



**The abridgment of our performance**

**ANNUAL REPORT 2015/2016**

Protecting the Public through regulated education & practice  
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## ABBREVIATIONS USED IN THE REPORT

AHPCNA	Allied Health Professions Council of Namibia
CBC	Capacity Building Committee
CPD	Continuing Professional Development
ETQA	Education and Training Quality Assurance
EXCO	Executive Committee
HPCNA	Health Professions Councils of Namibia
HRD	Human Resources Development
HRM	Human Resources Management
IT	Information Technology
JPFC	Joint Presidents' Finance Committee
MDCNA	Medical and Dental Council of Namibia
NHTC	National Health Training Centre
PCNA	Pharmacy Council of Namibia
PCC	Professional Conduct Committee
PIC	Preliminary Investigation Committee
S & T	Subsistence and Travel Allowance
UNAM	University of Namibia

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## **INTRODUCTION**

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

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

## **OBJECTS**

The objects of the councils are

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

## **VISION**

Protecting the public through regulated education and practice

## **MISSION**

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



## **VALUES**

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

## **COUNCILS AND MEMBERS**

The councils hold not less than two meetings in each year. In addition, for purposes of performing their duties or functions and exercising their powers, in terms of the constituting Acts, established various committees to so exercise their powers and perform their duties or functions during the periods between the meetings of the councils. Members of the various councils are either elected by fellow health practitioners or appointed by the Minister of Health and Social Services to serve for a period of five years. The term of office of the members of the current councils will come to an end in September 2016.

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

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



**SECRETARIAT**

## **REGISTRAR'S MESSAGE**

We acknowledge with gratitude and appreciation all the health care professionals who practiced their respective professions ethically and adhered to the principles of caring for patients and clients with dignity and compassion. These health care professionals are the heart of the country's health care system. They are the very people who render services to the public in a way that shows that good health is every citizen's right. Similarly, we take our mandate and responsibility as councils very seriously, and will not compromise on quality or ethics because lives literally are at stake.

I recall the quote by Douglas Adams, that "to give real service you must add something which cannot be bought or measured with money, and that is sincerity and integrity." At the end of the day, we are accountable to ourselves and those we serve, and our success needs to be measured by what we say and what we do.

As I conclude this message, I would like to thank my colleagues in the secretariat of the HPCNA for always striving to do their best in ensuring that we perform as per our vision of "Protecting the public through regulated education and practice". As the HPCNA, we remain committed to the highest quality of service to the Namibian nation. It is therefore with pride that we present the 2015/2016 annual report to the Honourable Minister of Health and Social Services Dr. Bernhard Haufiku.

Cornelius Vataleni Weyulu

Registrar/ CEO





**CORNELIUS WEYULU**

**REGISTRAR/ CEO**

## EXECUTIVE SUMMARY

### Professional councils

The guiding principle of the councils is that quality is everybody's business. Each council carries the responsibility of setting, maintaining, and applying fair and acceptable standards for education, training and practice. This activity forms the basis of the councils and, it is done in collaboration with educational institutions and other training facilities.

Being the standard generating bodies for health professions in the country, councils engage various stakeholders in the design and edifice of qualifications under the overarching Namibia Qualification Authority's Regulations, which the HPCNA, as the Education and Training Quality Assurance bodies, (ETQA), is subjected to. A number of evaluation/ or accreditation inspection visits took place at various institutions during 2015/2016. We have standardized procedures and guidelines for evaluations in terms of relevant Health Professions Acts' prescripts, as well as the councils' mandate to "protect the public through regulated education and practice".

### Finance

Although councils continue to receive the annual grant from central government, via the Ministry of Health and Social Services, which makes up 75% of the total budget, they are also able to generate funds through charging prescribed fees, which make up 25 % of the total budget. Annual maintenance fees are due by the 1<sup>st</sup> April each year and are compulsory for practitioners on the councils' registers. Failure to pay annual fees results in practitioners being struck off the register, and penalties have to be paid in order to be restored.

Annual maintenance fees are used to cover costs of administering the professions under the councils in terms of registration and maintaining of standards of education and training as well as maintaining fair standard of professional practice. Councils fully understand the problem some of our practitioners face in terms of paying annual dues. It is on that premise that councils try to be as accommodating as possible by giving a grace period. However, six months is more than reasonable, and we had no choice but to cancel their licenses to practice.

## **Employee benefits**

During the period under review councils have successfully managed to become a member of the Government Institute Pension Fund (GIPF); with the councils (employer) contributing 16%, while each employee contributes 7% to the pension fund.

## **Legal services**

This department registered forty-six (46) complaints during the period under review, as similar to forty-six (46) during 2014/2015. Three (3) matters were finalized at the disciplinary inquiry level. The complaints received ranged from mismanagement of patients to operating of pharmacies without registration. There is however a need to raise society's awareness about health rights and to enable them to register complaints of medical malpractice.

## **Information technology**

The HPCNA have acquired an Exchange server to replace the outdated Sun email server. Installation of the new machine has been completed. However, councils in the process of purchasing a new firewall that will allow the migration of emails to the new Exchange server.

## **Continuing professional development (CPD)**

CPD serves to maintain and enhance the knowledge, skills and ethical attitudes of practitioners in order to ensure quality health care to the Namibian population. During 2015/2016, random CPD selections were done. Although the response rates were not good in some professions, those who submitted their portfolios complied with the CPD requirements.



# SECTION ONE

## EDUCATION AND TRAINING QUALITY

### ASSURANCE DEPARTMENT



## **1.1 SECTION: EDUCATION, TRAINING AND QUALITY ASSURANCE (ETQA)**

### **INTRODUCTION**

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

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

To achieve the abovementioned, the Education and Training Quality Assurance (ETQA) Department has been established to focus on the following areas:

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

For the reporting period 2015/2016, ETQA assisted councils in performing the following strategic objectives.

### **STRATEGIC OBJECTIVE: 1**

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

For the time being the ETQA section has only taken over the pre-registration evaluation from the Nursing Council as the pilot study before it can extend its support to all other councils

In compliance with section 20 (3) (b) of the Nursing Act 2004, which requires that an applicant has to pass, to the satisfaction of the council, a pre-registration evaluation in order to determine whether or not the applicant possesses adequate professional



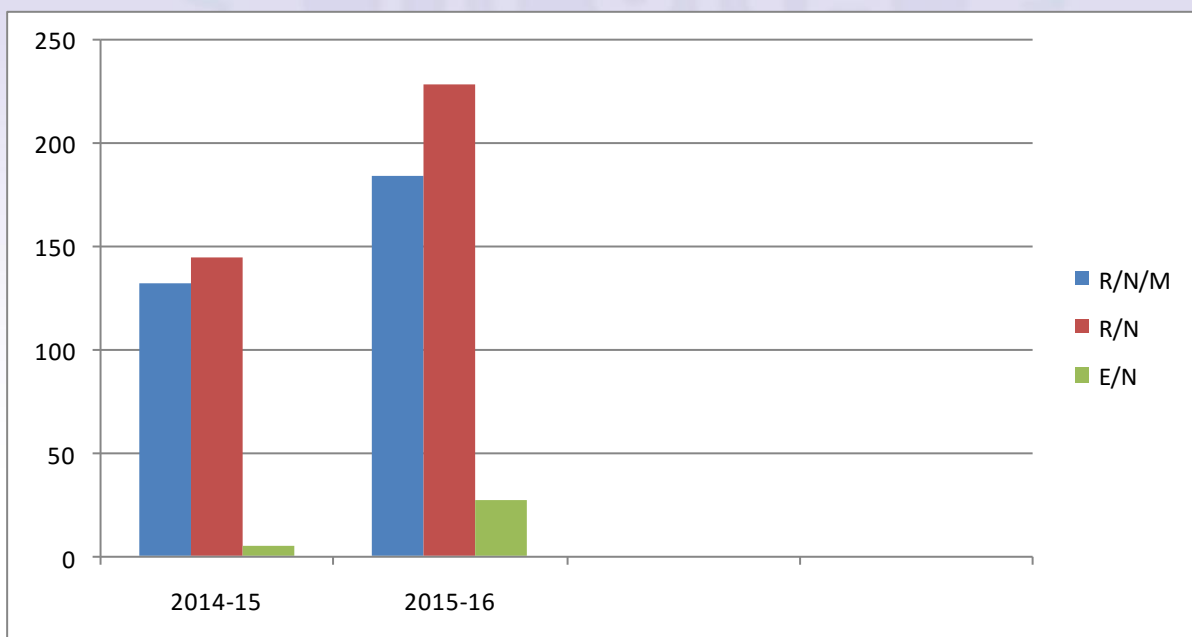
knowledge, skills, and competence in the profession for which registration has been applied for, the ETQA section carried out pre-registration evaluations as indicated in table 1 below.

**Table 1: Nursing council pre-registration evaluation for 2015/2016 reporting year**

Number of sessions held	Number of practitioners evaluated			Number of practitioners passed			Pass rate			Failure rate		
	R/N/M	R/N	E/N	R/N/M	R/N	E/N	R/N/M	R/N	E/N	R/N/M	R/N	E/N
20	184	229	27	184	219	25	100%	93%	94%	0%	7%	6%

There has been a significant increase in the number of persons evaluated in the year 2015/2016 as compared to the year 2014/15. See comparison in Graph 1 below.

**Graph 1: Comparison between nursing council pre-registration evaluations for 2014/2015 and 2015/2016**



To reduce the number of pending applications for registration, the frequency of monthly evaluation sessions will be increased in the next financial year.

## STRATEGIC OBJECTIVE: 2

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

To ensure that minimum educational and training standards are in line with the relevant legislation, the ETQA section conducted inspections of training hospitals and health facilities where students and pupil nurse midwives/accoucheurs are placed for clinical exposure ( see table 2), and educational institutions ( see table 3).

**Table 2: Training hospitals and health facilities inspected**

REGIONS	CATEGORY	HEALTH FACILITY	OUTCOME
<b>Omaheke Region</b>	Student and pupil nurse midwives/ accoucheurs	Otjinene Health Centre	Facility granted full approval for the placement of student and pupil nurse midwives/ accoucheurs for their clinical exposure
		Epako Clinic	Facility granted full approval for the placement of student and pupil nurse midwives/ accoucheurs for their clinical exposure
<b>Kunene Region</b>	Student and pupil nurse midwives/ accoucheurs	Opuwo Hospital	Facility granted full approval for the placement of student and pupil nurse midwives/ accoucheurs for their clinical exposure
		Opuwo Clinic	Facility granted full approval for the placement of student and pupil nurse midwives/ accoucheurs for their clinical exposure
		Khorixas Hospital	Facility granted full approval for the placement of student and pupil nurse midwives/ accoucheurs for their clinical exposure

**Table 3: Educational institutions inspected**

REGIONS	CATEGORY	EDUCATIONAL INSTITUTION	OUTCOME
Karas region	Student nurse midwives/ accoucheurs	University of Namibia (Southern Campus)	Granted provisional approval to continue offering the Bachelor of Nursing (Clinical) (Honours).
	Student nurse midwives/ accoucheurs	Regional Health Training Centre - Keetmanshoop	Granted provisional approval to continue offering the program
Khomas Region	Student nurse midwives/ accoucheurs	National Health Training Centre (Windhoek - Gammams)	Granted provisional approval to continue offering the program

### STRATEGIC OBJECTIVE: 3

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

In fulfilling this objective ETQA has started revising the following draft regulations as evident in table 4.

**Table 4: Revised regulations**

Document	Status
Regulations relating to the approval of and minimum requirements for the education and training leading to registration as a nurse midwife/accoucheur	Ready for presentation to Council
Regulations relating to the approval of and minimum requirements for the education and training leading to registration as a nurse.	Ready for presentation to Council

#### **STRATEGIC OBJECTIVE: 4**

**To ensure up to date policies, guidelines and regulations, in line with applicable legislative mandate**

The following tools are being revised and updated.

**Table 5: Inspection and assessment tools being revised**

<b>Document</b>	<b>Status</b>
Self-assessment tool for training institutions and health facilities(nursing)	Operational
Inspection/validation tool for training institutions and health facilities (nursing)	Operational

#### **STRATEGIC OBJECTIVE: 5**

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

For the period under review ETQA had networked with the following institutions, as listed in table 6, for benchmarking.

