained practitioners and students were registered during the period under review. This development shows that more educational institutions have been established and the intake capacity of existing ones has improved. Additionally, the implementation rate of resolutions taken by the Council has slightly increased from 92% to 95% compared to the previous year.

# SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA

## Introduction

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 the following categories of professions: auxiliary social workers, social workers, psychometrists, psychological counsellors, clinical psychologists, and educational psychologists, intern psychological counsellors, intern clinical psychologists and intern educational psychologists, student social worker, student psychological counsellors, and student psychologists. The Council also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under this Act. The functions of Council further include to deal firmly, fairly, and promptly with a registered person whom a charge, complaint or allegation of unprofessional conduct has been laid or whose fitness to practice his or her profession is in doubt.

## The Council comprises the following members

### **Front row seated (from left to right):**

Ms René Adams (Vice President)  
Mr Benetus Nangombe (Executive Director)  
Dr Bernard Haufiku (Former Hon Minister of Health) Ms Sanmari Steenkamp,  
Ms Verona du Preez,

**Back row standing (from left to right):** Dr  
Jürgen Hoffmann (President),  
Ms Emilige van Zyl,  
Adv. Hettie Garbes-Kirsten (Legal Practitioner)  
and Fr. Linus Ngenomesho (Member of the public). Not appearing on the picture:  
Dr Manfred Janik



## 2 SUMMARY OF COUNCIL ACTIVITIES

### 2.1 Meetings

#### 2.1.1 Council meetings

Section 11 (4) of the Act stipulates that the Council must hold not less than two meetings in each year and may hold, in addition thereto, such other meetings as the Council may determine from time to time. The Council held two meetings over the reporting period. At these meetings, the following number of resolutions were taken as shown in Table 74.

**Table 74:** Resolutions made by council

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
28	24	4

#### Comments

Most of the pending resolutions were related to education matters which could not be finalized within the reporting period as they needed further discussion by the education committee of the Council.

#### 2.1.2 Committees

##### 2.1.2.1. Executive committee of the Council

Section 12 (1)(a) of the Act stipulates that the Council must establish an executive committee (EXCO) of the Council to exercise the powers and perform the duties or functions of the Council. The Council may set aside or amend any decision or act of the EXCO made or performed. During the period of reporting, the EXCO held one meeting on 12 July 2019.

##### 2.1.2.2. Education committee of the Council

Section 12 (4)(a) of the Act further states that the Council must establish a standing education committee, to advise on any matter relating to any requirement or qualification pertaining to the registration, education, tuition or training of persons in or relating professions to which this Act applies. The committee held two (2) meetings over the reporting period: on 29 June 2019 and 7 February 2020.

### 3 CONTROL OVER EDUCATION AND TRAINING

Section 16 of the Act provides that no person or education institution may offer or provide any education, tuition or training having as its object to qualify any person to practice any profession to which this Act applies, unless such education, tuition or training has been approved by the Council as being appropriate education, tuition or training for such purposes.

#### 3.1 Curriculum submitted for approval

In line with the provisions of section 16 of the Act, Triumphant College submitted its curriculum for a bachelor's degree in psychology for approval. The curriculum was referred to the education committee of the Council for scrutiny and advice.

#### 3.2 Training of interns

Table 75 shows the following facilities that applied for approval to train psychology interns.

**Table 75:** Facilities applied for approval to train interns

Region	Facility	Ownership	Application date	Remarks
Otjozondjupa	Okonguarri Therapeutic Centre	Private	02/08/2019	Approved for 3 years
Khomas	Ministry of Health and Social Services – Psychiatric Unit	Public	25/07/2020	Approved for 3 years
	Ministry of Labor	Public	12/09/2019	Approved for 3 years
	Ombili Mental Health Therapeutic Day Clinic	Private	21/10/2019	Application incomplete
	Geluk Psychology Practice	Private	14/02/2020	Yet to be inspected
	Sandra van Schalkwyk Psychology Practice	Private	19/03/2020	Yet to be inspected

#### Comment

Namibia is experiencing a huge shortage of internship training facilities for psychology profession. As a result, interns are placed on a waiting list so that as soon as one intern completes his/her training the next intern on the list is accepted for training.

### 3.3 Pre-registration evaluation

Section 21(a) provides that, the Council may require 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. Table 76 indicates the number of applicants evaluated.

**Table 76:** Pre-registration evaluations conducted

Profession	Number of Practitioners evaluated	Number of Practitioners Passed	Number of Practitioners Failed
Auxiliary Social Work	1	1	
Social Work	8	6	2
Psychological Counsellor	2	1	1
Intern Clinical Psychologists (Midterm evaluation)	4	4	
Intern Clinical Psychologists (Foreign trained)	3	3	
Clinical Psychologists	1	1	
Educational Psychologists	1		1
TOTAL	20	16	4

## 4 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, the maintenance of registration. These registers lie open during office hours at the office of the Registrar for inspection by any interested member of the public.



#### 4.1 Register for students

Table 77 shows the number of students registered.

**Table 77:** Registered students

EDUCATIONAL INSTITUTION	PROFESSIONAL CATEGORY	NUMBER OF STUDENTS
University of Namibia	Student Social Worker	44
	Student Psychological Counsellors	4
	Student Psychologists	3
TOTAL		51

#### Comment

The University of Namibia is the only educational institution in Namibia training social workers, psychological counsellors and psychologists.

#### 4.2 Register for interns per training facility

The number of registered psychology interns per training facility is presented in Table 78.

**Table 78:** Registered interns per training facility

TRAINING FACILITY	CATEGORY OF INTERNS	NUMBER OF INTERNS
Ministry of Labor, Industrial Relations and Employment Creation	Intern Psychological Counsellors	5
Ministry of Health and Social Services – Mental Health	Intern Clinical Psychologist	1
Bel Esprit Mental Health Clinic	Intern Clinical Psychologist	2
	Intern Psychological Counsellors	2
TOTAL	10	

### 4.3 Registered practitioners

Table 79 shows the number of healthcare practitioners registered over the period under review per professional category.

