



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE I

Health Professions
Council of Namibia

ANNUAL
REPORT
2025
2026

RECOGNISING GROWTH
THROUGH CHALLENGES

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LIST OF ABBREVIATIONS / ACRONYMS

AHPBNA	Allied Health Professions Board of Namibia
ALS	Advanced life support
CEUs	Continuing education units
CPD	Continuing professional development
DID	Direct inward dialling
ECP	Emergency care practitioner
ECP-B	Emergency Care Practitioner Basic
ECP-I	Emergency Care Practitioner Intermediate
EduCom	Education Committee
ETQA	Education and Training Quality Assurance
EPA	Emergency Practitioner Assistant
EXCO	Executive Committee
HPCNA	Health Professions Council of Namibia
HR	Human Resources
HP	Health Professions
IHR	Intermediate Hospital Rundu
IT	Information Technology
IUM	International University of Management
MBChB	Bachelor of Medicine, Bachelor of Surgery
MDB	Medical and Dental Board
MDBNA	Medical and Dental Board of Namibia
MDCNA	Medical and Dental Council of Namibia
MoHSS	Ministry of Health and Social Services
NBNA	Nursing Board of Namibia
NUST	Namibia University of Science and Technology
OSCE	Objective Structured Clinical Evaluation
PABX	Private Automatic Branch Exchange
PBNA	Pharmacy Board of Namibia
PIC	Preliminary Investigation Committee
(Pty) Ltd	Proprietary Limited
SWPBNA	Social Work and Psychology Board of Namibia
UNAM	University of Namibia

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PREFACE

The HPCNA “The Council” is a juristic person established by the Health Professions Act No. 16 of 2024 (Hereafter “the Act”).

FUNCTIONS OF THE HPCNA

The functions of the Council are:

- To coordinate the activities of the Professional Boards and to act as a communicatory body for the Professional Boards.
- To promote and regulate inter-professional liaison between health professions in the interest of the public.
- To register, remove from the register, and restore to the register the names of registered persons.
- To register pharmacies and license persons to practice a profession, and to suspend or cancel licenses.
- To suspend registered persons from practising professions in accordance with the Act.
- To appoint evaluators to conduct evaluations in terms of the Act.
- To approve education and educational institutions subject to the approval process specified in the Act.
- To promote the standard of health and social education in Namibia and to liaise with institutions having similar objectives.
- To monitor, assess, inspect and evaluate the standard of educational institutions.
- To advise the Minister on any matter falling within the scope of the Act and to support the universal norms and values of health and social services professions with emphasis on professional practise, transparency, equity, accessibility and community involvement.
- To serve and protect the public in matters involving the rendering of health and social services by persons practising a profession.
- Assist in the promotion of the health and social well-being of Namibians and to maintain, uphold and enhance the dignity of the professions to which the Act applies and the integrity, professional and ethical standards of a registered person.



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

FROM THE REGISTRAR'S DESK

The 2025/2026 financial year marked the commencement of the Health Professions Act No. 16 of 2024. The Act was promulgated on 30 December 2024 and took effect on 20 March 2025. It has repealed the Social Work and Psychology Act No. 06 of 2004, the Allied Health Professions Act No. 7 of 2004, the Nursing Act No. 8 of 2004, the Pharmacy Act No. 9 of 2004, and the Medical and Dental Act No. 10 of 2004. In doing so, the Act abolished the five Councils, placing all healthcare professions under a single regulatory authority, the HPCNA, and effectively eliminating the fragmented regulation of healthcare professions in Namibia.

Under the HPCNA are five Professional Boards, namely, the Social Work and Psychology Board, the Allied Health Professions Board, the Nursing Board, the Pharmacy Board and the Medical and Dental Board. The Professional Boards are the administrative machinery of the HPCNA, exercising powers or performing functions delegated or assigned to them by the HPCNA, or imposed on them by or under the Act. Through the Professional Boards, profession-specific matters remain within the purview of healthcare professionals, and their expertise is readily available to the HPCNA.

The reporting period also marked the beginning of the five-year term of the eleven (11) members of the HPCNA who took office on 20 March 2025. For a smooth transition, members of the former Councils who were in office before the commencement of the Act were preserved and deemed to have been appointed by the HPCNA as members of the newly established Professional Boards for a period of five years. The chairpersons of the Professional Boards are automatic members of the HPCNA.

While the majority of all members of the HPCNA present at the meeting form a quorum, at least three Chairpersons of the Professional Boards must be present, and the decision taken in respect of a Professional Board is not valid unless the Chairperson of that Professional Board is present at the meeting. This preserves the essence of profession-specific decision-making.

Shortly after the inaugural event, the new members of the HPCNA were inducted into their responsibilities, and they held their first meeting to appoint members to various committees and to formally delegate and assign the relevant powers and functions to the Professional Boards and the Registrar to ensure the smooth running of the HPCNA's activities.

The dawn of the new regulatory architecture for healthcare professions has brought new challenges, particularly regarding the introduction of a licensure regime for healthcare professionals within 12 months of the Act's coming into effect. This was compounded by the need to first put in place the necessary regulations for smooth execution, a process that took time to realise. Meeting the statutory licensure deadline within a shorter period caused enormous apprehension among healthcare practitioners and placed pressure on the Secretariat.

We applaud the Honourable Minister and the Executive Director of the Ministry of Health and Social Services for their understanding and immense support in managing the anxiety during such testing times.

In the same spirit, I am deeply grateful to the dedicated HPCNA Secretariat team for its resilience and outstanding service to our stakeholders. Collectively, we remain committed to supporting the HPCNA in fulfilling its mandate.

EXECUTIVE SUMMARY

The implementation of the Health Professions Act, Act No. 16 of 2024, marks a transformative step towards strengthening healthcare regulation, safeguarding public health, and cultivating a competent healthcare workforce in Namibia.

A core mandate of the HPCNA is to ensure that healthcare practitioners remain qualified and competent, thereby providing safe and responsive healthcare services that meet the evolving needs of the Namibian public. The HPCNA's responsibilities encompass setting professional standards, approving educational institutions and training programs, and inspecting educational and training facilities to ensure compliance with established standards. To support these efforts, mechanisms for assessing practitioner competency before registration were developed and implemented, including the use of evaluation tools during inspections.

The HPCNA has delegated some of its functions to the Professional Boards in accordance with Section 84 of the Act.

The Professional Boards are established under Section 13 of the Act to exercise the powers and functions delegated or assigned to them by the HPCNA. During the reporting period, the Professional Boards were entrusted with various functions, including processing registration applications from health professionals and educational institutions, licensing of registered practitioners, conducting pre-registration evaluations, and addressing complaints of unprofessional conduct.

The number of registered practitioners in Namibia stands at 27,455, attributable to various Professional Boards as follows:

- Nursing Board: 17,087 practitioners (62%).
- Allied Health Professions Board: 4,830 practitioners (18%).
- Medical and Dental Board: 3,125 practitioners (11%).
- Pharmacy Board: 1,600 practitioners (6%).
- Social Work and Psychology Board: 813 practitioners (3%).

During the 2025/2026 reporting period, the Legal Department continued to support the HPCNA in implementing its statutory mandate under the Act. The Department provided legal and governance support to the HPCNA and its statutory committees, coordinated disciplinary proceedings, represented the HPCNA in litigation, and advanced implementation of the new legislative framework by drafting and gazetting regulations.

A total of 103 complaints of alleged unprofessional conduct were received during the reporting period, compared with 94 complaints in the previous year, representing an overall 9.6% increase. The medical and dental professions accounted for 62% of the cases reported, remaining the largest contributor to the disciplinary load, while the nursing profession recorded 21%; allied health professions accounted for 8%; and the pharmacy, social work, and psychology professions recorded 5%, 4%, and 4%, respectively.

The geographical distribution of complaints continued to demonstrate that disciplinary matters were concentrated in regions with the highest density of health professionals and healthcare facilities. Khomas Region accounted for 53% of Medical and Dental complaints, 54% of Nursing complaints and all complaints

relating to the Social Work and Psychology Board, confirming the need for targeted regulatory interventions, professional ethics training and stakeholder engagement in high-volume regions.

The Preliminary Investigation Committees convened 23 meetings, during which 222 matters were considered. Of these, 81 cases (36.5%) were finalised, 21 cases (9.5%) were referred for disciplinary inquiry, and 122 cases (55.0%) remained under investigation. Pending investigations increased slightly from 352 to 365 cases, representing a 3.7% increase, with the medical and dental professions continuing to account for the majority of outstanding matters.

The Disciplinary Committee continued to conduct formal inquiries into allegations of unprofessional conduct across all professional boards. Several significant matters were finalised, while others remained pending because of procedural complexity and the need for expert evidence. The HPCNA also defended proceedings before the High Court and Supreme Court to safeguard the integrity of its regulatory decisions and disciplinary processes.

The Legislative Support Division made significant progress in implementing the Health Professions Act by drafting 25 regulations, of which 13 were successfully gazetted, representing a 44% increase in gazetted regulations compared with the previous reporting period. These developments significantly strengthened the HPCNA's legislative and regulatory framework.

Despite these achievements, the Department continued to experience operational challenges, including incomplete medical record submissions, increasing disciplinary caseloads, particularly within the Medical and Dental Board, and limited availability of suitably qualified experts to assist in disciplinary inquiries. These challenges affected the timely investigation and finalisation of complaints and highlighted the need to strengthen investigative capacity and improve case management systems.

During the reporting period, the HPCNA maintained a strong financial position through a balanced mix of internally generated revenue and Government support. Revenue derived from prescribed fees, rental income, and investment interest contributed 68% of the HPCNA's total income. In comparison, the annual grant received through the Ministry of Health and Social Services (MoHSS) accounted for the remaining 32%.

The continued growth in the number of registered practitioners positively influenced the HPCNA's financial performance, resulting in a 12% increase in total revenue compared with the previous financial year. This growth was achieved despite the prescribed fees remaining unchanged throughout the reporting period.

Income generated from the property portfolio also improved during the year. Rental revenue increased by 45%, from N\$504,900.00 in the 2024/2025 financial year to N\$734,000.00 during the current reporting period. This increase was largely attributable to the leasing of the new office premises located at 42 Schönlein Street, Erf 4170, which became operational in February 2025.

The HPCNA continued to exercise prudent financial management by investing surplus funds in interest-bearing investment accounts. These investments generated interest income of N\$6,299,677.31, reflecting a substantial 73% increase over the N\$3,625,111.67 earned during the 2024/2025 financial year. The improved investment returns further strengthened the HPCNA's financial sustainability and demonstrated the effectiveness of the Council's treasury management practices.

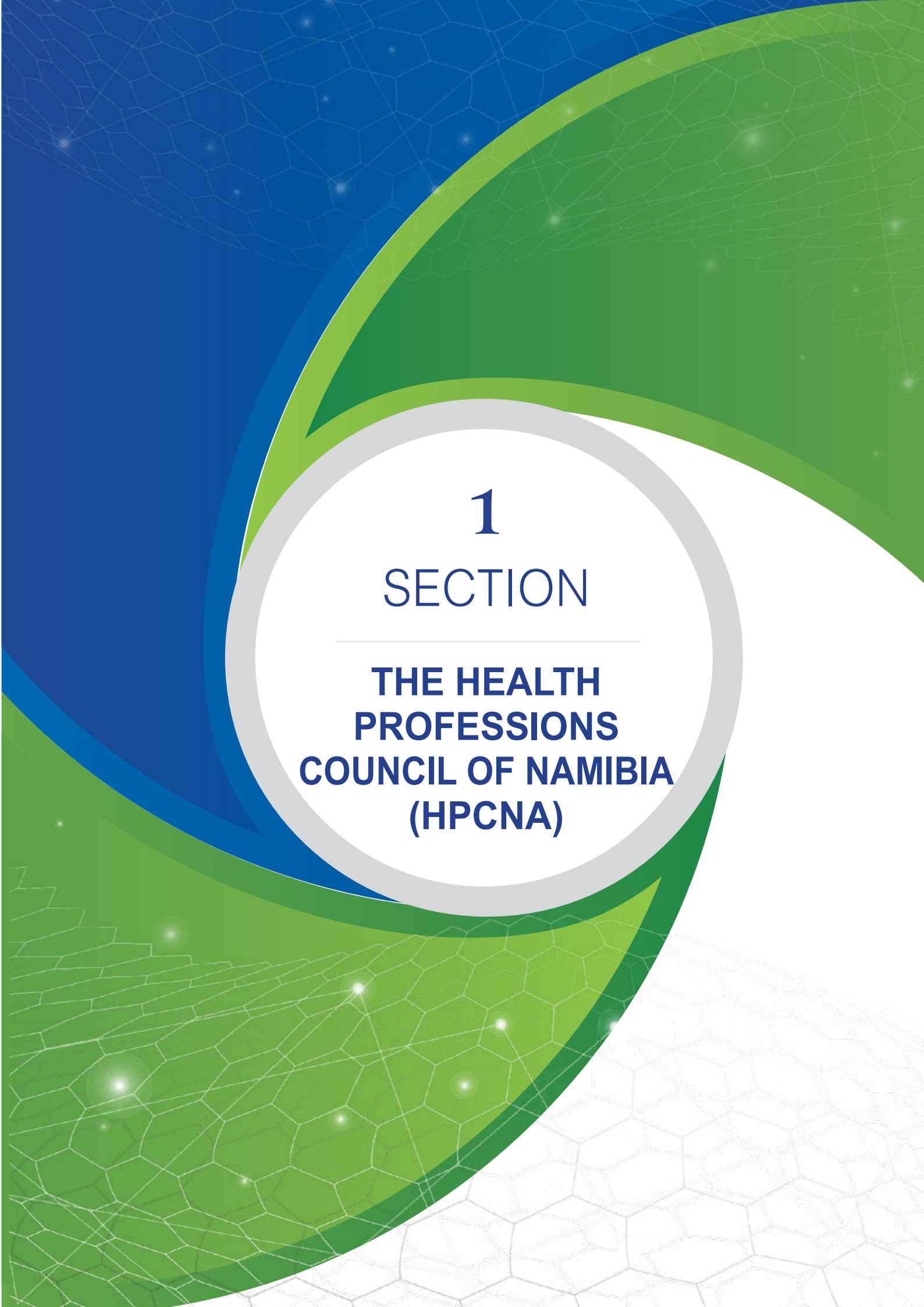
During the reporting period, the department Human Resources, Administration and IT's key performance areas were talent acquisition & onboarding; compensation and benefits administration; employee relations and statutory compliance & administration; revising human resources policies; increasing the asset base; ensuring traceability and safe record-keeping; and strengthening the IT infrastructure.

The HPCNA employed forty-six (46) people against an approved staff establishment of fifty-six (56) posts. The workforce remained predominantly female, while the proportion of young employees increased substantially to 47.8%, compared with 31% in the previous reporting period. In response to the continued rise in the cost of living, employees' basic salaries and medical aid benefits were adjusted to mitigate the effects of inflation.

Concerning assets, the Council's six (6) fixed properties were well maintained, and a new valuation shows a 0.52% appreciation in value from N\$57,758,900.00 to N\$ 58,060,000.00. Three (3) of these properties are occupied by the secretariat, while the remaining three (3) are leased out to generate income.

In an effort to maintain and improve traceability and safe record-keeping, as well as to streamline various application processes, HPCNA embarked on a digitalisation project.

The IT infrastructure was strengthened through replacing the old analogue PABX (Private Automatic Branch Exchange) with a modern one that can handle multiple incoming calls at a time, replacing the old copper cables and wireless point-to-point connection with Telecom's fibre link to allow fast data and stable connectivity, as well as approving and implementing the Electronic Communications and Mobile Devices Policy & Procedures.



1

SECTION

**THE HEALTH
PROFESSIONS
COUNCIL OF NAMIBIA
(HPCNA)**

1. THE HEALTH PROFESSIONS COUNCIL OF NAMIBIA (HPCNA)

1.1 INTRODUCTION

The promulgation of the Health Professions Act, No. 16 of 2024, marked a significant milestone in Namibia's healthcare regulation framework. This legislation unified the previous five statutory bodies into a single regulatory authority to strengthen coordination, oversight, and regulation across all healthcare disciplines in Namibia.

1.2 COMPOSITION OF THE HPCNA

The following persons were appointed as members of the HPCNA on 20 March 2025, for a five-year term ending 19 March 2030:

- Ms. Trudy R. O. Geises - President.
- Dr. Shitaleni C. Herman.
- Ms. Rosalia N. Shilunga.
- Mr Almecro E. J. Boois.
- Mr. Inamutila O. D. Anghuwo.
- Ms. Felicita F. Gaës.
- Prof. Cilas J. Wilders (Chairperson of the Allied Health Professions Board).
- Dr Wilson L. Benjamin (Chairperson of the Medical and Dental Board).
- Ms Verona Z. Z. Du Preez (Chairperson of the Social Work and Psychology Board).
- Dr Bonifasius S. Singu (Chairperson of the Pharmacy Board).
- Prof. Louise Pretorius (Chairperson of the Nursing Board).

1.3 HPCNA MEETINGS AND DECISIONS

In accordance with Section 10 of the Act, the HPCNA is required to hold at least three ordinary meetings annually. A quorum consists of the majority of members present, including at least three Chairpersons of the Professional Boards. A decision affecting specific Professional Boards is valid only when the respective Chairperson is present.

The HPCNA held meetings as follows:

Table 1: HPCNA meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Twelve (11)	16 April 2025	10	1
	6 August 2025	11	0
	4 November 2025	9	2
	4 December 2025	10	1

Executive Committee of the HPCNA

Section 11 of the Act has established the Executive Committee (EXCO) of the Council. The core function of the EXCO is to exercise the Council's powers and functions between Council meetings. The Council may, in writing, direct the powers that the EXCO may exercise. The EXCO has no power to set aside or amend a decision of the Council.

1.4 THE EXCO MEMBERS

- Ms. Trudy R. O. Geises – Chairperson.
- Prof. Cilas J. Wilders
- Mr. Almecro E. J. Boois
- Ms. Felicita F. Gaës
- Dr. Wilson L. Benjamin
- Ms. Verona Z. Z. Du Preez.

The Committee held one (1) meeting during the reporting period as follows:

Table 2: EXCO meeting and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Six (6)	15 August 2025	6	0

1.5 PROFESSIONAL BOARDS

The Act has established the following Professional Boards:

- Allied Health Professions Board of Namibia;
- Medical and Dental Board of Namibia;
- Nursing Board of Namibia;
- Pharmacy Board of Namibia; and
- Social Work and Psychology Board of Namibia.

1.6 POWERS AND FUNCTIONS OF THE PROFESSIONAL BOARDS

In addition to the powers and functions conferred on the Professional Boards by or under the Act, the Professional Boards exercise or perform powers or functions delegated or assigned to them by the HPCNA under Section 84 of the Act.

Effective from 17 April 2025, the HPCNA empowers the Professional Boards to exercise specific functions related to the regulation of health professions, including education, registration, licensing, disciplinary actions, and assessments. The delegation aims to streamline decision-making processes while ensuring compliance with statutory requirements and safeguarding public interest.

Table 3: Powers and functions delegated to the Professional Boards by the HPCNA

KEY DELEGATED FUNCTIONS	RESPONSIBILITIES
Education and Approval of Educational Institutions	To consider applications and make determinations regarding the establishment and operation of educational institutions in terms of Sections 27-29. Request compliance, appoint inspectors, and assess institutions.
Registration and Deregistration of Registered Persons	Consider applications for registration, refusal, removal, and restoration of names in the register (section 4(1)(c)), including evaluating applicants, issuing conditional or temporary registrations, and determining specialisations. Handle removal from and restoration to the register, based on evaluations, investigations, or disciplinary grounds.
Licensing to Practice	Grant, suspend, renew, and revoke licenses for health professionals (Part 10). Consider applications for practice licenses, enforce suspensions for non-compliance or safety concerns, and manage the rescission of suspensions, subject to prescribed conditions.
Disciplinary and Investigative Actions	Reviews recommendations from the Preliminary Investigation Committee regarding misconduct or unprofessional conduct in terms of Section 61. Refer matters for inquiry, close cases, or request further investigation, with full reports submitted to the Council.
Assessment of Registered Persons, Practices, and Educational Institutions	Approve requests for appointing an assessment officer and consider their reports to ensure ongoing compliance and standards in terms of Section 89.

- All actions are subject to prescribed conditions set by the Minister.
- The Professional Boards' powers are exercisable only if conditions are met, including receipt of necessary reports and responses.
- Decisions involving disciplinary actions or suspensions require formal notification and an opportunity for affected persons to reply.

1.7 DELEGATION OF POWERS AND FUNCTIONS TO THE REGISTRAR BY THE HPCNA

This delegation framework authorises specific functions to the Registrar, enabling efficient administration and decision-making while maintaining oversight by the HPCNA. The key delegated functions are as follows:

Table 4: Delegation of Powers to the Registrar by the HPCNA.

KEY DELEGATED FUNCTIONS	RESPONSIBILITIES
Registration	Consider and decide on registration applications - approve or refuse registration applications that meet the criteria outlined in Sections 33 and 34.
Registration of Specialities and Qualifications	Approve or refuse registration in subspecialties, additional qualifications, or courses. Reviews applications, grants or refuses registration, and notifies applicants of decisions and reasons for refusal.
Suspension of Licenses	Suspend licenses for non-compliance or failure to notify changes - may suspend licenses if licensees fail to notify of address changes or pay fees. Notify licensees of the grounds for suspension and the period.
Removal from Register	Remove names from the register - initiate and execute removal based on statutory grounds or by considering submissions from individuals. Issue a notice of intention and consider responses before removal.

- Complex applications and other pertinent details may be referred to the Professional Board by the Registrar for further consideration.

1.8 LICENSING OF HEALTHCARE PRACTITIONERS

Section 43 of the Act introduced a requirement that health professionals who clinically examine and treat patients or provide healthcare services hold a license to practice. In terms of the transitional arrangements, registered persons had 12 months from the commencement of the Act on 20 March 2025 until 20 March 2026 within which to apply for and obtain a license.

However, the short application window published in February 2026 made it difficult for many practitioners to comply.

In response, the Minister extended the licensing deadline to 31 March 2027, allowing registered practitioners to continue practising lawfully during the transitional period as they acquire their licenses. This grace period was on condition that registered practitioners -

- must apply for and obtain a license by 31 March 2027;
- are deemed licensed until that date or until they obtain a license earlier, and
- must comply with all other relevant provisions of the Act and regulations.

1.9 CONCLUSION

The HPCNA remains committed to upholding the highest standards of healthcare regulation in Namibia. Through effective governance, delegation, and stakeholder engagement, the Council aims to foster a transparent, accountable, and efficient regulatory environment for health professionals and institutions.



2

SECTION

**PROFESSIONAL
AFFAIRS
DEPARTMENT**

2. PROFESSIONAL AFFAIRS DEPARTMENT

2.1 ALLIED HEALTH PROFESSIONS BOARD OF NAMIBIA (AHPBNA)

2.1.1 INTRODUCTION

The AHPB was established under section 13 of the Act to exercise or perform the powers or functions delegated or assigned to it by the HPCNA.

2.1.1.1 MEMBERS OF THE AHPBNA

The AHPBNA is composed of fourteen (14) members, namely:

- Prof. Cilas J. Wilders.
- Dr. Elga R. Drews.
- Dr. Christopher M. Likando.
- Ms. Ndapandula H. Londo.
- Ms. Henriette Maritz.
- Ms. Belinda R. Tsases.
- Ms. Nadia Vermaak.
- Ms Dorothee G. Verrinder.
- Ms. Irene M. Garthoff.
- Mr. Efraim N. Paulus.
- Ms. Cornelia O. G. Afrikaner.
- Mr. Katuna Kamuhanga.
- Mr. Linus Ngenomesho.
- Fr. Linus Ngenomesho
- Ms. Carolie Cloete.

Mr. Marchin Kevin Mouton, a Dental Therapist, was reassigned to the Medical and Dental Board on the 16th of April 2025. This decision was based on the reclassification of the dental technology, dental therapy and dental technician professions under the Medical and Dental Board in the current legislative framework.

The AHPBNA's term is for five years, ending on the 19th of March 2030.

2.1.2 SUMMARY OF ACTIVITIES OF THE AHPB

2.1.2.1 AHPBNA MEETINGS

During the reporting period, the AHPBNA held four (4) meetings as indicated in the table below.

Table 5: AHPB meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
13 June 2025	14	9	5
11 July 2025	14	12	2
24 October 2025	14	12	2
27 March 2026	14	13	1

2.1.2.2 AHPBNA RESOLUTIONS

The AHPBNA has made ninety-seven (97) resolutions during the reporting period, and ninety-six (96) were executed.

The resolution on uploading visual information about the changes to the Act to the HPCNA website is yet to be implemented once the section of questions and answers is finalised.

2.1.2.3 EXECUTIVE COMMITTEE (EXCO)

The Executive Committee (EXCO) exercises the powers and performs the functions of the AHPBNA between AHPBNA meetings. At the next AHPBNA meeting, EXCO must submit a written report on the activities undertaken and any other information required by the AHPBNA. During the reporting period, EXCO held one (1) meeting on 27 November 2025.

Table 6: Matters discussed by EXCO

DATE	MATTER	STATUS
27/11/2025	Inspection report of NAMRAD Radiology Services – Windhoek to train student Radiographers.	Approved for five (5) years
	Inspection report of Ongwediva Medipark Radiography Department to train student Radiographers.	Approved for five (5) years
	Walvis Bay Hospital Radiography Department to train student Radiographers.	Approved for five (5) years
	Inspection report of Marieke Kirchner Physiotherapy -Swakopmund to train intern and student Physiotherapists.	Approved for five (5) years
	Inspection report of Osh-Med International – Windhoek to train student Emergency Care Practitioners Basic and Intermediate.	Under consideration
	Inspection report for Osh-Med International - Ongwediva to train student Emergency Care Practitioners (Basic).	Under consideration
	Inspection report of Osh-Med International – Walvis Bay to train student Emergency Care. Practitioners Basic.	Under consideration
	Inspection report of Atlantic Training Institution-Windhoek to train Student Emergency Care Practitioners Basic.	Under consideration

	Inspection report of Three Sixty Emergency Services CC - Windhoek to train Student Emergency Care Practitioners Basic.	Under consideration
	Inspection report of Intermediate Hospital Oshakati Physiotherapy to train Intern Physiotherapists.	Approved for five (5) years
	Inspection report of Intermediate Hospital Katutura-Windhoek to train Intern Physiotherapists.	Approved for one (1) year
	Inspection report of Wellington Physiotherapy - Windhoek to train Intern Physiotherapists.	Approved for five (5) years
	Inspection report of Kuisebmond Physiotherapy - Walvis Bay to train Intern Physiotherapists.	Approved for five (5) years
	Inspection report of Physiotherapy @hand - Windhoek to train Intern Physiotherapists.	Approved for five (5) years
	Inspection report of Windhoek Central Hospital, Forensic and Civil Psychiatry Occupational Therapy Departments to train Intern Occupational Therapists.	Approved for one (1) year
	Curriculum evaluation report of Bachelor of Optometry, Sanskriti University, India.	Curriculum met the prescribed minimum requirements for recognition in Namibia.

2.1.2.4 EDUCATION COMMITTEE

The Act stipulates that a Professional Board must establish an education committee. The functions of the Education Committee are to investigate and report to or advise the Professional Board on any matter relating to the education and the requirements of qualifications prescribed for the registration of persons under the Act.

The Education Committee of the AHPBNA held meetings as indicated below:

Table 7: Education Committee meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
27 June 2025	7	6	1
22 August 2025	7	7	0
10 October 2025	7	5	2
19 November 2025	7	5	2
6 March 2026	7	6	1

The Education Committee developed standard operating procedures for curricula evaluation and generic guidelines relating to:

- Evaluation checklist.
- Marking Rubric / Memorandum Template.
- Evaluator Code of Conduct.
- Confidentiality Agreement.
- Annual evaluation calendar template.

- Moderator Report – Question Paper and Memorandum.
- Moderator Report – Marked Answer Scripts.
- Pre-Registration Evaluation Booklet.
- Conflict of Interest Declaration Form.
- Remark Request Form.
- Remark Report.
- Curriculum Evaluation Checklist, and
- Curriculum Evaluation Report, which the Board approved on the 27 March 2026

2.1.2.5 PROFESSIONAL COMMITTEE

A Professional Board may establish other committees of the Board in addition to those established by or under the Act to advise the Board on matters it refers to the Committee. The AHPBNA has established twelve (12) Professional Committees comprising thirty-eight (38) members. These committees are:

1. Professional Committee for Medical Technology.
2. Professional Committee for Emergency Care Professions.
3. Professional Committee for Radiography and Related Professions.
4. Professional Committee for Environmental Health and Related Professions.
5. Professional Committee for Emergency Care Professions.
6. Professional Committee for Optometry and Related Professions.
7. Professional Committee for Dietetics and Nutrition.
8. Professional Committee for Assistive Technology and Related Professions.
9. Professional Committee for Physiotherapy and Related Professions.
10. Professional Committee for Speech Therapy, Audiology and Related Professions.
11. Professional Committee for Complementary Health.
12. Professional Committee for Biokinetics.

During the reporting period, the Professional Committee for Emergency Care Professions held one (1) meeting on 8 August 2025.

Table 8: Matters discussed by the Professional Committee for Emergency Care Professions

DATE	MATTER	RESOLUTIONS
8 August 2025	The draft regulations on the minimum requirements for study for registration as an Emergency Practitioner Assistant (EPA).	Broad consultations were held with stakeholders to gather input on the regulations, and additional consultations were held on 27 February 2026.
	Development of EPA prototype curriculum.	Developed prototype curriculum framework, and the prototype curriculum framework was developed and shared with all stakeholders for input.
	Phasing out emergency care practitioners (ECP)-basic and intermediate short courses.	Engaged with stakeholders before cessation of ECP-B and ECP-I short courses, and stakeholder engagement was held on 27 February 2026.

2.1.3 CONTROL OVER AND APPROVAL OF EDUCATION

The Act provides that, despite any other law to the contrary, an educational institution in Namibia that intends to provide an education that enables a student to obtain a prescribed qualification and practise any profession to which this Act applies, must apply for the approval of the education that the applicant intends to provide. After considering the application, the HPCNA may grant it; grant it provisionally, subject to the prescribed conditions; or refuse it. Table 9 below indicates the education submitted for approval.

Table 9: Education for approval

INSTITUTION	QUALIFICATION	REGION	OUTCOME
Namibia University of Science and Technology	Revised Bachelor of Human Nutrition	Khomas	Under consideration
	Revi Revised Bachelor of Medical Laboratory Science	Khomas	Under consideration
	Revised Bachelor of Environmental Health Science	Khomas	Under consideration
	Revised Bachelor of Emergency Medical Care	Khomas	Under consideration

An educational institution that has applied to provide education must apply to the HPCNA for approval before commencing.

Table 10: Approval of educational institutions

EDUCATIONAL INSTITUTION	NATURE OF TRAINING	REGION	OUTCOME
Osh Med International (Walvis Bay)	Students in Emergency Care	Erongo	Under consideration
Osh-Med International (Ongwediva)	Students in Emergency Care	Oshana	Under consideration
Osh-Med International (Windhoek)	Students in Emergency Care	Khomas	Under consideration

A training facility that has applied to provide training must obtain HPCNA approval before commencing training.