**Table 6: Institutions consulted for benchmarking**

<b>Entity</b>	<b>Purpose</b>	<b>Remarks/lesson learnt for implementation</b>
International Council of Nurses	Networking and exchange of experience and expertise within and beyond the international nursing community	<ul style="list-style-type: none"><li>• Strengthen co-ordination between the education, practice and regulatory sector in country</li><li>• Explore global and regional initiatives for the transformative scale up of health professional education</li></ul>

Pharmacy Council of South Africa	Benchmarking and look and learn visit	<ul style="list-style-type: none"> <li>• Introduce grading of inspected institutions – to be implemented in the 2016/2017 financial year</li> <li>• The CPD desk to facilitate the revision of the CPD guidelines</li> <li>• The ETQA section to strengthen the data management system by ensuring that all statistics pertaining to training and facilities where training is offered are kept current</li> <li>• Suggest the introduction of the capturing of the number of students by year of study, gender and university where they are studying and these statistics to be kept current.</li> </ul>
Centre for Quality Assurance and Management (CEQUAM – UNAM)	Benchmarking and look and learn visit	<ul style="list-style-type: none"> <li>• ETQA to revise quality assurance policy for HPCNA</li> </ul>
School of Nursing - UNAM	Curriculum development for post graduate diploma in midwifery and neonatology	Exercise still in progress

## 1.2 SECTION: CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

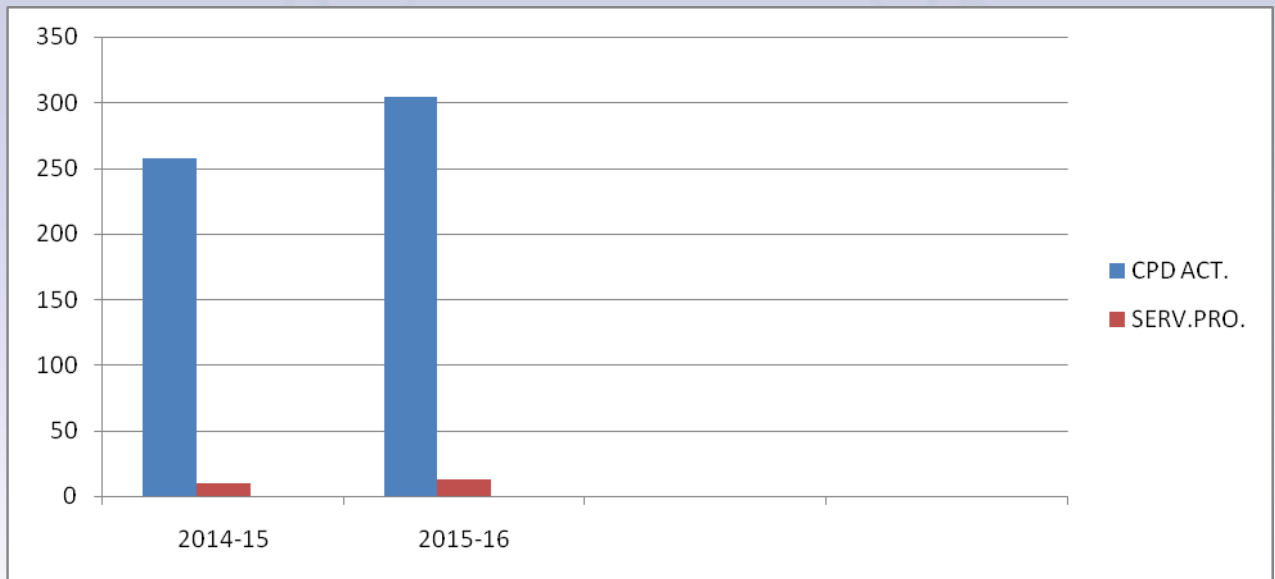
The main objective of the CPD section is to implement and maintain an obligatory CPD system for registered and enrolled practitioners and, to provide opportunities to health professionals for maintaining and enhancing of professional skills, knowledge and attitudes.

In order to promote the CPD of registered and enrolled practitioners, the CPD Committee approved several CPD programs and accredited service providers as set out below.

**Table 7: Approved CPD activities and accredited service providers**

Activity	Number submitted	Number approved	Number not approved
CPD activities	310	304	6
Service Providers	13	13	0

**Graph 2: Comparison between approved CPD activities and accredited service providers**



Key:

- CPD Act =CPD activities
- Serv. Pro = service providers

There has been a significant increase in the number of CPD activities, which were approved in the 2015/2016 financial year, but the number of new CPD providers remained relatively the same.

In addition to processing applications for approval of CPD activities and providers, the unit has to capture all attendance registers and CPD points. During this reporting period, the following items were captured, namely

- attendance registers: 325
- CPD points : 1022

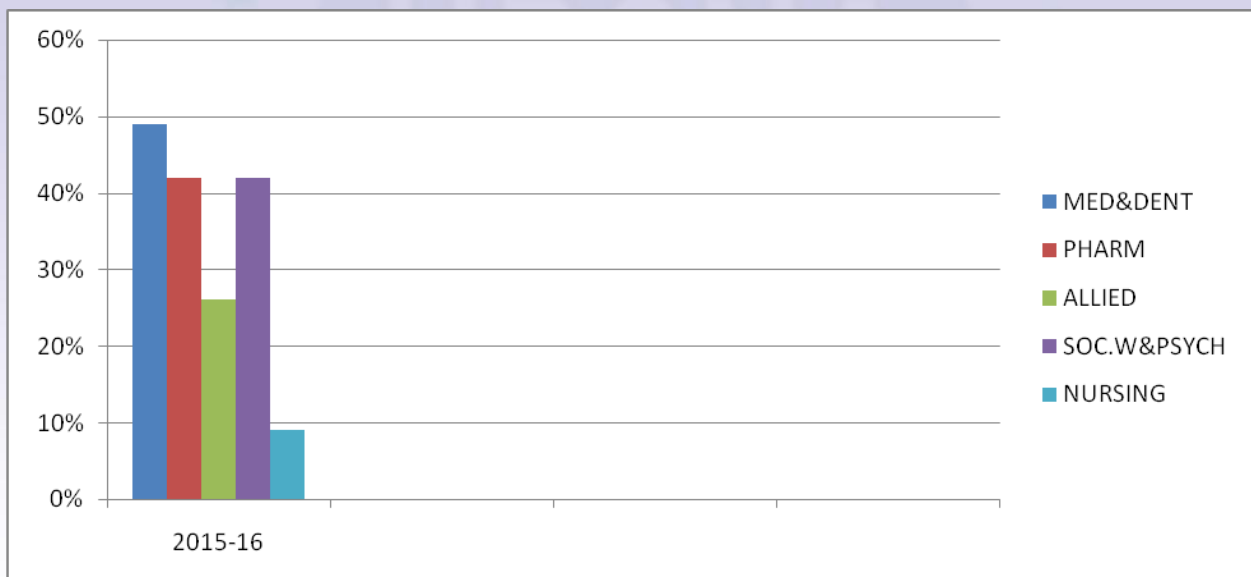
## STRATEGIC OBJECTIVE: 1

To ensure compliance with the legislation on continuing professional development, the CPD section conducted a 10% random selection of names of professionals from each council

CPD, as determined by the relevant councils, is applicable to all registered and enrolled persons.

A graphical illustration of the compliance results is presented below.

**Graph 3: CPD random selection results**



Key:

- Med& Dent = Medical and dental professions
- Pharm = Pharmacy professions
- Allied = Allied health care professions
- SocW & Psych = Social work and psychology professions
- Nursing = Nursing profession

As can be seen from this graph, the nursing fraternity is still lagging behind in conforming to the requirements of CPD.

## STRATEGIC OBJECTIVE: 2

### Promote continuing professional development for registered persons

All applicants who passed the evaluation had to complete multiple choice questions on ethics and jurisprudence; and on successful completion thereof they earned CPD points. During the reporting period, a total number of 989 ethics and jurisprudence questionnaires were completed.

**Table 8: Ethics and jurisprudence questionnaires completed by applicants**

Professions	Manuals completed	Applicant passed	Applicants failed
All professions	989	769	220

To promote and ensure compliance with the CPD requirements, CPD awareness sessions were presented for nurses in the following areas.

**Table 9: CPD awareness sessions**

REGION	CATEGORY	NO. OF ATTENDEES
Kunene region	All categories of nurses	± 80
Khomas (Windhoek Central Hospital)	All categories of nurses	± 50

Letters were written to CPD service providers to assist practitioners who were failing to comply with CPD.

To ensure that professionals are conversant with their legislation, especially the scope of practice, the CPD section facilitated the under mentioned training activities:

**Table 10: Training activities carried out**

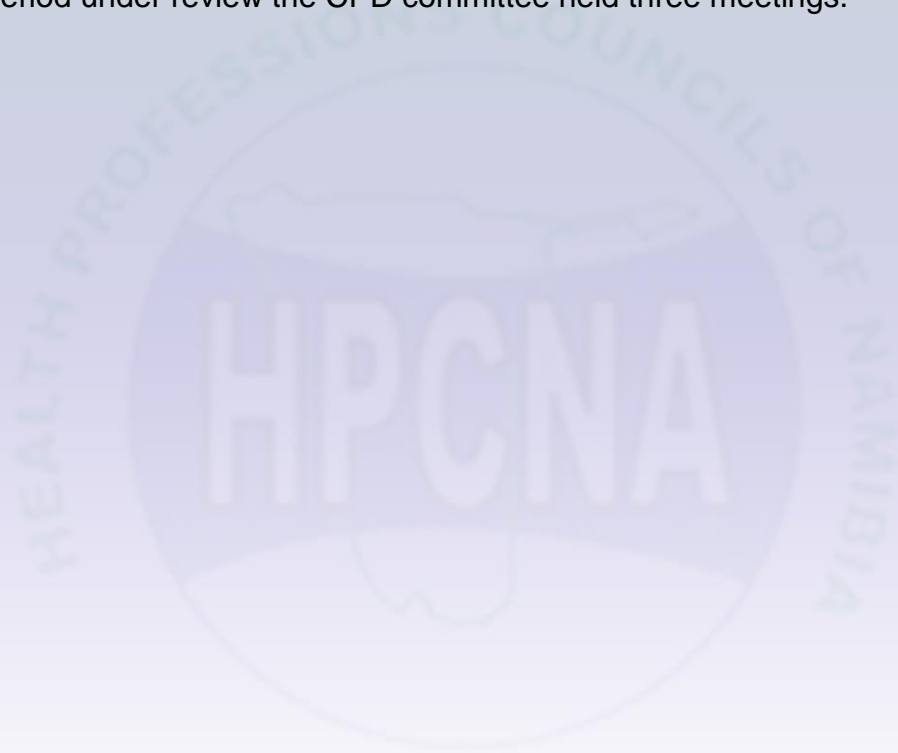
ACTIVITY	FACILITY	NO. OF PARTICIPANTS
Scope of practice for registered and enrolled nurses	<ul style="list-style-type: none"><li>Windhoek Central Hospital</li><li>Kunene region</li></ul>	± 50 nurses - all categories ± 80 nurses – all categories
Record keeping	Rock Lodge x 2 sessions	50 participants (different categories of health workers)



**STRATEGIC OBJECTIVE: 3**

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

During the period under review the CPD committee held three meetings.



# **SECTION TWO**

## **LEGAL AND LEGISLATIVE SUPPORT SERVICES DEPARTMENT**



## 2.1. INTRODUCTION

The legal department (“the department”) of the Health Professions Council of Namibia is tasked with processing of complaints against health practitioners lodged with the councils. The department coordinates, among others, activities of the preliminary investigation committees, professional conduct committees, appeal committees and the impaired practitioners committee. The department is also responsible for legislative support to oversee, assist and ensure that relevant Acts and Regulations of all councils are in place. Such activities are undertaken with constant consultations with all councils, the legal drafter, the Ministry of Health and Social Services and the Ministry of Justice.