**Table 79:** Registered practitioners per professional category

Designation	Applications received	Applicants Registered
<b>Social Workers</b>	44	44
Social Auxiliary Worker	1	1
Psychological Counsellors	6	6
<b>Clinical Psychologists</b>	3	3
<b>TOTAL</b>	54	54

### 4.5 Listed additional and specialty qualifications

Section 33 (2) of the Act provides that any registered person who, in addition to the qualification by virtue of which that person had been registered in the first instance, desires to have (a) an additional qualification registered (b) or a specialty registered, may apply to Council, in the form and manner determined by it, to have such additional qualification or specialty, as the case may be, entered against his or her name in the register concerned. Table 80 provides information on qualifications listed against the names of practitioners on the register.

**Table 80:** Additional and specialty qualifications

DESIGNATION	QUALIFICATIONS	NUMBER OF PRACTITIONERS
Social Workers	Master of Arts of Social Development	1
	Master of Social Work	1
Psychologists	Degree of Doctor of Philosophy – Speciality in Forensic Psychology	1
TOTAL		3

**4.6 Number of practitioners on the register**

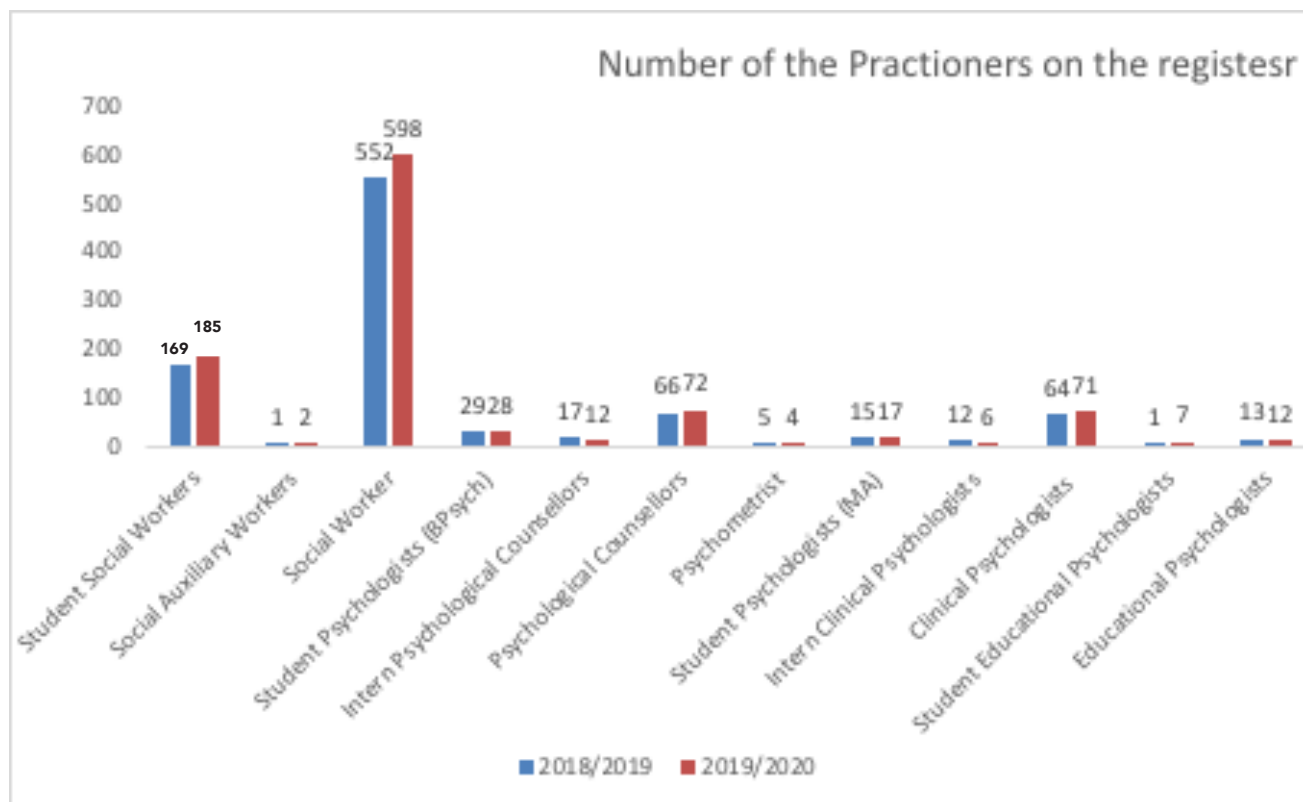
Table 81 shows the number of social workers and psychology practitioners on the register on 31 March 2020.

**Table 81:** Total number of practitioners on the register

CATEGORY	TOTAL
Student Social Workers	168
Social Auxiliary Workers	2
Social Workers	598
Student Psychological Counsellors	28
Intern Psychological Counsellors	12
Psychological Counsellors	72
Psychometrists	4
Student Psychologists	17
Intern Clinical Psychologists	6
Clinical Psychologists	71
Student Educational Psychologists	7
Educational Psychologists	12
TOTAL	997

Graph 20 shows the number of the practitioners on the registers by the end of March 2019 and by the end of March 2020.

**Graph 20:** Number of practitioners on the registers by March 2019 and 2020



#### 4.7 Verification of credentials

Applicants seeking registration in Namibia are required to submit verification of their professional credentials from the countries where they are currently registered. Similar requests were received from United Kingdom to verify credentials of three (3) practitioners.

## 5 OTHER SERVICES

Table 82 indicates other services rendered by the Council.

**Table 82:** Other services

ACTIVITY	TOTAL
Registration certificates issued	131
Extracts from the register issued	1
Involuntary removal from register	67
Voluntary removal from register	7
Restoration of names to register	3
Ethics and jurisprudence manuals sold	50
Namibian Standard Treatment Guidelines sold	1

## 6 CONCLUSION

The Council aims at ensuring that all persons aspiring to practice social work and psychology 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**

**Finance**  
Human Resources  
&  
Administration

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# FINANCE, HUMAN RESOURCES AND ADMINISTRATION

## 1. DIVISION: FINANCE

### 1.1 Introduction

This division focuses on the following strategic objectives.