Table 11: Approval of training facilities

FACILITY	NATURE OF TRAINING	REGION	OUTCOME
Marieke Kirchner Physiotherapy (Swakopmund)	Internship in Physiotherapy	Erongo	Approved for five (5) years
Kuisebmond Physiotherapy (Walvis Bay)	Internship in Physiotherapy	Erongo	Approved for five (5) years
Intermediate Katutura Hospital-Physiotherapy Department	Internship in Physiotherapy	Khomas	Approved for one (1) year
NAMRAD Radiology Services Namibia (Windhoek)	Students in Radiography	Khomas	Approved for five (5) years
Medical Imaging - Rhino Park (Windhoek)	Students in Radiography	Khomas	Under consideration
Medical Imaging - Mediclinic (Windhoek)	Students in Radiography	Khomas	Under consideration
Ongwediva Medipark Radiography Department	Students in Radiography	Oshana	Approved for five (5) years
BRG Biokinetics Inc - Eros (Windhoek)	Internship in Biokinetics	Khomas	Approved for five (5) years

The HPCNA received curricula from applicants outside Namibia who seek registration with the HPCNA, and from Namibian citizens who wish to undertake training or are currently studying at Universities outside Namibia, to determine whether the curricula meet the prescribed minimum requirements for recognition in Namibia.

Table 12: Foreign curricula assessed

INSTITUTION	CURRICULUM	REGISTRATION CATEGORY/ PROFESSION	STATUS
University of Gondar, Ethiopia	Four (4) years Bachelor of Science in Optometry	Optometry	The curriculum did not meet the requirements for recognition in Namibia
Ernest Cook Ultrasound Research and Education Institute, Uganda	Three (3) years Diploma in Radiography	Radiography	The curriculum did not meet the requirements for recognition in Namibia.
Evenly Horn College of Applied Arts and Commerce Management, Zambia	Two (2) year Bachelor of Medical Imaging	Radiography	The curriculum did not meet the requirements for recognition in Namibia
Uttaranchal University, India	Four (4) years Bachelor of Science in Optometry	Optometry	The curriculum did not meet the requirements for recognition in Namibia
Sharda University, India	Four (4) years Bachelor of Science in Optometry	Optometry	The curriculum did not meet the requirements for recognition in Namibia
Sanskriti University, India	Four (4) years Bachelor of Optometry.	Optometry	The curriculum met the requirements for recognition in Namibia

University of Ilorin, Nigeria	Six (6) years Doctor of Optometry	Optometry	The curriculum did not meet the requirements for recognition in Namibia
Sushant University, India	Four (4) years Bachelor of Science in Medical Radiology and Imaging Technology	Radiography	The curriculum did not meet the requirements for recognition in Namibia
Malawi Adventist University, Malawi	Four (4) years Bachelor of Science in Medical Laboratory Science	Medical Laboratory Science	The curriculum did not meet the requirements for recognition in Namibia
KHYBER Medical University, Peshawar, Pakistan	Three (3) years Bachelor of Science in Cardiology Technology	Clinical Technology	The curriculum did not meet the requirements for recognition in Namibia

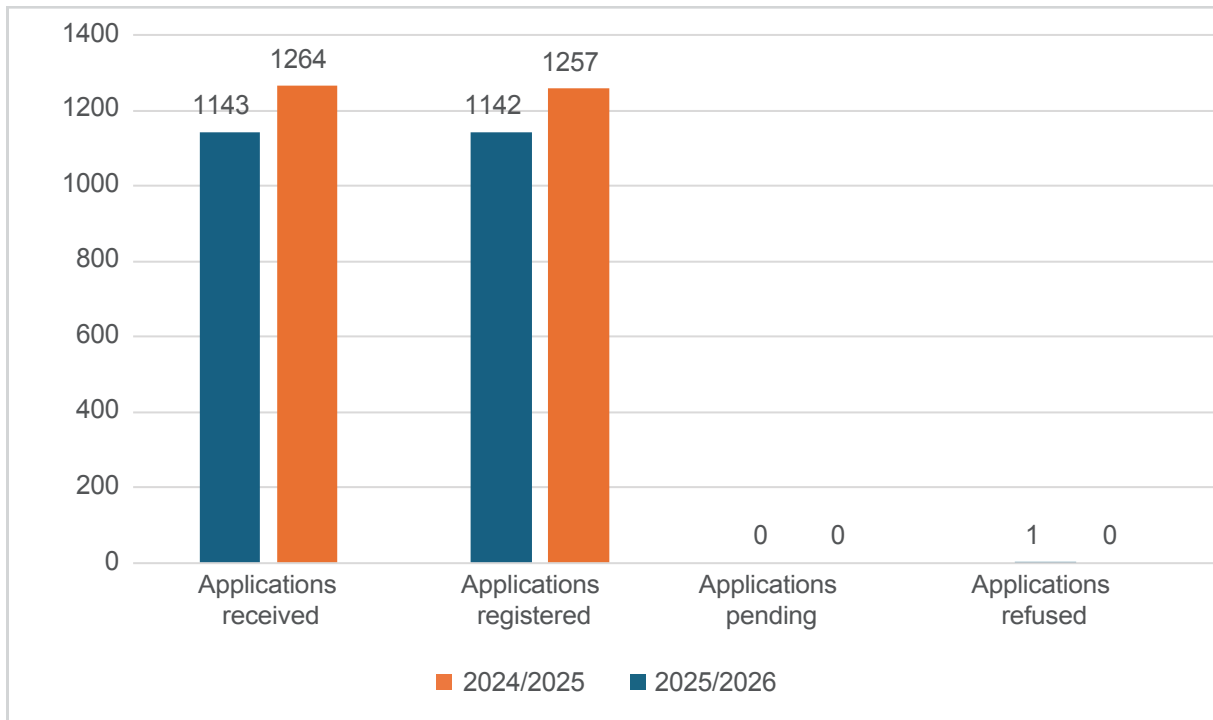
2.1.4 APPLICATIONS FOR REGISTRATION

The Act provides that a person who intends to practise a healthcare profession must apply for registration. Registration applications received are indicated below:

Table 13: Number of applications received per profession

PROFESSIONAL DESIGNATION	NUMBER OF APPLICATIONS	APPROVED FOR REGISTRATION	PENDING	REFUSED
Audiologist	1	1	0	0
Biokineticists	3	3	0	0
Intern Biokineticists	3	3	0	0
Clinical Technologists (Cardiology)	4	4	0	0
Student Clinical Technologist (Cardiology)	1	1	0	0
Dispensing Optician	1	1	0	0
Dieticians	2	2	0	0
Emergency Care Technicians	21	21	0	0
Emergency Care Practitioners-Basic Students	242	242	0	0
Emergency Care Practitioners-Basic	328	328	0	0
Emergency Care Practitioners-Intermediate Students	95	95	0	0
Emergency Care Practitioners-Intermediate	109	109	0	0
Paramedics – ALS	2	2	0	0
Paramedic Students	28	28	0	0
Environmental Health Practitioners	28	28	0	0
Environmental Health Practitioner Students	10	10	0	0
Environmental Health Practitioner Assistants	42	42	0	0
Environmental Health Practitioner Assistant Students	13	13	0	0
Medical Laboratory Scientists (Clinical Pathology)	66	66	0	0

Medical Laboratory Scientists (Histopathological Technique)	1	1	0	0
Student Medical Laboratory Scientists (Clinical Pathology)	79	79	0	0
Medical Laboratory Technicians (Blood Transfusion)	6	6	0	0
Medical Laboratory Technicians (Blood Transfusion)	4	4	0	0
Medical Laboratory Technicians (Clinical Pathology)	6	6	0	0
Student Medical Laboratory Technicians (Blood Transfusion)	3	3	0	0
Medical Technologist (Clinical Pathology)	3	2	0	1
Medical Orthotics and Prosthetists Technologists	2	2	0	0
Medical Rehabilitation Worker	1	1	0	0
Nutritionists	3	3	0	0
Nutritionist Students	1	1	0	0
Occupational Therapists	8	8	0	0
Occupational Therapy Students	16	16	0	0
Intern Occupational Therapists	16	16	0	0
Optometrists	11	9	0	2
Student Optometrist	1	1	0	0
Osteopath	1	1	0	0
Phlebotomy Technicians	6	6	0	0
Student Phlebotomy Technicians	6	6	0	0
Physiotherapists	25	23	0	2
Physiotherapy Interns	9	9	0	0
Physiotherapy Students	14	14	0	0
Therapeutic Masseuse	1	1	0	
Speech Therapists	2	2	0	0
Diagnostic Radiographers	16	15	0	1
Diagnostic and Therapeutic Radiographers	2	2	0	0
Diagnostic Radiographer Students	21	21	0	0
Ultrasound Radiographer	1	0	0	1
TOTAL	1264	1257(99.44%)	0(0%)	7(0.7%)

Graph 1: Applications received in 2024/2025 compared to 2025/2026 financial year

The graph shows an increase in the number of registered practitioners over the reporting period compared with 2025.

TRENDS IN THE REGISTRATION OF HEALTH PRACTITIONERS

Table 14: Five (5) year trend of registration of health practitioners

YEAR	2021/2022	2022 /2023	2023 / 2024	2024/2025	2025/2026
Number of Registered Practitioners	1145	1177	1335	1143	1257

The figures above illustrate the trend in practitioner registrations from 2021/2022 to 2025/2026. Particularly, between 2021 and 2022, registrations grew by 32.58%. From 2022 to 2023, the growth rate slowed to 2.79%. However, between 2023/2024 and 2024/2025, the number of new practitioner registrations declined from 11.8% to 9.2%, then slightly increased to 12.6% during 2025/2026.

2.1.5 REGISTERS KEPT

The Act requires that separate registers be established and maintained for healthcare professionals who are registered and licensed. A register is kept for each of the sixty-nine (69) Allied Health Professions. The cumulative numbers of healthcare practitioners per profession are indicated below:

Table 15: Cumulative number of practitioners on the registers per profession

DESIGNATIONS	NUMBER OF PRACTITIONERS	
	2024/2025	2025/2026
Art Therapist	1	1
Audiologists	7	7
Biokineticists	82	83
Chinese Medicine Practitioners and Acupuncturists	6	6
Chiropractors	12	12
Clinical Technologists	28	32
Combat Medics	12	7
Dieticians	39	40
Dispensing Opticians	10	11
Emergency Care Practitioners (Basic)	1794	1837
Emergency Care Practitioners (Intermediate)	475	571
Emergency Care Technicians	39	60
Environmental Health Practitioners	320	333
Environmental Health Practitioner Assistants	122	167
Hearing Aid Acousticians	8	7
Homoeopaths	6	6
Medical Laboratory Scientists	183	239
Medical Laboratory Technicians	147	151
Medical Orthotics and Prosthetics Technologists	17	17
Medical Orthotics and Prosthetics Assistants	2	1
Medical Orthotist and Prosthetists	18	18
Medical Rehabilitation Workers	13	15
Medical Technologists	194	187
Music Therapists	2	2
Naturopaths	3	2
Nutritionists	18	19
Occupational Therapists	97	100
Ocularist	1	1
Operational Emergency Care Orderlies	1	1
Optometrists	122	127
Orthopaedic Technicians	5	6
Orthopaedic Technologists	1	1
Osteopath	0	1
Paramedics (Advanced Life Support)	129	126

Phlebotomy Technicians	37	42
Physiotherapists	168	184
Phytotherapists	3	2
Podiatrist	1	1
Radiographers (Diagnostic)	252	271
Radiographers (Nuclear Medicine)	8	7
Radiographers (Therapeutic)	16	16
Radiographers (Ultrasound)	24	24
Radiographers (Diagnostic and Therapeutic)	2	4
Radiographers (Diagnostic and Ultrasound)	2	2
Radiography Assistants	47	47
Speech Therapists	14	15
Speech Therapists and Audiologists	10	9
Therapeutic Aromatherapists	6	6
Therapeutic Masseur	1	2
Therapeutic Reflexologists	5	4
Total	4597	4830

The number of practitioners on the registers increased by two hundred and thirty-three (233) in 2025/2026 compared with the previous year.

SUB-REGISTERS

The Act provides that the HPCNA must maintain sub-registers for the different professions and categories of registration of registered students and interns. The cumulative numbers of students and interns registered per profession are indicated below:

Table 16: The number of students and interns on the registers

CATEGORIES	NUMBER OF STUDENTS AND INTERNS	
	2024/2025	2025/2026
Student Clinical Technologists	0	1
Student Combat Medics	3	3
Student Emergency Care Practitioners (Basic)	260	398
Student Emergency Care Practitioners (Intermediate)	142	158
Student Environmental Health Practitioners	199	188
Student Environmental Health Practitioner Assistants	129	101
Student Medical Laboratory Scientists	279	320
Student Medical Laboratory Technicians	45	41
Student Nutritionists	109	108
Student Occupational Therapists	75	73

Student Optometrists	0	1
Student Paramedics (Advanced Life Support)	133	141
Student Phlebotomy Technicians	6	7
Student Physiotherapists	56	53
Student Radiographers (Diagnostic)	76	88
Intern Biokineticists	9	12
Intern Occupational Therapists	8	16
Intern Physiotherapists	45	38
TOTAL	1574	1747

The number of students and interns on the sub-registers increased by one hundred and seventy-three (173) in 2025/2026 compared with the previous year.

2.1.6 REMOVAL OF NAMES FROM THE REGISTER

Voluntary removal of names from the registers

The Act empowers the HPCNA to remove from the register the name and any other entry of a registered person who has requested in writing that their name be removed. During the year under review, one (1) Optometrist, one (1) Emergency Care Practitioner - Basic, one (1) Medical Technologist and one (1) Physiotherapist have been removed from the relevant register voluntarily.

Involuntary removal of names from the registers

The Act states that the HPCNA may remove from a register the name and any other entry of a registered person who fails to pay the annual fees payable to the HPCNA on or before 31 March each year.

In the 2024/2025 financial year, four hundred and eighty-four (484) practitioners were removed from the registers.

Table 17: Number of practitioners involuntarily removed from the registers per profession

PROFESSIONAL DESIGNATIONS	NUMBER OF PRACTITIONERS
Audiologist	2
Biokineticists	4
Clinical Technologist	1
Combat Medic	5
Dietician	2
Emergency Care Practitioners (Basic)	315
Emergency Care Practitioners (Intermediate)	35
Emergency Care Technicians	2
Environmental Health Practitioner Assistants	16
Environmental Health Practitioners	32
Hearing Aid Acoustician	1
Medical Laboratory Scientists	15
Medical Laboratory Technicians	7
Medical Orthotics and Prosthetics Assistants	1
Medical Technologists	11
Naturopath	1
Nutritionists	1
Optometrists	4
Occupational Therapists	6
Physiotherapists	9
Phytotherapist	1
Paramedics (Advanced Life Support)	9
Speech Therapist	1
Speech Therapist and Audiologist	1
Radiography Assistants (Diagnostic)	4
Radiographers (Diagnostic)	5
Radiographers (Nuclear Medicine)	1
Therapeutic Reflexologist	1
TOTAL	484

2.1.7 RESTORATION OF NAMES TO THE REGISTER

Table 18: Number of practitioners whose names were restored to the registers per profession

PROFESSION	NUMBER OF PRACTITIONERS
Audiologist	1
Biokineticist	1
Emergency Care Practitioner (Basic)	60
Emergency Care Practitioner (Intermediate)	11
Emergency Care Technician	3
Environmental Health Practitioner	14
Environmental Health Practitioner Assistant	13
Medical Laboratory Scientist	3
Medical Laboratory Technician	1
Medical Rehabilitation Worker	1
Medical Technologist	4
Orthopaedic Technician	1
Paramedic (Advanced Life Support)	3
Physiotherapist	1
Radiographer (Diagnostic)	2
Radiography Assistant (Diagnostic)	3
TOTAL	122

2.1.8 OTHER SERVICES

CERTIFICATE OF STATUS

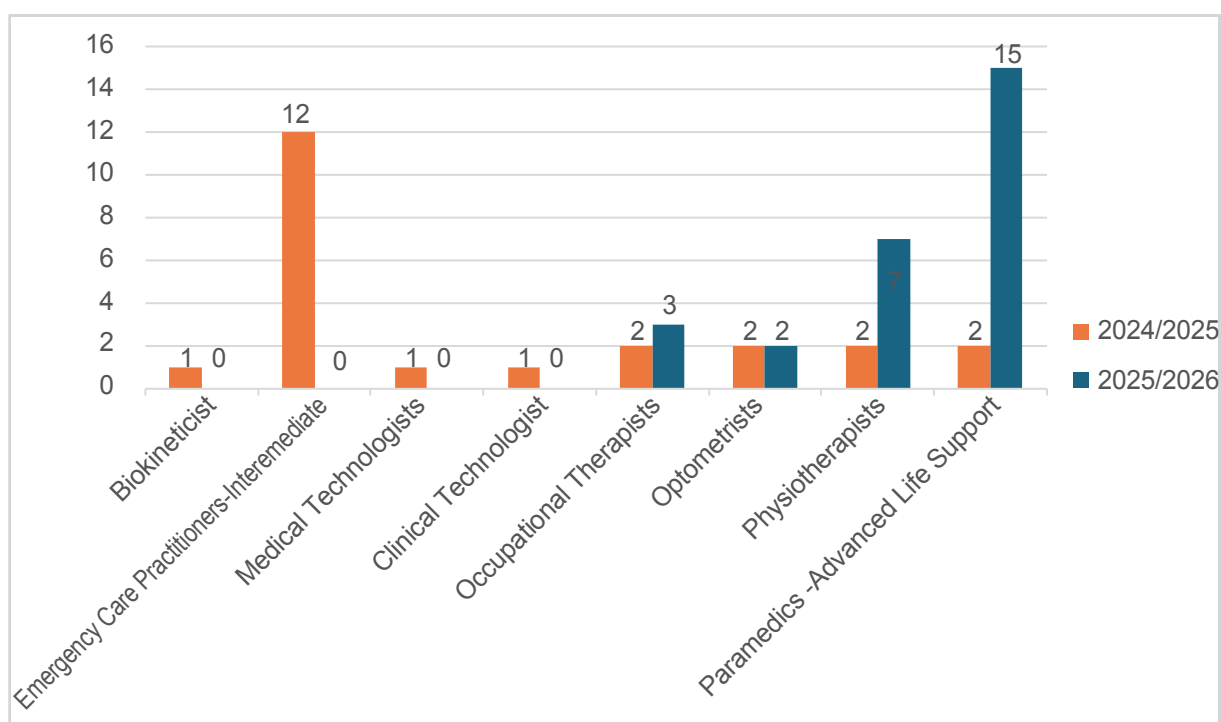
The Act provides that a registered person may apply for a certificate of status. The number and reasons for such applications are indicated below:

Table 19: Number of certificates of status issued by professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS	REASONS
Biokineticists	1	Registration with the Health Professions Council of South Africa.
Clinical Technologist (Cardiology)	1	Registration with the Health Professions Council of South Africa.
Emergency Care Practitioners-Intermediate	12	Registration with the Health Professions Authority of the United Arab Emirates and the Abu Dhabi Health Council.
Occupational Therapists	2	Registration with the Health and Care Professions Councils of the United Kingdom and the Health Professions Council of South Africa.

Physiotherapists	2	Registration with the Health and Care Professions Council of the United Kingdom and the Health Professions Council of South Africa.
Paramedics (Advanced Life Support)	2	Registration with the Health Professions Authority of the United Arab Emirates and the Abu Dhabi Health Council.
Medical Technologist (Clinical Pathology)	1	Registration with the Health Professions Council of South Africa.
TOTAL		21

Graph 2: Trends In The Issuance Of Certificates Of Status



Compared with 2024 / 2025, the number of certificates of status issued decreased over the reporting period.

2.1.9 STAKEHOLDER ENGAGEMENTS

The Emergency Care Profession and stakeholders, including all approved training facilities, were engaged in the phasing out of the short courses for Basic and Intermediate life support.

2.1.10 CONCLUSION

The AHPBNA successfully developed the stakeholder engagement plan, the Standard Operating Procedure for curriculum evaluation, and various generic guidelines.

2.2 MEDICAL AND DENTAL BOARD OF NAMIBIA (MDBNA)

2.2.1 INTRODUCTION

The HPCNA has delegated some of its powers, duties and functions to the MDBNA. The MDBNA is responsible for regulating the following categories of healthcare professionals: Dental Assistant, Dental Technician, Dental Technologist, Dental Therapist, Dentists, Oral Hygienist, Medical Practitioners, Biomedical Engineers, Clinical Biochemists, Clinical Officers, Genetic Counsellors, Medical Assistants, Medical Scientists as Genetic Counsellors or Medical Physicists, or Medical Biological Scientists, Ophthalmic Clinical Officer. Additionally, the MDBNA also controls and exercises authority in respect of all matters affecting the education and training of people to be registered under the Act.

2.2.2 MDBNA MEMBERS

In accordance with the Act, the following MDBNA members were deemed to have been appointed by the HPCNA for five (5) years:

Dr Wilson L. Benjamin

Dr Nguundja U. K. Uamburu

Dr Sarah K. Shalongo

Dr Theresia S. Shivera

Dr Kondjela S. Hamunyela (Deceased)

Dr Felicia Christians

Dr Josephine N. Amesho

Dr Wesley C. Mouton

Dr Mewawa D. Amukugo

Dr Tomas I. Niilenge

Mr Marthino L. Olivier

Mr Ngamane Karuaihe-Upi

Mr Marchin K. Mouton

2.2.3 SUMMARY OF MDBNA ACTIVITIES

During the reporting period, the following activities were carried out:

2.2.3.1 MDBNA MEETINGS

The MDB held meetings as follows:

Table 20: MDBNA meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Twelve (12)	7 June 2025	11	1
	22 July 2025	12	0
	25 October 2025	9	3
	28 November 2025	9	3
	28 March 2026	11	1

2.2.3.2 Resolutions taken and implemented

The MDBNA made ninety-three (93) resolutions during the reporting period, and all were executed.

2.2.3.3 Education Committee (EduCom)

The EduCom advises the MDBNA on matters relating to education and the qualification requirements prescribed for registration. The EduCom held one (1) meeting during the reporting period.

Table 21: EduCom meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Nine (7)	19 February 2026	7	0

2.2.3.4 Medical Interns/Students Training Committee

This Committee advises the MDBNA on matters relating to the practical training of interns and medical graduates. The Committee also assisted the MDBNA in the exercise of its powers or the performance of its duties or functions in terms of the Act, as the MDBNA delegated or assigned to it from time to time. The Committee held two (2) meetings during the reporting period.

2.2.3.5 Dental Interns/Students Training Committee

This Committee advises the MDBNA on matters relating to the practical training of dental interns and dental graduates. The Committee also assisted the MDBNA in the exercise of its powers or the performance of its duties or functions in terms of the Act, as the MDBNA delegated or assigned to it from time to time. The Committee held two (2) meetings during the reporting period.

2.2.3.6 Advisory Committee

In accordance with the Act, an Advisory Committee was established for the following professions that are not represented on the MDBNA and do not have professional committees established under the Act:

- Biomedical Engineers,
- Clinical Biochemists,
- Medical Scientists.

The function of the Advisory Committee is to guide the MDBNA on any matters relating to the relevant professions and to assist the MDBNA in the exercise of its powers or the performance of its duties or functions in terms of the Act, as the MDBNA may delegate or assign to the committee. The Advisory Committees held one (1) meeting during the reporting period.

2.2.4 Control over education, training and educational institutions

The Act provides that an educational institution that intends to provide education enabling a student to obtain a prescribed qualification and practise any profession must apply for approval of the education it intends to provide. The Act also provides that an educational institution must, before commencing the provision of education, apply to the Council for approval. Table 22 below lists the educational institutions that applied for approval.

Table 22: Educational institutions applied for approval of education

EDUCATIONAL INSTITUTION	EDUCATION	REGION	STATUS
Masha College	Diploma in Dental Sciences	Oshana	Under review
University of Namibia (School of Medicine)	Master of Medicine in Internal Medicine	Khomas	Approved

Inspection of training hospitals and health facilities

The MDBNA inspects hospitals, health facilities and educational institutions for the training of medical and dental interns/students in terms of the Act. The MDBNA appointed healthcare professionals to inspect hospitals and health facilities for the training of medical interns and students in terms of the Act.

Training of medical interns

The following hospitals and health facilities were inspected for approval to train medical interns:

Table 23: State hospitals inspected to train medical interns

FACILITY NAME	DATE	REGION	OUTCOME
Swakopmund and Walvis Bay District Hospital Complex	16 May 2025	Erongo	The accreditation status was withdrawn.
Intermediate Hospital Rundu (IHR) (including Nyangana District Hospital)	12 - 14 May 2025	Kavango East	Approved for an increase from forty (40) to fifty (50) interns per year. Orthopaedics/Orthopaedic Trauma rotation was added. Nangana District Hospital was approved as a peripheral training site for IHR.
Intermediate Hospital Oshakati (including Engela, Outapi and Oshikuku District Hospitals).	15 – 18 September 2025.	Oshana and Omusati	The hospital, together with the district hospitals, was approved to continue training one hundred and thirty-two (132) Interns per year.
Onandjokwe Intermediate Hospital.	19 September 2025.	Oshikoto	The hospital was approved to continue training ninety-eight (98) Interns per year.
Windhoek Central Hospital & Intermediate Katutura Hospital (including St Mary's Rehoboth and Okahandja District Hospitals).	22 - 24 September 2025	Khomas, Hardap and Otjozondjupa	The Windhoek State hospitals, together with the district hospitals, were approved to continue training three hundred and two (302) Interns per year.

Comments:

- The placement of new medical interns at the Swakopmund and Walvis Bay District Hospitals Complex was withdrawn due to a critical shortage of medical officers and consultants necessary for adequate

supervision of interns, a lack of dedicated departments for key medical disciplines, and ongoing issues with the assessment of interns.

- Nyangana District Hospital was inspected for the first time and approved as a satellite training facility for the IHR to train medical interns in the Family Medicine/Primary Care domain.
- Intermediate Hospital Oshakati, Intermediate Hospital Onandjokwe, and Intermediate Hospital Rundu were inspected for the renewal of their training status, including their respective satellite training hospitals.

Training of Medical Students

A follow-up inspection was conducted at the University of Namibia (UNAM) from 27th to the 31 October 2025 for the Bachelor of Medicine, Bachelor of Surgery (MBChB). The approval previously granted for the MBChB remains valid for five (5) years, effective from 1 August 2022. The student intake into the medical training programme is to be progressively increased by ten (10) students per annum, up to a maximum of one hundred (100) students per year of study by 2028. A comprehensive inspection is scheduled for 2027.

The following hospitals were also inspected for practical training of medical students:

- Windhoek Central Hospital,
- Intermediate Hospital Katutura,
- Intermediate Hospital Oshakati,
- Intermediate Hospital Onandjokwe.

2.2.5 APPLICATIONS FOR REGISTRATION

The Act provides that no person is entitled to practice the profession within Namibia unless that person is registered and licensed. Any person who wishes to be registered with the MDBNA must apply to the Registrar. Table 24 below indicates the number of applications for registration received.

Table 24: Applications received per professional category

NO.	DESIGNATION	RECEIVED	PENDING	FINALISED
1	Anaesthesiologists	6	0	6
2	Specialist in Critical Care	1	0	1
3	Biomedical Engineers	7	0	7
4	Cardiologist	1	0	1
5	Colorectal Surgeon	1	0	1
6	Dental Interns	7	0	7
7	Dental Students	25	0	25
8	Dental Technician	1	0	1
9	Dentists	54	0	54
10	Maxillofacial & Oral Surgeon	1	1	0
11	Specialist in Emergency Medicine	1	0	1
12	Gastroenterologist	1	0	1
13	Medical Biological Scientists	2	0	2

14	Medical Interns	123	0	123
15	Medical Physicists	4	0	4
16	Medical Practitioners	219	0	219
17	Medical Students	99	0	99
18	Medical Graduates in Practical Training	25	0	25
19	Neurosurgeons	5	2	3
20	Obstetricians & Gynaecologists	3	0	3
21	Ophthalmic Clinical Officers	9	4	5
22	Orthopaedic Surgeons	2	0	2
23	Otorhinolaryngologists	1	0	1
24	Paediatricians	10	0	10
25	Physicians	2	0	2
26	Pulmonologists	2	0	2
27	Specialist in Emergency Medicine	1	0	1
28	Surgeons	6	0	6
29	Vascular Surgeon	1	0	1
30	Urologist	1	0	1
TOTAL		621	7	614

Comments:

- The table presents a breakdown of applications received, pending, and finalised across various professional categories. The finalised applications were either granted registration or declined due to non-compliance with the requirements, and approved candidates were sent for evaluation.
- A total of six hundred and twenty-one (621) applications were received. Of these, six hundred and fourteen (614) were finalised for registration or evaluation. This means most of the applications received met the minimum requirements of study for registration in the relevant categories.
- The seven (7) pending applications are mostly due to outstanding documents.
- A total of two hundred nineteen (219) Medical Practitioners and one hundred twenty-three (123) Medical Interns account for the largest share, presenting a continued inflow and progression within the medical workforce.

Table 25: Other applications received per gender

NO.	CATEGORIES	FEMALE	MALE	TOTAL
1	Certificate of Status	102	109	211
2	Extra from the registers	6	7	13
3	Restoration of names to registers	13	12	25
4	Temporary registrations	0	5	5
5	Additional Qualifications	6	2	8
TOTAL		127	135	262

Comments:

- The figures indicate high demand for certificates of status, suggesting a primary high service demand. This could be due to either higher mobility, need for verification, or compliance with requirements for registration outside Namibia.
- The distribution between genders is generally balanced.

Table 26: Foreign Curricula Assessed

INSTITUTION	CURRICULUM	REGISTRATION CATEGORY	COUNTRY	STATUS
University of Lusaka	Bachelor of Medicine and Bachelor of Surgery	Medical Practitioner	Zambia	Curriculum satisfied the requirements
Levy Mwanawasa Medical University	Diploma in Dental Technology	Dental Technician	Zambia	Curriculum satisfied the requirements
Gideon Robert University	Diploma in Dental Technology	Dental Technician	Zambia	Curriculum satisfied the requirements

2.2.6 REGISTERS KEPT

The Act requires that the HPCNA establish and maintain separate registers. The MDBNA must also continue to keep the registers that were maintained before the commencement date in terms of any law repealed by section 95, and that relate to persons required to be registered to practice certain professions in terms of the Act.

The primary means of regulating any profession is through its register. This register comprises individuals with recognised expertise, skills, established standards, and ethical integrity, whose names are listed on a publicly accessible statutory register to ensure transparency and accountability.

Admission to the register as provided for under the Act is strictly controlled. The Act also sets out key provisions regarding the process of admission to the register, the maintenance of registration and licence, as well as the removal and restoration of a name to the register. These registers are available for public inspection during normal office hours at the MDBNA office.

Registered Practitioners

Table 27 below indicates the number of practitioners registered and licensed during the reporting period.