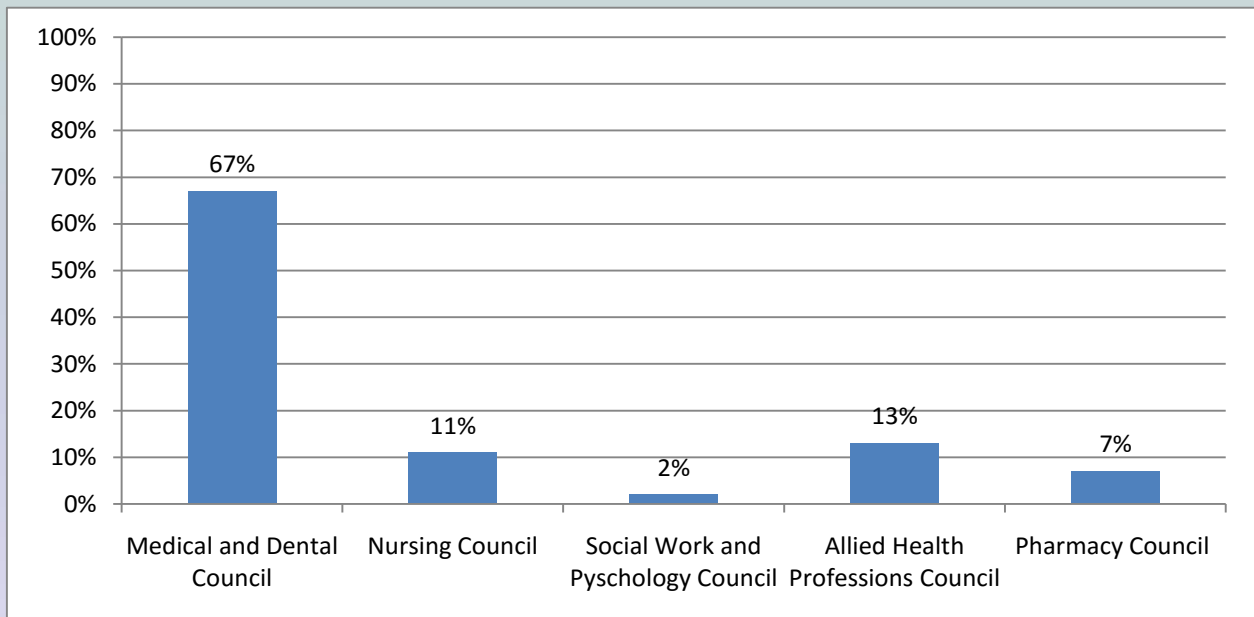
## 2.2 CASES REPORTED

The numbers of cases reported to various councils for investigations during the period under review are as follows.

Table 11: Cases reported to council

Month	Medical and Dental Council	Nursing Council	Social Work and Psychology	Allied Professions Health Council	Pharmacy Council	TOTAL
April 2015	0	0	0	0	0	0
May 2015	2	0	0	1	0	6
June 2015	5	1	0	0	0	6
July 2015	0	0	0	1	0	1
August 2015	0	1	0	1	0	2
September 2015	9	1	0	0	0	10
October 2015	2	0	0	0	2	2
November 2015	2	0	0	0	0	2
December 2015	4	0	0	0	0	4
January 2016	3	1	0	0	1	4
February 2016	4	0	1	0	0	5
March 2016	0	1	0	3	0	4
<b>TOTAL</b>	<b>31</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>46</b>

**Graph 4: Reported cases per council**



- The Medical and Dental Council received 14% more complaints compared to the previous year. The nature of complaints against medical practitioners involved negligence and unprofessional conduct and billing.
- The Nursing Council received 15% less complaints as compared to the previous year. A total of 50% of the cases reported against the nurses related to general nursing care, and 50% of the complaints related to lack of care resulting in still births. During the period of reporting no maternal death complaints were reported against the nurses. It appears that the handling of expectant mothers by the nurses has improved.
- The Social Work and Psychology Council received 15% more complaints compared to the previous year.
- There has been no change with regard to the number of complaints received by the Pharmacy Council in comparison with the previous year.
- Allied Health Professions Council received 4% more complaints compared to the previous year. The council observed the increase in the complaints against emergency care practitioners.

### **2.3. PRELIMINARY INVESTIGATION COMMITTEE (PIC)**

The preliminary investigation committees (PICs) are tasked to investigate complaints against health practitioners and to make recommendations to the relevant councils on their findings for decisions. The PICs held meetings for the purpose of conducting preliminary investigations into matters reported to the relevant councils as envisaged by the relevant legislations.

#### **2.3.1 PIC (Medical) - Medical and Dental Council**

The PIC held three (3) meetings during this period. At these meetings fifty-three (53) cases were discussed. Eleven (11) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. Seven (7) cases were recommended for inquiry. Thirty-five (35) cases are to be investigated further.

#### **2.3.2 PIC - Nursing Council**

The PIC held three (3) meetings during this period. At these meetings twenty-four (24) cases were discussed. Four (4) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. Four (4) cases were recommended for inquiry. Seventeen (17) cases are to be investigated further.

#### **2.3.3 PIC - Allied Health Professions Council**

The PIC held two (2) meetings during this period. At these meetings seven (7) cases were discussed. Three (3) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. One (1) case was recommended for inquiry. Three (3) cases are to be investigated further.

#### **2.3.4 PIC - Social Work and Psychology Council**

The PIC held one (1) meeting during this period. At these meetings five (5) cases were discussed. Three (3) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. One (1) case was recommended for inquiry, and one (1) case is to be investigated further.

### **2.3.5 PIC - Pharmacy Council**

The PIC held three (3) meetings during this period. At these meetings seven (7) cases were discussed. One (1) case was recommended for closing as there was no evidence of professional misconduct against the complained medical practitioners. Two (2) cases was recommended for inquiry. Four (4) cases are to be investigated further.

### **2.3.6 PIC (Dental) - Medical and Dental Council**

The PIC held two (2) meetings during this period. At these meetings five (5) cases were discussed. Two (2) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. Three (3) cases are to be investigated further.

## **2.4. CAPACITY BUILDING COMMITTEE – NURSING COUNCIL**

This committee participated in the nurses' conference facilitated by the Ministry of Health and Social Services that took place in Ongwediva, Oshana Region during May 2015. The conference aimed at equipping nurses on the use of nursing forms and educating them on the scope of practice and role of the council.

## **2.5 PENDING CASES**

Pending cases are those cases that are still under investigations, including cases from previous years by PICs awaiting information from a complainant and/or accused and/or health institutions and/or expert opinions and/or professional conduct inquiry. These cases are reflected below as per council:

**Table 12: Cases for further investigations and legal opinions**

<b>COUNCIL</b>	<b>NUMBER OF CASES</b>
Medical and Dental Council	133
Nursing	23
Pharmacy	11
Social Work and Psychology	9

Allied Health Professions	11
<b>TOTAL</b>	<b>187</b>

**Table 13: Cases for professional conduct inquiry as approved by councils**

COUNCIL	NUMBER OF CASES
Medical and Dental Council	6
Nursing	3
Pharmacy	3
Social Work and Psychology	2
Allied Health Professions	0
<b>TOTAL</b>	<b>14</b>

## 2.6. PROFESSIONAL CONDUCT

The following cases appeared before the professional conduct committees of various councils.

**Table 14: Cases that appeared before a professional conduct committee**

COUNCIL	DATE OF HEARING	COMPLAINANT	ACCUSED	PARTICULARS OF COMPLAINT	OUTCOME OF THE INQUIRY	PENALTY
Nursing Council	20-24 April 2015	Ramon Hifikelwa	LisemaGomachas	Unprofessional conduct/neglect patient	Guilty	Suspension from practicing profession of nursing for a period of two years of which one year is suspended for a period of two years without



						committing the same transgression  Payment of fine in the amount of N\$ 25 000.00
Allied Health Professions Council	26-28 May 2015	Linda Doods	John H. Hagström	Unprofessional conduct / negligence	Guilty	Suspended from practicing his profession as a medical technologists for a period of one year and a fine of N\$ 30 000.00
Social Work and Psychology Council	23-25 September 2015	Le Roux Hugo	WaldiKubirsk e	Unprofessional conduct	Pending	
Pharmacy Council	22 March 2016	Pharmacy Council	MuridzoMuonde	Operating a pharmacy without registration	Guilty	Payment of the fine in the amount of N\$ 70 000.00.
Pharmacy Council	28 March 2016	Pharmacy Council	Gabriel Uahengo	Operating a pharmacy without a pharmacist	Pending	



## 2.7. APPEAL COMMITTEE

Table 15: Cases that were brought before the appeal committee of the AHPC

COUNCIL	DATE OF HEARING	APPELLANT	PARTICULAR OF APPEAL	OUTCOME
Allied Health Professions Council	28 January 2016	Karina Grossman	Appeal against the decision to refuse registration	Dismissed
Allied Health Professions Council	29 January 2016	Pathcare Namibia	Appeal against withholding issuing of certificates as training laboratory	Pending

## 2.8. LEGISLATIVE SUPPORT

Table 16: Regulations drafted per council

	With Legal Drafter	With Council	Await Minister's signature	With Ministry of Justice	Gazetted
Allied Health Professions	35	9	0	0	9
Medical and Dental	11	1	0	2	2
Nursing	4	1	0	0	1
Pharmacy	7	1	0	0	2
Social Work and Psychology	4	1	0	2	2
<b>TOTAL</b>	<b>61</b>	<b>13</b>	<b>0</b>	<b>4</b>	<b>16</b>

## 2.9. CHALLENGES FACED BY THE DEPARTMENT

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

### 2.9.1 Drafting of legislation

The activities of the councils are heavily guarded by the legislations. The councils are unable to fully function in the event legislation is not in place to regulate a particular activity. Although the preliminary drafting is done in-house, the department relies on the services of a legal drafter for the Ministry of Health and Social Services who is tasked to draft all legislations for the affiliated regulatory bodies. At times the

drafting of councils' legislations is halted due to the fact the drafter is inundated with the drafting of legislation for other institutions.

### **2.9.2 Medical records**

Medical records remain crucial in the investigation of complaints. Any investigation relating to a complainant having been admitted in a hospital would not be completed without having sight of the medical records. The public hospitals remain slow in providing the records. In many instances, the provision of medical records is delayed thereby halting the investigation of complaints.

### **2.9.3 Professional conduct inquiry and appeals**

Investigating and undertaking professional conduct inquiries and appeals are the core function of the department. Proper undertaking of such activities is very costly. The hearings are tightly scheduled within the limited funds available. This usually results in delays.

# SECTION THREE

## PROFESSIONAL AFFAIRS DEPARTMENT



## MEDICAL AND DENTAL COUNCIL



### MEMBERS OF MEDICAL AND DENTAL COUNCIL OF NAMIBIA (2007 – 2016)

- Top:** from left to right: Dr. E S Serfontein, Dr. HEA Fortsch, Dr. H Mentzel, Dr. SME El-Tagoury,
- Middle:** from left to right: Mr. CV Weyulu (Registrar), Dr. AR Kaura, Dr. MDT Aluteni, Dr. NP Forster,  
Adv JW Rautenbach (resigned)
- Seated:** from left to right: Dr. M Kimberg (Vice President), Dr. SJ Briedenhann (President),  
Dr. E Barlow (former Registrar)

### **3.1 OVERVIEW**

The Medical and Dental Council of Namibia (hereinafter referred to as the council) is established in terms of the Medical and Dental Act, 10 of 2004 (hereinafter referred to as the Act). The council regulates the practicing of 14 professions by ensuring that all persons who applied for registration to practice such professions are suitably qualified before they get registered. The council also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under this Act.

### **3.2. COUNCIL MEMBERS**

Members of the MDCNA:

Dr S.J. Briedenhann (President)

Dr M. Kimberg (Vice-President)

Dr M.D.T. Aluteni

Dr S.M.E. El-Tagoury

Dr N.P. Forster

Dr H.E.A. Förtsch

Dr A.R. Kaura

Dr D.A. Kock

Dr H. Mentzel

Dr E.K. Namwandi

Dr E.S. Serfontein

Dr A. Petrus – Deceased



### **3.3. Meetings of the council, committees and sub-committees**

#### **3.3.1 Council meetings**

Two council meetings were held as prescribed in the Act.

#### **3.3.2 Executive committee meetings (EXCO)**

This committee (EXCO) exercises the powers and performs the duties or functions of the council during the periods between the meetings of councils. EXCO held two meetings.

#### **3.3.3 Medical intern sub-committee**

This sub-committee supervises the training of medical interns by the approved training hospitals and health facilities. Four meetings were held.

### **3.4 INSPECTION OF FACILITIES FOR TRAINING PURPOSES**

The annual evaluation of the Windhoek Central Hospital and the Intermediate Hospital Katutura, for the training of medical interns was successfully conducted by local evaluators with the assistance of two professors from South Africa on 22-23 April 2016. Both hospitals were found to be suitable to continue with training of medical interns.