- Prudent finance and risk management in line with best practices.
- Financial sustainability.

#### a) Budget commentary

Budget implementation within Councils is closely monitored through variance reports distributed to management and Councils for their information, review, and action, eventually ensuring compliance with internal budgetary requirements as well as ensuring financial transparency, accountability and informed decision making.

#### b) Revenue

The main source of Councils' income is the government grant which represented 47% of the total revenue. For the 2019/2020 financial year (FY) a grant of N\$ 20 000 000.00 was received from the Ministry of Health and Social Services, subject to such conditions as determined by the health minister in consultation with the minister responsible for finance, from moneys appropriated by parliament for the purpose of defraying expenses incurred by Councils in connection with their powers and the performance of their duties and functions.

Councils did not increase the fees payable by healthcare practitioners for the 2019/2020 financial year, but generated a combined income of N\$ 13 892 639 from annual maintenance fees, application fees, evaluation fees, etc.



Councils also generated an income of N\$ 431 186.00 from renting out two of its properties. This is a 14% increase from N\$ 379 200 generated in the previous financial year. The increase on revenue is attributed to the annual increase in rental fees.

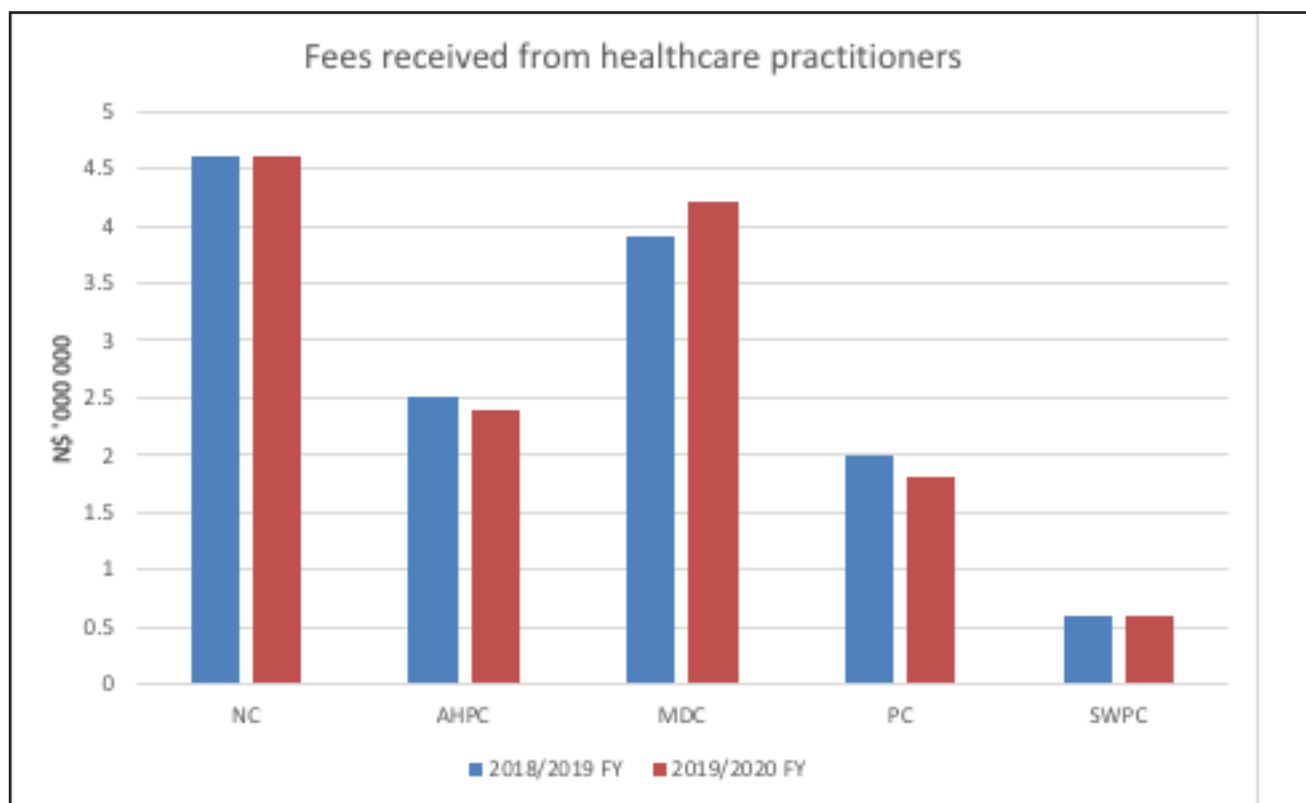
Revenue received by Councils for the financial year under review are shown in Table 83 and Graph 21.

**Table 83:** Breakdown of revenue received

SOURCE OF INCOME	2019/2020 FY	2019/2020 FY	% increase
Fees Received: Nursing Council (NC)	N\$ 4 654 603	N\$ 4 610 012	0.95% decrease
Fees Received: Allied Health Professions Council (AHPC)	N\$ 2 599 888	N\$ 2 499 301	3.8% decrease
Fees Received: Medical & Dental Council (MDC)	N\$ 3 964 751	N\$ 4 294 076	8.3% increase
Fees Received: Pharmacy Council (PC)	N\$ 2 037 330	N\$ 1 868 175	8.3% decrease
Fees Received: Social Work & Psychology Council (SWPC)	N\$ 694 028	N\$ 621 075	10.5% decrease
<b>TOTAL</b>	<b>N\$ 13 950 600</b>	<b>N\$ 13 892 639</b>	<b>0.4% decrease</b>

There was an increase of 8.3% in fees received by the Medical and Dental Council. The fees received by the Allied Health Professions, Nursing, Pharmacy and Social Work & Psychology Councils decreased with 0.95%, 0.95%, 8.3%, 10.5% respectively.

**Graph 21:** Graphic presentation of revenue received



Generally, the total revenue has decreased by 6.2% from N\$ 15.3 million for the previous year to N\$ 14.3 million for the year under review. This is due to technical changes that were made on the integration between the billing and the pastel accounting systems to improve accuracy.