Table 27: Practitioners registered and licensed per discipline

DESIGNATION	REGISTERED/LICENSED
REGISTRATION/ LICENSURE:	
Biomedical Engineers	6
Dental Therapists	2
Dentists	49
Medical Biological Scientists	3
Medical Practitioners	239
Anaesthesiologists	9
Diagnostic Radiologists	2

Neurosurgeons	3
Obstetrician and Gynaecologists	7
Ophthalmologist	1
Orthopaedic Surgeons	3
Paediatric Surgeon	1
Paediatricians	9
Pathologist (Anatomical)	1
Physicians	4
Plastic and Reconstructive Surgeon/	1
Psychiatrist	1
Specialist in Emergency Medicine	1
General Surgeons	7
Urologists	2
Ophthalmic clinical officers	3
Oral Hygienist	1
RESTORATION OF NAME TO REGISTER:	
Biomedical Engineers	2
Dental Technician	1
Dental Technologist	1
Medical Practitioners	11
Anaesthesiologist	1
Diagnostic Radiologist	1
Pathologist (Chemical)	1
TEMPORARY REGISTRATION:	
Orthopaedic Surgeon	1
TOTAL REGISTERED	374

Comments:

- Three hundred and seventy-four (374) individuals were registered/licenced during the reporting period. This figure represents the combined number of approved, restored, and temporary registrations.
- Two hundred and thirty-nine (239) medical practitioners were registered, and this indicates a significant intake of the medical workforce. A significant proportion of medical practitioners registered and licensed during the period had completed local internship training.
- The number of specialist practitioners, including Anaesthesiologists, Paediatricians, Obstetricians and Gynaecologists, remains relatively low.
- Specialities such as Neurosurgery, Plastic and Reconstructive Surgery, and Ophthalmology are represented by only one (1) to three (3) practitioners, indicating a scarcity of highly specialised expertise.

- The number of restored registrations is relatively low, suggesting a limited return of previously deregistered professionals. Medical practitioners constituted the highest proportion within this category.
- Only one (1) Orthopaedic Surgeon was registered temporarily, indicating that temporary registration is applied cautiously and primarily for short-term purposes.
- Overall, the data reflect a growing and active healthcare workforce, largely driven by interns, students, and medical practitioners. However, it underscores the critical need to strengthen specialist capacity to ensure the delivery of comprehensive healthcare services.

Table 28: Students, Graduates and Interns registered during the period

DESIGNATION	REGISTERED
Dental Interns	21
Dental Students	28
Medical Graduate in Practical Training	24
Medical Interns	239
Medical Students	162
TOTAL	474

Comments:

- A total of two hundred and thirty-nine (239) medical interns were registered, reflecting a significant intake and transition within the medical workforce. The cohort of medical interns comprised both locally trained graduates and foreign-trained graduates who either successfully passed the pre-internship evaluation or completed the prescribed practical training.
- The total number of registered medical students comprises both local students and international students undertaking elective training.
- Twenty-eight (28) dental students were registered. This indicates a steady growth within the dental profession.
- Twenty-four (24) Medical Graduates in Practical Training were registered to undergo practical training following unsuccessful pre-internship evaluations, before they registered as interns.

Table 29 below shows the cumulative number of practitioners on the register by the end of March 2026.

Table 29: Total number of practitioners on the registers

NO.	DESIGNATION	REGISTERED
1	Biomedical Engineers	15
2	Dental Technicians	28
3	Dental Technologists	12
4	Dental Therapists	54
5	Dentists	385
6	Maxillo-facial and Oral Surgeons	6
7	Orthodontists	3
8	Specialist in Oral Medicine and Periodontics	1

9	Medical Assistant	1
10	Medical Biological Scientists	10
11	Medical Physicists	5
12	Medical Practitioners	1893
13	Anaesthesiologists	63
	Specialist in Critical Care	1
14	Cardiothoracic Surgeons	4
15	Dermatologists	13
16	Diagnostic Radiologists	49
17	Family Physicians	25
18	Neurologists	5
19	Neurosurgeons	15
20	Obstetricians and Gynaecologists	67
	Specialist in Gynaecological Oncology	1
	Specialist in Maternal and Foetal Medicine	1
21	Ophthalmologists	21
22	Orthopaedic Surgeons	36
23	Otorhinolaryngologists	13
24	Paediatric Surgeons	4
25	Paediatricians	45
	Medical Oncologist	1
	Neonatologist	1
	Nephrologist	1
	Paediatrics Cardiologists	4
	Pulmonologists	2
	Specialists in Critical Care	2
26	Pathologist (Anatomical)	18
27	Pathologist (Chemical)	2
28	Pathologist (Clinical)	6
29	Pathologist (Forensic)	2
30	Pathologist (Haematological)	4
31	Pathologist (Microbiological)	2

32	Physicians	40
	Cardiologists	9
	Clinical Haematologists	2
	Gastroenterologists	4
	Nephrologists	4
	Pulmonologists	4
	Rheumatologist	1
	Specialist in Infectious Diseases	1
33	Plastic and Reconstructive Surgeons	6
34	Psychiatrists	19
36	Radiation Oncologists	10
37	Specialists in Emergency Medicine	7
38	Specialists in Nuclear Medicine	3
39	Surgeons	53
	Colorectal Surgeon	1
	Gastroenterologists	2
	Vascular Surgeons	4
40	Urologists	16
41	Medical Scientists	5
42	Ophthalmic Clinical Officers	25
43	Oral Hygienists	34
44	Rural Medical Aid	1
TOTAL REGISTERED		3072

Comment:

Designations written in italics are subspecialties of associated specialities.

Table 30 below shows the cumulative numbers of students, graduates in practical training, and interns on the register as of the end of March 2026.

Table 30: Number of Students, Graduates and Interns on the registers

NO.	DESIGNATION	NUMBER
1	Dental Graduates in Practical Training	6
2	Dental Interns	21
3	Dental Students	104
4	Medical Graduates in Practical Training	47
5	Medical Interns	485
6	Medical Students	537
TOTAL		1200

Removal of names from the registers

The Act provides that the HPCNA may remove the names and other entries from the register. The removal of a name from the register can be voluntary or involuntary.

Voluntary Removal

The Act provides that the MDBNA may remove from the register the name of any registered person who has requested in writing that their name be removed. The names of twenty-eight (28) practitioners were voluntarily removed from the relevant register during the year under review.

Involuntary removal of names from the registers

The Act provides that the MDBNA may remove from a register the name of a registered person who is deceased or who has failed to pay the prescribed annual fees by 31 March of the relevant year. A total of ninety-six (96) practitioners were removed from the relevant registers. Table 31 shows the number of practitioners involuntarily removed from the relevant registers in 2025/2026 for non-payment of annual maintenance fees.

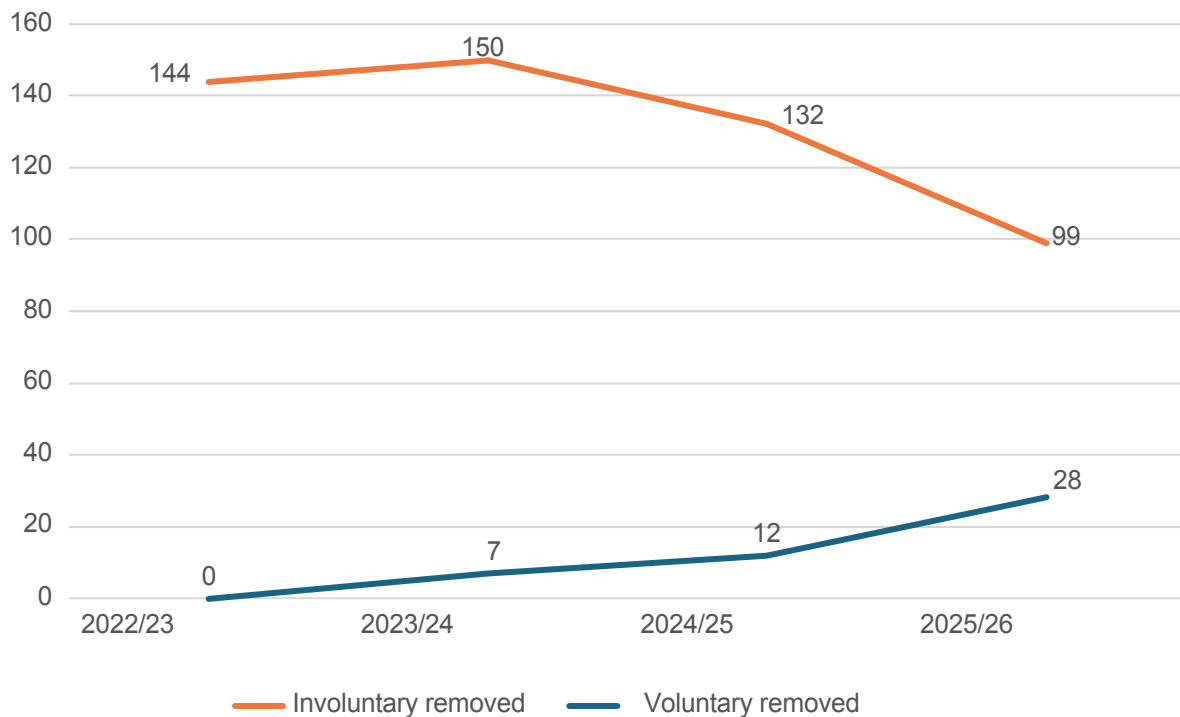
Table 31: Practitioners involuntarily removed from the register per discipline

DESIGNATION	NUMBER
Anaesthesiologist	3
Biomedical Engineer	2
Cardiothoracic Surgeon	1
Dental Technicians	2
Dental Therapists	4
Dentists	7
Dermatologists	2
Diagnostic Radiologists	4
Family Physician	3
Medical Assistants	2
Medical Practitioners	42
Obstetricians and Gynaecologists	5
Ophthalmic Clinical Officer	1
Oral Hygienists	2
Orthopaedic Surgeons	2
Paediatric Surgeon	1
Paediatricians	2
Pathologists (Anatomical)	3
Pathologist (Chemical)	1
Pathologist (Microbiological)	1
Physician	4
Prosthodontist	1

Psychiatrist	1
Specialist in Emergency Medicine	1
Specialist in Nuclear Medicine	1
Urologists	1
TOTAL	99

Figure 1 illustrates the total number of names removed involuntarily and voluntarily from the relevant registers in 2025/2026 compared with the past three (3) years.

Figure 1. Total number removed from registers in 2025/2026 compared with the past three (3) years (source: HPCNA register)



Comments:

- The figure shows two categories of removals over four years (2023/24 – 2025/2026): involuntary and voluntary.
- The number of practitioners whose names were involuntarily removed from the registers has shown a consistent downward trend from the 2023/24 reporting period onwards, with a notable decline below one hundred (100) recorded in 2025/2026.
- In contrast, the number of practitioners who voluntarily requested removal from the register increased steadily over the same period.
- Overall, the reporting period demonstrates a clear decline in involuntary removals, particularly marked in 2025/2026, while voluntary removals exhibit a consistent upward trajectory.

Table 32 illustrates the total number of names deregistered from the relevant registers during the period.

Table 32: Practitioners Deregistered

REGISTRATION	NUMBER CANCELLED
Dentists	2
Medical Physicists	1
Medical Practitioners	36
Anaesthesiologists	1
Neurosurgeon	1
Obstetricians and Gynaecologists	2
Ophthalmologist	1
Orthopaedic Surgeons	1
Paediatric Surgeons	2
Paediatricians	1
Physicians	6
Psychiatrists	1
Public Health Physician	1
Surgeons	3
Urologists	1
TOTAL	60

Comments:

- A total of sixty (60) practitioners were deregistered from the relevant register for various reasons, including retirement, death, relocation, cessation of practice, and emigration.
- The cancellation of registration may also be due to lapse of temporary registration.

Table 33: Total number of Students, Graduates and Interns deregistered

DESIGNATION	NUMBER
Dental Interns	59
Dental Graduate in Practical Training	1
Dental Students	26
Medical Graduate in Practical Training	106
Medical Interns	271
Medical Students	91
TOTAL	554

Comments:

- The table presents the distribution of individuals across different categories of students, graduates in practice, and interns, with a total of five hundred and fifty-five (554) deregistered. The deregistration is predominantly associated with transitions and is likely attributable to the completion of training or

internship programmes or to progression to a different registration category. Interns may also be due to the failure to complete internship training.

- Medical Interns constitute nearly half of the total cohort, suggesting that a substantial proportion may transition to full registration as medical practitioners, with a similar trend among Dental Interns.
- Graduates in Practical Training are individuals who have completed their academic studies and have undergone the requisite practical exposure in preparation for internship training.

2.2.7 Verification of registration:

The MDBNA receives requests for verification of registration status and/or internship completion status from registering authorities and other relevant agencies in respect of registered practitioners. During the reporting period, a total of forty-seven (47) verification requests were received from the Educational Commission for Foreign Medical Graduates (United States of America), the General Medical Council (United Kingdom), the College of Physicians and Surgeons of Ontario, and the Dataflow Group.

2.2.8 Authorisation to practice professions in employment of the state

Section 37(2) of the Act, the Minister of Health and Social Services may, upon consultation with the HPCNA, grant written authorisation to a person to practise a profession in the employment of the State, provided that the applicant, having applied in terms of subsection (3), met the prescribed conditions and any additional requirements as may be determined by the Minister in a specific case. During the reporting period, the MDCNA processed a total of about eight nine (89) consultations for authorisation.

2.2.9 Licensure regime

The Act establishes the licensing regime for registered health professionals. It provides that a registered person who wishes to examine and treat patients clinically or to offer other health services must apply to the HPCNA for a licence to practise their profession. A registered person who clinically examined, treated patients or provided health services prior to the coming into force of the Act, being the 20 March 2025, has twelve months to apply for and be granted licences to practise. Such people are deemed registered during that period under section 43(8) of the Act. It was also noted that only a registered person may apply for a licence. Practitioners were not legally permitted to submit licence applications until the required forms, certificates, and licences were officially published in terms of the Act. The regulations relating to forms, certificates and licences were published on 23 February 2026, while the due date of twelve (12) months for licence applications was 20 March 2026, and licence applications began thereafter. Considering the limited time between the commencement of the Act and the publishing of the required forms, certificates and licences, the twelve (12) months compliance period was extended to 20 March 2027. This extension is to afford all practitioners deemed licensed sufficient time to secure their physical licences. During the reporting period, the MDBNA issued licences to seven hundred and eight (708) practitioners.

2.2.10 Challenges

During the reporting period, the MDBNA experienced a persistent shortage of approved internship posts. This constraint resulted in prolonged waiting periods for medical interns to secure placements at accredited hospitals and health facilities to complete their internship training.

In addition, the introduction of the licensure regime, together with the publication of the Regulations relating to forms, certificates and licences on 23 February 2026, led to a significant surge in licence applications within a short timeframe. This influx placed considerable administrative pressure on the HPCNA, necessitating additional time and resources to process applications and issue licences to practice. The minimal window between the publication of mandatory forms, certificates, and licences and the twelve (12) months compliance deadline posed a significant challenge for registered practitioners. Consequently, the compliance deadline was extended to 20 March 2027.

2.2.11 Conclusion

The MDBNA is committed to ensuring that all individuals seeking to practise in Namibia possess and maintain the requisite professional knowledge, skills, and competencies through regulated education and structured practice for all professions governed by the Act. In fulfilling this mandate, the MDBNA has demonstrated tangible and effective delivery.

2.3 NURSING BOARD OF NAMIBIA (NBNA)

2.3.1 INTRODUCTION

The NBNA is established in terms of section 13 (c) of the Act to regulate the practice of five (5) professions, namely: Nurse Practitioner, Midwife / Accoucheur Practitioner, Nurse and Midwife / Accoucheur Practitioner, Staff Nurse, and Auxiliary Nurse.

The NBNA also exercises delegated authority over all matters affecting the education and training of persons seeking registration in a nursing profession under the Act.

2.3.2 NBNA MEMBERS

Prof. Louise Pretorius (Chairperson).

Mr. Gebhardo S. Timotheus (Deputy Chairperson).

Ms. Loini N. Nangombe.

Ms. Popyeni Shigwedha.

Ms. Francina Tjituka.

Mr. Petrus Kawiya Shingandji.

Prof. Pilisano Masake.

Mr. William Bongani //Garob.

2.3.3 SUMMARY OF NBNA ACTIVITIES

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

2.3.3.1 NBNA MEETINGS

In line with the provisions of the Act, the NBNA convened meetings to deliberate on matters within its mandate.

Table 34: NBNA meetings

DATE OF MEETINGS	TOTAL NUMBER OF MEMBERS	MEMBERS ATTENDED
6th of June 2025	8	8
4th of July 2025	8	8
3rd of October 2025	8	6
31st of March 2026	8	8

2.3.2.2 EXECUTIVE COMMITTEE MEETINGS

The ExCom exercised the NBNA's powers and functions between NBNA meetings.

EXCOM MEMBERS

1. Prof. Louise Pretorius
2. Mr. Gebhardo Timoteus

3. Ms. Popyeni Shigwedha

4. Mr. Petrus Shingandji

One ExCom meeting was held during the period under review.

Table 35: ExCom meetings

DATE OF MEETINGS	TOTAL NUMBER OF MEMBERS	MEMBERS ATTENDED
31st of October 2025	4	4

2.3.3.3 EDUCATION COMMITTEE (EduCom).

The EduCom advised the NBNA on matters relating to qualifications, education, and training under the Act.

EduCom MEMBERS

Prof. Louise Pretorius

Prof Stephanie van der Walt

Dr Kopano Robert

Dr Panduleni Shimanda

Ms Loini Nangombe

Ms Popyeni Shigwedha

Ms Hambeleleni Petrus

Table 36: EduCom meetings

DATE OF MEETINGS	TOTAL NUMBER OF MEMBERS	MEMBERS ATTENDED
23rd of July 2025	7	7
16th of October 2025	7	6
20th February 2026	7	7

The tables above indicate that meetings were held during the period under review. Four (4) NBNA meetings, one (1) ExCom meeting, and three (3) EduCom meetings were held.

2.3.4 NBNA RESOLUTIONS

The NBNA makes decisions by resolution when performing its functions and exercising its powers under the Act. Table 37 presents the number of resolutions adopted during the reporting period and their implementation rate.

Table 37: Resolutions made by the NBNA

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED
39	36

The outstanding NBNA resolutions are mainly the ones that went to the HPCNA. One, related to the capacity building workshop for Board members, two, related to the inspection for all Welwitchia University campuses and three, related to PMT Health Care Institute Diploma in Staff Nursing and Midwifery curriculum approval.

2.3.5 REGISTERS KEPT

Number of persons kept on the register for Nurses and Midwives / Accoucheurs for 2025/2026.

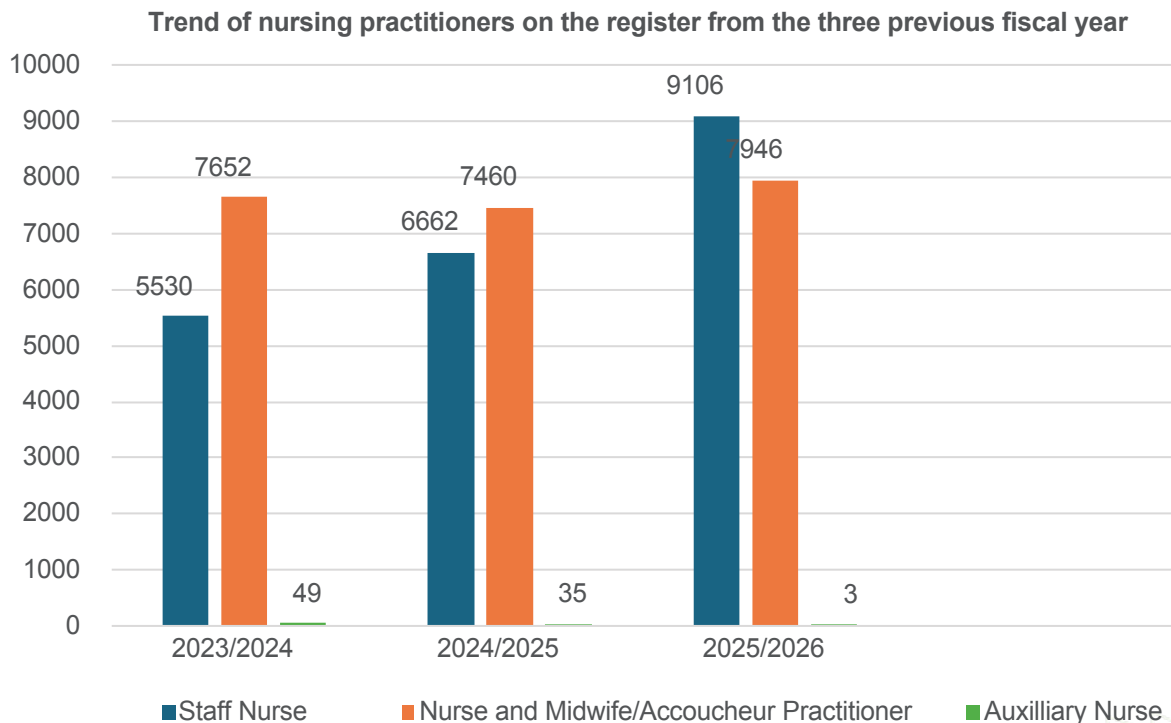
Admission to the register as provided for under the Act is strictly controlled. The Act also contains very important provisions about the method of admission to the register (section 34), the maintenance of registration (section 45(1)(c), and the removal (section 49) or restoration of a name to the register (section 50). These registers are available on the website and at the NBNA offices during ordinary hours for inspection by any interested member of the public.

Table 38: Number of registrants on the register for the past three (3) years

PROFESSION	2023/2024	2024/2025	2025/2026
Auxiliary Nurses	49	35	35
Staff Nurses	5530	6662	9106
Nurse Practitioner	296	312	318
Midwife / Accoucheur Practitioners	1	3	3
Nurse and Midwives / Accoucheurs Practitioners	7355	7145	7625
TOTAL	13,231	14,157	17,087

During the reporting period, 2,924 new nursing practitioners were registered, bringing the total to 16,769, up from 13,845 recorded in the previous fiscal year. Of the 2,924 new nursing practitioners, 83% were staff nurses.

Graph 3: Trend Of Registrants Per Register: 2022/2023, 2023/2024, and 2024/2025



Overall, there is a rapid increase in the number of staff nurses across the three fiscal years 2023/2024 to 2025/2026.

Below is a list of student nurses for the years 2023/2024, 2024/2025 and 2025/2026

Table 39: Number of student nurses on the register for the past three (3) years

PROFESSION	2023/2024	2024/2025	2025/2026
Student Auxiliary Nurses	0	284	254
Student Staff Nurses	6731	9986	11040
Student Nurse and Midwives / Accoucheurs	4538	6992	8095

Nursing student applications received during the reporting period

The NBNA is mandated to ensure that all persons who intend to undertake training at an approved educational institution in Namibia that leads to registration in a nursing profession are registered with the HPCNA within ninety (90) days of starting the training.

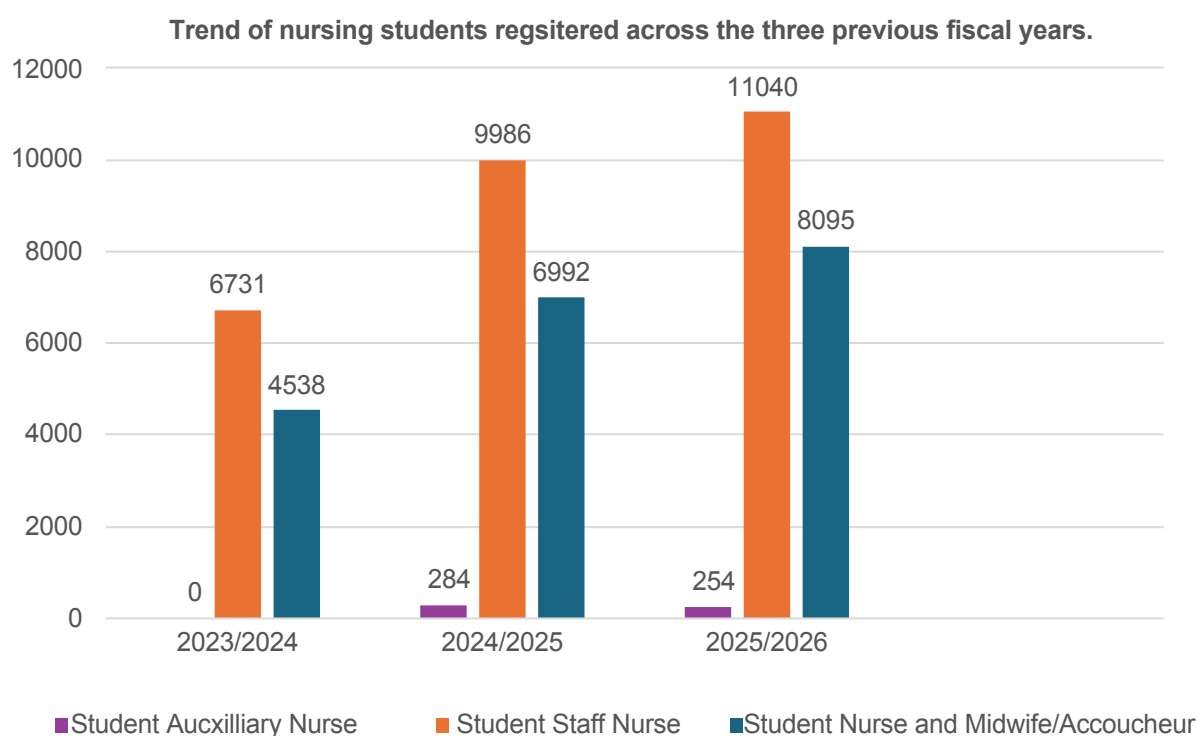
Table 40: Registration of nursing students, per educational institution

EDUCATIONAL INSTITUTION	PROGRAMME	NUMBER OF STUDENTS
Alba Chipamba Training Centre (Oshikango)	Certificate in Enrolled Nursing & Midwifery Science	44
Alba Chipamba Training Centre (Rundu)	Certificate in Enrolled Nursing & Midwifery Science	79
	Bachelor's degree in Nursing & Midwifery Science	91
Alba Chipamba Training Centre (Walvis Bay)	Certificate in Enrolled Nursing & Midwifery Science	5
	Bachelor's degree in Nursing & Midwifery Science	92
Atlantic Training Institution (Oshakati)	Certificate in Enrolled Nursing & Midwifery Science	228
Atlantic Training Institution (Windhoek)	Certificate in Enrolled Nursing & Midwifery Science	130
D'Expert Varsity Institute (Rundu)	Certificate in Auxiliary Nurse	0
	Certificate in Enrolled Nursing & Midwifery Science	24
D'Expert Varsity Institute (Walvis Bay)	Certificate in Auxiliary Nurse	0
	Certificate in Enrolled Nursing & Midwifery Science	44
D'Expert Varsity Institute (Windhoek)	Certificate in Auxiliary Nurse	0
	Certificate in Enrolled Nursing & Midwifery Science	35
Essence Health Care Academy	Certificate in Enrolled Nursing & Midwifery Science	25
Eureka Medical Institute (Katima Mulilo)	Certificate in Auxiliary Nurse	0
	Certificate in Enrolled Nursing & Midwifery Science	43
Eureka Medical Institute (Gobabis)	Certificate in Enrolled Nursing & Midwifery Science	41
Higher Ground Training College (Omuthiya)	Certificate in Enrolled Nursing & Midwifery Science	19
	Bachelor's Degree in Nursing & Midwifery Science	3
I-Care Training Institute (Ondangwa)	Certificate in Auxiliary Nurse	0
	Certificate in Enrolled Nursing & Midwifery Science	386
	Bachelor's Degree in Nursing & Midwifery Science	54
I-Care Training Institute (Karasburg)	Certificate in Auxiliary Nurse	0
	Certificate in Enrolled Nursing & Midwifery Science	8

	Bachelor's Degree in Nursing & Midwifery Science	2
I-Care Training Institute (Swakopmund)	Certificate in Auxiliary Nurse	0
	Certificate in Enrolled Nursing & Midwifery Science	270
	Bachelor's Degree in Nursing & Midwifery Science	77
I-Care Training Institute (Windhoek)	Certificate in Auxiliary Nurse	0
	Certificate in Enrolled Nursing & Midwifery Science	249
	Bachelor's Degree in Nursing & Midwifery Science	40
International University of Management (Eenhana)	Bachelor's Degree in Nursing & Midwifery Science	50
International University of Management (Windhoek)	Bachelor's Degree in Nursing & Midwifery Science	55
Nursing Training Institute of Technology	Certificate in Enrolled Nursing & Midwifery Science	47
PMT Health Care Institution (Ongwediva)	Certificate in Enrolled Nursing & Midwifery Science	26
	Bachelor's Degree in Nursing & Midwifery Science	30
PMT Health Care Institution (Rundu)	Certificate in Enrolled Nursing & Midwifery Science	2
	Bachelor's Degree in Nursing & Midwifery Science	16
PMT Health Care Institution (Windhoek)	Certificate in Enrolled Nursing & Midwifery Science	17
River Higher Institute of Technology	Bachelor's Degree in Nursing & Midwifery Science	3
Shiramed Medical Institute (Pty)Ltd	Certificate in Enrolled Nursing & Midwifery Science	38
	Bachelor's Degree in Nursing & Midwifery Science	81
Symanek Training Academy (Okahandja)	Certificate in Auxiliary Nurse	0
Triumphant College (Windhoek)	Bachelor's Degree in Nursing & Midwifery Science	88
University of Namibia (Windhoek)	Bachelor's Degree in Nursing & Midwifery Science	3
University of Namibia (Oshakati)	Bachelor's Degree in Nursing & Midwifery Science	45
University of Namibia (Rundu)	Bachelor's Degree in Nursing & Midwifery Science	0
University of Namibia (Keetmanshoop)	Bachelor's Degree in Nursing & Midwifery Science	44
Welwitchia University (City Campus)	Certificate in Enrolled Nursing & Midwifery Science	105
	Bachelor's Degree in Nursing & Midwifery Science	146
Welwitchia University (Katima Mulilo)	Certificate in Enrolled Nursing & Midwifery Science	71
	Bachelor's Degree in Nursing & Midwifery Science	97
Welwitchia University (Kombat)	Certificate in Enrolled Nursing & Midwifery Science	57
	Bachelor's Degree in Nursing & Midwifery Science	121
Welwitchia University (Lafrenz Township)	Certificate in Enrolled Nursing & Midwifery Science	82
	Bachelor's Degree in Nursing & Midwifery Science	132
Welwitschia University (Nkurenkuru)	Certificate in Enrolled Nursing & Midwifery Science	116
	Bachelor's Degree in Nursing & Midwifery Science	127
Welwitschia University (Outapi)	Certificate in Enrolled Nursing & Midwifery Science	166

Welwitschia University (Walvis Bay)	Certificate in Enrolled Nursing & Midwifery Science	101
	Bachelor's Degree in Nursing & Midwifery Science	107
TOTAL NUMBER OF STUDENT AUXILIARY NURSES REGISTERED	Certificate in Auxiliary Nursing	0
TOTAL NUMBER OF STUDENT STAFF NURSES REGISTERED	Certificate/Diploma in Enrolled Nursing & Midwifery Science	2 458
TOTAL NUMBER OF STUDENT NURSES REGISTERED	Bachelor's Degree in Nursing & Midwifery Science	1 504
	GRANT TOTAL	3 962

Graph 4: Trend of nursing students on the register 2023/2024 to 2025/2026



Although there has been an increase in the number of nursing students registered across the three categories over the last three years, the increase is particularly notable among student staff nurses, with the number almost doubling from fiscal year 2023/2024 to fiscal year 2025/2026.

Registration of Nursing Graduates

During the period under review, over three thousand five hundred (3,500) completion notifications were received from educational institutions for the registration of nursing graduates.