The annual evaluation of the Intermediate Hospital Oshakati for training of medical interns was successfully conducted on 23-26 June 2015 by local evaluators. The outcome of this annual evaluation was that the hospital should continue training medical interns. It was requested that the number of training posts for medical interns be maintained at twenty (20).

The Onandjokwe Lutheran Hospital was inspected by local inspectors on the 20 November 2015 and was found suitable for training of medical interns. It was recommended for ten (10) medical interns training posts.

All four hospitals were found suitable for training of medical students of the University of Namibia, School of Medicine (UNAM SOM) and granted approval for a period of two years.

**Table 17: Hospitals inspected for training of medical interns**

DATE OF INSPECTION	FACILITY 'S NAME	NATURE OF TRAINING	REGION	OUTCOME
22-23 April 2015	Intermediate Hospital Katutura	Medical interns	Khomas	Approved
22-23 April 2015	Windhoek Central Hospital	Medical interns	Khomas	Approved
23-26 June 2015	Intermediate Hospital Oshakati	Medical interns	Oshana	Approved
20 November 2015	Onandjokwe Lutheran Hospital	Medical interns	Oshikoto	Approved

**Table 18: Hospitals inspected for training of UNAM medical students**

DATE OF INSPECTION	FACILITY 'S NAME	NATURE OF TRAINING	REGION	OUTCOME
4 July 2015	Intermediate Hospital Katutura	Medical students	Khomas	Approved for two years
4 July 2015	Windhoek Central Hospital	Medical students	Khomas	Approved for two years
2 July 2015	Intermediate Hospital Oshakati	Medical students	Oshana	Approved for two years
3 July 2015	Onandjokwe Lutheran Hospital	Medical students	Oshikoto	Approved for two years

**Table 19: Educational institution inspected for training of medical students**

DATE OF INSPECTION	FACILITY 'S NAME	NATURE OF TRAINING	REGION	OUTCOME
13-17 July 2015	University of Namibia – School of Medicine	Medical students	Khomas	Approved for two years

### 3.5. REGISTERS KEPT

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

Table 20: Applications for registration

Profession	Number of applications received	Number of applicants registered	Number of applications pending	Number of applications refused
<b>Medical Practitioners</b>	265(100%)	168(63.4%)	45(17%)	52(19.6)
<b>Specialists</b>	90(100%)	79(87.8%)	8(8.9%)	3(3.3%)
<b>Dentists</b>	28(100%)	22(78.6%)	0	6(21.4%)
<b>Oral hygienists</b>	2(100%)	2(100%)	0	0
<b>Clinical officers</b>	1(100%)	1(100%)	0	0
<b>Medical interns</b>	100(100%)	93(93%)	0	7(7%)
<b>Biological scientists</b>	1(100%)	1(100%)	0	0
<b>Medical students</b>	68(100%)	68(100%)	0	0
<b>Medical physicists</b>	3(100%)	3(100%)	0	0
<b>Total</b>	<b>558(100%)</b>	<b>437(78.3%)</b>	<b>53(9.5%)</b>	<b>68(12.2%)</b>

**Comments:**

Sixteen (16) applicants were refused because they failed to attend the pre-registration evaluation registration after having been invited three times. Fifty-two (52) applicants could not be registered because they either failed the pre-registration evaluations or did not meet the prescribed minimum requirements of study for registration.

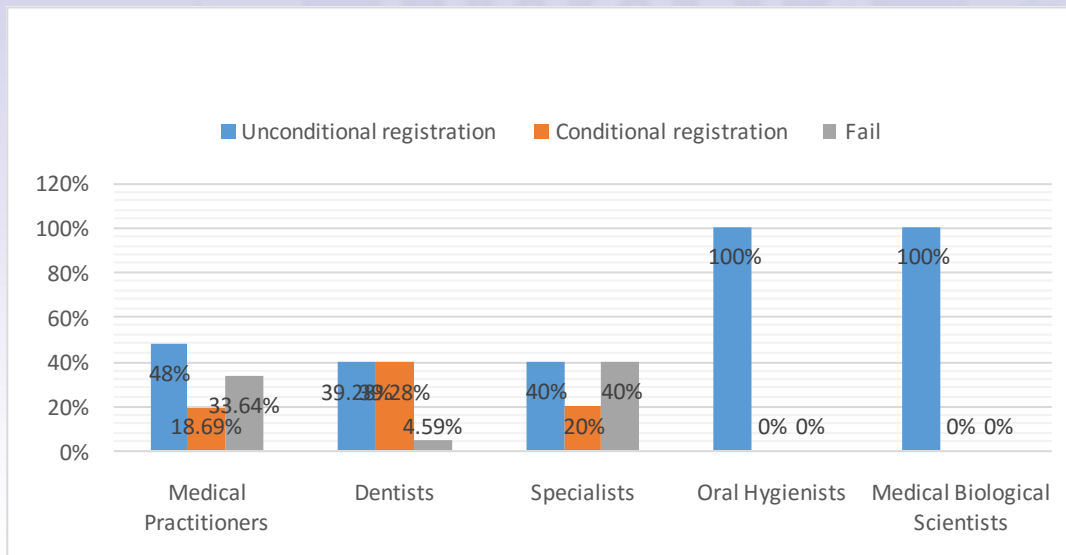


The number of health professionals registered with the Medical and Dental Council during the reporting period increased to 437 as compared to 371 health professionals registered during the 2014/2015 financial year.

### 3.6. PRE-REGISTRATION EVALUATION

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

**Graph 5: Pre-registration evaluation results**



Comments:

#### **Medical practitioners and specialists**

- Fifty-one (51) of the one hundred and seven (107) medical practitioners who were evaluated passed the pre-registration evaluation and were unconditionally registered.
- Twenty (20) applicants, whose professional knowledge, skills and competency in some domains were found lacking, were conditionally registered.
- Thirty-six (66) applicants who failed the pre-registration evaluation could not be registered.

- Two (2) of the five (5) applicants who were evaluated for registration as specialists passed and were unconditionally registered. One (1) was conditionally registered while two (2) failed the evaluation and could not be registered.

#### **Dentists**

- Eleven (11) of the twenty-eight (28) applicants evaluated passed the pre-registration evaluation and were unconditionally registered.
- The professional knowledge, skills and competency of eleven (11) applicants were found wanting in some domains and were conditionally registered.
- Six (6) applicants failed the evaluation and could not be registered.

- **Oral hygienists**

Two (2) applications received. Both applicants were unconditionally registered after passing the pre-registration evaluation.

- **Medical biological scientists**

One (1) medical biological scientist was successfully evaluated and registered unconditionally.

### **3.7 CHALLENGES AND REMEDIAL ACTIONS**

Conducting monthly pre-registration oral evaluation is a costly and time consuming exercise for the council. The possibility for written evaluation is being explored to minimize escalating costs.

Despite the fact that the schedule for pre-registration evaluations is made available on the council's website, plus that applicants are invited by letter well in advance, some applicants do not present for evaluation causing an unnecessary backlog. To deal with this challenge, all applicants who unreasonably fail to attend the first pre-registration evaluation will forfeit their evaluation fee. Those who fail to attend the pre-registration evaluation after two invitations will result in their applications automatically being refused.

## PHARMACY COUNCIL OF NAMIBIA



### **MEMBERS OF THE PHARMACY COUNCIL OF NAMIBIA (2007 – 2016)**

**Top:** from left to right: Mr. C. Weyulu (Registrar); Ms. P Henguva; Mr. P Williams; Mr A Anderson

**Middle:** from left to right: Pastor G Gurirab; Ms. M Fourie (resigned); Ms. N Coetzee

**Seated:** from left to right: Ms. E Barlow (former Registrar); Mr. J Gaeseb (Vice President);

Ms. K Brockmann (President)

### 3.8 OVERVIEW

The Pharmacy Council of Namibia (PCNA) is regulated by the Pharmacy Act No. 9 of 2004 (the Act). Six professional categories, namely, pharmacists, pharmacist interns, pharmaceutical technicians, pharmacist's assistants, student pharmacists, and student pharmacist's assistants, are registered under the Act.

### 3.9 COUNCIL MEMBERS

Ms. K. Brockmann (President)

Mr. J. Gaeseb (Vice-President)

Mr. A.C. Anderson

Ms. P.U. Henguva

Ms. N. Coetzee

Mr P. Williams

Pastor G. Gurirab

### 3.10 MEETINGS

Table 21: Council and committee meetings

ACTIVITY	NUMBER
Council meetings	2
Executive committee meeting	1
Education committee meeting	1
Practice committee meetings	4

### 3.11 INSPECTION OF FACILITIES FOR TRAINING PURPOSES

Table 22: Pharmaceutical facilities inspected to train pharmacist interns

NUMBER	DATE	NAME OF PRACTICE	REGION	OUTCOME
1.	22/06/2015	M and P Investments CC T/A Quality Pharmacy	Oshikoto	Approved for 3 years
2.	22/06/2015	Pama Pharmacy	Oshana	Approved for 3 years
3.	07/01/2016	Nampharm (PTY) Ltd	Khomas	Approved for 3 years
4.	07/01/2016	Medfam marketing (PTY) LTD T/A Rhino Park Pharmacy	Khomas	Approved for 3 years
5.	15/01/2016	Victoria Pharmacy	Khomas	Approved for 3 years
6.	29/03/2016	Erongo Medical Care (PTY) LTD T/A Ocean View Chemist	Erongo	Approved for 3 years

Table 23: Professional categories

PROFESSIONAL CATEGORY	APPLICATIONS RECEIVED	APPLICANTS REGISTERED	PENDING
<b>Student pharmacists</b> (University of Namibia- School of Pharmacy)	20	20	0
<b>Pharmacist's assistant students</b> (National Health Training Centre)	41	41	0
<b>Pharmacist interns</b>	25	24	1
<b>TOTAL</b>	<b>86</b>	<b>85</b>	<b>1</b>

## Comment:

The above Table indicates the number of applications received and applicants registered for student pharmacists, pharmacist's assistant students, and pharmacist interns.

A 2015 inspection of the School of Pharmacy of the University of Namibia (UNAM) was done on 1-3 September 2015. Approval for full accreditation of the UNAM School of Pharmacy, Bachelor of Pharmacy, and Pharmaceutical Technician Diploma study courses was granted. The School of Pharmacy is to be re-inspected in September 2016 in order to monitor implementation of the recommendations contained in the inspection report.

### 3.12 PRACTICE INSPECTION OF PHARMACEUTICAL FACILITIES

Table 24: Pharmaceutical facilities inspected

NO.	NAME OF PRACTICE	DATE OF INSPECTION	OUTCOME
<b>KHOMAS REGION</b>			
1.	Cospharm Investments CC T/A M Plus Distributor	29/04/2015	Approved
2.	Namhealth Medical and Pharmaceuticals (PTY) LTD	29/04/2015	Approved
3.	Eusa Pharmaceuticals CC T/A Corner Pharmacy	16/12/2015	Approved
4.	Westlane Pharmacy CC T/A Westlane Pharmacy	16/12/2015	Approved
5.	Onehealth Pharmacy CC T/A Onehealth Central Pharmacy	16/12/2015	Approved
6.	Green-Light Pharmacy CC T/A Green-Light Windhoek West Pharmacy	16/03/2016	Approved
7.	Epako Pharmaceuticals CC T/A Rocky Crest Pharmacy	16/03/2016	Approved
8.	M Plus Pharmaceuticals CC T/A M Plus Pharmacy	18/03/2016	Approved
<b>OSHIKOTO REGION</b>			
9.	M & P Investments CC T/A Quality Pharmaceuticals	22/06/2015	Approved



10.	Natu Pharmaceuticals CC T/A Natu Pharmaceuticals	26/06/2015	Approved
<b>OSHANA REGION</b>			
11.	M and P Investments CC T/A Quality Pharmacy Ondangwa	22/06/2015	Approved
12.	Uukalinawa Pharmacy CC	23/06/2015	Approved
13.	National Pharmacy CC T/A National Pharmacy Oshakati	23/06/2015	Approved
14.	Oshikuku Pharmacy CC	24/06/2015	Approved
15.	Premed Pharmaceuticals T/A Prime Pharmacy	26/06/2015	Approved
16.	Natu Pharmaceuticals T/A Natu Pharmacy	26/06/2015	Approved
<b>OMUSATI REGION</b>			
17.	Omusati Pharmacy	24/06/2015	Approved
<b>OHANGWENA REGION</b>			
18.	Temma Pharmacy Eenhana	25/06/2015	Approved
19.	Green-Light Pharmacy CC T/A Green-Light Pharmacy	25/06/2015	Approved
<b>HARDAP REGION</b>			
20.	Chrismed Pharmacy	16/01/2016	Approved
21.	Jere-Dean Pharmacy	16/01/2016	Approved
22.	Rehoboth Mall Pharmacy	16/01/2016	Approved
23.	Hardap Pharmacy	22/02/2016	Approved
24.	Mariental Pharmacy	26/02/2016	Approved
25.	Visrivier Pharmacy	26/02/2016	Approved
26.	Mariental District Hospital Pharmacy	26/02/2016	Approved