### c) Investments

Councils continued to invest surplus of their funds in call accounts to generate interest. Call accounts generated a total of N\$ 477 295.66 during the financial year under review. This was a 32% decrease from the N\$ 709 040.14 generated in the 2018/2019 financial year. The decrease is attributed to a reduction in funds that were kept in the call accounts of respective Councils. Councils experienced higher cash outflows during the year under review resulting in a reduction of funds in their call accounts.

During the last month of the financial year under review, Councils opened unit trust accounts with an opening balance of N\$ 3 550 000.00 in order to diversify their investment portfolio and create reserves in line with their strategic plan.

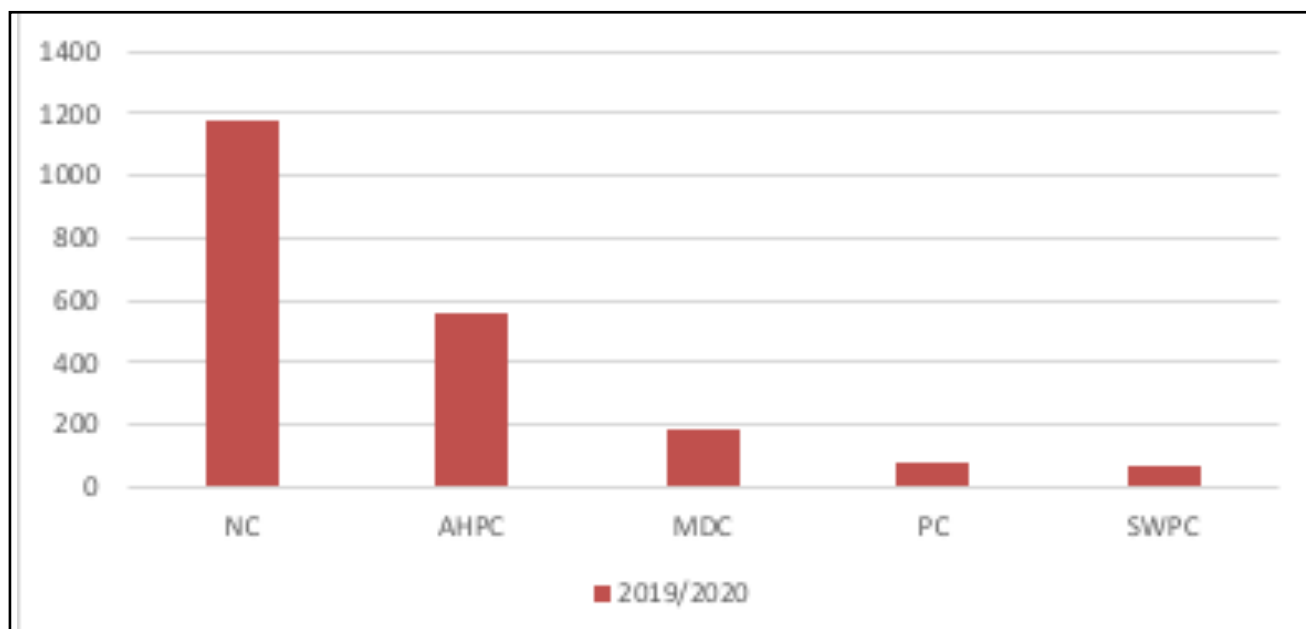
**d) Involuntary removal of names of healthcare practitioners, from registers or roll due to non-payment of annual fees**

As provided by law, Councils have removed from the registers or roll, as the case may be, the names of healthcare practitioners who failed to pay their maintenance fees within the prescribed time. A breakdown of the number of healthcare practitioners removed is presented in Table 84 and Graph 22 below.

**Table 84:** Breakdown per Council of healthcare practitioners removed from registers or roll due to nonpayment of annual fees

COUNCIL	2019/2020 FY
Nursing Council	1175
Allied Health Professions Council	555
Medical & Dental Council	190
Pharmacy Council	81
Social Work & Psychology Council	68
<b>TOTAL</b>	<b>2069</b>

**Graph 22:** Graphic presentation of healthcare practitioners removed from registers or roll





For the reporting period 11% of total registrants of the Nursing Council, 14% of the Allied Health Professions Council, 8% of the Medical & Dental Council, 7% of the Pharmacy Council, and 9% of the Social Work and Psychology Council were removed due to nonpayment.

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. Councils deployed various methods such as text messages, newspaper notices, and messages on the Council's website to remind practitioners to pay funds owed to Councils. Such efforts yielded positive results as most practitioners did pay their outstanding fees. 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.