Table 41: Registration of nursing graduates, per educational institution

EDUCATIONAL INSTITUTIONS	PROFESSIONS	
	STAFF NURSES	NURSE MIDWIVES/ ACCOUCHEURS PRACTITIONERS
Alba Chipamba: three (3) campuses	483	0
Atlantic Training Institution	107	0
D'Expert Varsity Institute: three (3) campuses	134	0
Essence Health Specialised College	30	0
Eureka Medical Institute: two (2) campuses	30	0
I-Care Health Training Institute: four (4) campuses	983	0
International University of Management: one (1) campus	0	82
PMT Health Care Institution: three (3) campuses	66	0
Shiramed Medical Institute (Pty) Ltd	44	39
Welwitchia University: eight (8) campuses	883	299
University of Namibia: four (4) campuses	0	435
TOTAL	2760	855

During the reporting period, Welwitchia University produced the highest number of nursing graduates, at 1,182, followed by I-Care Health Training Institute with 983 and Alba Chipamba Training Centre with 483. Except for the International University of Management, Welwitchia University, UNAM, and Shiramed Medical Institute, other educational institutions are yet to produce nurse and midwife/accoucheur practitioner graduates.

2.3.6 CONTROL OVER EDUCATION, TRAINING AND EDUCATIONAL INSTITUTIONS

Section 27 of the Act provides that any person or educational institution intending to offer education, tuition, and training to practice nursing must apply to the HPCNA in writing before offering such education, tuition, and training. Table 42 shows the education that was received for approval during the reporting period.

Table 42: Application for Approval of Education

NO.	EDUCATIONAL INSTITUTION	QUALIFICATION	STATUS
1.	Atlantic Training Institution	Bachelor of Nursing and Midwifery Science	Granted
2	Meyfield College	Bachelor of Nursing and Midwifery Science	Pending
3	University of Namibia	Postgraduate Diploma in Ophthalmic Nursing	Pending
		Postgraduate Diploma in Oncology Nursing	Granted
		Postgraduate Diploma in Anaesthetic Nursing	Granted
		Postgraduate Diploma in Palliative Nursing Care	Granted
		Postgraduate Diploma in Nursing Science Infection Control	Granted

4	International University of Management	Master's in Nursing Sciences	Granted
		Postgraduate Diploma in Paediatric Nursing	Granted
5	Welwitchia University	Master of Nursing Sciences Degree	Granted
		Postgraduate Diploma in Mental Health	Granted
		Postgraduate Diploma in Infection Prevention and Control	Granted
		Postgraduate Diploma in Pharmacotherapy	Pending
6	Alba Chipamba Training Centre	Diploma in Staff Nursing and Midwifery (NQF level 6) (revised)	pending
	PMT Health Care Institution	Diploma in Staff Nursing (NQF level 6) revised curriculum	Pending

2.3.7 OTHER SERVICES RENDERED BY THE NBNA

The NBNA is required to render other services to practitioners and other key stakeholders. Table 43 indicates other services provided to practitioners and key stakeholders during the reporting period.

Table 43: Other Services Rendered by the Nursing Board during 2025/2026 FY

SERVICES RENDERED	TOTAL
Registration Certificate issued	6 490
Registration of additional qualifications	76
Application for the approval of health facilities	98
Application for the approval of training facilities	11
Confirmation of Registration Status	6
Certificates of Status issued	61
Extracts from the Register / Roll issued	621
Reprint of Practising Cards	518
Involuntary Removal from Register / Roll	602
Voluntary Removal from Register / Roll	10
Restoration of a name to the Register	234
Ethics & Jurisprudence Manuals Sold	126
Namibian Standard Treatment Guidelines Sold	85

2.3.8 DISTINGUISHING DEVICES

The NBNA is mandated under the Act to sell distinguishing devices, such as epaulettes, bars, and badges, to nursing practitioners registered under this Act. Table 44 below indicates the number of distinguishing devices sold to practitioners during the reporting period.

Table 44: Distinguishing Devices Sold During 2025/2026 Fiscal Year

DISTINGUISHING DEVICES SOLD	
Epaulettes	2730
Badges	2471
Green Bars	1103
Yellow Bars	866
Black Bars	42
White Bars	37
Silver Bars	44
TOTAL	7293

2.3.9 CONCLUSION

The NBNA ensured that all persons aspiring to practice in the nursing and midwifery professions in Namibia have acquired and maintained the required professional knowledge, skills, and competencies. This was done by regulating the education and practice of all persons subject to the Act.

2.4 PHARMACY BOARD OF NAMIBIA (PBNA)

2.4.1 INTRODUCTION

The PBNA is established under section 13(1)(d) of the Act to regulate and advance the pharmacy profession in Namibia. Its mandate is to ensure the safe, ethical, and effective practice of pharmacy in the interest of public health. The PBNA exercises the powers and functions conferred by the Act, including those delegated under section 84.

2.4.2 COMPOSITION OF THE PBNA

The following eight (8) persons were appointed as members of the PBNA for a period of five (5) years, effective 20 March 2025:

- Dr. Bonifasius Siyuka Singu (Chairperson)
- Mr. Tuyambeka Paulus Mwandingi (Vice-Chairperson)
- Ms. Blandine Nangombe Meesher
- Ms. Fransina Netumbo Nambahu
- Ms. Frieda Shigwedha
- Ms. Grace Penonghenda Nakalondo
- Mr. Shafimana Shimakeleni
- Ms. Tusano Cynthia Mukendwa-Haimbodi

The PBNA is assisted in fulfilling its mandate by the Committees and the Secretariat.

2.4.3 COMMITTEES OF THE PBNA

The following are the Committees of the PBNA:

2.4.3.1 Executive Committee(EXCO)

Established under section 21 of the Act, the EXCO exercises the powers and performs the duties or functions of the PBNA during the periods between the meetings of the PBNA.

Members of the EXCO are:

- Dr. Bonifasius Singu.
- Mr. Tuyambeka Mwandingi.
- Ms. Fransina Nambahu.
- Ms. Grace Nakalondo.
- Mr. Shafimana Shimakeleni.

2.4.3.2 Education Committee

Established in terms of section 22 of the Act, the Committee investigates and reports to or advises the PBNA on any matter relating to education and the requirements on qualifications prescribed for the registration of persons under the Act.

Members of the Education Committee are:

- Dr. Bonifasius Singu
- Ms. Ester Hango
- Mr. Fillemon Iyambo
- Ms. Frieda Shigwedha
- Ms. Irene Brinkmann
- Dr. Salvatory Magesa

2.4.3.3 Practice Committee

Established under Section 23 of the Act, the Committee advises the PBNA on matters relating to the registration and conduct of pharmaceutical practices.

Members of the Practice Committee are:

- Dr. Barnabas litula
- Ms. Ester Mvula
- Ms. Fransina Nambahu
- Ms. Grace Nakalondo
- Mr. Johannes #Gaeseb
- Ms. Renata Kolzing
- Mr. Shafimana Shimakeleni

2.4.4 SECRETARIAT TO THE PBNA

To effectively execute its mandate, the PBNA relies on the support of its Secretariat to carry out its day-to-day operations. The Secretariat consists of:

- Ms. Uanjengua Hoveka (Senior Manager: Professional Affairs)
- Mr. Malima Kaporika (Manager: PHBNA)
- Mr. Thomas Shipushu (Assistant Manager: PHBNA)
- Ms. Eveline Haingura (Administrative Officer: PHBNA)

2.4.5 SUMMARY OF ACTIVITIES OF THE PBNA

This section summarises the PBNA's key activities and the methods used to carry them out during the reporting period.

2.4.6 MEETINGS OF THE PBNA AND COMMITTEES

During the reporting year, the PBNA has convened six (6) meetings.

Table 45: Meetings of the PBNA and its Committees

MEETING	NUMBER OF MEETINGS	DATES OF MEETINGS	MEMBERS PRESENT	MEMBERS ABSENT
PHB	6 8 July 2025 5 August 2025 14 October 2025 27 November 2025 10 March 2026	4 June 2025	7	1
		8	0	
		8	0	
		8	0	
		7	1	
		8	0	
EXCO	0	-	-	-
Education Committee	3 7 October 2025 27 February 2026	26 June 2025	6	0
		6	0	
		6	0	
Practice Committee	4 3 October 2025 21 November 2025 19 February 2026	24 June 2025	5	2
		6	1	
		5	2	
		5	2	

On 2 July 2025, the Practice Committee reviewed and provided recommendations on nine (9) agenda items through a round-robin process.

2.4.7 REGISTRATIONS AND APPROVAL

Table 46: Total number of applications for registration

CATEGORY	APPLICATIONS RECEIVED 2025/2026	NUMBER OF APPLICATIONS APPROVED 2025/2026	NUMBER OF APPLICATIONS APPROVED 2025/2026	NUMBER OF NEW REGISTRATIONS 2024/25
Student Pharmacist's Assistants	1	1	0	124
Student Pharmaceutical Technicians	0	0	0	0
Student Pharmacists	3	3	0	1
Pharmacist's Assistants	123	123	0	141
Pharmaceutical Technicians	6	6	0	9
Pharmacist Interns	29	29	0	53

Pharmacists	45	45	0	87
Hospital pharmacies	1	1	0	0
Community pharmacies	23	19	4	19
Wholesale pharmacies	9	6	3	4

2.4.8 CURRICULA EVALUATIONS

The table below summarises the curricula of foreign institutions evaluated during the year under review. These curricula were submitted by applicants who were either enrolled in the respective programmes at the time of application or had already graduated from them.

Table 47: Foreign curricula evaluated

INSTITUTION	QUALIFICATION	STATUS
CT University, India	Bachelor of Pharmacy Four (4) years	The curriculum does NOT meet the requirements for registration as pharmacists.
G. D. Goenka University, India	Bachelor of Pharmacy Four (4) years	The curriculum does NOT meet the requirements for registration as pharmacists.
Gideon Robert University, Zambia	Bachelor of Pharmacy Five (5) years	The curriculum does NOT meet the requirements for registration as pharmacists.
Kalinga University, India	Bachelor of Pharmacy Four (4) years	The curriculum does NOT meet the requirements for registration as pharmacists.
Lovely Professional University, India	Bachelor of Pharmacy Four (4) years	The curriculum does NOT meet the requirements for registration as pharmacists.
Sushant University, India	Bachelor of Pharmacy Four (4) years	The curriculum does NOT meet the requirements for registration as pharmacists.

2.4.9 OTHER ACTIVITIES

The PBNA also rendered services related to the following applications:

Table 48: Other applications handled

ACTIVITY	NUMBER PROCESSED
Relocation of pharmaceutical practices.	9
Restructuring of premises of pharmaceutical practices.	6
Changes of ownership of pharmaceutical practices.	18
Changes of name of pharmaceutical practices.	3
Changes of Managing Directors/Members.	27
Changes of Responsible Pharmacists.	51
Notifications of closures of pharmaceutical practices.	4
Involuntary removal of names from the registers.	16
Restoration of names to the registers.	18

Statistics per register

This part provides summary statistics per register as of 31 March 2026.

Table 49: Practitioners on the registers

CATEGORY	31 MAR 2026	31 MAR 2025	CHANGE	% CHANGE
Pharmacist's Assistants	679	553	126	22.8%
Pharmaceutical Technicians	53	47	6	12.8%
Pharmacists	868	828	40	4.8%

Graph 5: Practitioners on the registers

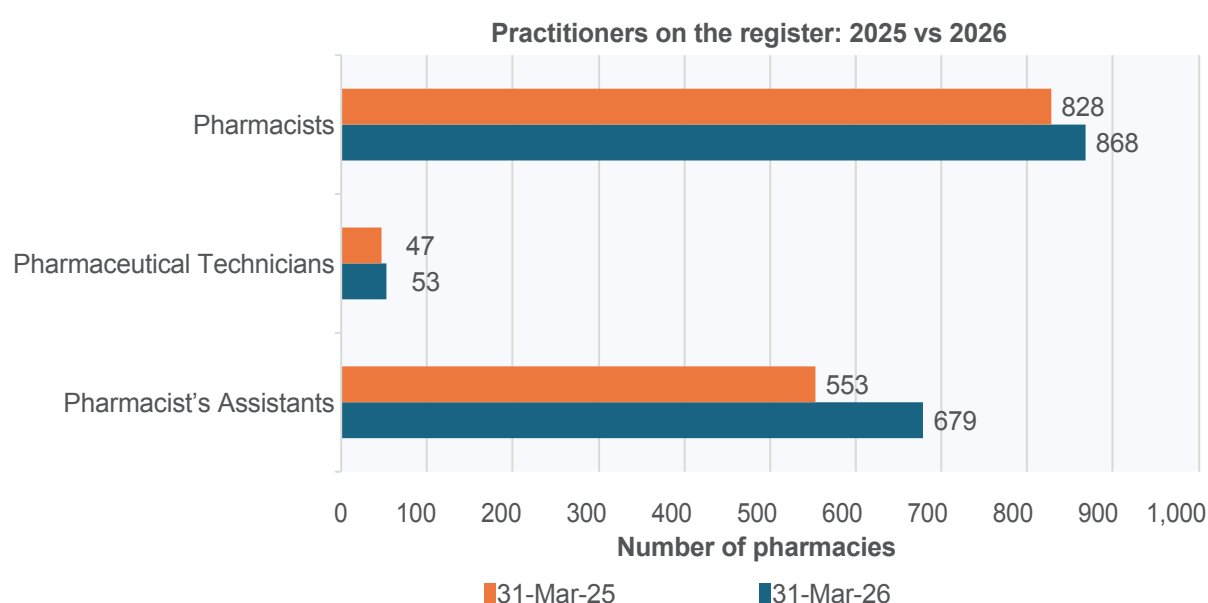
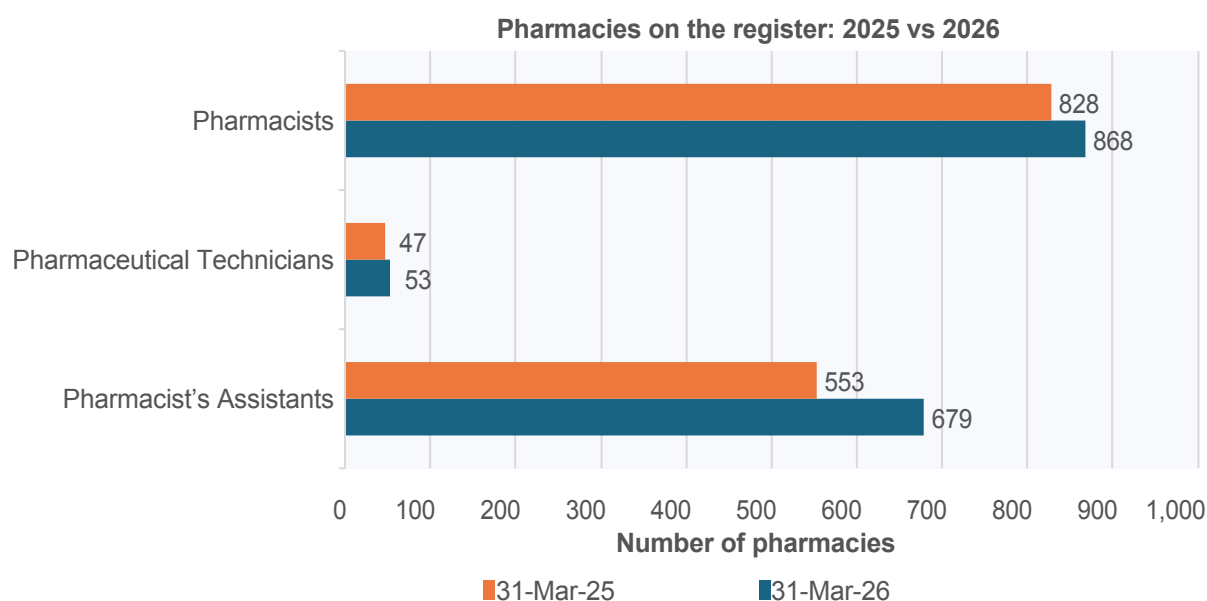


Table 50: Number of pharmacies on the registers

CATEGORY	31 MAR 2026	31 MAR 2025	CHANGE	% CHANGE
Hospital pharmacies*	9	8	1	12.5%
Community pharmacies	274	280	-6	-2.1%
Wholesale pharmacies	63	76	-13	-17.1%

*The number of hospital pharmacies excludes those in State health facilities.

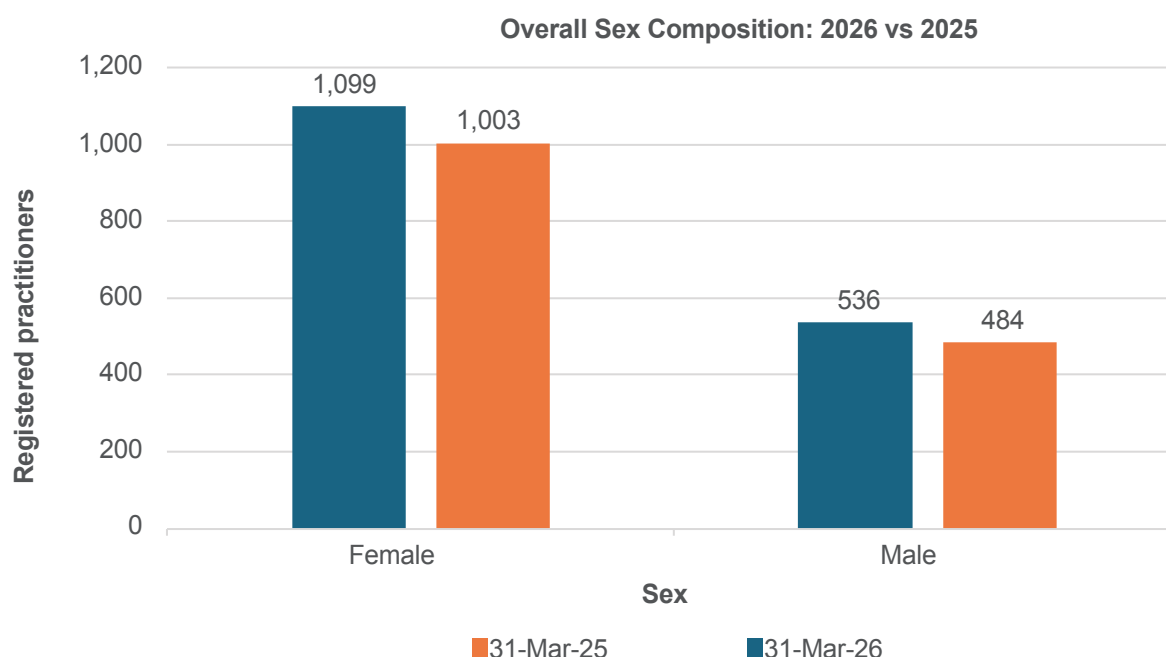
Graph 6: Number of pharmacies on the registers**Table 51:** Students and pharmacist interns on the registers

CATEGORY	31 MAR 2026
Student Pharmacist's Assistants	124
Student Pharmaceutical Technicians	0
Student Pharmacists	126
Pharmacist Interns	35

The year under review saw an increase in new registrations across all professional categories, except for pharmaceutical technicians. Despite this positive trend, the total number of registered pharmacies declined in the community and wholesale pharmacy categories. This decrease was primarily attributable to the deregistration of non-compliant or inactive pharmacies, as well as the consolidation of register entries and comprehensive data-cleaning exercises undertaken to improve the accuracy and integrity of the pharmacies register.

Table 52: Sex distribution of practitioners and Interns on the registers

CATEGORY	31 MARCH 2026		31 MARCH 2025	
	FEMALE	MALE	FEMALE	MALE
Pharmacist's Assistants	470 (69.2%)	209 (30.8%)	388 (70.2%)	165 (29.8%)
Pharmaceutical Technicians	31 (58.5%)	22 (41.5%)	27 (57.4%)	20 (42.6%)
Pharmacist Interns	25 (71.4%)	10 (28.6%)	47 (79.7%)	12 (20.3%)
Pharmacists	573 (66%)	295 (34%)	541 (65.3%)	287 (34.7%)

Graph 7: Gender distribution**Table 53:** Citizenship of practitioners and Interns on the registers

CATEGORY	31 MARCH 2026		31 MARCH 2025	
	NAMIBIAN CITIZENS	FOREIGN CITIZENS	NAMIBIAN CITIZENS	FOREIGN CITIZENS
Pharmacist's Assistants	662 (97.5%)	17 (2.5%)	535 (96.7%)	18 (3.3%)
Pharmaceutical Technicians	51 (96.2%)	2 (3.8%)	45 (95.7%)	2 (4.3%)
Pharmacist Interns	34 (97.1%)	1 (2.9%)	59 (100%)	0 (0%)
Pharmacists	643 (74.1%)	225 (25.9%)	604 (72.9%)	224 (27.1%)

Table 54: Approved Educational Institutions

INSTITUTION	QUALIFICATION	PROFESSIONAL CATEGORY
University of Namibia	Bachelor of Pharmacy	Pharmacists
University of Namibia	Diploma in Pharmacy	Pharmaceutical technicians
Welwitchia University	Certificate in Pharmacy	Pharmacist's assistants
International University of Management	Certificate in Pharmacy	Pharmacist's assistants

2.4.10 CONCLUSION

The number of professionals registered by the HPCNA continued to increase during the year, driven by new registrations and the restoration of previously registered professionals. The PBNA also continued to carry out its core regulatory functions, including the registration of practitioners and pharmacy practices, evaluation of qualifications and curricula, and consideration of matters relating to pharmaceutical practice.

The Act's commencement marked a significant development in the regulation of the pharmacy profession. The PBNA will continue to implement the provisions of the Act and discharge its statutory mandate in the public interest.

2.5 SOCIAL WORK AND PSYCHOLOGY BOARD OF NAMIBIA (SWPBNA)

2.5.1 INTRODUCTION

The SWPB was established under section 13 of the Act. The SWPB is the coordinating body for all healthcare practitioners registered with the HPCNA and is established to address matters relating to a specific profession. These are: Clinical Psychologist, Educational Psychologist, Industrial Psychologist, Psychological Counsellor, Psychometrist, Social Auxiliary Worker and Social Worker.

2.5.2 SWPBNA MEMBERS

The SWPBNA comprises eight (8) members, namely:

Ms. Verona Z. Z. du Preez.
 Prof. Shelene G. Gentz.
 Ms. Helen U. L. Mouton.
 Ms. Enjouline L. Kole.
 Ms. Ronel Bosch.
 Ms. Atty T. Mwafufya.
 Ms. Virginia O'Malley.
 Ms. Asnath K. Kaperu.

The SWPB's term is for five years, ending on 19 March 2030.

2.5.3 SUMMARY OF ACTIVITIES OF THE SWPBNA

2.5.3.1 SWPBNA Meetings

During the reporting period, the SWPB held three (3) meetings as indicated in the table below.

Table 55: SWPBNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
14 March 2025	8	8	0
20 June 2025	8	8	0
17 October 2025	8	7	1

2.5.3.2 SWPBNA RESOLUTIONS

The SWPBNA has made sixty-six (66) resolutions, and all resolutions have been successfully implemented.

2.5.3.3 EDUCATION COMMITTEE

The Act stipulates that a Professional Board must establish an Education Committee to investigate and report to, or advise, the Professional Board on any matter referred to it by the Board relating to education and the requirements for qualifications prescribed for the registration of persons under the Act.

The SWPBNA established an Education Committee consisting of the following members:

Ms. Verona Zephora Zuileka Du Preez

Ms. Ronel Bosch

Prof. Shelene Gentz

Dr. Emmerentia Leonard

Ms. Justine Oaes

Ms. Asnath Kaperu

The Education Committee held four (4) meetings as indicated below:

Table 56: Education Committee meetings

SUBJECT MATTER	DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
Social Work and Psychology	19 September 2025	6	5	1
Social Work and Psychology	21 November 2025	6	6	0
Social Work and Psychology	27 January 2026	6	6	0
Social Work and Psychology	13 March 2026	6	5	1

During the reporting period, the Committee revised the logbooks for the Clinical Psychologist, Educational Psychologist, and Psychological Counsellor internships.

2.5.3.4 INTERN COMMITTEE

The Act provides that the Professional Board may establish other committees of the Board in addition to those established by or under the Act, which consist of members of the Professional Board; and co-opted members of the Professional Board with no right to vote, that the Board may determine and appoint in writing to advise the Board on the matters it refers to the committee.

The SWPBNA established an Intern Committee consisting of the following members:

Ms Marelize Calitz -Educational Psychologist

Dr Armas Shikongo -Clinical Psychologist

Ms Esther Awuku -Clinical Psychologist

Table 57: Intern Committee held two (2) meetings as indicated below

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
17 November 2025	3	3	0
1 December 2025	3	3	0

2.5.4 CONTROL OVER APPROVAL OF EDUCATION

The Act provides that, despite any other law to the contrary, an educational institution in Namibia that intends to provide education that enables a student to obtain a prescribed qualification and practise any profession must apply for approval of the education it intends to provide. After considering the submitted

application, the HPCNA may grant the application; grant it provisionally, subject to the prescribed conditions; or refuse it.

The SWPB received the four (4) year Bachelor of Arts in Social Work curricula from Atlantic Training Institution, Oshakati Campus, for approval to train student Social Workers, and the curricula were still under consideration.

CURRICULA FROM FOREIGN EDUCATIONAL INSTITUTIONS

The HPCNA received applications for curriculum evaluation from applicants outside Namibia to determine if their curricula met the prescribed minimum requirements for recognition in Namibia.

Table 58: Curricula from foreign educational institutions for assessment

INSTITUTION	CURRICULUM	PROFESSION	STATUS
Africa University, Zimbabwe	Four (4) years' Bachelor of Science Honours in Social Work	Social Worker	The curriculum met the prescribed minimum requirements for recognition in Namibia.
Women 's University in Africa, Zimbabwe	Four (4) years' Bachelor of Science Honours in Social Work	Social Worker	The curriculum met the prescribed minimum requirements for recognition in Namibia.
China Women's University, People's Republic of China	Two (2) years' Master of Social Work, majoring in Women's leadership and social development	Social Worker	The curriculum met the prescribed minimum requirements for recognition in Namibia.
Trinity Western University, Canada	Five (5) years' Bachelor of Arts in Psychology	Clinical Psychologist	The curriculum met the prescribed minimum requirements for recognition in Namibia.
Walden University, United States of America	Two (2) years' Master of Science in Psychology		
Deutsche Hochschule für Gesundheit und Sport, Germany	Three (3) years Bachelor of Science in Psychology	Clinical Psychologist	The curriculum did not meet the prescribed minimum requirements for recognition in Namibia.
DHGS-Germany University for Health and Sport, Germany	Two (2) years Master of Science in Psychology and Mental Health		

APPROVAL OF TRAINING FACILITIES

Table 59: Training facilities applied for approval to train students and Interns

FACILITY	NATURE OF TRAINING	REGION	STATUS
Okonguari Psychotherapeutic Centre	Students and Interns in Clinical and Counselling Psychology	Kunene	Pending site inspection
Sinkala Psychology & Being Well Psychology	Interns in Clinical and Counselling Psychology	Khomas	Approved
Saffran Psychological Services	Interns in Clinical and Counselling Psychology	Khomas	Approve

Geluk Psychology Services Cc.	Interns in Clinical and Counselling Psychology	Khomas	Pending inspection
University of Namibia, Psychology Department	Students in Clinical Psychology	Khomas	Pending inspection
Be Free Cares Clinic	Interns in Clinical Psychology	Khomas	Pending inspection
University of Namibia, Social Work Department	Students in Social Work	Khomas	Pending inspection
Triumphant College	Students in Counselling Psychology	Khomas	Pending inspection

2.5.5 APPLICATIONS FOR REGISTRATION

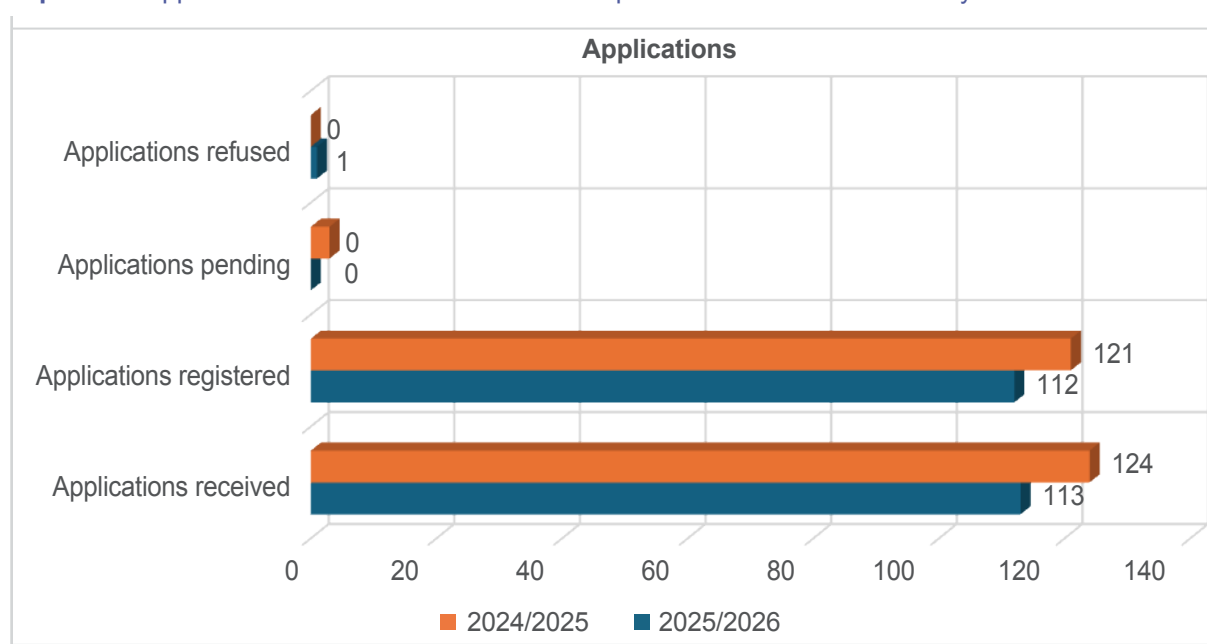
Registration with the HPCNA is a prerequisite for professional practice. The SWPBNA ensures that qualified practitioners are registered in accordance with the registration requirements of the relevant regulatory frameworks.

The number of registration applications is presented below:

Table 60: Registration applications received

DESIGNATION	NUMBER RECEIVED	APPLICANTS REGISTERED	PENDING	REFUSED
Clinical Psychologists	5	4	1	0
Educational Psychologists	1	1	0	0
Psychological Counsellors	5	3	2	0
Intern Clinical Psychologists	3	3	0	0
Intern Psychological Counsellors	4	4	0	0
Social Workers	18	18	0	0
Social Work Students	58	58	0	0
Master's Students in Clinical Psychology	2	2	0	0
Bachelor of Psychology Students	3	3	0	0
TOTAL	124	121	3	0

A total of one hundred and twenty-four (124) applications were received, out of which three (3) were not processed due to pending documents.

Graph 8: Applications received in 2024/2025 compared to 2025/2026 financial year

The graph shows an increase in the number of registered practitioners over the reporting period compared with 2025.

2.5.6 KEEPING OF REGISTERS

The Act provides that the HPCNA must establish and maintain separate registers for persons registered, persons licensed to practise, and persons registered in the categories of registration for the social work and psychology professions. Admission to the register as provided under the Act is strictly controlled.

The Act also contains very important provisions about the method of admission to the register, the removal of names from the register or restoration of a name to the register and the renewal of a licence to practice the profession. The registers are maintained and kept open for inspection at the office of the SWPBNA during office hours for inspection by any interested member of the public.