<b>KAVANGO REGION</b>			
27.	Kavango Pharmacy	08/02/2016	Approved
28.	Nkarapamwe Pharmacy T/A Uhaku Pharmacy	08/02/2016	Approved
29.	Mouse Trading Number Two CC T/A Rundu Pharmacy	12/02/2016	Approved
30.	Rundu Pharmacy CC T/A Riverside Pharmacy	12/02/2016	Approved
<b>OTJOZONDJUPA REGION</b>			
31.	Empire Pharmacy CC T/A Empire Pharmacy	26/03/2016	Approved
32.	Jerusalem Pharmacy Services CC T/A Demirel Pharmacy	26/03/2016	Approved
<b>ERONGO REGION</b>			
33.	Sentrum Pharmacy	29/03/2016	Approved
34.	Molenzicht Pharmacy CC T/A Central Pharmacy	29/03/2016	Approved
35.	Bismarck Pharmacy	29/03/2016	Approved
36.	Nash Health Style CC T/A Mondesa Pharmacy	29/03/2016	Approved
37.	Swakopmund Investment CC T/A Dolphin Pharmacy	30/03/2016	Approved
38.	Swakopmund District Hospital	30/03/2016	Approved
39.	FY Pharmacy	30/03/2016	Approved
40.	SwakopmunderApotheke	31/03/2016	Approved
41.	Henties Bay Pharmacy	31/03/2016	Approved
42.	Molenzicht Pharmacy CC T/A Molenzicht Pharmacy	31/03/2016	Approved

### **3.13 PRE-REGISTRATION EVALUATION**

In compliance with section 22 (3) (a) (i) (ii) of the Act, the council requires an applicant to pass to its satisfaction a pre-registration evaluation in order to determine whether or not the applicant possesses adequate professional knowledge, skills and competence in the profession for which registration has been applied for. An

applicant is required to be proficient in the official language of Namibia. Eight (8) evaluation sessions were conducted successfully as indicated in the Table below.

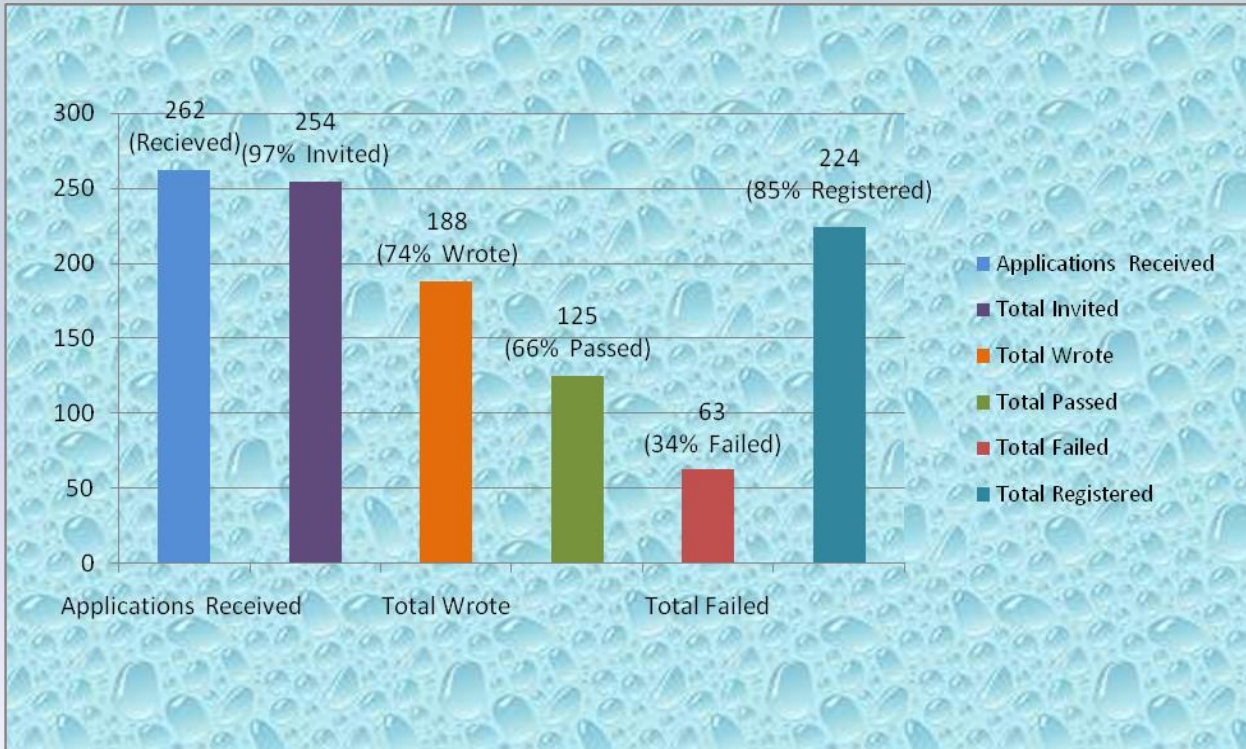
Table 25: Evaluation sessions conducted

Professional categories and types of evaluations conducted	Evaluation Date	Total number of invited applicants	Applicants who wrote the pre-registration evaluations	Total number Passed	Total number failed
<b>Pharmacists:</b>	4 & 5 June 2015	58	28	16	12
	22 & 23 Oct. 2015	74	51	18	33
	25 & 26 Feb. 2016	73	35	28	7
<b>Pharmacist interns:</b>					
Midterm Competency					
Final Competency					
Legal	4 June 2015	28	28	0	0
Midterm Competency	4 June 2015	4	4	3	1
Final Competency OSCE'S	5 June 2015	28	28	25	3
Legal	22 Oct. 2015	3	3	0	0
Final Competency	24 & 31 Oct. 2015	29	29	29	0
	23 Oct. 2015	3	3	2	1
	25 Feb. 2016	1	1	1	0
<b>Pharmacist's assistants:</b>					
	4 & 5 June 2015	3	2	0	2
	22 & 23 Oct. 2015	4	4	1	3
	5 & 6 Feb. 2015	7	3	2	1

**Comment:**

Midterm assesment in the domain "Competency" is done to guide the interns on shortcomings hence no marks are allocated.

**Graph 6: Statistics of received applications, applicants evaluated and applicants registered**



**Comments:**

- During the year under review two hundred and sixty-two (262) applications were received.
- Two hundred and fifty-four (254) applicants were invited for pre-registration evaluation.
- One hundred and eighty-eight (188) applicants were subjected to pre-registration evaluation.
- One hundred and twenty-five (125) candidates successfully completed the evaluations.
- Sixty-three (63) candidates failed the evaluations and are to be re-evaluated.

### 3.14 REGISTERS KEPT

Admission to the register as provided for under the Pharmacy Act, 2004 (Act No. 9 of 2004) is strictly controlled. The Act also contains very important provisions pertaining to the method of admission of practitioners to the register (section 22), the maintenance of registration of practitioners (section 25), the removal (section 26), restoration of a name of a practitioner to the register (section 27), continuing professional development (section 32), and pharmaceutical practices conducting business as a pharmacist (sections 35, 36 and 37). These registers lie open during ordinary hours at the office of the registrar for inspection by any interested member of the public.

Table 26: Number of applicants registered

Profession Categories	Received applications	Candidates registered	Refused / Pending
Pharmacists	107	76	31
Pharmacist interns	36	35	1
Pharmacist's assistant	42	36	6
Pharmacist's assistant student	41	41	0
Student pharmacist	36	36	0
<b>TOTAL</b>	<b>262</b>	<b>224</b>	<b>37</b>

#### Comments:

The refused /pending column indicates the number of applications who failed the previous pre-registration evaluation and or applications that are not finalized due to outstanding documents. The total number of pharmacy practitioners on the register at the end of the reporting period is 1387.

**Table 27: Number of pharmaceutical practices registered**

Pharmaceutical Practices	Total number of application received	Total number registered
Community pharmacies	29	29
Wholesalers	3	3
Manufacturing	0	0
Hospital pharmacies	3	3
<b>Total</b>	<b>35</b>	<b>35</b>

**Comment:**

All pharmaceuticals practices that applied for registration were registered accordingly.

**Table 28: Total number of pharmacy practices on the register**

Pharmaceutical Practices	Total number on the registers
Community pharmacies	229
Wholesalers	30
Manufacturing pharmacy	4
Hospital pharmacy	7
<b>TOTAL</b>	<b>270</b>

**Comment:**

The majority (84.8%) of pharmaceutical practices on the register are community pharmacies while only 7(2.6%) are hospital pharmacies.



## NURSING COUNCIL OF NAMIBIA



### **MEMBERS OF THE NURSING COUNCIL OF NAMIBIA (2007 – 2016)**

**Top:** from left to right: Mr J Lumbu; Mr H Eliphas; Ms G Sumpi (resigned); Pastor J Mtuleni

**Middle:** from left to right: Mr C Weyulu (Registrar); Ms M Tobias; Ms G Muballe; Mr P Egodhi

**Seated:** from left to right: Mr E Shiwayu (Vice- President); Mr A Maswahu (President);

Dr E Barlow (former Registrar)

### 3.15 OVERVIEW

The Nursing Council of Namibia is established by the Nursing Act, 2004 (Act No 8 of 2004) to regulate the practicing of nursing and midwifery professions in Namibia.

### 3.16 COUNCIL MEMBERS

Mr A.M. Maswahu (President)

Mr E.M. Shiwayu (Vice-President)

Mr P.T. Egodhi

Mr H.J. Eliphas

Mr J. Lumbu

Pastor J. Mtuleni

Ms M. Tobias

Ms A. N Lifalaza

Ms L.B van der Westhuizen

### 3.17 MEETINGS

Table 29: Council and committee meetings held

ACTIVITY	NUMBER
Council meetings	2
Executive committee meetings	2
Education committee meetings	1

### 3.18 REGISTERS / ROLLS KEPT

Admission to the register and roll as provided for under the Nursing Act, 2004 (Act No. 8 of 2004) is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register (section 25), the maintenance



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

**Table 30: Number of locally trained applicants: enrolled nurses / midwife / accoucheur**

<b>FACILITY</b>	<b>APPLICATIONS RECEIVED</b>	<b>APPLICANTS ENROLLED</b>
National Health Training Centre	59	59
Keetmanshoop Regional Health Training Centre	56	56
Otjiwarongo Regional Health Training Centre	50	50
Otjiwarongo Regional Health Training Centre	50	50
Oshakati Regional Health Training Centre	61	61
Onandjokwe Regional Health Training Centre	33	33
Dr Richard Nchabi Kamwi Regional Health Training Centre	52	52
<b>TOTAL</b>	<b>361</b>	<b>361</b>

**Table 31: Number of applicants enrolled and registered as enrolled nurse / midwives / accoucheurs**

<b>PROFESSION</b>	<b>COMPLETED TRAINING</b>	<b>APPLICATION RECEIVED</b>	<b>ENROLLED/ REGISTERED</b>	<b>NOT APPLIED</b>
Enrolled nurse / midwife / accoucheur	264	264	264	0
Registered nurse / midwife / accoucheur	184	180	180	4

**Table 32: Numbers of degree and diploma student nurse / midwife / accoucheur**

<b>FACILITY</b>	<b>APPLICATIONS RECEIVED</b>	<b>REGISTERED</b>
UNAM Main Campus	132	132
UNAM Southern Campus	39	39
Welwitchia University	41	41
International University of Management	46	46
National Health Training Centre	67	67
Keetmanshoop Training Centre	41	41
Rundu Regional Health Training Centre	47	47
<b>TOTAL</b>	<b>413</b>	<b>413</b>

**Table 33: Number of foreign trained applicants**

<b>PROFESSIONS</b>	<b>APPLICATIONS RECEIVED</b>	<b>APPLICANTS EVALUATED AND REGISTERED/ ENROLLED</b>	<b>APPLICANTS EVALUATED AND FAILED</b>	<b>APPLICATIONS PENDING /</b>	<b>REFUSED</b>
Registered nurse / midwife /accoucheur	701	403	3	304	4
Enrolled nurses	16	15	0	0	1