**e) Restoration of names of healthcare practitioners in register or roll**

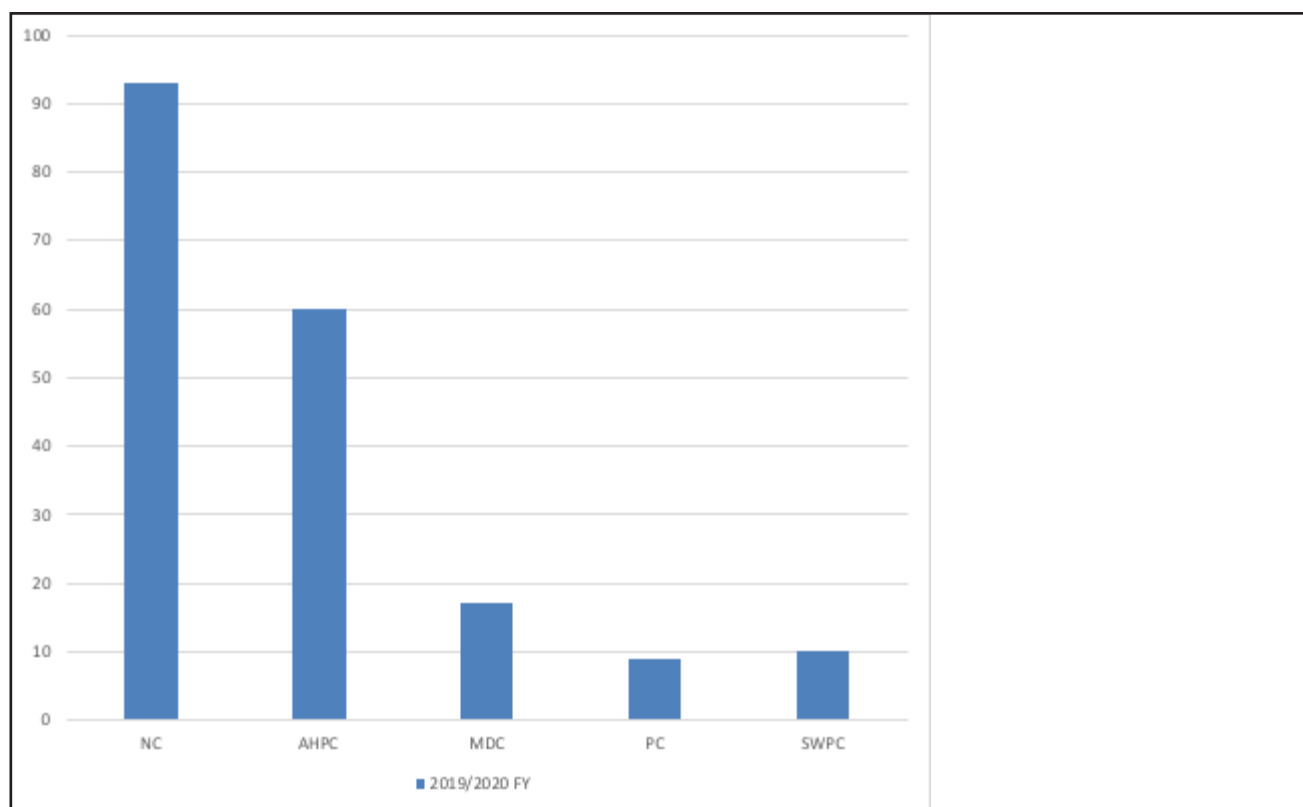
In terms of the Acts, a person whose name has been removed from the role may apply to the Council to have his or her name restored to the register.

Table 85 and Graph 23 present a breakdown of restoration to the registers or roll.

**Table 85:** Breakdown per Council of healthcare practitioners restored to the registers or roll.

COUNCIL	2019/2020 FY
Nursing Council	93
Allied Health Professions Council	60
Medical & Dental Council	17
Pharmacy Council	9
Social Work & Psychology Council	10
<b>TOTAL</b>	<b>189</b>

**Graph 23:** Graphic presentation of healthcare practitioners restored to the registers or roll



One hundred and eighty-nine (189) healthcare practitioners had their names restored to registers or roll after they were removed. This represents 9% 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\$ 146 820.00 in fees paid to the Councils during the financial year 2019/2020.

#### **f) Audited financial statement**

During the financial year under review the contract for PKF-FCS auditors came to an end. Councils made a request for sealed quotations to acquire services of external auditors as per the Procurement Act 15 of 2015. Two companies, namely, PKF-FCS and Saunderson & CO submitted their bids. Saunderson & Co were the lowest responsive bidders and were thus awarded the contract for a period of three financial years from 1 April 2020 to 31 March 2023. Councils' accounting records were externally audited by Saunderson & Co. and audited financial statements were generated. All councils obtained unqualified audit opinions.

## 2. DIVISION: HUMAN RESOURCES

### 2.1 Introduction

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

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

#### a) Staff establishment

The Councils are administered by a joint secretariat consisting of a staff establishment of 57 posts: 43 out of the 57 posts are currently filled. This translates to 75% of the total staff establishment. The current staff establishment is well aligned to the Councils' mandate. Councils intend to fill the remaining posts as budgetary provisions permit.

#### b) Staff recruitment and promotions

During the report period, the vacant position of the Assistant Manager: Professional Conduct was filled. This was done as an effort to enhance inhouse legal capacity. However, budgetary constraints did not allow for recruitment of more staff members. Data for the above are presented in Table 86 and Graph 24.

**Table 86:** Breakdown of the Councils' workforce per gender and occupational level

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Executive management	3 (50%)	3 (50%)	6 (100%)
Managers	5 (63%)	3 (38%)	8 (100%)
Assistant Managers	3 (38%)	5 (63%)	8 (100%)
Others	7 (33%)	14 (67%)	21 (100%)
TOTAL	18 (42%)	25 (58%)	43 (100%)