The number of practitioners on the registers over the past three (2) years is indicated below:

Table 61: Number of practitioners on the registers

PROFESSIONAL CATEGORY	2024/2025	2025/2026
Clinical Psychologists	90	90
Clinical Psychologists and Specialists	2	2
Educational Psychologists	22	21
Psychological Counsellors	94	95
Psychometrists	2	2
Social Workers	591	596
Social Workers and Specialists	7	7
Auxiliary Social Workers	0	0
TOTAL	808	818

Comments

Table 61 shows that for 2025/2026, the total number of registered practitioners across the two registers has increased to 818, up from 808 in 2024/2025.

STUDENTS AND INTERNS REGISTERS

The Act provides that the HPCNA must maintain sub-registers for the different professions and categories of registration for registered students and interns.

The cumulative numbers of students and interns registered per profession are indicated below:

Table 62: The number of students and interns on the registers

PROFESSIONAL CATEGORY	2024/2025	2025/2026
Student Educational Psychologists	1	1
Student Social Workers	266	312
Foreign Elective students in Social Work	4	4
Master's Students in Clinical Psychology	15	15
Master's Students in Educational Psychology	5	5
Bachelor of Psychology Students	52	51
Foreign Elective Students in Psychology	5	5
Intern Clinical Psychologists	9	10
Intern Educational Psychologists	1	0
Intern Psychological Counsellors	9	11
TOTAL	367	409

2.5.7 REMOVAL OF NAMES FROM THE REGISTER

Voluntary removal of names from the registers

The Act empowers the HPCNA to remove from the register the name and any other entry of a registered person who has requested in writing that their name be removed. During the year under review, two (2) Social Workers and one (1) Clinical Psychologist have been removed from the relevant register voluntarily.

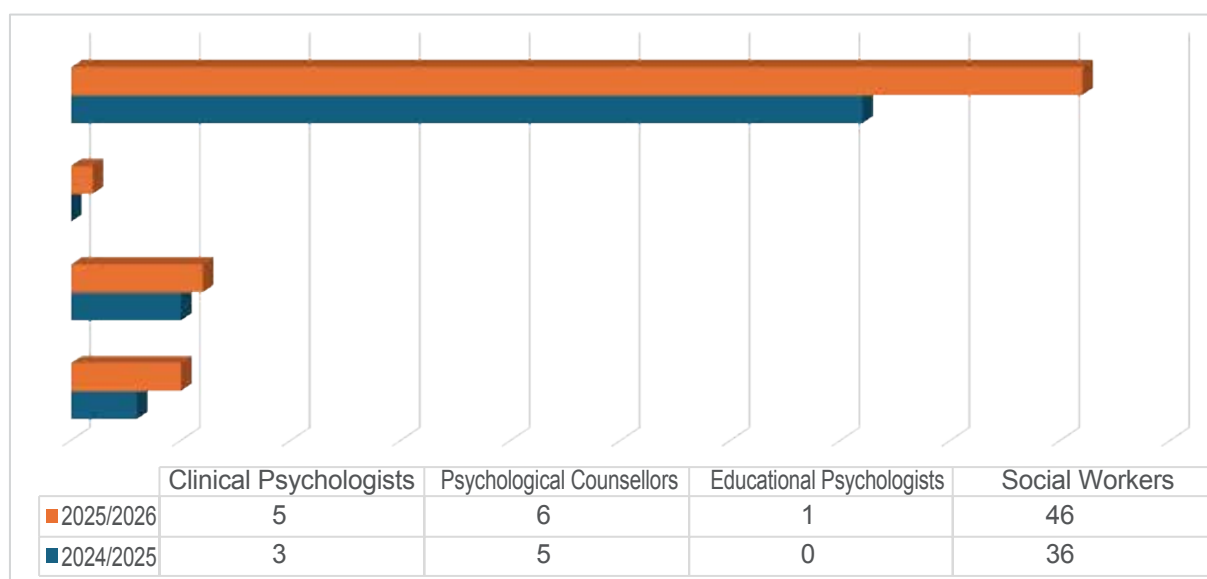
Involuntary removal of names from the registers

The Act states that the HPCNA may remove from a register the name and any other entry of a registered person who fails to pay to the Council the annual fees payable by that person on or before 31 March each year.

In the 2024/2025 financial year, fifty-eight (58) practitioners were removed from the registers.

Table 63: Number of practitioners involuntarily removed from the register

PROFESSIONAL DESIGNATIONS	NUMBER OF PRACTITIONERS
Clinical Psychologists	5
Psychological Counsellors	6
Educational Psychologists	1
Social Workers	46
TOTAL	58

Graph 9: Practitioners involuntarily removed in 2024/2025 compared to 2025/2026 financial year

The graph shows an increase in the number of practitioners who were involuntarily removed from the register for non-payment of annual maintenance fees over the reporting period, compared with 2025.

2.5.8 RESTORATION OF NAMES TO THE REGISTER

Table 64: Number of practitioners per profession restored to the registers

PROFESSION	NUMBER OF PRACTITIONERS
Clinical Psychologists	1
Psychological Counsellors	3
Social Workers	21
TOTAL	25

2.5.9 OTHER SERVICES

Certificate of status

The Act provides that a registered person may apply to the Registrar for a certificate of status. This register provides up-to-date information concerning the professional conduct of the health practitioners and their registration status with the HPCNA. Some of the main reasons for acquiring this certification include enabling healthcare practitioners to relocate to other countries. A total of eight (8) practitioners sought and were granted a certificate of status.

Table 65: Number of certificates of status issued by professional designation

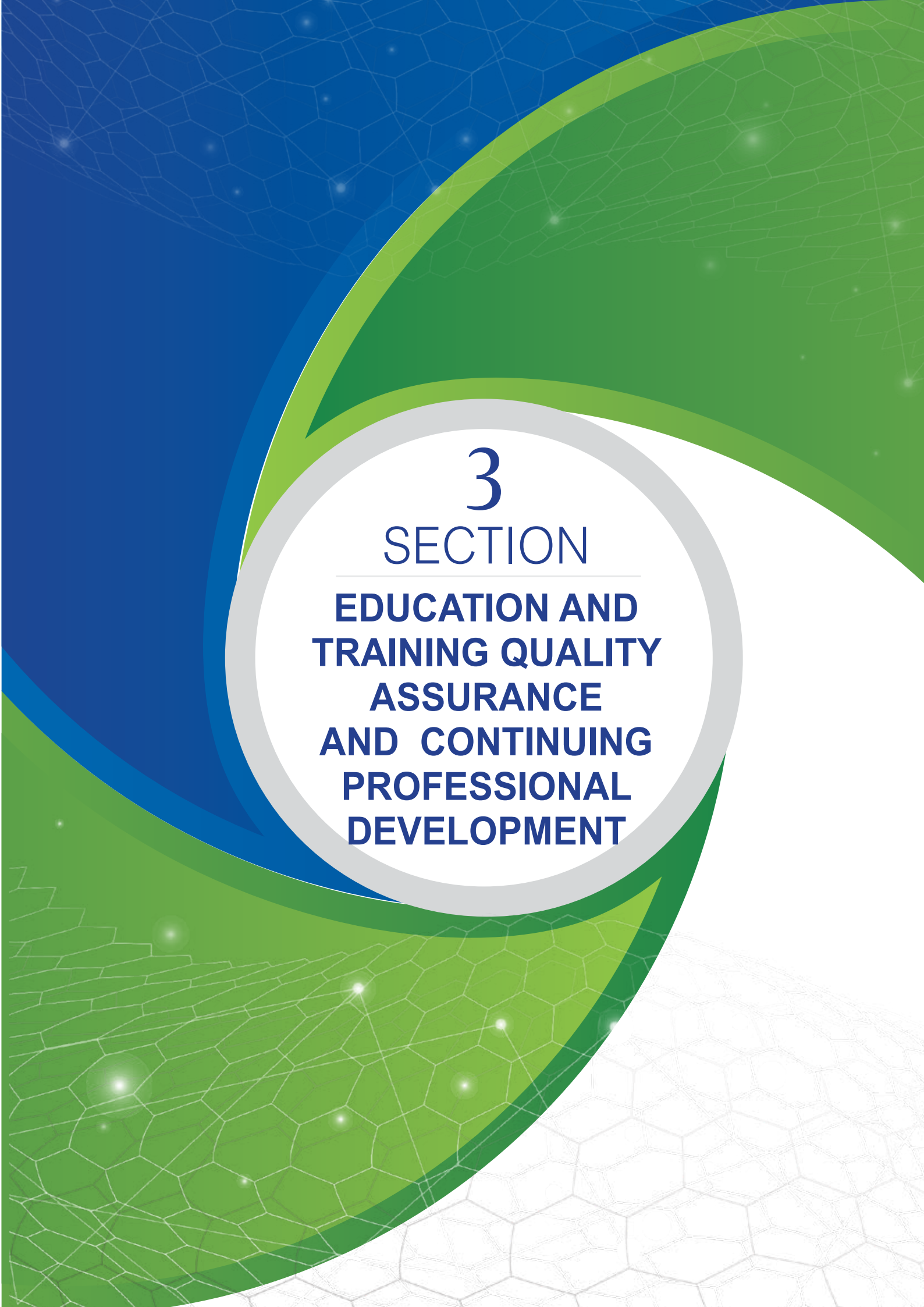
PROFESSIONAL DESIGNATION	APPLICATIONS	REASONS
Social Workers	2	Seeking registration with the Health and Social Care Professionals Council of Ireland
Clinical Psychologist	1	Seeking registration with the Health and Social Care Professionals Council of Ireland
TOTAL	3	

2.5.10 STAKEHOLDER ENGAGEMENTS

One of the SWPBNA's key strategic goals was to improve stakeholder engagement by guiding on profession-related matters. In this regard, a discussion was held with representatives from Triumphant College and the International University of Management on inspections of educational institutions, student registration, and curriculum approval.

2.5.12 CONCLUSION

During the reporting period, the SWPBNA has taken sixty-six (66) resolutions, and all resolutions have been successfully implemented.



3

SECTION

EDUCATION AND TRAINING QUALITY ASSURANCE AND CONTINUING PROFESSIONAL DEVELOPMENT

3. EDUCATION AND TRAINING QUALITY ASSURANCE AND CONTINUING PROFESSIONAL DEVELOPMENT

3.1 QUALITY ASSURANCE

INTRODUCTION

One of the main responsibilities of regulatory bodies is to ensure that healthcare practitioners are qualified and competent to provide services to the public that respond to the evolving needs, developments, priorities, and expectations in health and healthcare.

This principle is specifically articulated in the legislation which governs all the healthcare professions in Namibia. Against this background, mechanisms for monitoring practitioners' competency have been put in place.

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

- the promotion and control of standards of training of persons for registration to practice a health profession;
- generating standards for health-related qualifications; and
- ensuring accreditation of educational institutions for health-related programmes, hospitals and health facilities.
- For the reporting period 2025/2026, the ETQA section carried out tasks in line with the following strategic objectives:
 - To regulate the practice of professions and to ensure that all persons practising the professions are suitably qualified, registered and are licensed to practice the professions concerned;
 - To promote and control standards of training of persons for registration to practice a profession;
 - To ensure compliance with the legislation on continuing professional development, and
 - To control and exercise authority in all matters affecting the education and training of all healthcare professionals and how they practice their profession.

STRATEGIC OBJECTIVE: To regulate the practice of professions and to ensure that all persons practising the professions are suitably qualified, registered and licensed to practice the professions concerned.

The ETQA section conducted evaluations for the allied health, medical and dental, nursing and midwifery, pharmacy, social work and psychology professions. The evaluations were conducted in accordance with section 34(2)(a) of the Act, which requires an applicant to pass an evaluation, to the satisfaction of the relevant Council, demonstrating adequate professional knowledge, skills and competence in the profession for which registration is sought. Tables 65–70 present the professional categories and performance rates under the respective boards.

Table 66: Evaluations for Allied Health professions

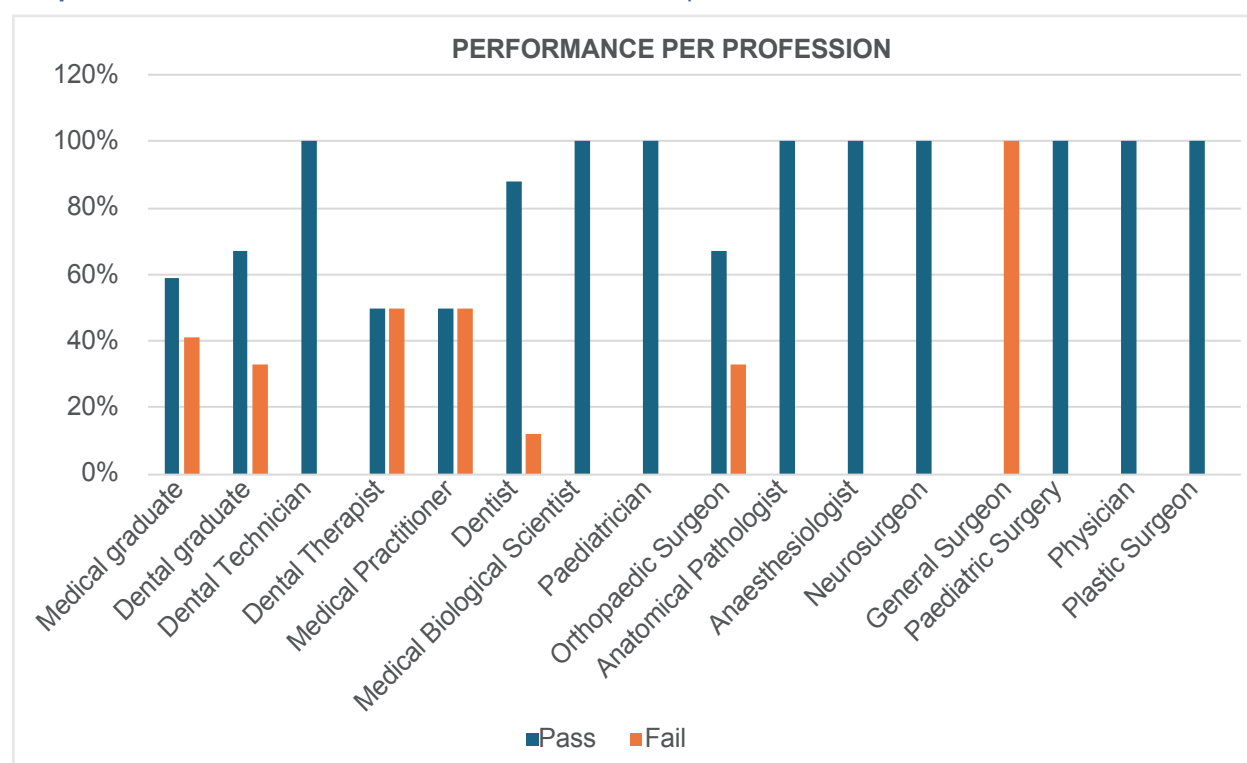
PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Audiologists	1	1	1	0	100%	0
Biokineticists	2	3	3	0	100%	0
Clinical Technologists	2	5	5	0	100%	0
Dieticians	2	2	1	1	50%	50%
Emergency Care Practitioners	6	16	5	11	31%	69%
Environmental Health Practitioners	1	4	4	0	100%	0
Medical Laboratory Scientists/Technologists/Technicians	2	35	28	7	80%	20%
Nutritionists	2	11	2	9	18%	82%
Optometrists	4	13	10	3	77%	23%
Intern Physiotherapists and Physiotherapists	4	12	5	7	42%	58%
Radiographers (Diagnostic and Therapeutic)	4	4	2	2	50%	50%
Sonographers	1	1	1	0	0%	100%
Speech Therapists	1	1	1	0	100%	0

Table 66 displays thirteen (13) groups of professions under the AHPB that underwent evaluations during the reporting period. The highest number of candidates evaluated was among Medical Laboratory Scientists and a Medical Laboratory Technician, of whom thirty-four (34) were new graduates from the Namibia University of Science and Technology (NUST), and one (1) Medical Laboratory Technician was a graduate from an educational institution in India. In addition, the poorest performance was the Nutritionist candidates, with a failure rate of 82%. This high failure rate could be due to a lack of competence and to learning outcomes not being met by candidates at the tertiary level. The nutritionists are followed by the Emergency Care Practitioners-Basic and Intermediate (ECPs) candidates with a 69% failure rate, which is a slightly better performance from the same profession group in the 2024/2025 reporting period, which recorded a failure rate of 75%. The ECP training programme has the shortest study period (five weeks) compared with other programmes registrable with HPCNA. The majority of the ECP candidates applied for registration twelve (12) months after completing their training. This negatively impacts their ability to recall theoretical and practical knowledge during their evaluation.

Table 67: Evaluations for Medical and Dental professions

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Medical graduates	1 (initial evaluation)	37	22	15 (qualified for supp)	59%	41%
	2(supplementary evaluation)	38 14	24 9	14 5	63% 64%	37% 36%
Dental graduates	1(OSCE) 2(MCQ)	3 2	2 2	1 0	67% 100%	33% 0
Dental Technicians	2	2	2	0	100%	0%
Dental Therapists	2	2	1	1	50%	50%
Dentists	2	2	1	1	50%	50%
Medical Practitioners	3	8	7	1	88%	12%
Medical Biological Scientists	2	3	3	0	100%	0
Paediatricians	2	2	2	0	100%	0
Orthopaedic Surgeons	1	3	2	1	67%	33%
Anatomical Pathologists	1	1	1	0	100%	0%
Anaesthesiologists	2	3	3	0	100%	0%
Neurosurgeons	1	1	1	0	100%	0%
General Surgeons	1	1	0	1	0%	100%
Paediatric Surgeons	1	1	1	0	100%	0%
Physicians	1	1	1	0	100%	0%
Plastic and Reconstructive Surgeons	1	1	1	0	100%	0%

Table 67 above presents an overall picture of the evaluation performance of candidates in the medical and dental professions. The largest number of candidates evaluated is among medical graduates. All the medical graduate candidates obtained their qualifications outside of Namibia from various universities in South Africa, Cuba, China, Zambia and Russia. During the reporting period, nine (9) categories of medical specialists were evaluated, for an overall total of fourteen (14) medical specialists. The table further indicates that the Dental Technician and Dental Therapy professions were reclassified from the Allied Health Professions to the Dental Professions under the Act.

Graph 10: Performance rate of the Medical and Dental professions

Graph 10 compares the pass and failure rates for all Medical and Dental professions evaluated. The graph indicates that the Dental Technicians, Medical Biological Scientists, Paediatricians, Anatomical Pathologists, Anaesthesiologists, Neurosurgeons, Paediatric Surgeons, Plastic and Reconstructive Surgeons, and Physicians had a 100% pass rate.

Table 68: Evaluations for the Nursing and Midwifery professions

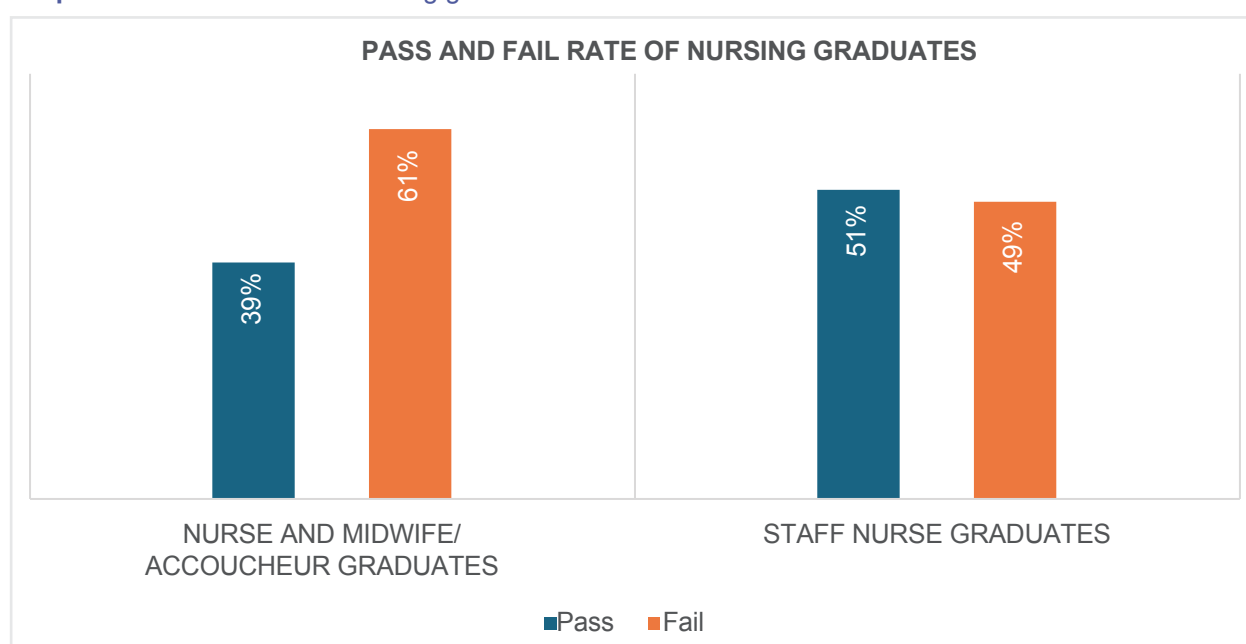
PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Nurse and Midwife / Accoucheur Practitioners	2	13	6	7	46%	54%
Staff Nurses	2	20	12	8	60%	40%
Nurse and Midwife / Accoucheur Graduates	6	1523	600	863	39%	61%
Staff Nurse Graduates	7	3904	1984	1820	51%	49%

Table 68 presents two (2) categories of evaluations conducted during the reporting period: Nurse and Midwife/Accoucheur practitioners and Staff Nurses. The two categories were divided into two groups: experienced practitioners, who undergo oral evaluations, and new graduates, who undergo written evaluations. The new graduate evaluations commenced in June 2025 for all new Nursing and Midwifery graduates in Namibia. A total of 5427 candidates underwent the written evaluation, of whom 3904 were Staff Nurse graduates and 1523 were Nurse and Midwife/Accoucheur graduates. The Nurse and Midwife/Accoucheur candidates qualified from UNAM, Welwitchia University, International University of Management, and Shiramed Medical Institute.

On the other hand, the Staff Nurse candidates qualified from I-Care Health Training Institute, Welwitchia University, PMT Health Care Institution, Eureka Medical Institute, Essence Healthcare Academy, Alba Chipamba Training Centre, D'Expert Varsity Institute and Shiramed Medical Institute. Welwitchia University and Shiramed Medical Institute qualified candidates in both nursing categories. The Nurse and Midwife/ Accoucheur graduates recorded relatively low performance, with only 39% passing the evaluation. Out of 1523 graduates, 600 successfully passed, while 863 failed. The Staff Nurse graduates demonstrated comparatively better performance, achieving a 51% pass rate. Of the 3904 graduates, 1984 passed, and 1820 failed. The high failure rate may be attributable to poor curriculum delivery and limited clinical training spaces.

Most of the nurses and midwifery professionals who underwent the oral evaluation were those whose names had been removed from the register for failing to maintain their registration and who had applied for re-registration.

Graph 11: Performance of nursing graduates



Graph 11 compares the pass and fail rates among the Nurse and Midwife/Accoucheur graduates and the Staff Nurse graduates. Staff Nurse graduates achieved a higher pass rate (51%) than Nurse and Midwife/Accoucheur graduates (39%), while the latter recorded a higher failure rate (61%).

Table 69: Evaluations for Pharmacy professions

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Pharmacists	3	11	6	5	55%	45%
Pharmacist Interns (exit)	3	67	51	16	76%	24%
Pharmacist Interns (Mid-term)	3	53	40	13	75%	25%
Pharmaceutical Technicians	3	8	5	3	63%	37%
Pharmacists' Assistants	3	184	90	94	32%	68%

Table 69 shows the number of pharmacy practitioners evaluated during the 2025/2026 reporting period. Pharmacist interns who underwent the exit evaluation achieved the highest pass rate (76%), followed by those who underwent the mid-term evaluation (75%). These results indicate that training and skills transfer were effective during the internship period. However, pharmacists' assistants recorded the lowest pass rate (32%), highlighting an area requiring intervention. As pharmacist's assistant candidates formed the largest group, they had the greatest influence on the overall evaluation results.

Chart 1: Number of candidates evaluated per category

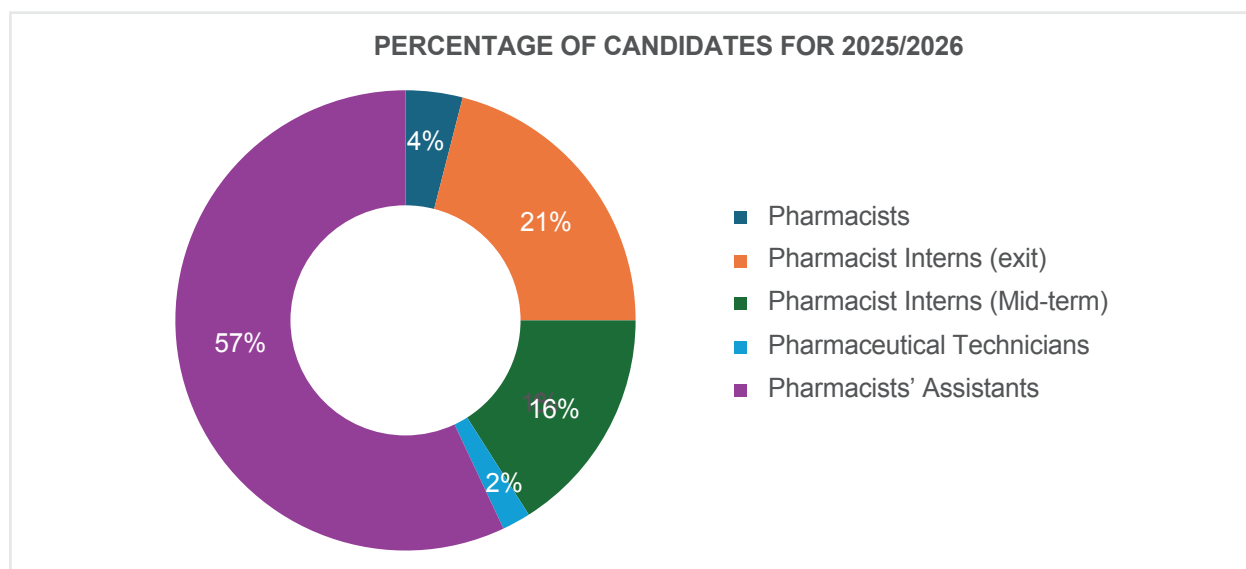


Chart 1 shows that pharmacist's assistants accounted for the largest share of evaluation candidates (57%), reflecting the number of educational institutions offering this programme. Pharmacist interns formed the second-largest group (37%). Foreign-trained pharmacists accounted for 4% of candidates. The difference between the proportions of pharmacist interns and pharmacists suggests that a growing share of the future pharmacist workforce will be trained in Namibia, underscoring the importance of effective training and mentorship during internships. Pharmaceutical technicians had the lowest representation (2%), reflecting the small number of students who enrolled in and completed this programme at the various educational institutions.

Table 70: Evaluations for Social Work and Psychology professions

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Intern Educational Psychologists	2	1	1	0	100%	0
Intern Clinical Psychologists	2	4	3	1	75%	25%
Psychological Counsellors	2	5	5	0	100%	0
Social Workers	3	9	4	5	44%	56%

Table 70 shows a total of nine (9) evaluation sessions conducted across four professional designations during the reporting period, during which nineteen (19) candidates were evaluated. Thirteen (13) candidates

passed while six (6) failed, resulting in an overall pass rate of 68% and a failure rate of 32%. Overall, the evaluation results indicate a generally positive performance across professional designations, with most practitioners successfully meeting the expected outcome.

STRATEGIC OBJECTIVE: To promote and control standards of training of persons for registration to practice a profession.

To ensure that minimum educational and training standards align with relevant legislation, the ETQA section is responsible for facilitating inspections of hospitals, health centres, clinics, and private practices, as well as accrediting educational institutions.

The tables below list the facilities and institutions inspected during the 2025/2026 reporting period.

Table 71: Hospitals and Health Facilities Inspected for Allied Health Professions

REGION	FACILITY	CATEGORY	OUTCOME
ERONGO	Marieke Kirchner Physiotherapy	Interns and Students: Physiotherapy	Approved for a period of five (5) years.
	Walvis Bay District Hospital	Student Radiographers	Approved for a period of five (5) years.
KHOMAS	Namibia Institute of Pathology (Windhoek)	Student Medical Laboratory Scientists and Intern Medical Technologists	Approved for a period of three (3) years.
	Ronelle Isaacs Physiotherapists	Interns: Physiotherapy	Approved for a period of five (5) years.
	Wellington Physiotherapy (Hilltop Village)	Interns: Physiotherapy	Approved for a period of five (5) years.
	Physio@Hand	Interns: Physiotherapy	Approved for a period of five (5) years.
	Kuisebmond Physiotherapy	Interns: Physiotherapy	Approved for a period of five (5) years.
	Ministry of Health and Social Services- Intermediate Hospital Katutura	Interns: Physiotherapy	Approved for a period of twelve (12) months.
	Ministry of Health and Social Services- Windhoek Central Hospital	Students: Radiography	Approved for a period of three (3) months.
	NAMRAD Radiology Services	Students: Radiographers	Approved for a period of five (5) years.
	BRG Biokinetics Incorporated	Biokinetics Interns	Approved for a period of five (5) years.
	Ministry of Health and Social Services - Windhoek Central Hospital	Occupational Therapy interns	Approved for a period of twelve (12) months.
Oshikoto	Namibia Institute of Pathology (Onandjokwe)	Student Medical Laboratory Scientists and Intern Medical Technologists	Approved for a period of three (3) years.
Oshana	Ongwediva Medi Park	Student Radiographers	Approved for a period of five (5) years.
	Ministry of Health and Social Services- Intermediate Hospital Oshakati	Student Physiotherapists	Approved for a period of five (5) years.