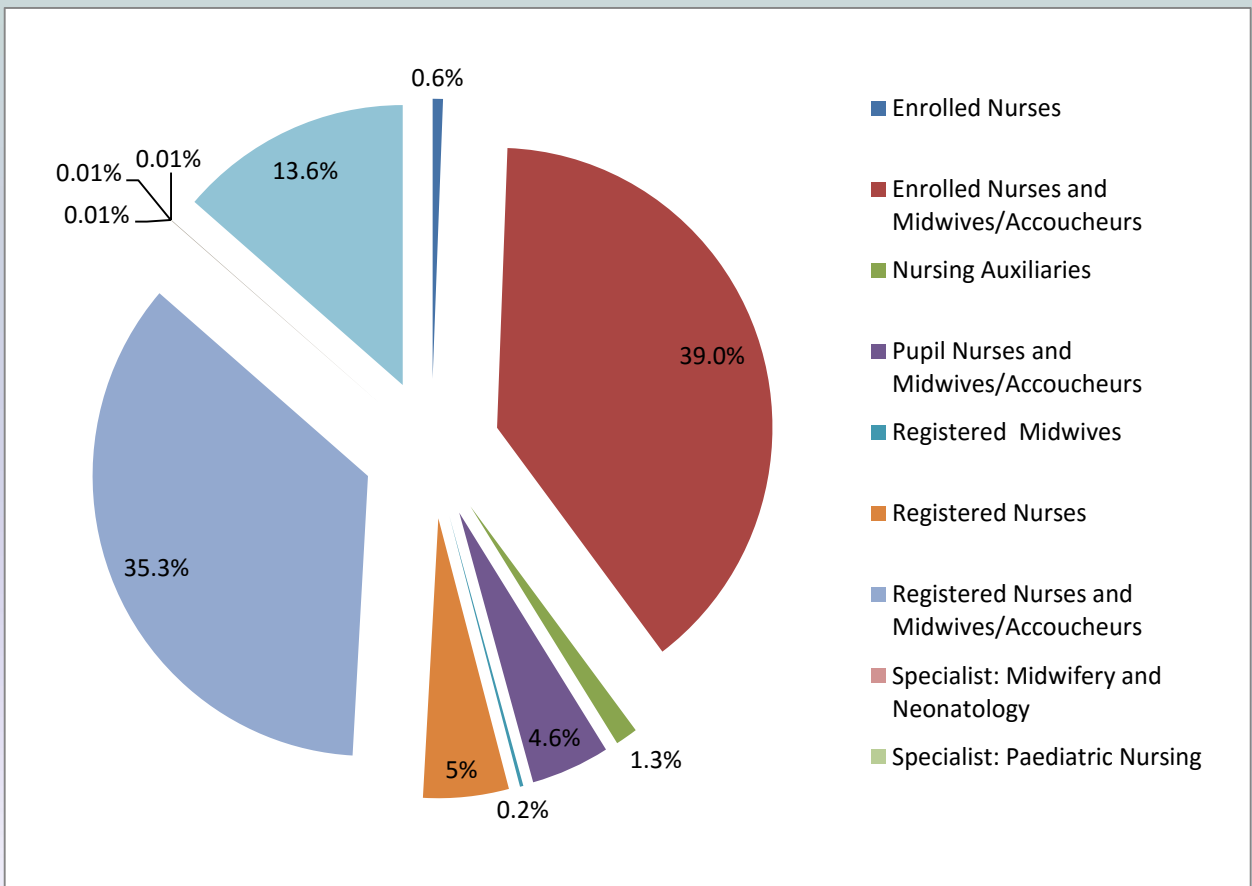
**Comments:**

Most foreign trained applicants are from South Africa, Zambia, Zimbabwe, Tanzania, Swaziland, Kenya and Botswana.

**Table 34: Number of practitioner on the register / roll**

<b>CATEGORY</b>	<b>TOTAL</b>
Enrolled nurses	78
Enrolled nurse and midwives/ accoucheurs	4852
Nursing auxiliaries	163
Pupil nurses/ midwives/accoucheurs	563
Registered midwives	25
Registered nurses	638
Registered nurses and midwives / accoucheurs	4357
Specialist: midwifery and neonatology	1
Specialist: pediatrics nursing	1
Specialist: critical care nursing	1
Student nurse /midwives/accoucheurs	1675
<b>TOTAL</b>	<b>12,354</b>

**Pie Chart 1: Total percentage of registrations and enrolments**



## ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA



### MEMBERS OF THE ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA (2007 – 2016)

**Top:** from left to right: Mr. C V Weyulu (Registrar), Ms.CDamases, Ms.J.E Odendaal,  
Ms.E G W Hoffmann, Ms.J A Duiker, Pastor G. Gurirab

**Middle:** from left to right: Ms.KSmit, Ms.L. Karunga-Beukes, Dr.EDrews, Ms.S M Smit,  
Mr.E Bezuidenhout (resigned)

**Seated:** from left to right: Ms.ZCrous, Ms.H Burger, DrE.Barlow (former Registrar)





**MEMBERS OF THE COMBINED PROFESSIONAL COMMITTEES OF THE ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA (2007 – 2016)**

**Top:** from left to right: Ms. N O Shinana (studying), Mr. C Izaaks, Ms. IBarrion, Ms. K P Van Zyl, Mr. T W Slinger, Mr. V Kangumu (resigned) Mr. E E Rieth, Mr. G. R Benade (resigned), Mr. M J Greeff,

Ms. A Steinkopff

**Middle:** from left to right: Ms. C Jansen, Mr R Hermanus, Ms. Z Buys, Ms C Bathfield, Ms. C Bauer,

Ms. D Venter, Mr. H Henn, Ms. M Fourie, Mr E Daniels

**Bottom:** from left to right: Ms S Klemens, Ms. M Wittneben, Mr. A Dopke, Ms. M J Ahrens,

Dr. M Klingelhoefter, Ms. S M Smit, Mr. N M Alugongo

**Seated:** from left to right: Ms. A Beukes (Deputy Chairperson), Mr. C V Weyulu (Registrar),

Dr. E Barlow (former Registrar), Dr E Drews (Chairperson)



### **3.19 OVERVIEW**

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

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

### **3.20 COUNCIL MEMBERS**

Ms H. Burger (President)

Ms Z. Crous (Vice President)

Ms C .Damases

Ms J.A Duiker

Pastor G. Gurirab

Ms E. G. W. Hoffmann

Ms. L. Karunga-Beukes

Mr. C L. Lawrence

Ms J. E. Odendaal

Mr. E. Rieth

Ms. K. Smit

Ms. S. M. Smit

## **3.21 COUNCILS AND COMMITTEE MEETINGS**

### **3.21.1 COUNCIL MEETINGS**

During the reporting period two annual council meetings were held as planned and the resolutions were implemented accordingly.

### **3.21.2 COMBINED PROFESSIONAL COMMITTEE**

The professional committees were established in terms Section 13 of the Act to provide a platform to different professions to which the Act applies. Annual meetings of these committees are combined to save costs. During the reporting period two meetings were held as planned at the Thuringerhof Hotel, and the other at the Namibia University of Science and Technology's Hotel School.

### **3.21.3 Professional committee for medical technology**

This committee advises or makes recommendations to the Council or the Minister on any matter relating to medical technology professions. The committee held two meetings and discussed issues relating to new regulations relating to registration of medical laboratory scientists and the Pathcare appeal case.

### **3.21.4 Professional committee for emergency care profession**

This committee advises or makes recommendations to the Council or the Minister on any matter relating to emergency care professions. The committee held one meeting and discussed issues relating to curriculum for Combat Medic at the Osona Military School.

### 3.22 INSPECTION OF FACILITIES FOR TRAINING PURPOSES

Table 35: Health facilities and training institutions re-inspected to train students and interns

FACILITY 'S NAME	NATURE OF TRAINING	REGION	OUTCOME
ATA International Training	Student emergency care practitioner - basic and intermediate	Khomas	Approved for 3 years
City of Windhoek	Student emergency care practitioner - basic	Khomas	Approved for 3 years
Biokinetic Rehabilitation Centre, Walvisbay	Intern biokineticist	Erongo	Approved for 3 years
Emergency Management Training Specialised Services (EMTSS) (renewal)	Student emergency care practitioner - basic and intermediate	Khomas	Approved for 3 years
PathCare	Student medical technologist interns and medical laboratory technicians	Khomas	Not approved

Table 36: New facilities inspected for training of students and interns

FACILITY 'S NAME	NATURE OF TRAINING	REGION	OUTCOME
MaggBiokineticsKatutura	Intern biokineticist	Khomas	Approved as satellite
Medical Imaging, Medi-Clinic and Roman Catholic	Student radiographer - diagnostic and ultrasonographer	Khomas	Approved for 3 years
National Health Training Centre	Student emergency care practitioner -basic	Khomas	Approved for 3 years

Namibia University of Science and Technology(NUST)	Student medical laboratory scientists	Khomas	<b>Approved for 1 year</b>
Tulipohamba Training and Assessment Institute	Student emergency care practitioner - basic	Khomas	<b>Approved for 3 years</b>

### 3.23 REGISTERS KEPT

The Allied Health Professions Council comprises a diverse group of healthcare professionals providing a wide range of healthcare services to Namibians. A register is kept for each of the professions falling under the Allied Health Professions Council of Namibia.

### 3.24 NUMBER OF PRACTITIONERS REGISTERED

During the reporting period, a total of nine hundred and seventy (970) applications for registration were received as shown in Table 34 below. A total of eighty hundred and ninety-five (895) applicants were registered. Five (5) applications are awaiting pre-registration evaluations. Seventy (70) applications were refused due to non-compliance with the prescribed requirements for registration.

Table 37: Number of applications for registration received per profession

Profession	Number of applications received	Number of registered professionals	Number of pending applications	Number of applicants waiting evaluation	Number of applications refused
<b>Audiologist</b>	2 (0.2%)	2 (0.2%)	0	0	0
<b>Biokineticist</b>	12 (1.2%)	12 (1.3%)	0	0	0
• <b>Interns</b>	7(0.7%)	7(0.7%)	0	0	0
<b>Clinical technologist</b>	3 (0.3%)	3(0.3. %)	0	0	0
<b>Chiropractor</b>	2 (0.2%)	2 (0.2%)	0	0	0

Dental therapist	28(29%)	19(2.1%)	0	0	9(12.8%)
Dental technician	3 (0.3%)	3(0.3%)	0	0	0
Dietician	6 (0.6%)	4 (0.4%)	0	0	2(2.8%)
Dental technologist	3 (0.3%)	3 (0.3%)	0	0	0
Emergency care practitioner					0
• Basic	366 (37.7%)	366(41%)	0	0	0
• Student ECP-intermediate	72(7.4%)	72(8 %)	0	0	0
• Intermediate	51(5.3%)	51(5.6%)	0	0	0
• Paramedic	8(0.8%)	8(0.9%)	0	0	0
• Student paramedic	18(1.9%)	18(2%)	0	0	0
Emergency care technician	11(1.1%)	11(1.2%)	0	0	0
Environment health practitioner	30(3.9%)	27(3%)	0	0	3(4.2%)
• Student environmental health practitioner	35(3.6%)	35(3.9%)	0	0	0
• Assistant environment health practitioner	7(0.7%)	7(0.7%)	0	0	0
Hearing aid acoustician	2(0.2%)	1(0.1%)	0	1(20%)	0

<b>Medical technologist</b>	49(5.1%)	44(4.9%)	0	0	5(7.1%)
<b>Intern medical technologist</b>	23(2.4%)	23(2.5%)	0	0	0
<b>Medical laboratory scientist</b>	34(3.5%)	15(1.6%)	0	0	19(27.1%)
<b>Medical laboratory technician</b>	18(1.9%)	15(1.6%)	0	0	3(4.2%)
• <b>Student medical laboratory technician</b>	24(2.5%)	24(2.6%)	0	0	0
<b>Medical rehabilitation worker</b>	3(0.3%)	0	0	3(60%)	0
<b>Medical orthotist and prosthetist</b>	6(0.6%)	6(0.6%)	0	0	0
<b>Nutritionist</b>	3(0.3%)	2(0.2%)	0	0	1(1.4%)
<b>Occupational therapist</b>	12(1.2%)	10(1.1%)	0	0	2(2.8%)
<b>Orthopaedic technician</b>	1(0.1%)	0	0	0	1(1.4%)
<b>Orthopaedic technologist</b>	1(0.1%)	1(0.1%)	0	0	0
<b>Optometrist</b>	17(1.8%)	13(1.4%)	0	0	4(5.7%)
<b>Physiotherapist</b>	28(2.9%)	19(2.1%)	0	0	9(12.8%)
• <b>Intern</b>	10(1%)	10(1.1%)	0	0	0
<b>Radiographer diagnostic</b>	45(4.6%)	37(4.1%)	0	0	8(11.4%)
• <b>Student diagnostic</b>	10(1%)	10(1.1%)	0	0	0
	2(0.2%)	2(0.2%)	0	0	0
• <b>Therapeutic</b>	2(0.2%)	2(0.2%)		0	0