**Graph 24:** Breakdown of the Councils' workforce per gender and occupational level

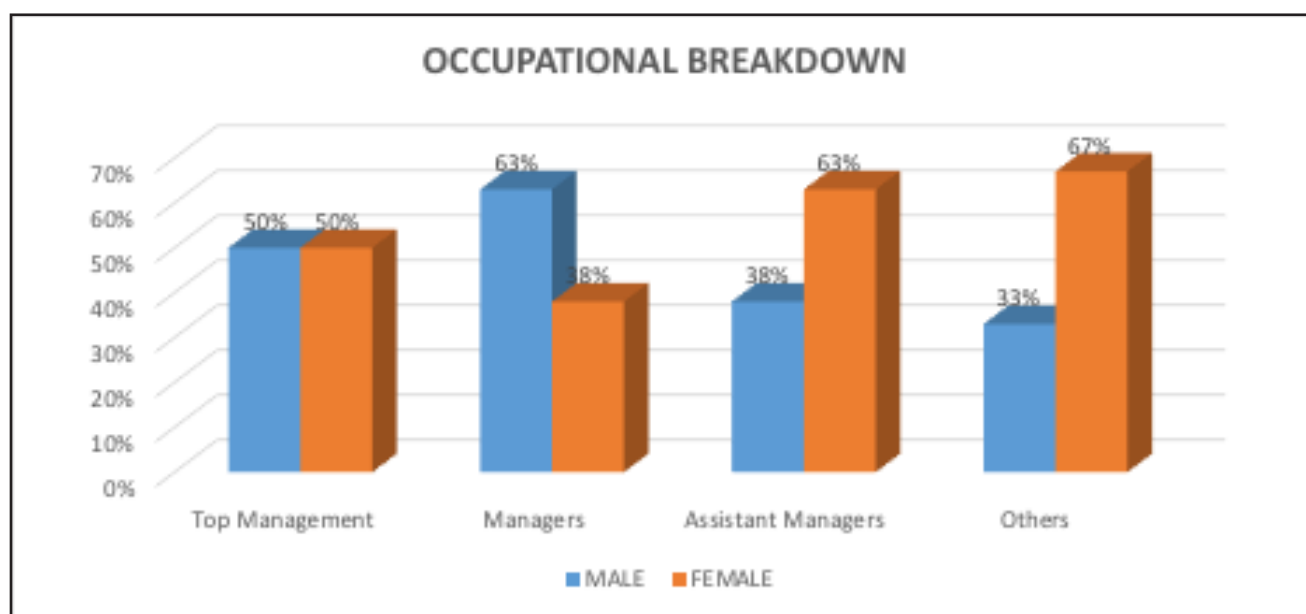


Table 86 and Graph 24 show that there is an equal gender representation of 50% males and 50% females in the executive management category. The male-female demographics are managers males (63%), and females (38%); 63% of their assistants are females and 38% are males. Overall, the Councils' have equal gender representation in the management category. This shows there is a commitment to equal gender representation in decision-making.

Females dominate the low-level category of employees: 67% are females and 33% of males. The Councils are still committed to their compliance with the policy on equity when recruiting staff. This has been demonstrated by a high number of females in the total workforce. From the total of 43 employees, 18 (42%) are male Namibians, and 25 (58%) are female Namibians.

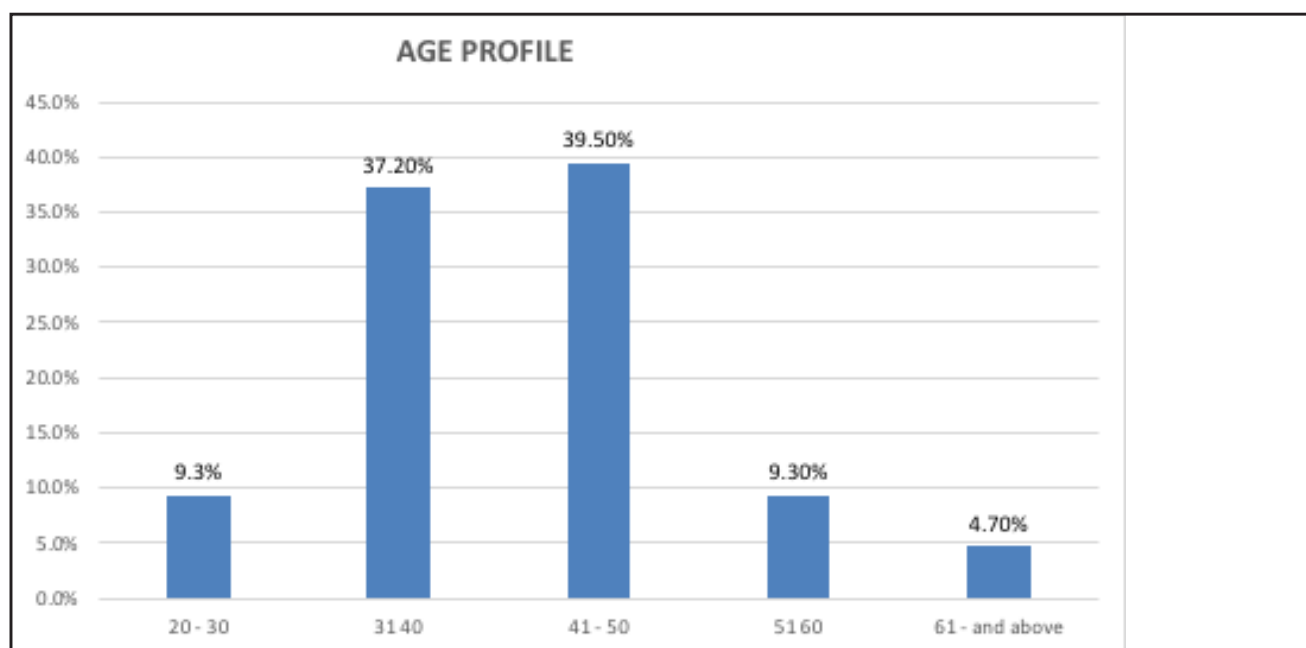
### c) Employees' age profile

As per the HR policy, the retirement age for all employees is 65 years. Employees must retire on the last day of the month in which they turn 65 years old. Retirees may be re-employed on a 12-month contract. This may be extended depending on an employee's performance, the need to retain his or her service, and provided that the employee is in good health. Age demographics of employees are presented in Table 87 and Graph 25.

**Table 87:** Breakdown of employees per age groups

AGE GROUP	NUMBER	PERCENTAGE
20 - 30	4	9,3%
31 - 40	16	37,2%
41 - 50	17	39,5%
51 - 60	4	9,3%
61 - and above	2	4,7%
TOTAL	43	100%

**Graph 25:** Number of employees per age group



As evident in Table 86 and Graph 25 the staff establishment is dominated by a middle-aged (40%) and youthful team (37%) of employees. This is good for continuity and succession planning. The age demographics of the employees also shows a positive picture of a vibrant and balanced team, nurtured in terms of a diverse experience, and embedded with the culture of effectiveness in carrying out the objectives of the Councils.

#### d) Training and development

During the period under review no training interventions were recorded.

#### e) Study achievement awards

During the year under review the following staff members (Table 88) were given study achievement awards for obtaining qualifications in various fields of study.