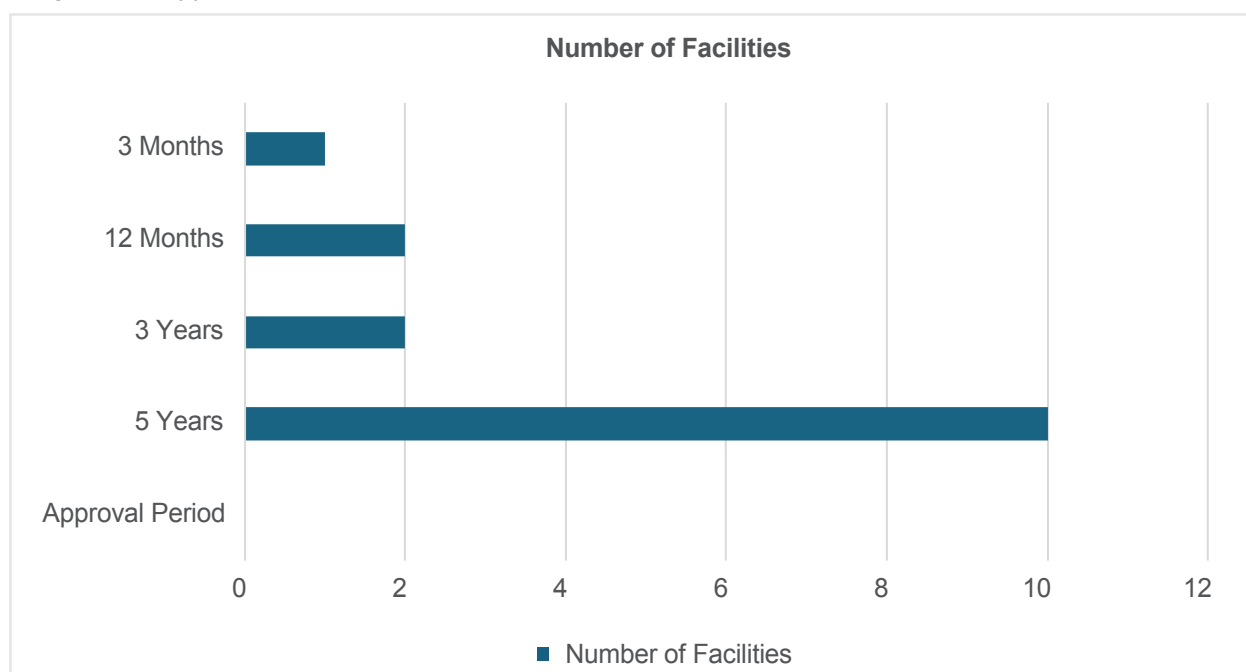
Table 71 indicates that a total of fifteen (15) training facilities across four regions were inspected and assessed to provide practical training for various allied health students and interns. All the facilities inspected received approval, although the duration of approval varied depending on compliance levels, available resources, supervisory capacity, and other regulatory requirements. The approval periods ranged from three (3) months to five (5) years. The table further indicates that the professional categories the facilities were approved to accommodate include:

- Physiotherapy Interns.
- Radiography Interns and Students.
- Occupational Therapy Interns.
- Medical Laboratory Science students and Medical Technologist Interns.
- Biokinetics Interns.

Most private physiotherapy practices, including Ronelle Isaacs Physiotherapists, Wellington Physiotherapy, Physio@Hand, and Kuisebmond Physiotherapy, received approval for a period of five (5) years, indicating compliance with the approval standards.

However, Windhoek Central Hospital's Radiography department obtained approval for only three (3) months, while Katutura Intermediate Hospital's Physiotherapy and Windhoek Central Hospital's Occupational Therapy Departments obtained a twelve (12) month approval, respectively.

Graph 12: Approved facilities



Graph 12 indicates a generally high level of compliance among evaluated training facilities, as ten (10) facilities were approved for a period of five (5) years. The predominance of five-year approvals further suggests that the accreditation process found most facilities to be mature and capable of sustaining quality training. These facilities include several physiotherapy practices, radiology training sites, and teaching hospitals across multiple regions.

Table 72: Educational institutions inspected for Allied Health Professions

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
KHOMAS	Namibia University of Science and Technology	Bachelor of Biomedical Science Programme	Approved for a period of two (2) years.
	Osh-Med International (Windhoek)	Emergency Care Practitioner (Basic and Intermediate)	Approved for a period of twelve (12) months.
	Atlantic Training Institute (Windhoek)	Emergency Care Practitioner (Basic)	Approved for a period of twelve (12) months.
	Three Sixty Emergency Services	Emergency Care Practitioner (Basic)	Approved for a period of six (6) months.
ERONGO	Osh-Med International (Walvis Bay)	Emergency Care Practitioner (Basic)	Not approved for training.
OSHANA	Osh-Med International (Ongwediva)	Emergency Care Practitioner (Basic)	Approved for a period of twelve (12) months.

Table 72 presents a total of five educational institutions inspected across the Khomas, Erongo, and Oshana Regions. The programmes covered are the Biomedical Science and the Emergency Care Practitioner (ECP) programme at various levels. Of the five institutions inspected, five were approved, and one was unapproved. The approval periods ranged from six months to two years, reflecting varying levels of compliance with accreditation standards and the need for regulatory oversight.

Table 73: Hospitals and Health facilities inspected for clinical training of student staff nurses, and Nurse midwife/accoucheur Practitioners

REGION	FACILITY	OUTCOME
KHOMAS	Donkerhoek PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Otjomuise PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Robert Mugabe Clinic	Approved for the placement of student nurses for their clinical attachment for a period of one (1) year – Grade C.
	Hakahana PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Katutura Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Okuryangava PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Wanaheda PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Intermediate Hospital Katutura	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Windhoek Central Hospital	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Rhino Park Private Hospital	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Medi-Clinic Hospital (Windhoek)	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Maxuilili Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.

OMAHEKE	Aminus PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Corridor Post 13 Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Epako PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Epukiro Pos 3 Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Gobabis Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Leonardville PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Omitara PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Onderombapa PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Otjimanangombe PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Otjinene Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Talismanus PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Witvlei PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
KUNENE	Opuwo Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Opuwo Clinic	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Kamanjab Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Outjo Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
ERONGO	Walvis Bay Clinic	Approved for the placement of student nurses for their clinical attachment for a period of one (1) year – Grade C.
	Usakos Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Omaruru Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Otjibingwe Clinic	Approved for the placement of student nurses for their clinical attachment for a period of one (1) year – Grade C.

KAVANGO EAST	Rundu Private Hospital	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Andara District Hospital	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Rundu Intermediate Hospital	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Nyangana District Hospital	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Bangani PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Divundu PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Nkarampamwe Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Sauyemwa PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Kaisosi PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Shadikogoro PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Ndama PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
KAVANGO WEST	Nankudu Hospital	Approved for the placement of student nurses for their clinical attachment for a period of one (1) year – Grade C.
	Nankudu PHC Clinic	Not approved.
	Mupini Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Mpungu Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Rupara Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Nkurenkuru Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Nkurenkuru PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Tondoro Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
OTJOZONDJUPA	Grootfontein Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Grootfontein Poly Clinic	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
	Otiwarongo District Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Orwotoveni Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Okakarara District Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Okakarara PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.

	Okahandja District Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Nau-Aib Clinic	Approved for the placement of student nurses for their clinical attachment for a period of five (5) years – Grade A.
HARDAP	St. Mary's Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
ZAMBEZI	Katima Mulilo PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Katima Mulilo District Hospital	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Bukalo Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Sibbinda Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Mavuluma Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Ngweze PHC Clinic	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.
	Sangwali Health Centre	Approved for the placement of student nurses for their clinical attachment for a period of three (3) years – Grade B.

Table 73 shows that inspections were conducted at multiple hospitals and health facilities in nine (9) regions to determine their suitability for the placement of student nurses during clinical attachment. The facilities were evaluated against established standards relating to clinical learning environments, infrastructure, patient load, supervision capacity, and the availability of learning opportunities.

A total of 65 facilities were assessed, and of these, 64 facilities (98.5%) were approved for the placement of student nurses; one (1) facility (1.5%) was not approved. The approvals were granted in accordance with accreditation grading as indicated below:

Table 74: Accreditation Grades

GRADE	APPROVAL PERIOD	NUMBER OF FACILITIES	PERCENTAGE
Grade A	Indefinite with a quality check inspection every five (5) years.	13	20.0%
Grade B	Indefinite with a quality check inspection every three (3) years.	48	73.8%
Grade C	1 Year	3	4.6%
Not Approved	-	1	1.5%
Total		65	100%

Table 74 displays the distribution of the accreditation grades. Most facilities met the required standards, with 64 out of 65 facilities approved for student nurse placements. Most facilities achieved Grade B status, while a significant number attained Grade A status, reflecting excellence in clinical training environments. However, facilities graded C require continued monitoring and inspections to strengthen the quality and sustainability of student nurses' clinical placement.

Table 75: Educational Institutions inspected for the training of nursing and midwifery professions

REGION	INSTITUTION	PROGRAMME	OUTCOME
KAVANGO EAST	University of Namibia (Rundu).	Bachelor's degree in nursing science (Clinical) Honours.	Approved for a period of five (5) years – Grade A.
	Alba Chipamba Training Centre (Rundu).	Certificate in Enrolled Nursing and Midwife/Accoucheur. Bachelor's degree in Nursing and Midwifery Science.	Approved for a period of five (5) years – Grade A.
OHANGWENA	Alba Chipamba Training Centre (Oshikango).	Certificate in Enrolled Nursing and Midwife /Accoucheur	Approved for a period of five (5) years – Grade A.
	Alba Chipamba Training Centre (Oshikango)	Bachelor's degree in Nursing and Midwifery Science.	Approved to commence training.
	International University of Management (Eenhana).	Bachelor's in Nursing Honours.	Approved for a period of five (5) years – Grade A.
	Nursing Training Institute Technology (NTIT) (Okongo).	Certificate in Enrolled Nursing and Midwifery Science.	Pending.
KHOMAS	University of Namibia (Windhoek)	Bachelor's degree in Nursing Science Clinical Honours.	Approved for a period of five (5) years – Grade A.
	Nursing Training Institute Technology (NTIT) (Windhoek).	Certificate in Enrolled Nursing and Midwifery Science.	Pending.
OSHANA	University of Namibia (Oshakati).	Bachelor's in Nursing Science Clinical Honours.	Approved for a period of five (5) years – Grade A.
	Nursing Training Institute Technology (NTIT) (Ongwediva).	Certificate in Enrolled Nursing and Midwifery Science.	Pending.
OMAHEKE	Eureka Medical Institute (Gobabis)	Diploma in Enrolled Nursing & Midwifery.	Approved for a period of five (5) years – Grade A.
		Certificate in Nursing Auxiliary.	
OSHIKOTO	Higher Ground Training College.	Bachelor's Degree in Nursing & Midwifery Science. Diploma in Enrolled Nurse & Midwife/ Accoucheur.	Pending.
ZAMBEZI	Shiramed Medical Institute.	Bachelor's in Nursing Honours. Certificate in Enrolled Nursing and Midwifery Science.	Approved for a period of five (5) years – Grade A.

Table 75 shows the inspections conducted at educational institutions in nursing programmes.

The inspections were conducted across seven (7) regions. A total of seven (7) institutions and ten (10) programmes were inspected. The outcomes included eight (8) educational institutions/campuses approved for five (5) years, one (1) approved to commence training, and four (4) with pending outcome status.

Table 76: Hospitals and Health Facilities Inspected by the Psychology Profession

REGION	FACILITY	CATEGORY	OUTCOME
KHOMAS	Sinkala Psychology and Being Well Psychology	Intern and Student: Psychologists	Approved for a period of five (5) years.
	Saffron Psychosocial Services	Intern and Student: Psychologists	Approved for a period of five (5) years.
	Ministry of Education, Arts and Culture – DATS	Intern and Student: Educational psychologists	Approved for a period of five (5) years.
	Geluk Psychology Services	Intern and student: Psychologists	Approved for a period of five (5) years.
OTJOZONDJUPA	Okonguarri Psychotherapeutic Centre	Intern and student: Psychologists	Approved for a period of five (5) years

Table 76 indicates the facilities inspected for the psychology professions for the training of interns and student psychologists. A total of five (5) facilities were inspected across two regions, namely the Khomas and Otjozondjupa Regions. All facilities successfully met the accreditation requirements and were approved for a period of five (5) years, resulting in a 100% approval rate.

Table 77: The facility and Institution grading system implemented to determine the outcome of the inspection is explained below

GRADING	FINDINGS	CLASSIFICATION	% SCORE	INSPECTION CYCLE	APPROVAL PERIOD
Grade A	The facility complies with the set criteria	Slight deficiencies	80-100%	5 years	5 years
Grade B	The facility complies with most of the set criteria	Minor deficiencies	60-79%	3 years	3 years
Grade C	The facility partially complies with the set criteria	Major deficiencies	50-59 %	1 year	1 year
Ungraded	The facility does not comply with the set criteria	Critical deficiencies / shortcomings	Below 0%	-	No approval

3.2 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Strategic Objective: To ensure compliance with the legislation on continuing professional development.

3.2.1 INTRODUCTION

Healthcare practitioners have a responsibility to continuously update their professional knowledge and skills for the benefit of their patients or clients. To this end, a CPD Committee, comprising ten (10) members, two (2) nominated by each Board, was established to coordinate CPD activities. Registered and licensed practitioners are required to accumulate Continuing Education Units (CEUs) per twelve (12) month period, including the areas of professional ethics, human rights, and medical law.

The CPD activities recorded during the 2025/2026 reporting period were conducted within the provisions of Section 51 of the Act.

3.2.2 The CPD Committee

During the reporting period, two (2) CPD Committee members resigned and were replaced, as shown in the table below.

Table 78: Change of Members in the CPD Committee

MEMBER OF 2023-2025	MEMBER FOR 2025-2028
Dr. Marsha Koekemoer	Dr. Martha Joseph
Ms. Sanmari Steenkamp	Ms. Iani de Kock

3.2.3 CPD Committee meetings

The CPD Committee held two (2) meetings during the reporting period, on 15 July and 19 November 2025.

3.2.4 Approval of CPD activities and Accreditation of Service Providers

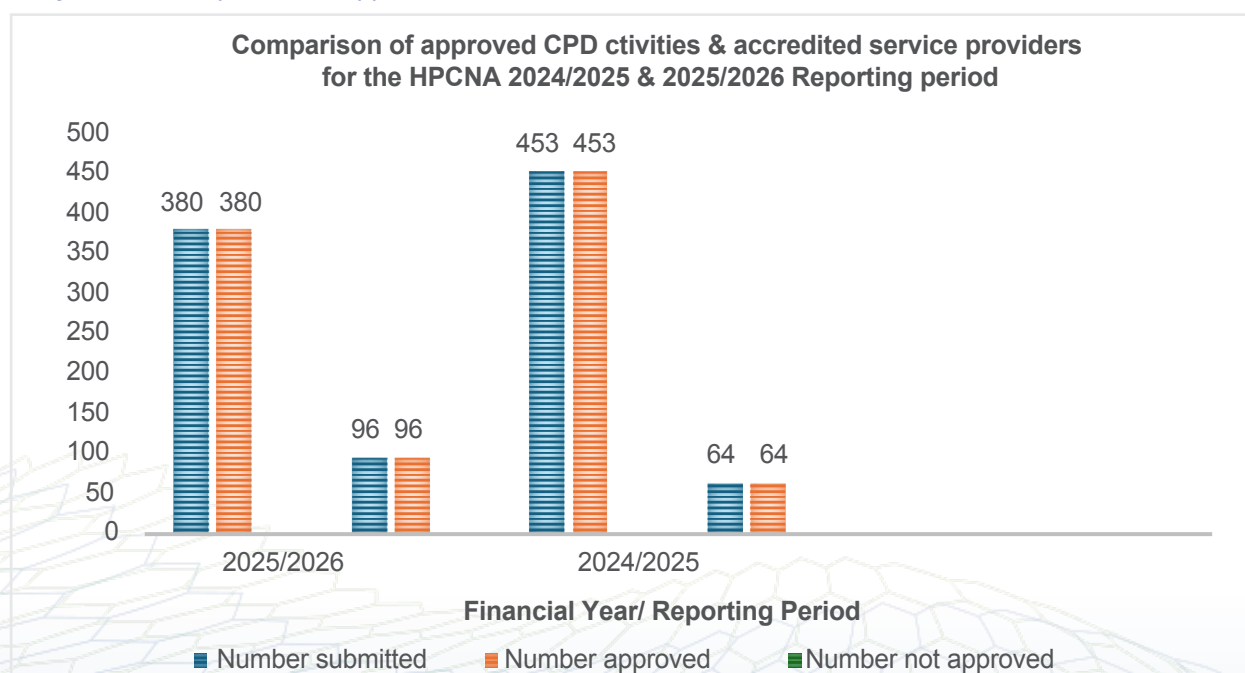
The CPD Committee has approved several CPD activities and accredited various Service Providers as set out below:

Table 79: Number of approved CPD activities and accredited Service Providers

ACTIVITY	NO. SUBMITTED	NO. APPROVED	NO. NOT APPROVED
Approved CPD activities	380	380	0
Accredited service providers	96	96	0

Table 79 shows that a total of 476 applications were processed, comprising CPD activities and service provider accreditations. All 476 applications were approved, resulting in an overall approval rate of 100%. The accreditation of 96 service providers strengthens the CPD framework and increases access to quality learning opportunities.

Graph 13: Comparison of approved CPD activities and accredited Service Providers



The graph above compares the number of approved CPD activities and accredited service providers for the Council during the 2024/2025 and 2025/2026 reporting periods. The number of approved CPD activities decreased from 453 in 2024/2025 to 380 in 2025/2026, representing a reduction of 73 activities (16.1%). On the other hand, the number of accredited service providers increased significantly from 64 in 2024/2025 to 96 in 2025/2026.

STRATEGIC OBJECTIVE: To control and exercise authority in all matters affecting the education and training of all healthcare professionals and how they practice their profession.

The inspections of hospitals, health facilities, and educational institutions, the evaluations, and the CPD Section enable the division to facilitate the control and exercise of authority over all matters affecting the education and training of all professionals.

3.3 CONCLUSION

During the 2025/2026 reporting period, the ETQA and CPD Division made significant progress in fulfilling its mandate of safeguarding the quality of healthcare education, training, professional competence, and CPD in Namibia. These achievements directly contributed to the attainment of the Division's strategic objectives.

Overall, the achievements recorded during the 2025/2026 reporting period demonstrate the HPCNA's continued commitment to regulating professional practice, promoting and maintaining quality training standards, ensuring compliance with continuing professional development requirements, and exercising effective oversight of education and training in Namibia. Continued monitoring of institutions and facilities, support for underperforming programmes, and sustained investment in professional development initiatives will remain critical to maintaining a competent, ethical, and responsive healthcare workforce capable of serving the evolving healthcare needs of the Namibian public.



4 SECTION

**LEGAL SERVICES
DEPARTMENT**

4. LEGAL SERVICES DEPARTMENT

4.1 INTRODUCTION

During the reporting period, the Legal Department continued to play a critical role in supporting the HPCNA in fulfilling its statutory mandate under the Act. The Department provided strategic legal advice and governance support to the HPCNA, the Registrar, statutory committees and the Secretariat, ensuring that regulatory and administrative decisions were legally sound, transparent and compliant with the principles of administrative justice and good governance.

The Department provides a disciplinary framework through the coordination and legal support of the Preliminary Investigation Committee, the Disciplinary Committee, the Health Assessment Committee and the Appeal Committee. These functions ensured that complaints against registered health practitioners were managed fairly, efficiently and in accordance with due process, thereby promoting accountability, professional integrity and public confidence in the regulation of health professions.

In addition, the Department advanced the implementation of the Act by undertaking the preliminary drafting of regulations and coordinating stakeholder consultations to develop a comprehensive and responsive regulatory framework.

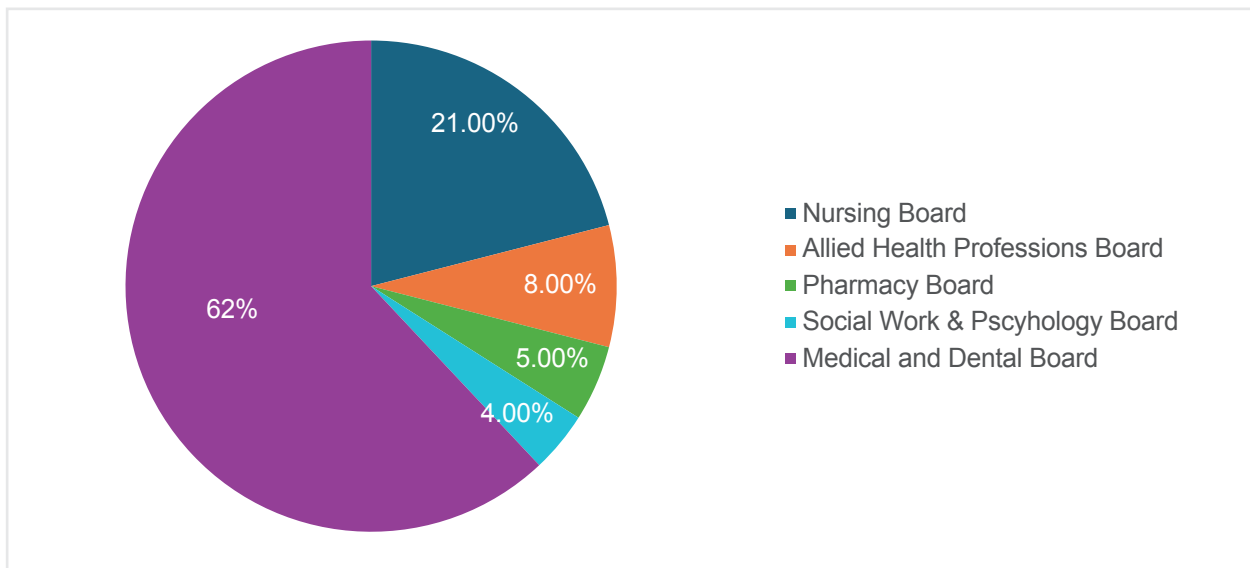
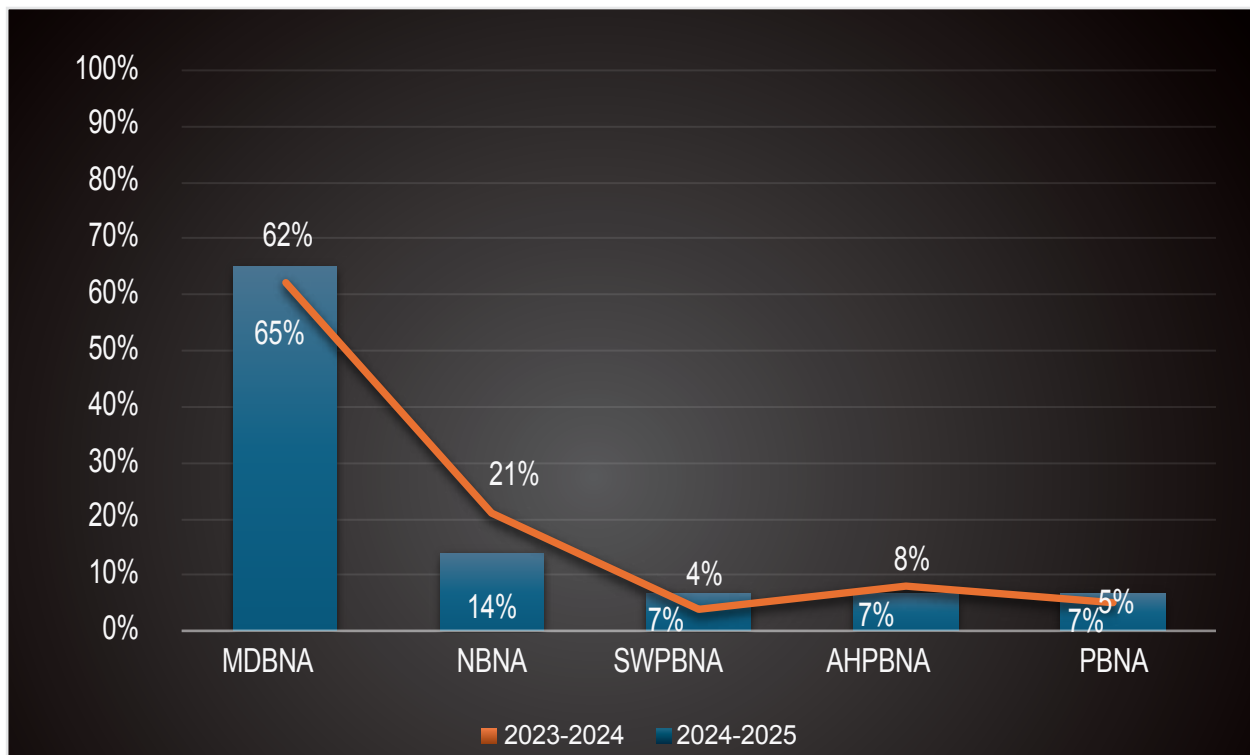
Through its multidisciplinary legal, regulatory and governance functions, the Department continued to strengthen institutional governance, support legislative reform and safeguard the HPCNA's commitment to protecting the public while promoting professionalism, ethical practice and excellence within Namibia's health professions.

4.2 PROFESSIONAL CONDUCT DIVISION

4.2.1 Complaints recorded

Table 80: Number of complaints reported during this period

MONTH	APHBNA	MDBNA	NBNA	PBNA	SWPBNA	TOTAL
April 2025	1	3	3	1	1	9
May 2025	0	2	0	0	0	2
June 2025	2	1	0	0	1	4
July 2025	0	11	3	2	0	16
August 2025	1	2	1	0	0	4
September 2025	2	11	1	0	0	14
October 2025	0	6	2	1	1	10
November 2025	0	1	2	1	0	4
December 2025	1	4	2	0	0	7
January 2026	0	1	0	0	0	1
February 2026	1	8	2	0	0	11
March 2026	0	14	6	0	1	21
TOTAL	8	64	22	5	4	103

Chart 2: Graphical presentation of the reported complaints per Board during this period**Graph 14:** Graphical presentation of a comparison of reported cases per Board during this period and the previous period

An overall increase in complaints, from 94 cases in 2024/2025 to 103 in 2025/2026, representing a 9.6% increase, was recorded. The increase demonstrates a sustained utilisation of the HPCNA's complaints mechanism and may also reflect increased public awareness of the HPCNA's regulatory and disciplinary functions.

The MDBNA continued to account for the highest number of complaints, with 64 received during the reporting period, compared with 60 in the previous year. Although the increase of 4 complaints (6.7%) was modest, complaints relating to the medical profession remained the largest contributor to the HPCNA's disciplinary workload, accounting for approximately 62% of all complaints received during the year.

The NBNA experienced the most significant increase, with complaints rising from 13 in 2024/2025 to 22 in 2025/2026, a 69.2% increase. This substantial increase suggests greater reporting of concerns relating to nursing practice and highlights the need for continued engagement with the profession on patient care standards, communication and professional conduct.

Complaints relating to the AHPBNA increased slightly from 7 to 8, representing a 14.3% increase. Although relatively small in number, this upward trend demonstrates the continued utilisation of the HPCNA's complaints processes across the allied health professions.

Conversely, complaints relating to the PBNA declined from 7 to 5, representing a 28.6% decrease. Similarly, the SWPBNA recorded a reduction from 7 to 4 complaints, amounting to a 42.9% decrease. While these decreases may indicate improved compliance with professional standards or fewer reportable incidents during the reporting period, continued monitoring will be necessary to determine whether the trend is sustained.

Overall, the comparative statistics indicate that complaints continue to be concentrated within the Medical, Dental and Nursing professions, together accounting for approximately 83.5% of all complaints received during the reporting period. These trends underscore the importance of strengthening preventative regulatory interventions, promoting continuous professional development, and enhancing awareness of ethical and professional standards among registered practitioners.

An analysis of complaints received during the reporting period indicates that the majority of complaints relating to the Medical and Dental Professions arose from General Medicine practice. The predominant issues concerned allegations of inadequate patient care following hospital admission, poor communication between healthcare practitioners and patients, and claims of unnecessary or inappropriate medical procedures. A significant number of complaints were also received in Obstetrics and Gynaecology and General Surgery, while comparatively fewer were received in Orthopaedic Surgery.

Complaints involving the Nursing Profession were predominantly associated with General Nursing Practice. The principal concerns raised by complainants related to the alleged failure to adequately attend to patients' healthcare needs, delays or deficiencies in patient care, and ineffective communication between nursing practitioners and patients or their families. These complaints underscore the importance of maintaining patient-centred care and effective communication as fundamental components of professional nursing practice.

Within the Pharmacy Profession, the majority of complaints concerned allegations of inappropriate dispensing or prescribing of medication, including issues related to prescription management and compliance with professional standards. Communication-related issues between pharmacy practitioners and clients also featured prominently, highlighting the need for continued emphasis on effective patient counselling, clear communication regarding medication use, and adherence to established pharmaceutical practice standards.

Table 81: Geographical distribution of the origin of complaints

PROFESSIONAL BOARD	REGION	NUMBER OF CASES
AHPBNA	Erongo Region	3
	Hardap Region	0
	!Karas Region	0
	Kavango East Region	0
	Kavango West Region	0
	Khomas Region	3
	Kunene Regions	0
	Ohangwena Region	0
	Omaheke Region	0
	Omusati Region	0
	Oshana Region	1
	Oshikoto Region	0
	Otjozondjupa Region	1
	Zambezi Region	0
	TOTAL	8
MDBNA	Erongo Region	4
	Hardap Region	1
	!Karas Region	2
	Kavango East Region	1
	Kavango West Region	1
	Khomas Region	34
	Kunene Regions	2
	Ohangwena Region	1
	Omaheke Region	0
	Omusati Region	2
	Oshana Region	3
	Oshikoto Region	5
	Otjozondjupa Region	5
	Zambezi Region	2
	TOTAL	64
NBNA	Erongo Region	3
	Hardap Region	1
	!Karas Region	0
	Kavango East Region	1
	Kavango West Region	0
	Khomas Region	12
	Kunene Regions	0
	Ohangwena Region	0

	Omaheke Region	0
	Omusati Region	1
	Oshana Region	1
	Oshikoto Region	2
	Otjozondjupa Region	1
	Zambezi Region	0
TOTAL		22
PBNA	Erongo Region	0
	Hardap Region	0
	!Karas Region	2
	Kavango East Region	0
	Kavango West Region	0
	Khomas Region	2
	Kunene Regions	0
	Ohangwena Region	0
	Omaheke Region	0
	Omusati Region	0
	Oshana Region	0
	Oshikoto Region	0
	Otjozondjupa Region	1
	Zambezi Region	0
TOTAL		5
SWPBNA	Erongo Region	0
	Hardap Region	0
	!Karas Region	0
	Kavango East Region	0
	Kavango West Region	0
	Khomas Region	4
	Kunene Regions	0
	Ohangwena Region	0
	Omaheke Region	0
	Omusati Region	0
	Oshana Region	0
	Oshikoto Region	0
	Otjozondjupa Region	0
	Zambezi Region	0
TOTAL		4
GRAND TOTAL		103

Erongo and Khomas Regions dominated the generation of complaints against allied health professionals, at 38% each, followed by the Oshana and Otjozondjupa Regions at 12% each.

Khomas Region accounted for 53% of all complaints received regarding the medical and dental professions. The Oshikoto and Otjozondjupa Regions followed, each at 8%, while other regions accounted for between 2% and 5% of the complaints.

The nursing profession showed a similar trend, with 54% of its complaints arising from the Khomas Region, followed by the Erongo Region and Oshikoto Region with 14% and 9%, respectively.

Complaints relating to the pharmacy profession generated from !Karas and Khomas Regions accounted for 40% each, followed by the Otjozondjupa Region with 20%. In contrast, all complaints relating to the SWPBNA originated from the Khomas Region.

These trends indicate that the HPCNA's disciplinary workload is largely concentrated in regions with the highest concentration of health professionals, hospitals and specialised healthcare facilities. The findings further suggest that targeted stakeholder engagement, professional ethics training and regulatory outreach initiatives should continue to focus on high-volume regions, particularly Khomas, while maintaining awareness programmes in other regions.

4.3 COMMITTEES

STATUTORY COMMITTEES

The Act establishes several statutory committees that are fundamental to the HPCNA's regulatory and disciplinary framework. The committees are the Preliminary Investigation Committee, Disciplinary Committee, Health Assessment Committee and Appeal Committee. The Legal Department provides legal and administrative oversight to these committees, ensuring that their proceedings comply with the Act, applicable regulations and the principles of administrative justice.

4.3.1 Preliminary Investigations Committee (PIC)

The PIC serves as the initial screening mechanism for complaints lodged against registered health practitioners. Its primary function is to consider allegations of unprofessional conduct, evaluate the available evidence and determine whether there are sufficient grounds to warrant further investigation or referral for a formal disciplinary inquiry. The Committee plays a critical role in ensuring that complaints are dealt with fairly, objectively and efficiently while safeguarding the rights of both complainants and practitioners.