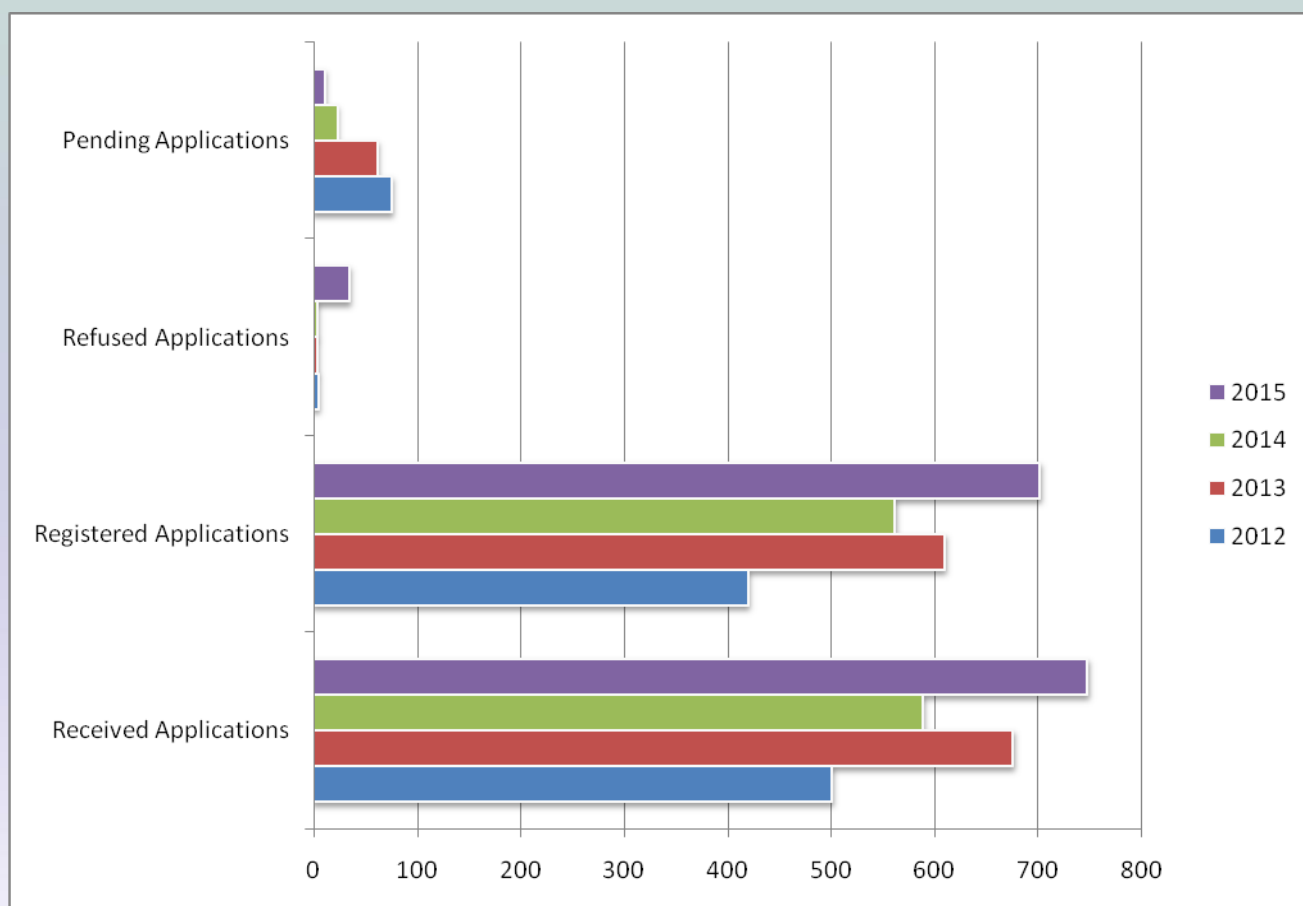


• <b>Ultrasonographer</b>			0		
• <b>Assistant diagnostic radiographer</b>	7(0.7%)	7(0.7%)	0	0	0
<b>Speech therapist</b>	4(0.4%)	2(0.2%)	0	0	2(2.8%)
<b>Therapeutic masseur</b>	2(0.2%)	1(0.1%)	0	0	1(1.4%)
<b>Therapeutic reflexologist</b>	2(0.2%)	0	0	1(20%)	1(1.4%)
<b>Unani Tibbpractitioner</b>	1(0.1%)	1(0.1%)	0	0	0
<b>Total</b>	<b>970 (100%)</b>	<b>895(100%)</b>	<b>0 (100%)</b>	<b>5 (100%)</b>	<b>70 (100%)</b>

**Comments:**

- The most registered professionals were emergency care practitioners – basic (37.7%). The least registered professions were orthopedic technicians (0.1%), orthopedic technologists (.01%) and Unani Tibb (0.1%).
- The most refused applications (27%) were for medical laboratory scientists.

**Graph 7: Number of applications and registered applicants received since 2012**



	2012	2013	2014	2015
Received applications	501	676	589	970
Registered applications	420	610	562	895
Refused applications	5	4	4	70
Pending applications	76	62	23	0

### 3.25 PRE-REGISTRATION EVALUATION

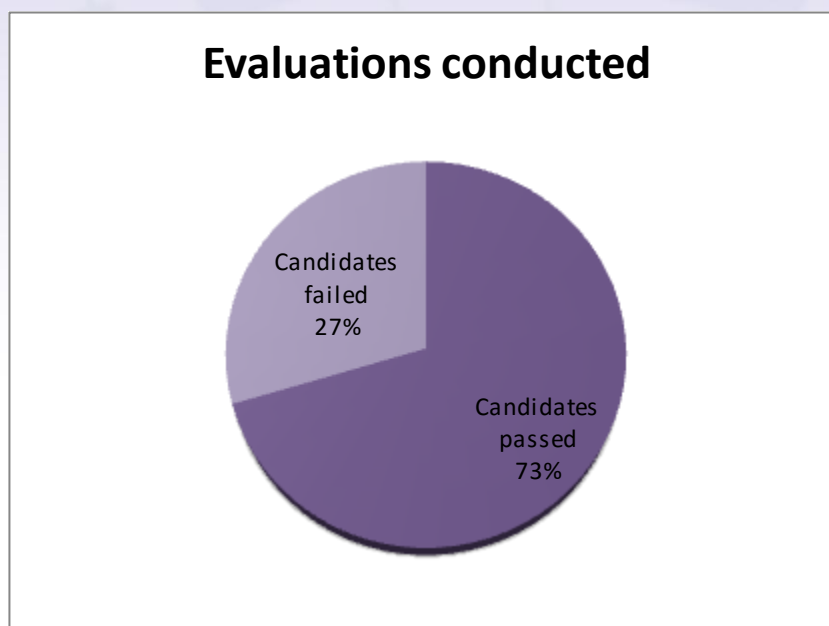
Section 21 (3) (b) of the Act provides that the AHPCNA may appoint a panel of assessors to assess the professional knowledge, skills and competency of an applicant to ascertain his or her suitability for registration. Accordingly, all applicants with foreign qualifications, who applied for registration with the AHPCNA, were subjected to a pre-registration evaluation as indicated in Table 38.

**Table 38: Number of applicants evaluated and status of their performance**

<b>PROFESSION</b>	<b>EVALUATED</b>	<b>PASSED</b>	<b>FAILED</b>
Audiologist	2	2	0
Biokineticist	12	12	0
Clinical technologist	3	3	0
Chiropractor	2	2	0
Dental technician	3	3	0
Dental technologist	3	3	0
Dental therapist	28	19	9
Dietician	6	4	2
Emergency care technician	3	3	0
Emergency care practitioner-intermediate	1	1	0
Emergency care practitioner-basic	1	1	0
Environmental health practitioner	9	6	3
Environmental health practitioner assistant	5	5	0
Hearing aid acoustician	1	1	0
Medical orthoptist&prothetist	6	6	0
Medical technologist	44	39	5
Medical laboratory technician	3	0	3
Medical laboratory scientist	34	15	19
Nutritionist	3	2	1
Occupational therapist	12	10	2
Optometrist	17	13	4
Orthopaedic technologist	1	1	0

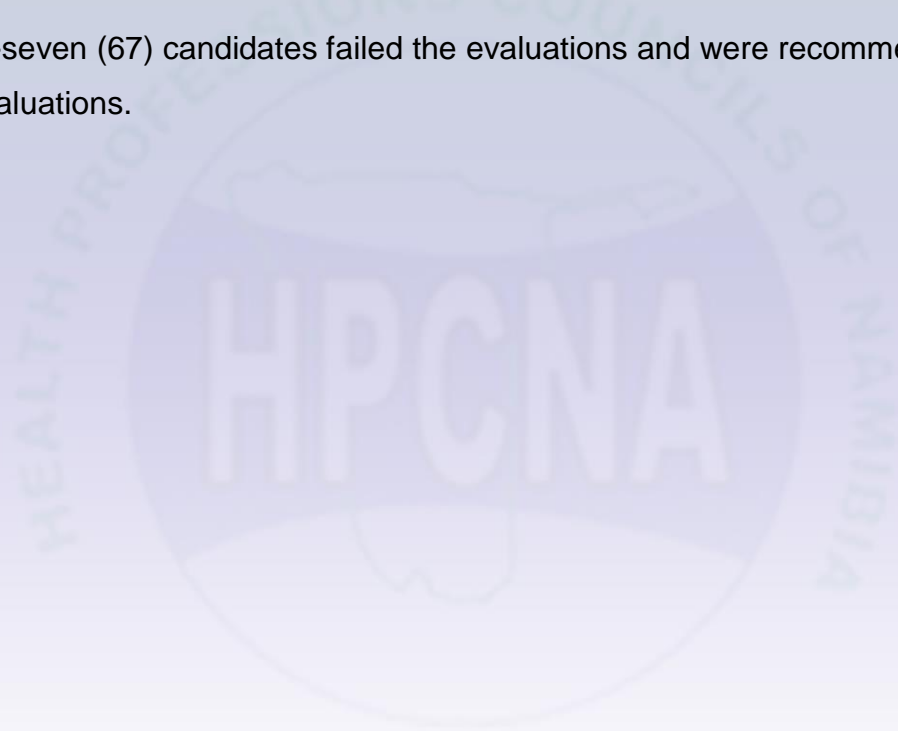
Paramedic	2	2	0
Physiotherapist	28	19	9
Therapeutic masseur	1	1	0
Speech therapist	4	2	2
Radiographers			
• Diagnostic	17	9	8
• Radiotherapist	2	2	0
• Ultrasonographer	2	2	0
<b>TOTAL</b>	<b>255</b>	<b>188</b>	<b>67</b>

**Pie Chart 2: Percentages of applicants that passed and failed the evaluation**



## COMMENTS:

- During the year under review two hundred and fifty-five (255) applicants were subjected to pre-registration evaluation.
- One hundred and eighty-eight (188) candidates, who represent 73% of the contenders, successfully passed the evaluations and were registered.
- Sixty-seven (67) candidates failed the evaluations and were recommended for re-evaluations.



## SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA



### **MEMBERS OF THE SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA (2007 – 2016)**

**Top:** from left to right: Mr S Geiseb; Mr C Weyulu (Registrar) Dr J Hoffmann (Vice President);

Dr TM Kapolo; Advocate M Strydom

**Middle:** from left to right: Ms N Meiring; Ms V du Preez; Dr V Theron; Ms E January: Ms E Mayne

Ms R Adams (President)

**Seated:** from left to right: Dr M Grobler (Former Vice – President and resigned); Dr H Raath (former President and resigned); Dr E Barlow (former Registrar)



### 3.26 OVERVIEW

The Social Work and Psychology Council of Namibia (the Council) is regulated by the Social Work and Psychology Act, No 6 of 2004. The Council comprises of the following members.