**Table 88:** Study achievement awards

Name of staff member	Qualification obtained	Amount received
Ms. N. J. Shituula	Master of Arts in Social Work	N\$2 000.00
Ms. S Mbanga	Postgraduate Diploma in Educational Management	N\$2 000.00
Ms. E Haingura	Bachelor of Office Management and Technology	N\$2 000.00
Mr. M Mateus	Diploma in Business Administration	N\$1 000.00
Ms B Eises	Diploma in Management	N\$1 000.00

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

#### g) Long service awards

The Human Resources Policy and Procedures made provision for the recognition of long service to the Councils. These awards are a special recognition to employees for their uninterrupted service to Councils for a period of 5, 10, 15, 20 and 25 years and longer, or upon retirement. The award is granted only once upon reaching the date on which the specific period of continuous service has been completed. During the period under review, the number of awards issued is listed in Table 89.

**Table 89:** Number of employees awarded per category

CATEGORY	NUMBER OF EMPLOYEES AWARDED
5	3
10	7
15 Year Awards	1

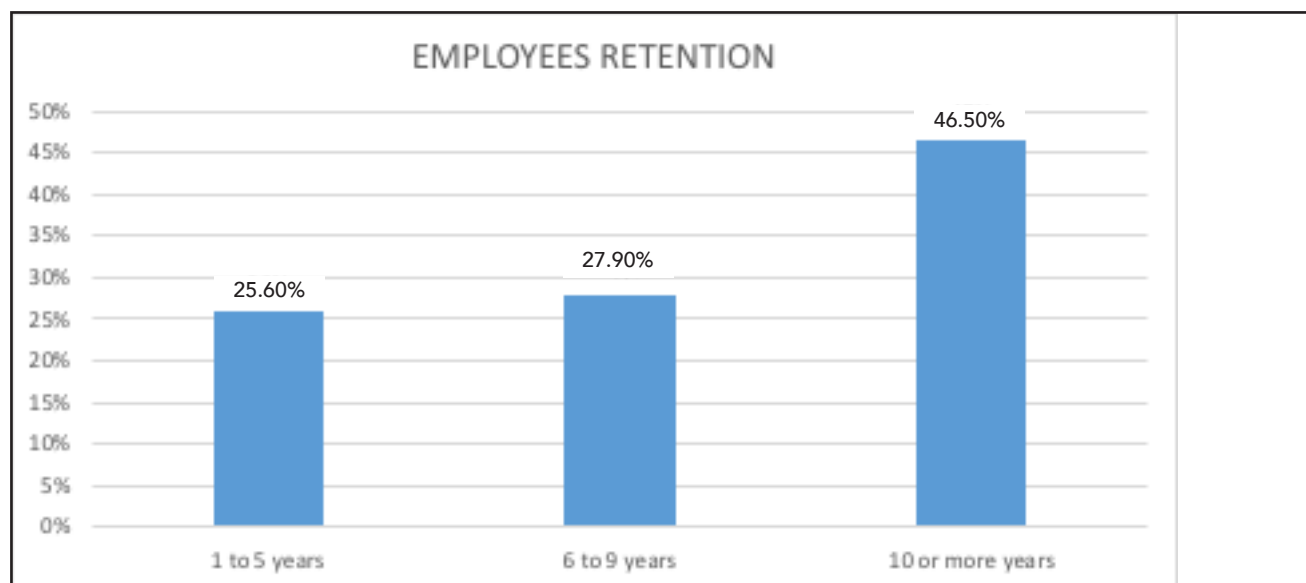
**h) Staff retention**

During the period under review the staff retention profile is shown in Table 90 and Graph 26.

**Table 90:** Number of employees per years of services

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGES
1 to 5 years	11	25.60%
6 to 9 years	12	27.90%
10 or more years	20	46.50%
TOTAL	43	100%

**Graph 26:** Number of employees per years of services





The Councils are committed to the employee's retention strategy. Table 89 and Graph 26 data clearly indicate that the employees have responded positively to that strategy. These data further demonstrate that the employees feel valued and are loyal to the employment with the Councils. The Councils appeared to be the preferred employer of choice as demonstrated by the low attrition rate of staff and the expressed desire by those who left the employ of the Councils some years ago for re-employment. Most employees (47%) have been in the employ of the Councils for more than 10 years. This is attributable to a conducive working environment.

#### **i) Staff disciplinary matters**

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

#### **j) Staff remuneration**

Labour cost was well contained and remained within the budget. However, due to the change in some factors of the economy that caused high inflation rates, the Councils deemed it is necessary to adjust the basic salaries of all employees with 3% and, where necessary, to align the allowances of the eligible staff members to that of similar job gradings in the public service and to cater for inflation. The adjustment is with effect from 01 April 2020.

#### **k) Staff wellness**

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

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

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

#### **l) The review of job grades and descriptions**

An external service provider was contracted to review the job grading and job descriptions of all employees in order to align the staff structure to the mission-driven needs of the institution as per the strategic plan 2020 – 2025. This exercise is a significant tool that give the Councils an insight on the relevance of various job gradings and possible overlaps in job descriptions. The exercise was not completed within the reporting period.

## **3. DIVISION: ADMINISTRATION**

### **3.1 Introduction**

During the period under review, the administrative division had been striving to achieve the following strategic objectives.

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

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

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

### **3.2 Physical facility management**

The administration section continued with its commitment to ensure cost-effective physical facility management. During the report period, both Erf: 4169 and Erf 417 were leased to generate additional incomes for the Councils. The Councils also continued to improve on physical infrastructure through regular repairs and maintenance.

### **3.3 Transport management**

Councils' fleet remained at three vehicles. The fleets are managed through the Councils' outstanding internal control measures that ensure effective fuel utilization monitoring, logbook control, timely licensed and regularly serviced. No accident or breakdown was reported during the reporting period. The maintenance expenses of vehicles were low hence two of the vehicles are still new and on service plans.

### 3.4 General support services

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

### 3.5 Contract management

Information pertaining to contractual obligations with service providers is presented in Table 91.

**Table 91:** Contractual service providers

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 brokers	Insurance	Yearly
Africa Online Pty Ltd	Website hosting	Yearly
CR Van Wyk A ccounant	Payroll services	3 years
Saunderson & Co Auditors	Auditing services	3 years
Support.com	Pastel services	yearly

Information pertaining to contractual obligations with tenants is presented in Table 92.