4.3.2 Meetings held by committees

Table 82: Meetings held by the Preliminary Investigation Committees, the cases discussed, closed, referred for inquiry and the cases under further investigation

BOARD	NUMBER OF MEETINGS	NUMBER OF CASES DISCUSSED	NUMBER OF CASES CLOSED	NUMBER OF CASES REFERRED FOR INQUIRY	NUMBER OF CASES FOR INVESTIGATION
NBNA	3	20	8	0	12
Health Assessment Committee	3	7	2	0	5
MDBNA (Medical)	4	109	43	11	55
MDBNA (Dental)	3	14	4	2	8

NBNA	6	50	16	4	30
PBNA	3	18	5	3	10
SWPBNA	1	4	3	1	2
TOTAL	23	222	81	21	122

Pending cases for PIC

Pending cases are those under investigation by PIC, including cases from previous years, and awaiting information from the complainant and/or accused and/or health institutions and/or expert and/or legal opinions.

Table 83: Pending cases per Board in comparison to the previous year

BOARD	2024/2025	2025-2026
MDBNA	211	225
NBNA	46	48
PBNA	40	37
SWPBNA	24	24
AHPBNA	31	31
TOTAL	352	365

The number of cases pending before the PIC increased slightly from 352 in 2024/2025 to 365 in 2025/2026, representing a 3.7% increase.

The MDBNA continued to record the highest number of pending cases, rising from 211 to 225 (6.6%), followed by the NBNA, which rose from 46 to 48 (4.3%). The PBNA decreased from 40 to 37 (a 7.5% decrease), while the SWPBNA and the AHPBNA remained unchanged at 24 and 31 pending cases, respectively.

Overall, the figures indicate a marginal increase in the Committee's investigative workload, with the majority of pending cases still originating from the MDBNA. This underscores the need for continued efforts to strengthen case management and expedite the investigation of complaints.

4.3.3 HEALTH ASSESSMENT COMMITTEE

The Health Assessment Committee considers matters relating to the physical or mental health of registered practitioners where there are concerns that a health condition may impair their ability to practise safely and competently. The Committee may recommend medical or psychological assessments, rehabilitation programmes, monitoring measures, or restrictions on practice, where necessary, to protect the public while facilitating the rehabilitation and continued professional development of practitioners whose health may affect their professional performance.

Table 84: Cases discussed by the Health Assessment Committee

NUMBER OF MEETINGS	CASES DISCUSSED	CASES REFERRED FOR ASSESSMENT	CASES FOR FURTHER INVESTIGATION	CASES CLOSED	CASES REFERRED FOR INQUIRY
3	7	3	6	0	0

4.3.4 Disciplinary Committee

The Disciplinary Committee is responsible for conducting formal disciplinary inquiries into allegations of unprofessional conduct referred to it by the HPCNA. The Committee hears evidence, determines whether misconduct has been established and, where appropriate, recommends disciplinary measures in accordance with the provisions of the Act. Its work promotes professional accountability, upholds ethical standards and protects the public by ensuring that registered practitioners comply with the expected standards of professional practice.

The Disciplinary Committee dealt with the cases outlined below:

1. Health Professions Council v Dr Jürgen Hoffmann

Date finalised: 6 August 2025

Outcome: Found guilty on two charges

Sanction: N\$25,000.00 per charge, amounting to a total fine of N\$50,000.00

Dr Hoffmann was found guilty of:

1. Issuing a dietary plan to a patient/person under his care, thereby creating the impression that he was qualified and/or registered to issue such a plan, although issuing dietary plans fell outside the scope of his profession.
2. Issuing a dietary plan to a patient/person under his care that was purported to have been issued as part of a psychological and/or therapeutic intervention, contrary to the requirements of his profession and the provisions of the Regulations relating to the scope of practice of clinical psychologists and educational psychologists.

The HPCNA imposed a fine of N\$25,000.00 per charge, for a total of N\$50,000.00.

2. HPCNA v Mr Nickson Murirwa, Pharmacist

Hearing date: 9 July 2025

Current status: Awaiting a final decision by the HPCNA

Following a successful appeal, the Disciplinary Committee convened to hear testimony from the Defendant's witness and assess its effect on the Committee's initial findings of guilt.

The Disciplinary Committee finalised the proceedings on 21 January 2026. The matter is yet to be finalised by the HPCNA.

3. HPCNA v Dr Abigail Rutendo Chingogwana-Ndudzo, Dr John Haipinge Onephillips and Dr Gustavo Wondo Shembo, Medical Practitioners

Hearing dates: 24–26 June 2025

Current status: Continuation of the hearing was scheduled for 22–25 June 2025

3.1 Dr Abigail Rutendo Chingogwana-Ndudzo

The charges against Dr Chingogwana-Ndudzo were withdrawn.

3.2 Dr John Haipinge Onephillips

Dr Onephillips was charged in relation to the treatment of a patient between 24 and 28 April 2014 at Intermediate Hospital Oshakati.

It was alleged that he failed:

1. Despite the patient presenting with a clear clinical history of corneal ulcer, the diagnosis should be considered. Instead, he diagnosed the patient with endophthalmitis, which led to the removal of the patient's right eye and subsequent irreversible blindness.
2. Or omitted or neglected to maintain full, accurate and complete records of all actions taken in respect of the patient, including:
 - o Convincing clinical findings supporting the diagnosis of endophthalmitis;
 - o Less invasive or definitive surgical options considered or discussed with the patient; and
 - o Notes indicating whether the presence of endophthalmitis was confirmed during surgery.

3.3 Dr Gustavo Wondo Shembo

Dr Shembo was charged in relation to the treatment of the same patient on 28 April 2014 at Intermediate Hospital, Oshakati.

It was alleged that he:

1. Eviscerated the patient's right eye under local anaesthesia following a diagnosis of endophthalmitis, despite the patient having presented with a clear clinical history of corneal ulcer, and failed to consider corneal ulcer as a diagnosis.
2. Failed, omitted or neglected to maintain full, accurate and complete records of all actions taken in respect of the patient, including:
 - o Convincing clinical findings supporting the diagnosis of endophthalmitis;
 - o Less invasive or definitive surgical options considered or discussed with the patient; and
 - o Notes indicating whether the presence of endophthalmitis was confirmed during surgery.

The continuation of the hearing was scheduled for 22–25 June 2025.

Editorial query: The continuation dates of 22–25 June 2025 overlap with and begin before the stated hearing dates of 24–26 June 2025. These dates should be verified before publication.

4. HPCNA v Albertina Niigambo Negumbo, Nurse Practitioner

Hearing dates: 15–17 October 2025 and 17 March 2026

Scheduled finalisation date: 10 June 2026

The Defendant was charged in relation to an incident involving a minor child under her care on 15 March 2019 at Intermediate Hospital, Oshakati.

It was alleged that she failed and/or neglected:

1. To ensure that Ceftriaxone 780 mg, prepared by a Student Nurse and administered by the Defendant to the patient, was diluted with sterile water for injection.
2. To supervise the clinical work of the Student Nurse. Consequently, the Student Nurse used Potassium Chloride instead of sterile water for injection to dilute the Ceftriaxone 780 mg administered to the patient.

Alternatively, the Defendant allegedly failed and/or neglected to inform or show the Student Nurse the correct bottle of sterile water for injection to be used when diluting Ceftriaxone 780 mg.

3. To maintain clear and accurate records of all actions performed in connection with the patient.

The inquiry was scheduled to be finalised on 10 June 2026.

5. HPCNA v Dr Amir Shaker and Dr Leirvy Perez, Medical Practitioners

Hearing dates: 8–9 May, 10 October and 5 December 2025

Outcome: Dr Shaker was found guilty; Dr Perez was acquitted

Dr Shaker was charged in relation to the treatment of a pregnant patient under his care between 27 and 29 September 2017 at Walvis Bay State Hospital.

It was alleged that he failed:

1. To diagnose and treat the patient immediately and/or prescribe the correct medication or treatment.
2. To refer the patient immediately to another facility for treatment.

Dr Shaker was found guilty on both charges. A fine of N\$30,000.00 per charge was imposed.

Dr Leirvy Perez was acquitted.

6. HPCNA v Dr Barend Viljoen, Medical Practitioner

Hearing dates: 9–13 June 2025 and 26 March 2026

Scheduled finalisation dates: 3–4 August 2026

Dr Viljoen was charged in relation to the treatment of a patient between 7 January and 11 February 2015.

It was alleged that he failed:

1. To treat the patient immediately and/or prescribe the correct medication.
2. To control an infection immediately after the patient's blood-test results revealed its presence.
3. To diagnose the patient correctly.
4. To note the deterioration in the patient's condition.

5. To monitor and/or evaluate the patient.
6. To note that the patient was experiencing respiratory distress.
7. To maintain clear and accurate records of all actions performed in respect of the patient.

The matter was scheduled to be finalised on 3–4 August 2026.

7. HPCNA v Mr Albert de Klerk, Biokineticist

Hearing dates: 2–4 February and 30–31 March 2026

Plea: Not guilty

Current status: Awaiting a final decision by the HPCNA

The Defendant was charged with unprofessional conduct for allegedly participating in touting for business through a radio advertisement concerning the services offered at his practice. The advertisement indicated that he charged no co-payments to persons/patients.

Alternatively, the Defendant was charged with arranging for an advertisement for his professional services to be aired in the media. The advertisement indicated that he offered one-on-one rehabilitation sessions and was alleged to amount to touting for business.

The Defendant pleaded not guilty to the charges. The findings and decision of the Disciplinary Committee are yet to be presented to the HPCNA for a final decision.

8. HPCNA v Dr Esther Kalambi-Matengu, Medical Practitioner

Hearing dates: 2–4 March 2026

Current status: Disciplinary inquiry not finalised

Continuation date: 13 April 2026

Dr Kalambi-Matengu was charged in relation to the care of a patient between 15 and 27 January 2016 at Katutura State Hospital.

It was alleged that, while the patient was under her care and charge, she:

1. Failed to monitor the patient post-operatively to identify and/or prevent complications.
2. Failed to make and maintain an accurate, full and complete record of all actions taken in respect of the patient during the same period.

The disciplinary inquiry was not finalised and was scheduled to continue on 13 April 2026.

Table 85: Pending cases for professional conduct inquiry in comparison with the previous year

BOARD	2024-2025	2025-2026
MDBNA	27	34
NBNA	2	2
PBNA	3	6
SWBNA	0	1
AHPBNA	5	1
TOTAL	33	44

4.3.5 Appeal Committee

The Appeal Committee serves as the HPCNA's internal appellate body and considers appeals of HPCNA decisions. The Committee reviews the proceedings and decisions under appeal to ensure that they were lawful, procedurally fair and supported by the evidence. Through this function, the Committee reinforces accountability, consistency and fairness within the HPCNA's disciplinary system while safeguarding the rights of all parties involved.

The following appeal was heard during this period:

i) Dr Jürgen Hoffmann v HPCNA

Appeal hearing dates: 7 January, 9–10 February, 2 March and 27 March 2026

Origin of the appeal: Guilty verdict and penalty imposed by the HPCNA on 6 August 2025

Appeal outcome: Appeal upheld on preliminary legal points

Costs: Awarded against the HPCNA

Background to the appeal

The appeal arose from the guilty verdict and penalty imposed by the HPCNA on 6 August 2025.

The original findings and sanctions were as follows:

1. Dr Hoffmann was reprimanded for applying the Beltz Test and prescribing the Hafer diet, despite his scope of practice not permitting him to prescribe a diet for the purpose of diagnosing or treating patients with attention-deficit/hyperactivity disorder (ADHD).
2. The decision concerning the suspended fine was varied. A fine of N\$25,000.00 per charge, totalling N\$50,000.00, was imposed.

Grounds on which the appeal succeeded

The appeal succeeded on the following points in limine:

1. There had been non-compliance with section 95(4) of the Act.
2. The Social Work and Psychology Council had not ratified the Professional Conduct Committee's decision on 14 March 2025.

Orders made

The following orders were issued:

1. It was declared that the Social Work and Psychology Council had failed to ratify the decision of the Professional Conduct Committee on 14 March 2025. Consequently, the proceedings of the Professional Conduct Committee of the Social Work and Psychology Council were declared null and void.
2. The decision taken by the Health Professions Council on 6 August 2025 was declared ultra vires and unlawful and was set aside.
3. The costs of the appeal were awarded against the HPCNA.

4.4 HIGH COURT LITIGATION AND ONGOING LEGAL PROCEEDINGS

The following matters are/were before the High Court during this period:

1. Dr Anu George v HPCNA

Application filed: August 2025

Nature of proceedings: High Court review application

Current status: Proceedings are ongoing

Background

In August 2025, Dr George filed a review application in the High Court challenging the Appeal Committee's decision of 28 March 2025.

The Appeal Committee had decided to refer the matter back to the Preliminary Investigation Committee (PIC) for reinvestigation.

Relief sought

Dr George requested the High Court to issue orders:

1. Reviewing and setting aside the Appeal Committee's decision of 28 March 2025.
2. Directing that new members of the Appeal Committee be appointed to preside over the matter.

The proceedings are ongoing.

2. Dr Pieter van der Westhuizen v HPCNA

Nature of proceedings: High Court interdict application

Court date: 14 October 2025

Scheduled hearing dates: 22–24 April 2026

Current status: Awaiting an opposed motion hearing

Background

Dr van der Westhuizen filed an application in the High Court seeking an order interdicting the HPCNA from continuing the professional conduct inquiry process.

The application was based on an alleged unreasonable delay in the professional conduct proceedings.

Status of proceedings

The matter appeared before the Court on 14 October 2025 and was postponed to 22–24 April 2026 for an opposed motion hearing.

3. HPCNA v Dr Tshali Ithete

Nature of proceedings: Action for the recovery of an unpaid fine and costs

Fine: N\$70,000.00

Costs: N\$59,547.50

Total amount: N\$129,547.50

Outcome: Proceedings withdrawn following payment

Background

The HPCNA instituted action proceedings against Dr Ithete for failing to pay:

1. A fine of N\$70,000.00; and
2. A costs order of N\$59,547.50.

Outcome

The proceedings were withdrawn after payment was made, before the action was lodged. Wasted costs were tendered to Dr Ithete.

4. HPCNA v Dr Jürgen Hoffmann

Nature of proceedings: High Court review application

Current status: Proceedings are ongoing

Background

The HPCNA filed a review application in the High Court challenging the Appeal Committee's decision concerning the professional conduct proceedings against Dr Hoffmann.

The Appeal Committee had:

1. Declared the professional conduct proceedings against Dr Hoffmann null and void.
2. Declared the HPCNA's decision of 6 August 2025 ultra vires.
3. Ordered the HPCNA to pay the costs of the appeal.

Relief sought

Through the review application, the HPCNA seeks to have the Appeal Committee's decision reviewed and set aside.

The proceedings are ongoing.

5. Serafina Haipinge v HPCNA and Another

Nature of proceedings: High Court appeal

Current status: Proceedings are ongoing

Background

Ms Haipinge lodged an appeal in the High Court against a decision of the Appeal Committee of the former Medical and Dental Council.

The Appeal Committee had upheld the former Medical and Dental Council's decision to ratify the recommendation of the Preliminary Investigation Committee to close the case due to insufficient evidence of unprofessional conduct.

The proceedings are ongoing.

4.5 SUPREME COURT APEALS AND ONGOING LEGAL PROCEEDINGS

1. Pharmaceutical Society of Namibia v HPCNA and 11 Others

Court: Supreme Court

Nature of proceedings: Appeal against an interlocutory judgment of the High Court

Current status: Awaiting allocation of a hearing date by the Supreme Court

Background

The Pharmaceutical Society of Namibia lodged an appeal in the Supreme Court against an interlocutory judgment of the High Court.

The High Court had refused to allow the Pharmaceutical Society of Namibia's application to amend its founding papers.

Status of proceedings

The main proceedings in the High Court have been stayed pending the Supreme Court's final determination of the appeal.

The proceedings are ongoing, and the parties are awaiting the Supreme Court's allocation of a hearing date.

2. Vistorina Juuso-Angula v HPCNA and Another

Court: Supreme Court

Nature of proceedings: Appeal against the judgment and orders of the High Court

Current status: Proceedings are ongoing

Background

Mrs Juuso-Angula lodged an appeal in the Supreme Court against the judgment and orders of the High Court.

The High Court had set aside the decision of the Appeal Committee. The Appeal Committee had previously overturned the Professional Conduct Committee's finding that Mrs Juuso-Angula was guilty of three charges of unprofessional conduct.

The Supreme Court appeal proceedings are ongoing.

4.6 LEGISLATIVE SUPPORT DIVISION

The Legislative Support Division is responsible for supporting the HPCNA in the development, review and implementation of the legislative and regulatory framework governing the health professions. The Division coordinates the drafting and amendment of regulations, rules, policies and other regulatory instruments necessary for the implementation of the Act.

The Division also provides legal and technical support through legislative research, statutory interpretation and stakeholder consultations to ensure that the HPCNA's regulatory framework remains legally sound, responsive to developments in the health sector and aligned with good governance principles.

4.6.1 Regulations and rules

The following regulations were published during this period:

- Regulations relating to procedures for the election of Deputy President of HPCNA, Gazette No. 8703, Government Notice No. 178, dated 4 August 2025.
- Amendment of Regulations relating to minimum requirements of study of medical physicist, registration of interns, restoration of name of register and scope of practice of medical physicist, Gazette No. 8737, Government Notice No. 236 dated 11 September 2025.
- Fees payable to the HPCNA in terms of section 52 of the Act: Medical and Dental Professions, Government Gazette No. 8803 dated 11 December 2025.
- Fees payable to the HPCNA in terms of section 52 of the Health Professions: Pharmacy Professions, Gazette No. 8803 dated 11 December 2025.
- Fees payable to the HPCNA in terms of section 52 of the Act: Nursing and Midwifery Professions, Gazette No. 8803 dated 11 December 2025.
- Fees payable to the HPCNA in terms of section 52 of the Act: Social Work and Psychology Professions, Gazette No. 8803 dated 11 December 2025.
- Fees payable to the HPCNA in terms of section 52 of the Act: Allied Health Professions, Gazette No. 8803 dated 11 December 2025.
- Regulations relating to the scope of practice of a homoeopath, Government Gazette No. 8850 dated 16 February 2026.
- Regulations prescribing application forms, certificates and licences, Government Gazette No. 8853 dated 23 February 2026.
- Amendment Fees Payable to the HPCNA in terms of section 52 of the Act: Pharmacy Professions, Government Gazette No. 8857 dated 27 February 2026.
- Regulations relating to minimum requirements and registration of oral hygienists, additional qualifications, maintenance of register, restoration of names to the register and scope of practice of oral hygienists: Government Gazette No. 8861 dated 9 March 2026.
- Regulations relating to minimum requirements of study for registration as a podiatrist and scope of practice of podiatrist: Government Gazette No. 8862 dated 9 March 2026.
- Exemption of registered persons from application of certain provisions of section 43 of the Act, 2024, Government Gazette No. 8869 dated 20 March 2026

Table 86: Drafted and published regulations

BOARDS	REGULATIONS DRAFTED	REGULATIONS GAZETTED
AHPBNA	3	3
MDBNA	7	3
NBNA	2	1
PBNA	2	2
SWPNA	1	1
All Boards - Health Professions Act, 2024	10	3
TOTAL	25	13

In comparison, the 2025/2026 reporting period recorded the drafting of 25 regulations, of which 13 regulations were successfully gazetted. This represents an increase of 4 gazetted regulations, equivalent to a 44.4% increase compared with the previous reporting period. The increase demonstrates the Legislative Support Division's continued commitment to finalising subsidiary legislation and advancing regulations through the statutory approval and gazetting process.

The MDBNA remained the most active contributor to legislative development during the reporting period, accounting for 7 newly drafted regulations and 3 gazetted regulations. Similarly, the Act implementation programme recorded 10 regulations drafted and 3 regulations gazetted, reflecting the HPCNA's ongoing efforts to operationalise the new legislative framework.

The AHPBNA also demonstrated considerable legislative progress, with 3 regulations drafted and 3 regulations gazetted, indicating substantial advancement in strengthening the regulatory framework governing allied health professions.

4.7 CHALLENGES

During the reporting period, the Department encountered challenges that affected the efficient functioning of the statutory committee, such as:

- (a) The submission of incomplete or inadequate medical records by healthcare practitioners and health facilities in response to requests made during the investigation of complaints. In several instances, incomplete patient records delayed the PIC's ability to conduct a comprehensive assessment of the allegations and determine whether there was sufficient evidence to warrant further disciplinary action. The absence of complete clinical documentation not only prolonged the investigation process but also imposed additional administrative demands, requiring repeated requests for outstanding information before matters could proceed.
- (b) The continued increase in the number of complaints referred to the PIC for the MDBNA. The growing disciplinary caseload has placed considerable pressure on the Committee's capacity to investigate and dispose of matters within reasonable timeframes. Given the volume and complexity of complaints received, a single PIC is increasingly challenged to manage the workload efficiently without risking investigation backlogs. To address this challenge, establishing more than one PIC, as provided for under the Act, has been considered. Expanding the Committee's capacity would enhance the timely investigation and finalisation of complaints, improve procedural efficiency and strengthen the Council's ability to fulfil its public protection mandate.
- (c) The limited availability of local expert practitioners for co-option to the Disciplinary Committee in matters requiring specialised professional expertise affected the timely finalisation of disciplinary inquiries. Certain disciplinary cases involve complex clinical or technical issues that necessitate the participation of experts in the relevant field to assist the Committee in reaching informed and objective decisions. This, particularly in highly specialised areas of practice, resulted in delays in the constitution of disciplinary committees and the scheduling of inquiries. The Department will continue to explore targeted measures to address these challenges, including developing a broader, committed pool of experts, both inside and outside the country, who may be called upon to assist the Committee, and enhancing scheduling and case management practices.

4.8 CONCLUSION

The increase in complaints about unprofessional conduct reflects the public's growing confidence in the HPCNA's regulatory processes. While challenges relating to investigative capacity, incomplete medical records and the availability of expert practitioners affected the timely finalisation of some matters, the Department remained committed to improving efficiency and strengthening processes.

In the future, the Department will continue to prioritise the implementation of the Act, the strengthening of disciplinary and investigative capacity, and the promotion of good governance. These efforts will further reinforce the HPCNA's mandate to protect the public, uphold professional and ethical standards, and ensure the delivery of safe, competent and quality healthcare services in Namibia.



5

SECTION

FINANCE

5. DIVISION: FINANCE

5.1 INTRODUCTION

The Finance division focuses on the following strategic objectives:

- Strategic financial planning and forecasting.
- Efficient capital allocation and cost management.

5.2 BUDGET OVERVIEW

The HPCNA's implementation of approved budgets was closely monitored throughout the reporting period. Regular budget performance reviews and variance analyses were undertaken to assess expenditure trends and ensure compliance with approved financial plans. Comprehensive financial reports were prepared and submitted to management and the respective Professional Boards to facilitate informed decision-making across all levels.

These measures contributed to improved financial discipline, strengthened internal controls, enhanced accountability, and supported the efficient utilisation of available financial resources.

5.3 REVENUE

Council generates income from statutory fees payable by healthcare practitioners and educational institutions, including annual maintenance, application, registration, evaluation, and inspection fees. Additional revenue includes the annual government grant, investment income, and rental income from properties.

The total revenue of the HPCNA increased by 1% from N\$68,348,270.00 in the preceding year to N\$76,674,996.00 for the financial year under review. The main source of income for the HPCNA was the government grant of N\$25 000 000.00, which accounted for 32% of This grant was received from the MoHSS, as appropriated by the Namibian parliament, to defray expenses incurred by the HPCNA in connection with their powers and the discharge of their duties and functions.

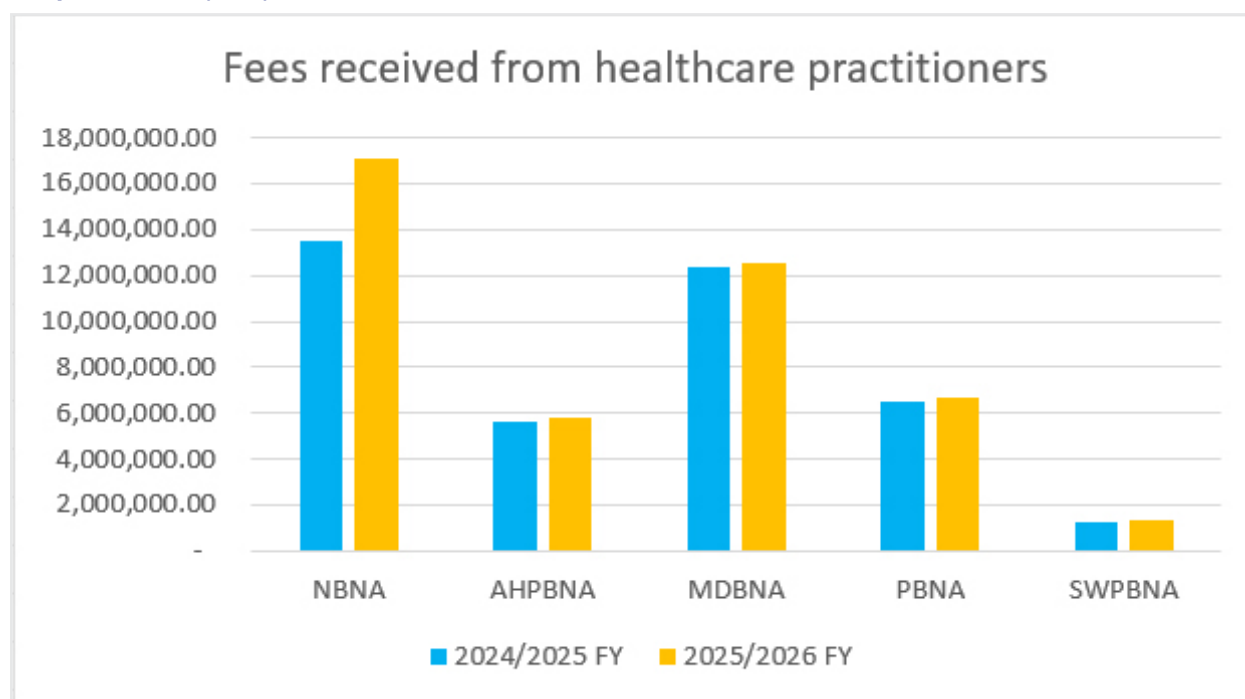
During the reporting period, the HPCNA generated an income of N\$43,358,020.05 mainly from annual maintenance, application, evaluation, and inspection fees.

Income from the operating leases of the three (3) properties contributed positively to the Council's overall performance, generating N\$734 000.00. This represents a 45% increase from the N\$504 900.00 generated in the 2024/2025 financial year. The newly acquired office at 42 Schönlein Street, Erf 4170, was occupied by tenants from 1 February 2025, contributing to the increase in operating lease income.

The revenue for the financial year under review is shown in Table 86 and Graph 15 below:

Table 87: Revenue for the 2024/2025 financial year compared with the 2025/2026 financial year

COUNCIL	2024/2025 FY	2025/2026 FY	%
NBNA	N\$13 478 274	N\$17 382 593	28% increase
AHPBNA	N\$5 661 324	N\$6 009 560	6% increase
MDBNA	N\$12 344 693	N\$13 167 489	7% increase
PBNA	N\$ 6 519 513	N\$6 712 902	3% increase
SWPBNA	N\$1 214 455	N\$1 368 475	13.% increase
GOVERNMENT GRANT	N\$25 000 000	N\$25 000 000	0% Increase
PROPERTIES RENTAL INCOME	N\$ 504 900	N\$ 734 300	45% increase
SAVINGS INTEREST	N\$ 3 625 111	N\$ 6 299 677	73% increase
TOTAL	N\$ 68 348 270	N\$76 674 996	12% increase

Graph 15: Graphic presentation of revenue

Overall, revenue increased by 12% due to the rise in the number of registered healthcare practitioners.

5.4 INVESTMENTS

The HPCNA continued to invest surplus funds in approved call and unit trust accounts. These investments generated interest of N\$6 299 677.31, representing a 73% increase from the N\$3 625 111.67 generated in the 2024/2025 financial year.

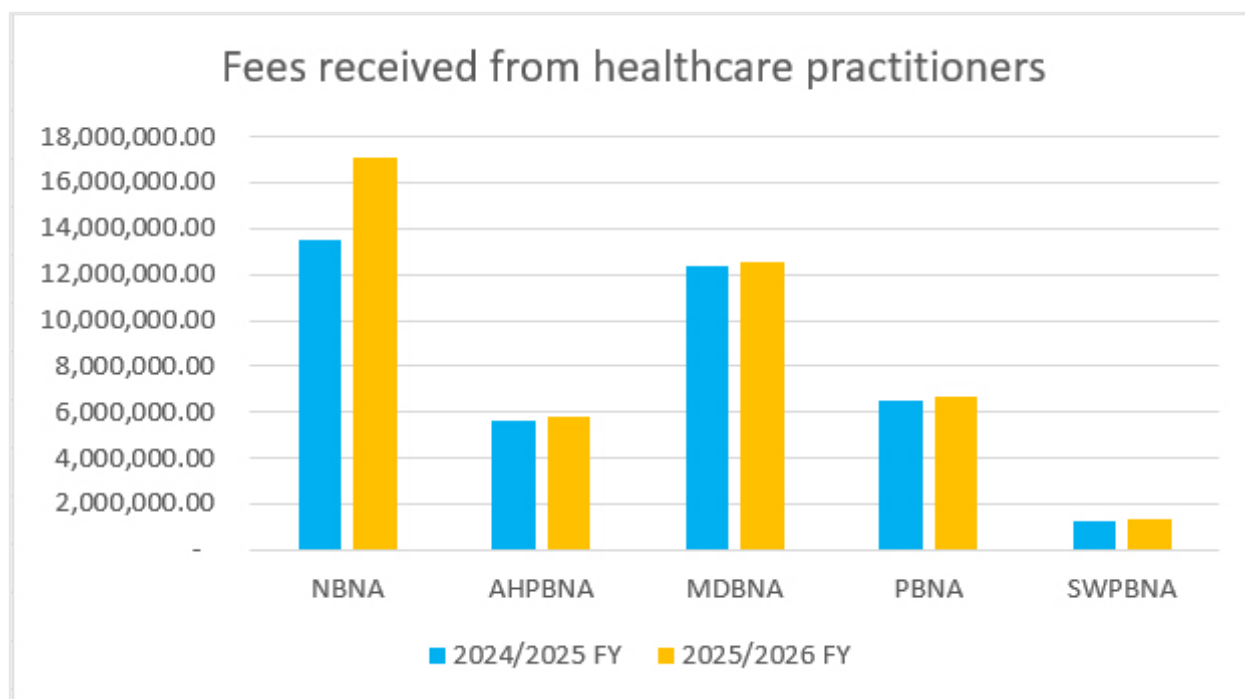
5.5 INVOLUNTARY REMOVAL OF NAMES FROM THE REGISTERS DUE TO NON-PAYMENT OF ANNUAL MAINTENANCE FEES

In accordance with the applicable legislation, the HPCNA may remove from the registers the names of healthcare practitioners who failed to settle their annual maintenance fees within the prescribed time. The number of healthcare practitioners whose names have been removed from the registers per the Professional Board is presented in Table 88 and Graph 16 below.