- Ms. RA Adams      President since March 2015
- Dr. JG Hoffman      Vice President since March 2015
- Ms. L Nangolo
- Ms. EN Mayne
- Ms. NP Meiring
- Ms. AY Wentworth
- Dr. EN Shino
- Ms. VZZ du Preez
- Ms. VR. Theron
- Ms. ES January
- Mr. S Geiseb
- Advocate M Strydom

### 3.27 MEETINGS

Table 39: Council and committee meetings held

ACTIVITY	NUMBER
Council meetings	2
Executive committee meeting	0
Education committee meetings	2

### 3.28 INSPECTION OF FACILITIES FOR TRAINING PURPOSES

Table 40: Training facilities inspected

PROFESSION	TRAINING FACILITY	OUTCOME
Intern clinical psychologists	Ministry of Health and Social Services (Windhoek Central Hospital-Psychiatric Unit)	Approved for 3 years
Intern psychological counsellors Intern clinical psychologists	Ministry of Safety and Security - Windhoek prison	Approved for 3 years

### 3. 29 REGISTERS KEPT

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

Table 41 below reflects the following.

- (i) The total number of applications for registration received during the reporting year
- (ii) The number of persons evaluated during the same period
- (iii) The numbers of persons passed the evaluations and were registered during the same period
- (iv) The number of applicants refused registration as they could not meet the prescribed minimum requirements for registration.

Table 41: Number of applicants per profession

Profession	Number of applications received	Number of evaluated professionals	Number of registered applicants	Number of applications refused
Social workers	69 (46%)	8 (25%)	58 (46.8%)	11 (44%)
Student social workers	49 (32.8%)	0	49 (39.5%)	0
Clinical psychologists	5 (3.4%)	4 (12.5%)	3 (2.4%)	2 (8%)
Psychological counsellors	11 (7.4%)	8 (25%)	5 (4%)	6 (24%)
Educational psychologists	2 (1.3%)	2 (6.3%)	2 (1.6%)	0
Intern clinical psychologists	2 (1.3%)	2 (6.3%)	1(0.8%)	1(4%)
Intern psychological counsellors	9 (6%)	6 (18.8%)	4 (3.2%)	5 (20%)
Intern educational psychologists	2 (1.3%)	2 (6.3%)	2 (1.6%)	0
<b>Total</b>	<b>149 (100%)</b>	<b>32 (100%)</b>	<b>124 (100%)</b>	<b>25 (100%)</b>

### Comments

- Fifty-eight (46.8%) social workers, three (2.4%) clinical psychologists, two (1.6%) educational psychologists and five (4%) psychological counselors were registered during the period under review.

- Twenty-five (16.8%) applications out of total number of 149 received applications were refused because the candidates either failed the pre-registration oral evaluations or did not meet the prescribed minimum requirements of study for registration.
- All student social workers, student psychologists and student educational psychologists who were admitted at the University of Namibia during the reporting period were registered by the Council.

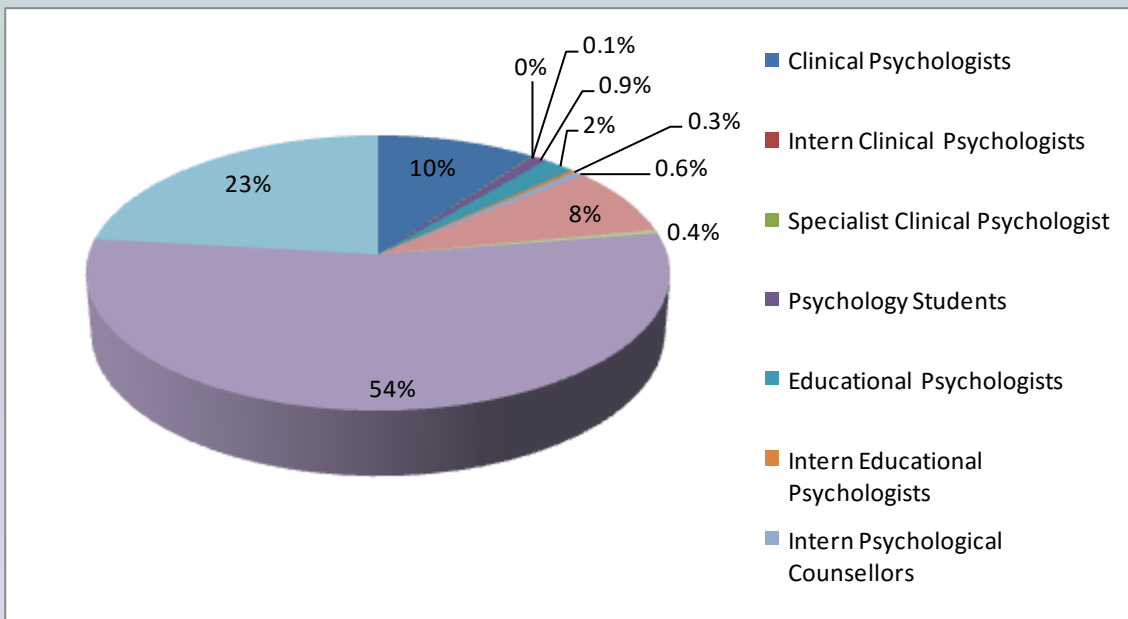
**Table 42: Mid-term evaluation of psychology interns**

Professional category	Applicants evaluated	Applicants passed
Educational psychologists	1	1
Clinical psychologists	1	1
<b>Total</b>	<b>2</b>	<b>2</b>

**Table 43: Number of practitioners on the register**

Profession	Total
Clinical psychologists	116
Intern clinical psychologists	5
Specialist clinical psychologist	1
Psychology students	10
Educational psychologists	22
Intern educational psychologists	3
Intern psychological counsellors	7
Psychological counsellors	89
Psychometrists	4
Social workers	607
Student social work	254
<b>Total</b>	<b>1118</b>

**Pie Chart 3: Percentage of practitioners on the register**



# SECTION FOUR

## FINANCE, ADMINISTRATION AND HUMAN RESOURCES SUPPORT SERVICES DEPARTMENT







**SECRETARIAT EMPLOYEES 2016**

## **4. DEPARTMENT: FINANCE, HUMAN RESOURCES AND ADMINISTRATION**

### **4.1 DIVISION: FINANCE**

The financial management report is focused on two strategic objectives of councils.

- Effective and efficient financial management
- Enhance professional risk management structure and framework for councils

In line with the above mentioned strategic focus areas, the division ensures efficient and effective management of council's financial, fixed assets and coordinate risk management in line with best practices.

During the 2014/2015 financial audit, councils received an unqualified report with an emphasis of matter on the fact that they are operating on a cash accounting basis as opposed to the accrual accounting basis that complies with generally accepted accounting standards. Councils are now in the process of integrating the pastel accounting system with the database system to allow maximum use of the accounting system which operates on the accrual basis.

Audited financial statements for 2015/2016 prepared by council's external auditors PKF Chartered Accountants & Business Advisors are annexed to this report.

For the 2015/2016 financial year, councils received an amount of N\$20 million as a grant which is an increase of N\$ 9.322 million from the N\$ 10.678 million received for the 2014/2015 financial year.

Councils continued to invest surplus of their funds in call accounts in order to generate interest. Call accounts generated N\$ 695,920.98 during the 2015/2016 financial year which is an increase of N\$ 305,416.97 from the N\$ 390, 504.01 interest earned in 2014/2015. Councils will continue to explore other investment portfolios as per their strategic interventions.

Councils continued to implement strict collection measures to ensure money owed by practitioners for annual maintaining and other services are paid.

## 4.2 DIVISION: HUMAN RESOURCES (HR)

### 4.2.2 Focus

The HR division focused on the following strategic objectives of the councils.

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

### 4.2.3 Staff recruitment

The Staff Recruitment, Promotion and Remuneration Review Committee continued to monitor the human resources demands and ensured that recruitment promotion and remuneration is done in a fair and transparent manner.

### 4.2.4 Staff attrition

During the reporting period one employee left the employment of councils and one new staff member was recruited.

### 4.2.5 Staff complements

The secretariat consists of 47 employees: eighteen (18) males and twenty-nine (29) females. The councils continue to be mindful of the equity policy when recruiting staff.

**Table 44: Number of employees per job category**

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top management	4	2	6
Managers	4	3	7
Assistant managers	4	6	10
Others	9	15	24
<b>Total</b>	<b>21</b>	<b>26</b>	<b>47</b>

#### 4.2.6 Employee benefits

Employees have become members of the Government Institute Pension Fund (GIPF). On a monthly basis the councils contribute 16% of the employees' basic salaries, while individual employees contribute 7% of their basic salaries to the pension fund.

#### 4.2.7 Staff training and development

Table 45: Number of employees that attended training

COURSE DESCRIPTION	NUMBER OF ATTENDEES
Seminar on public enterprises	1
Skills for executive secretaries	1
Customer care service improvement	14

Table 46: Employees pursuing self-development courses

COURSE DESCRIPTION	NUMBER OF EMPLOYEES
Degree in communication	1
Master's degree in leadership and change management	1
Master's degree of law	1

#### 4.2.8 Long services awards

In line with the HR policies and guidelines long service awards were presented to eighty (80) staff members who served the council for 5 and 10 years uninterruptedly.

**Table 47: Long service awards**

DESCRIPTION	NUMBER OF EMPLOYEES
5-year awards	5
10-year awards	3

### **4.3 DIVISION: GENERAL ADMINISTRATION**

The division focused on the following core functions.

- Physical facilities management
- Transport management
- General support services

#### **4.3.1 Physical facilities management**

Some major repair works were done to the physical infrastructures: erection of boundary wall, security gates, painting, for example, and the creation of parking bays at both offices, namely Nos 36 and 37.

Councils also acquired an additional property, Erf 4168 situated opposite Office Complex 37, to provide additional office space.

#### **4.3.2 Transport management**

Councils managed to maintain and retain a well serviced fleet of two vehicles and one motorbike. A Chevrolet Spark 2009 model was sold and replaced with a Toyota Etios 1.5, 2016 model.

#### **4.3.3 General Support Services**

General support services such as managing of incoming and outgoing mails, printing and stationery supply and other related functions were provided to councils and other departments on a daily basis.

Cleaning services for councils premises were outsourced to a cleaning services provider on a service level agreement basis, which is renewable annually based on performance.

#### **4.4 DIVISION: DATA AND RECORD MANAGEMENT**

The Data and Record Management Division continued to manage and control files of registered practitioners of the various councils. This is an ongoing process of updating, creating of new files and closing of non-active files due to deregistration or loss of life.

These functions are performed by a team of five (5) record management clerks who are supervised by a senior record management clerk. The data clerks have managed to receive, assist and direct walk-in-clients on a daily basis. Lack of space remains a challenge for both groups of clerks.

#### **4.5 DIVISION: INFORMATION TECHNOLOGY (IT)**

This department focuses on providing adequate information technology solutions to support the operations of councils.

##### **4.5.1 Programming developments**

Councils have a well-functioning administrative data management system in place. The external consultant and developer assisted in managing major troubleshooting and enhancement of the system design. However, most of the troubleshooting, maintenance, information updates and report generating have been handed over to an in-house IT technician.

The website is now fully functional and a few additions have also been added in the development phase. However, due to limited in-house IT capacity, the maintenance of the website remained a challenge. This problem will be eradicated once an in-house IT capacity has been strengthened in the next financial year.

##### **4.5.2 Connectivity**

Councils have acquired a new exchange server to replace the outdated Sun email server. Installation of the new machine has been completed. Councils are however in the process of purchasing a new firewall that will allow the migration of emails to the new exchange server.



Councils are in the process of entering into a service level agreement with an external IT service provider. Such agreement will allow the outsourcing of the operational management of major functionalities such as:

- Firewall
- Backup systems

The integration of the registry, financial system and website has started. This process will enable the councils to generate essential statistical information on registrants to inform policy. Councils are also looking into the possibilities of developing an e-filing system.

In line with the acquisition of a new firewall and backup system, new policies have to be developed. In the new financial year councils will develop the following policies.

- Antivirus policy
- Help desk policy



**TEAMBUILDING FOR SECRETARIAT 2013**





**TEAMBUILDING FOR SECRETARIAT 2013**