**Table 92:** Contractual obligations with tenants

TENANT	SERVICE PROVIDED BY COUNCILS	CONTRACT DURATION
Mwandingi Attorneys	Lease of Erf 4168	2 years
Windhoek Accounting Services	Lease of Erf 4171	2 years

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

### 3.6 Procurement

The Councils have complied with the provisions of the Public Procurement Act 15 of 2015 when procuring goods and services and in managing the contracts. A review of the procurement policy to bring it in line with the Act has started and will be finalized and approved during the next financial year.

#### 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. The auditing and updating the clients' files to ensure better records management were completed.

However, lack of water and fire-proof filing space remained a challenge. The records management policy will be reviewed in the financial year 2020/2021 to enhance records management activities. The plan is to procure an electronic filing system to overcome these challenges.

Councils received 18 requests for statistical information on registered and enrolled healthcare practitioners from various stakeholders. Such requests demonstrate how critical the Councils are to decision-making and operations of government, agencies, and other stakeholders.

#### B. Section: Information technology (IT)

The function of this section is to provide IT solutions to support and facilitate the operations of various offices. There are well-functioning IT infrastructure including the data management and Pastel accounting systems, to

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

#### **a) Website**

Vtech Holdings was appointed to revamp (redesign) and host the website. Vtech Holdings is working with the internal website redesign committee consisting of staff from various departments within the Councils. This project is anticipated to be completed in the first quarter of the next financial year.

To ensure effective operation of the website-related project, Africa Online is currently the sole service provider of all 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 external service provider in cases where his expertise is limited.

#### **b) Electronic register (e-register)**

E-registers, which will be linked to the website to enable public online access to information regarding registered or enrolled healthcare practitioners, were developed. The records of registrants are being audited to ensure accurate information on the e-registers once gone live. This exercise is expected to be completed during the second quarter of the next financial year.

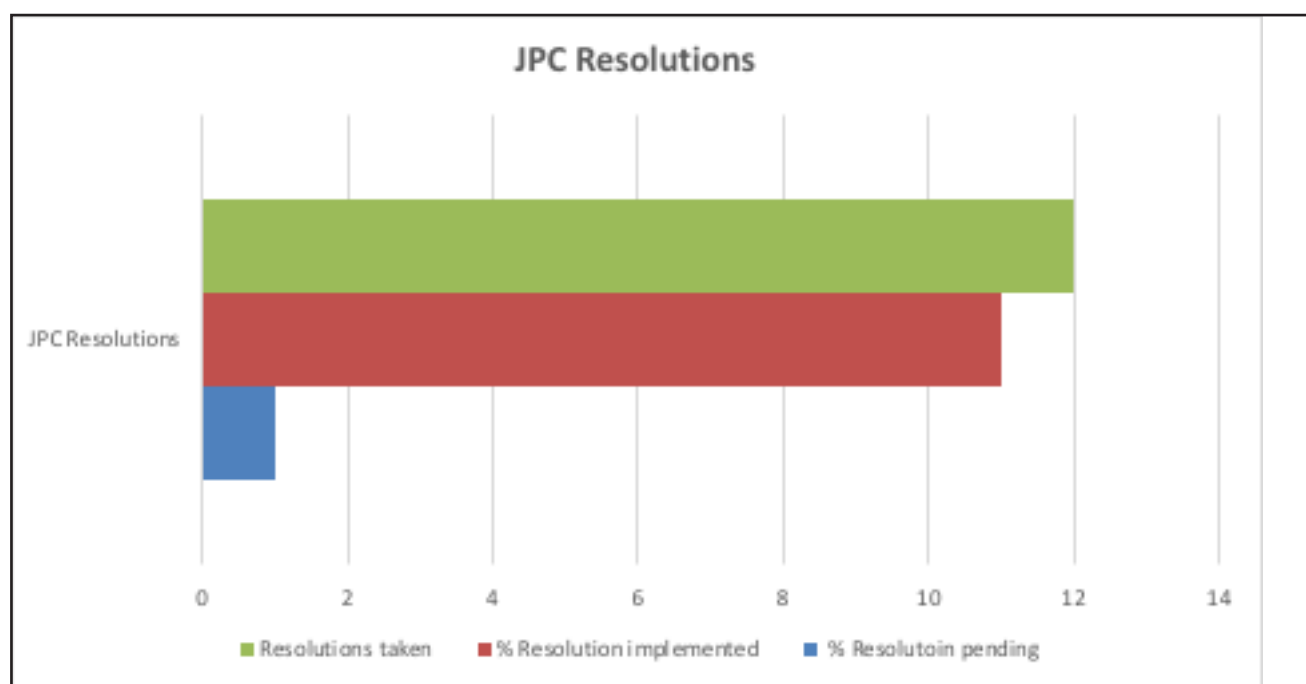
### **C. Communication**

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

#### **D. Joint presidents' committee (JPC)**

The JPC had two meetings. One on 24 September 2019 and the other on 27 March 2020. Graph 27 provides information relating to the JPC's resolutions.

**Graph 27:** The implementation rate of the JPC's resolutions



Eleven out of twelve resolutions taken by the JPC were implemented translating: a 95% implementation rate. The one resolution relates to the launching of the e- register and this will be implemented in the second quarter of the 2020/2021 financial year.

#### **E. Strategic plan**

The five-year strategic plan for the 2020 to 2025 was approved by the JPC on 27 March 2020.

## **4. CONCLUSION**

The department of finance, human resources and administration, information technology, and data and records core tasks are to ensure efficient and timely provision of relevant support services to the Councils. These tasks were sufficiently executed.

# Notes



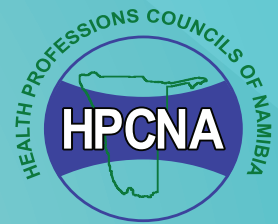
## This image shows a full page of white paper with horizontal blue ruling lines. There are 20 solid blue lines spaced evenly down the page. A single dashed blue line runs horizontally across the middle of the page, approximately between the 10th and 11th solid lines from the top. The background has a very light blue gradient.

# Notes

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144



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# Health Professions

## Councils of Namibia

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