Table 88: Number of healthcare practitioners whose names were removed from registers.

COUNCIL	NUMBER	FEES OWED IN N\$
NBNA	634	398,323.70
AHPBNA	504	266,320.20
MDBNA	96	443,022.50
PBNA	54	180,890.00
SWPBNA	54	68,172.00
TOTAL	1342	1,356,728.40

Graph 16: Number of healthcare practitioners removed from registers



Graph 16 indicates that 4% of the NBNA's total registrants, 10% of the AHPBNA's, 3% of the MDBNA's, 3% of the PBNA's, and 6% of the SWPBNA's had their names removed from the registers due to non-payment of annual maintenance fees.

The removal of practitioners from the registers remains an important regulatory mechanism to ensure compliance with statutory obligations and uphold the integrity of the professional registers maintained by the Professional Boards.

To improve fee collection, the HPCNA continued to implement various debt-recovery initiatives, including reminder notices, electronic communications, direct engagement with practitioners, and, where appropriate, correspondence with employers. These efforts contributed positively towards the recovery of outstanding fees and encouraged practitioners to regularise their registration status.

5.6 RESTORATION OF NAMES OF HEALTHCARE PRACTITIONERS TO REGISTERS

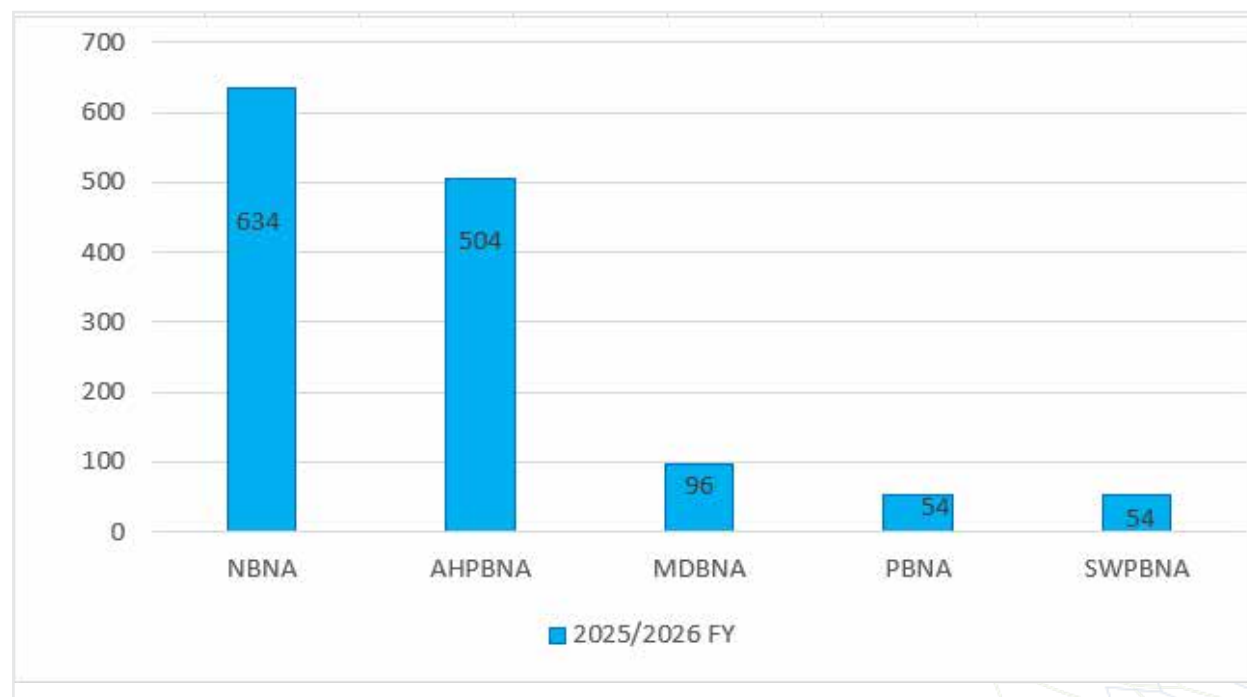
The governing legislation provides healthcare practitioners whose names have been removed from the registers with an opportunity to apply for restoration upon meeting the prescribed requirements, including the payment of all applicable fees.

Table 89 and Graph 17 present the number of healthcare practitioners whose names were restored to the registers.

Table 89: Number of healthcare practitioners whose names were restored to the registers

COUNCIL	NUMBER	FEES PAID IN N\$
NBNA	234	255,170.00
AHPBNA	151	151,815.00
MDBNA	27	51,910.00
PBNA	21	26,520.00
SWPBNA	28	37,230.00
TOTAL	461	522,645.00

Graph 17: Number of healthcare practitioners whose names were restored to the registers



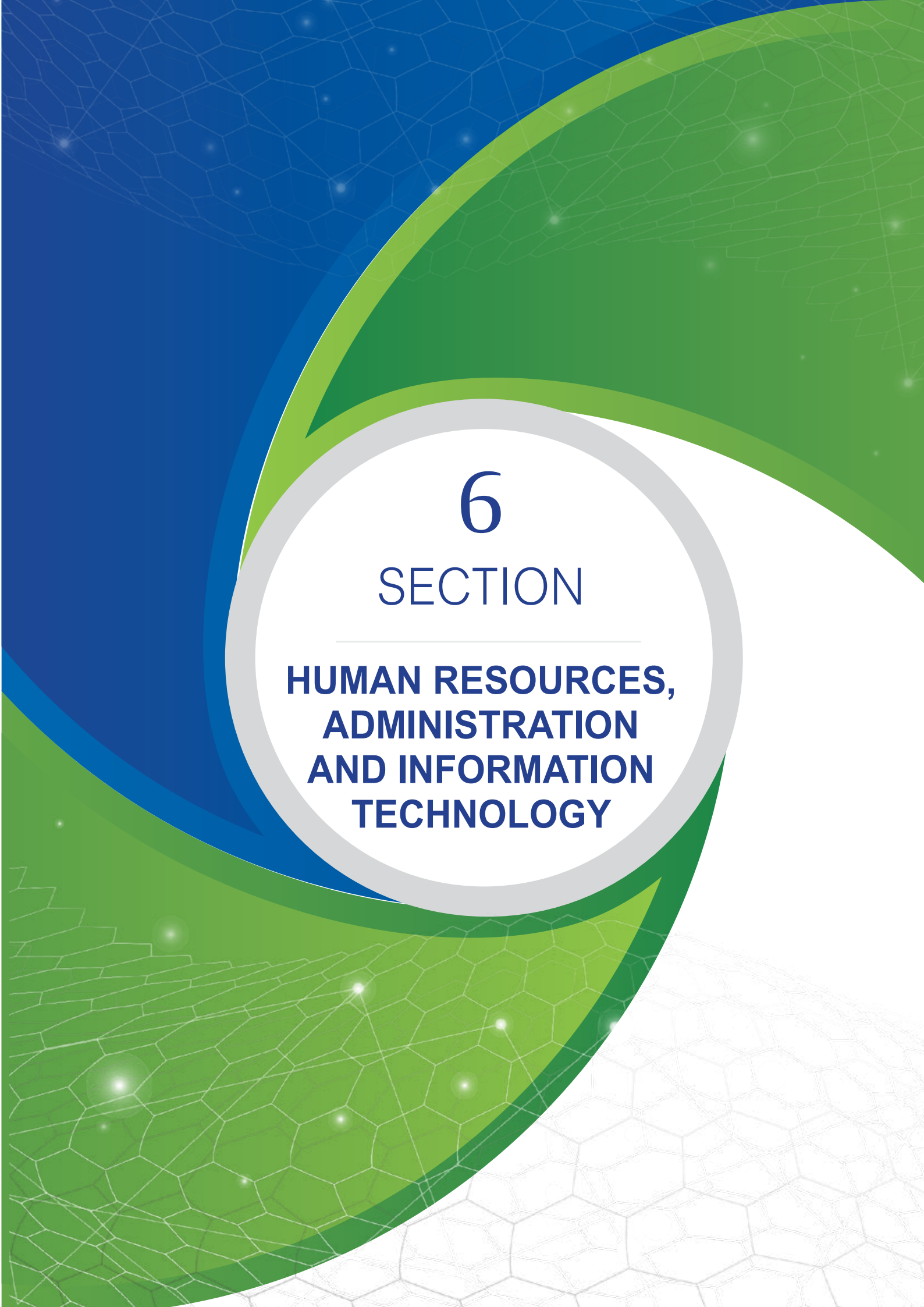
A total of eight hundred and seventy-six (461) healthcare practitioners had their names restored to registers, representing 34% of the total number of registrants removed from the registers during the financial year. The restoration of names to registers generated additional revenue for the HPCNA, amounting to N\$522 645.00.

5.7 AUDITED FINANCIAL STATEMENTS

The HPCNA's accounting records were externally audited by Saunderson & Co, and in their opinion, the annual financial statements present fairly, in all material respects, the financial position of the HPCNA, its financial performance and cash flows as of 31st March 2026. HPCNA obtained an unqualified audit opinion. The audited financial statements are presented separately as annexures to this report.

5.8 CONCLUSION

The division's core role is to provide effective, accountable, and prudent financial support to the HPCNA. The division has consistently executed this task.



6

SECTION

**HUMAN RESOURCES,
ADMINISTRATION
AND INFORMATION
TECHNOLOGY**

6. HUMAN RESOURCES, ADMINISTRATION AND INFORMATION TECHNOLOGY

6.1 DIVISION: HUMAN RESOURCES

6.1.1 INTRODUCTION

The department is responsible for providing support services to the HPCNA. The department's key performance areas are talent acquisition & onboarding, compensation and benefits administration, employee relations and statutory compliance & administration, revising the human resources policies, increasing the asset base, ensuring traceability and safe record-keeping, and strengthening the IT infrastructure.

6.1.2 STAFF ESTABLISHMENT

The HPCNA is administered by the secretariat, with an establishment of fifty-six (56) posts, of which forty-six (46) are currently filled. This translates into an 82.1% occupancy rate.

The HPCNA's Recruitment, Promotion and Remuneration Review Committee (the Committee) implemented an internal reorganisation to promote the effective use of available human resources and contain costs. This action was taken in accordance with the Human Resources Policy, which provides for the staff establishment to be aligned with changing circumstances through recommendations from the Committee to the Registrar for HPCNA approval.

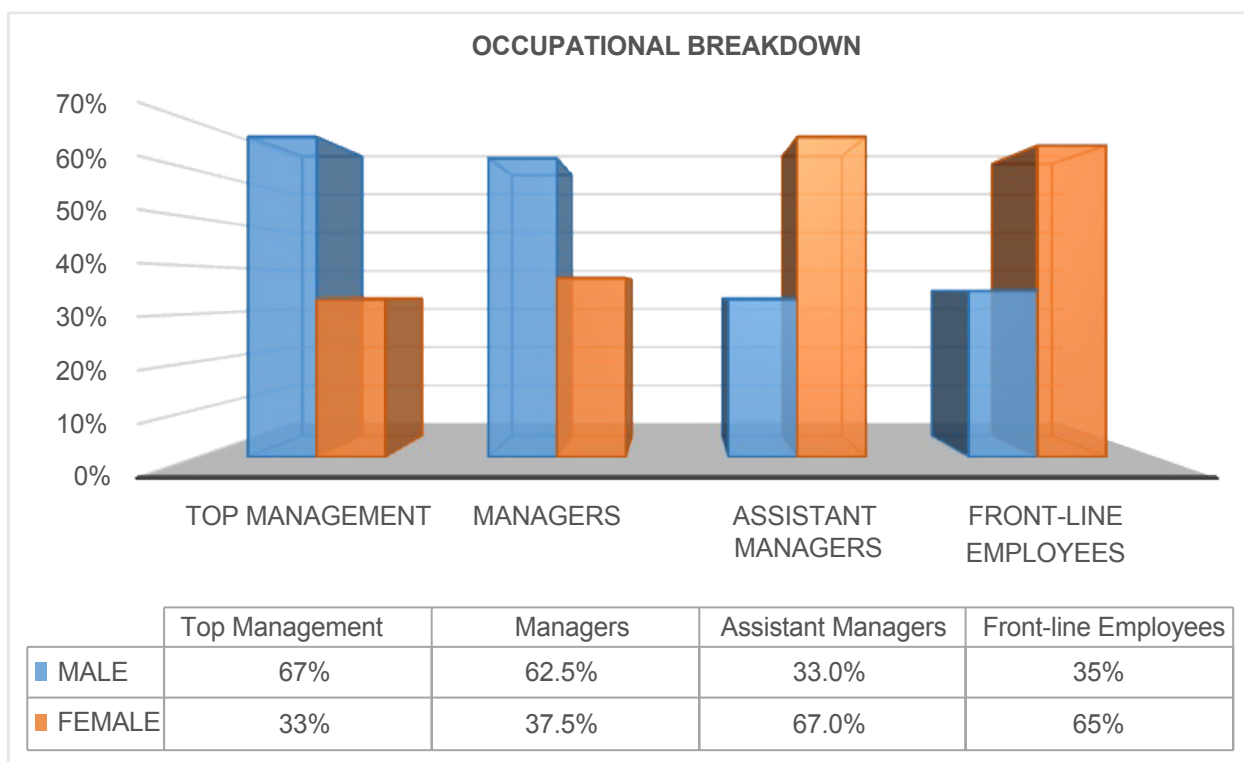
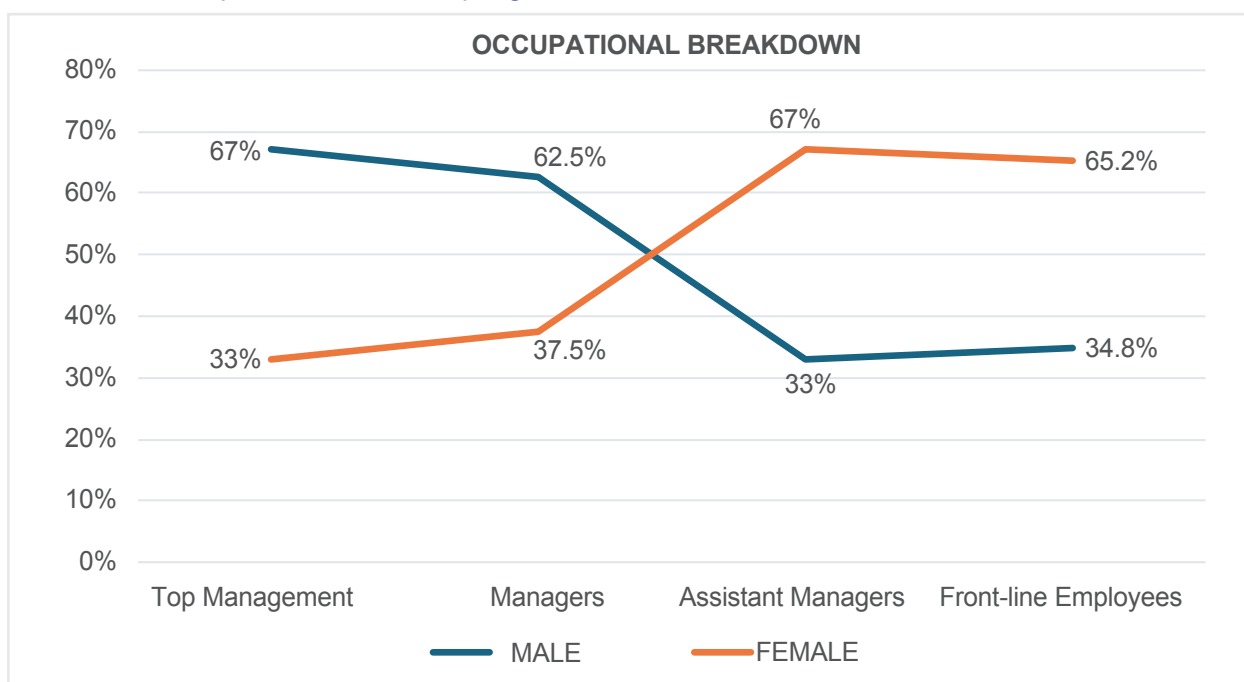
6.1.1.3 Staff attrition, recruitment and promotion

During the reporting period, four (4) employees resigned from the HPCNA. In addition, one employee's post-retirement, six-month contract ended by mutual agreement following the recruitment of a suitable replacement.

However, ten (10) young, vibrant employees were recruited into different job categories and ranks, of which 80% of the recruits are females. The HPCNA has also promoted a female employee into a managerial position.

Table 90: Employees per gender and occupational level

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top Management	67%	33%	6
Managers	62.5%	37.5%	8
Assistant Managers	33.0%	67.0%	9
Front-line Employees	34.8%	65%	23

Graph 18: Graphical presentation of employees per gender and occupational level**Chart 3:** Occupational Breakdown per gender

As shown in Table 90 and Graph 18, women continued to constitute the majority of the HPCNA's workforce, accounting for 25 (54%) of the 46 employees.

The HPCNA's commitment to equitable representation of women remained evident across all job categories, including senior management. However, the proportion of women in management decreased

by two percentage points, from 50% in the previous financial year to 48%. This change resulted from the recruitment of male managers and the expiry of a female manager's contract.

One-third of the workforce at the assistant managerial level and in the frontline staff category is male, at 33% and 35%, respectively.

Overall, it is evident that the HPCNA is committed to equitable gender representation and adherence to the Affirmative Action Act provisions.

6.1.1.4 Employees' age profile

In line with the Human Resources Policy, employees who turn 65 must retire from the service on the first day of the following month. However, the policy provides for the retention of a retired employee's services for a maximum of twelve (12) months, based on skill scarcity and experience, provided that the employee is in good health.

The age demographics of employees are presented in Table 91 and Graph 19.

Table 91: Employees per age group

AGE GROUP	NUMBER	PERCENTAGE
18 - 30	2	4.3%
31 - 40	20	43.5%
41 - 50	12	26.1%
51 - 60	11	23.9%
61 and above	1	2.2%
TOTAL	46	100%

Graph 19: Employees' age profile

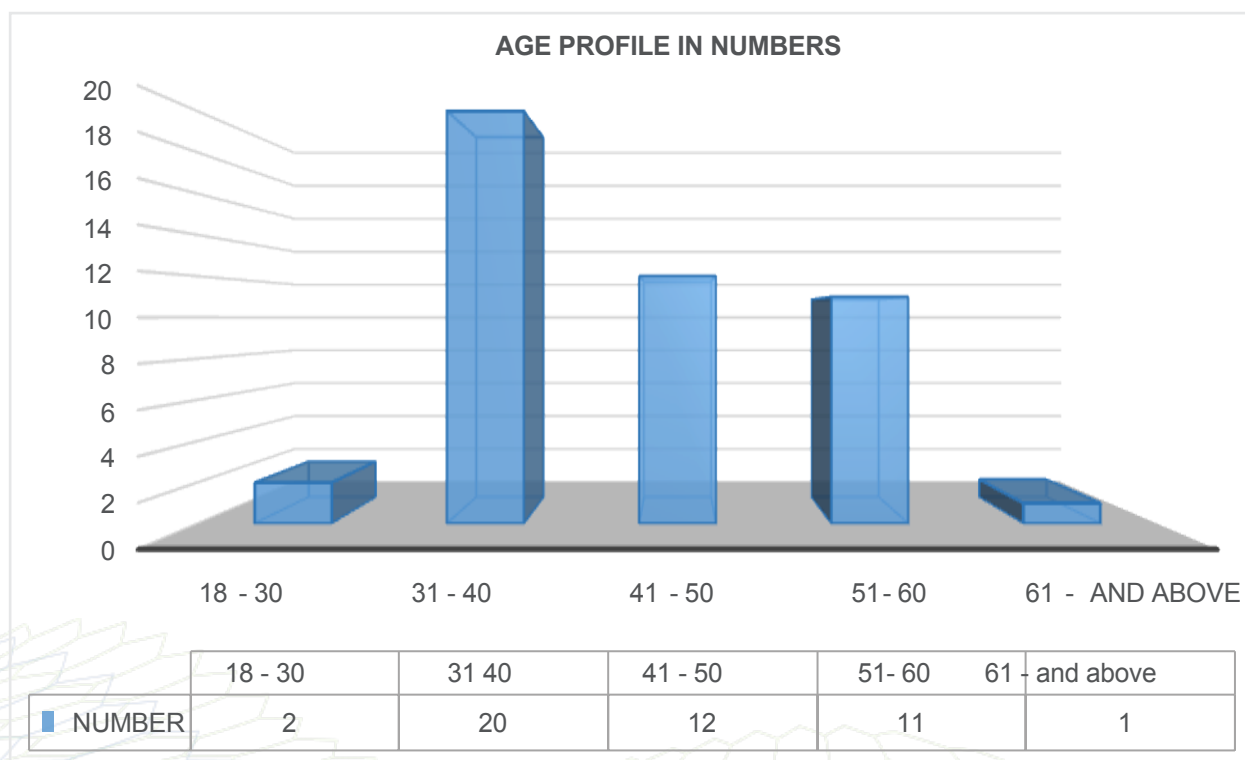


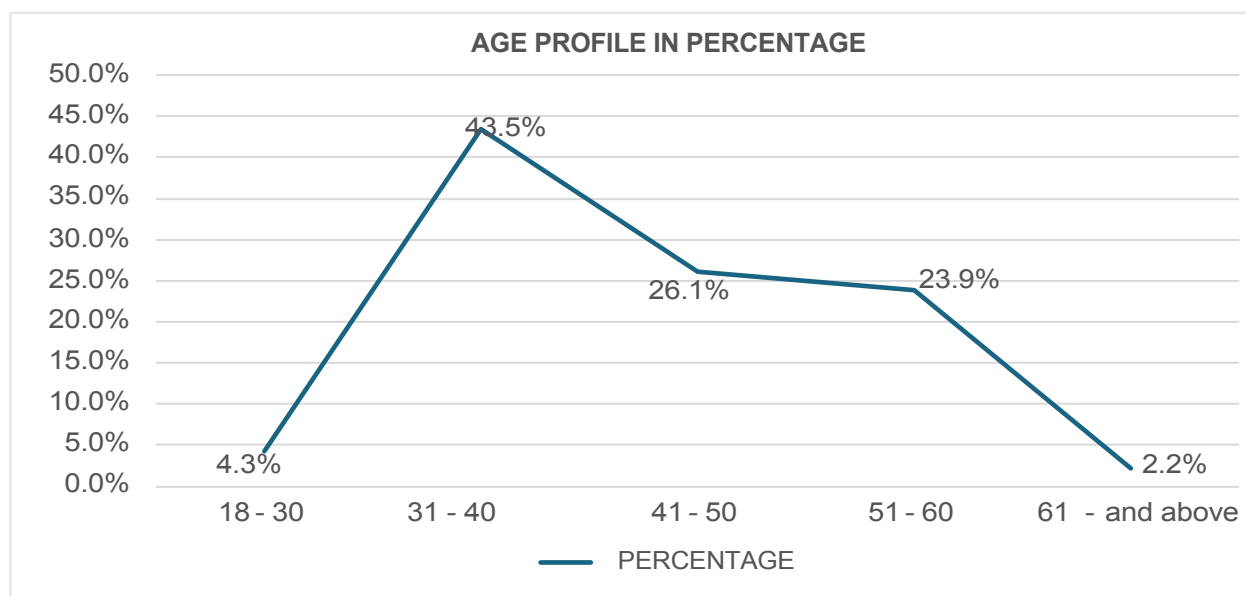
Chart 4: Age Profile in percentage

Table 91 and Graph 19 illustrate a major increase in youth employees, who now dominate the workforce at 47.8%, up from 31% in the previous reporting period.

This increase is a result of hiring ten (10) young, vibrant employees during the reporting period.

Despite a 4% decrease in the middle-aged category, it remains the second-largest group in the HPCNA's workforce. This demonstrates that HPCNA continues to maintain a wider range of perspectives, skills, and experiences in the workforce, thereby enabling effective leadership grooming and succession planning.

6.1.1.5 Staff retention

The staff retention profile presented in Table 92 and Graph 20 illustrates that 46% of the workforce has been in HPCNA's service for more than 10 years.

Table 92: Number of employees per year of service

NUMBER OF YEARS	PERCENTAGES	NUMBER OF EMPLOYEES
0 to 5 years	37%	17
6 to 10 years	17%	8
11 to 15 years	20%	9
16 to 20 years	22%	10
21 or more years	4%	2
TOTAL	100%	46

Graph 20: Number of employees per year of service

The employee retention demonstrated above was achieved through persistent efforts to maintain and improve a positive working environment, employee well-being, competitiveness, recognition at work, and inclusivity. In addition, it signifies a well-managed attraction and retention strategy.

6.1.1.6 Long service awards

Seven (7) long-serving employees were recognised and rewarded for their commitment, dedication and loyalty to the HPCNA. The recognised uninterrupted service milestones are 5, 10, 15, 20, 25 years and longer, or upon retirement.

Table 93: Number of employees awarded per category

CATEGORY	NUMBER OF EMPLOYEES AWARDED
5 Year Awards	1
10 Year Awards	2
15 Year Awards	1
20 Year Awards	3
Total Awards	7

6.1.1.7 Basic conditions of service

Inflation in Namibia has reached 4% as of October 2025. With such a rate, the cost of basic consumer needs, such as food, fuel, transport and medical aid services, has also increased.

The HPCNA remained committed to maintaining fair basic conditions of employment. This commitment contributed to harmonious labour relations, with no trade union disputes recorded during the reporting period. Staff salaries have been adjusted with reference to government salary increases or, when no

government increase was granted, the inflation rate. All adjustments were considered in the context of long-term financial sustainability.

In response to the continued rise in the cost of living, the HPCNA assessed the effects of inflation and the long-term sustainability of employee remuneration. It resolved to increase the basic salaries of management employees by 5% and those of employees below management level by 8%. Medical aid allowances were increased by 20% for management employees and by 30% for employees below management level.

6.2 DIVISION: ADMINISTRATION

The Division Administration manages the physical infrastructure, fleet, supplies, assets, communication, and risks.

6.2.1 Physical facilities management

The Administration has been maintaining the six (6) HPCNA's fixed properties along Schönlein Street, Windhoek West, to ensure that the physical infrastructure remains durable through necessary minor and major renovations.

An independent property evaluator assessed these fixed properties to ensure they were adequately insured. The new valuation shows a 0.52% appreciation in the value of the six properties, from N\$57,758,900.00 to N\$ 58,060,000.00.

However, there is a recorded decrease in value appreciation, from 2.28% in the 2023/2024 financial year to 1.33% in the previous reporting period.

The Secretariat occupies Erven 4168, 4173, and 4210, while Erven 4169, 4170, and 4171 are being leased out to supplement the HPCNA's income streams. The HPCNA had been receiving N\$68 050.00 per month from three leased properties.

6.2.2 New Ablution Facility at Erf 4210 (Office Building 37)

The HPCNA had a limited number of bathrooms for clients at Office Building 37. This has been causing inconveniences, especially during peak time.

To overcome this challenge, the HPCNA erected a new ablution block with three (3) toilets for ladies, men, people living with disabilities, as well as a disability ramp. This project cost the HPCNA N\$380 836.45.

6.2.3 Fleet management

The HPCNA had a fleet of two vehicles, namely a Toyota Fortuner and a Toyota Corolla, which were well-maintained, licensed, and serviced. The Toyota Fortuner was mostly utilised for official trips in and out of Windhoek, and the Toyota Corolla for delivering mail and office supplies. No accident was recorded.

6.2.4 General support services

Logistical services provided to all other departments included the procurement of stock and office supplies, repairs and maintenance, and the management of mail and service accounts.

6.2.5 Contract management

In line with the Public Procurement Act, 15 of 2015, certain services are outsourced to external service providers to improve efficiency and reduce costs. Regular meetings were held with external service providers regarding contract implementation.

6.3 DIVISION: INFORMATION TECHNOLOGY (IT)

The IT division's function is to provide adequate, modern information technology solutions to support HPCNA's operations. During the reporting period, the IT division had been striving to align all IT activities to the new Act, enhancing the database management system, strengthening the communication network and responding to increasing service demands.

6.3.1 Database Management System Upgrade

The HPCNA embarked on enhancing the database management system in the last quarter of the reporting period. The key focus areas in the database management system project are the design of online applications, online payments, online CPD processes, electronic records management, and data cleanup.

The online client portal is intended to allow health practitioners to submit registration applications electronically. Registered practitioners will also be able to view outstanding invoices, make payments and update their personal details online. The new payment platform accepts debit and credit cards, providing a convenient option for practitioners based outside Namibia. The portal will also allow CPD service providers to submit provider and activity applications and to record CPD points on behalf of participating practitioners. Related internal application processes will also be managed through the portal.

This project will be finalised before the third quarter of the 2026/2027 financial year.

6.3.2 Licenses to Practice Implementation

The new Act requires that all registered healthcare practitioners who are clinically practising must be licensed. The license is valid for five years and must be maintained annually.

The database management system was upgraded to support licensing processes, including application billing, license issuance, and annual license maintenance.

6.3.3 Adobe Acrobat Software Acquisition

The HPCNA has been printing meeting agendas and sharing them as hard copies. The printing and distribution of agendas in hard copy are costly and time-consuming.

To overcome these inconveniences, an Adobe Acrobat software license for agenda preparation was acquired. The Adobe Acrobat software license allows users to save the final approved agenda, organise it, and distribute it electronically to the relevant stakeholders. This has eliminated the need for hard copies, as the agendas are prepared and shared via the Acrobat software license, which is user-friendly when browsing between annexures and the agenda, taking notes, and making comments.

Sharing electronic documents saves printing and transport costs as well as time.

6.3.4 Telephone PABX Upgrade

As the number of calls from registered practitioners and the public increased, the outdated switchboard could no longer handle multiple incoming calls simultaneously. This limitation reduced service quality and inconvenienced stakeholders.

However, the HPCNA opted to replace the old analogue PABX (Private Automatic Branch Exchange). The PABX is an automated business telephone system that routes calls internally within a company and connects them to the external public network. It allows employees to share a pool of external phone lines and makes free internal calls possible using dedicated extension numbers.

The existing PABX was replaced with a modern hybrid Internet Protocol (IP)/analogue system that supports IP phones, an auto-attendant and direct inward dialling (DID). These functions allow multiple incoming calls to be routed directly to the relevant users. The investment has improved the handling of incoming calls.

6.3.5 Network Upgrade

Following previous challenges with the copper cables, the HPCNA upgraded its network infrastructure by replacing the copper cables and wireless point-to-point connections with Telecom's fibre link. This effort reduced the inconvenience in data transmission. Fibre enables fast data transmission and stable connectivity, unlike wireless point-to-point connections. As a result, the HPCNA's network downtime has been minimised, and the data transmission has been consistent.

The HPCNA will continue to monitor and strengthen its network operations, including bandwidth, as a proactive effort to meet increased service demand.

6.3.6 Electronic Communications and Mobile Devices Policy

The Electronic Communications and Mobile Devices Policy & Procedures have been approved and implemented. These establish guidelines and procedures for utilising and managing the HPCNA's electronic communication and information systems, including devices such as computer workstations, laptops, mobile tablets (such as iPads), hardware and software, email, telephones, cellular phones, machines, and the Internet.

The policy serves as a guide to ensure that IT equipment, systems, software, hardware, peripherals, and related items are managed effectively and securely, and in compliance with applicable standards throughout their lifecycle.

It was drafted with cognisance of, and linked to, other HPCNA regulations and policies that govern day-to-day management and operations.

6.4 CONCLUSION

The department successfully ensured efficient, effective support for other HPCNA departments.

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