



HEALTH PROFESSIONS
COUNCILS OF NAMIBIA

THE
SYNOPSIS
OF OUR PERFORMANCE



**ANNUAL
REPORT**

2016/2017

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

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

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

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

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

OBJECTIVES

The objectives of the Councils are to

- Promote the health and well-being of Namibia's population.
- Determine and uphold standards of education and training.
- Protect the public through regulated education and training.
- Set, maintain, and promote good standard of professional practice and conduct.
- Keep the registers of each health profession for which provision is made in terms of the relevant Acts.
- Investigate all complaints, accusations or allegations relating to the conduct of registered persons.
- 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.
- 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; for the purposes of performing their duties or functions and exercising their powers in terms of the constituting Acts, established various committees to so exercise their powers and perform their duties or functions during the periods between the meetings of the Councils. Members of the various Councils are either elected by fellow health practitioners or appointed by the Minister of Health and Social Services to serve for a period of five years. The term of office of the members of the current Councils will come to an end in March 2018.

Making learning greater than experience

We are a diverse, people-centered organisation. 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 EMPLOYEES 2016



Cornelius Vataleni Weyulu
Registrar/ CEO

REGISTRAR'S MESSAGE

We acknowledge with 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.

We thank the legislature and the Ministry of Health and Social Services of the Republic of Namibia, for the immense support and most importantly for allowing the health care professions in Namibia to self-regulate. Without self-regulation, these distinguished occupations cannot be called true professions and health-care practitioners would just be involved in hobbies. We therefore take our mandate and responsibility as Councils very seriously, and will not compromise on quality or ethics because lives literally are at stake.

I wish to thank all members of Councils and Committees for the sacrifices that they have made to ensure that we uphold the mandate of the HPCNA to protect the public through regulated education and practice.

We in the secretariat are humbled by the trust that members of the Councils, health-care professionals, and the public, has placed in us. We shall continue to make the HPCNA one of the driving force behind the realisation of our National Development Goals and the Harambee Prosperity Plan.

I thank the staff members of the HPCNA for their unconditional support and cooperation going forward.

We take the pleasure in submitting the 2016/2017 Annual Report of the HPCNA to the Minister of Health and Social Services, Dr. Bernhard Haufiku, and through him, to the public.

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 2016/2017. We have standardised 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 compulsory for practitioners on Councils' registers and are due by the 1st April each year. Failure to pay annual fees results in practitioners being struck off the register; 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 entered in agreement with Renaissance Health Medical Aid Fund as a medical aid service provider to Councils' staff.

LEGAL SERVICES

This department registered 106 complaints during the period under review compared to forty-six (46) during the 2015/2016 financial year. Sixty-three (63) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. 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

Councils have a well-functioning administrative data management system and personnel in place to effectively support the Councils' operation. Furthermore, Due to limited in-house IT capacity and personnel, the Councils have identified an IT service provider to audit, improve and maintain the standard of Councils' IT infrastructure. Councils have also opted to identify a suitable service provider to revamp and maintain the website on a contract basis.

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 2016/2017, 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

INTRODUCTION

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

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

To achieve the abovementioned, the ETQA 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 health profession,
- generating standards for health-related qualifications,
- ensuring accreditation of training institutions for health-related professions and health facilities.

For the reporting period 2016/17, ETQA assisted Councils in performing the following strategic objectives.

STRATEGIC OBJECTIVE

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

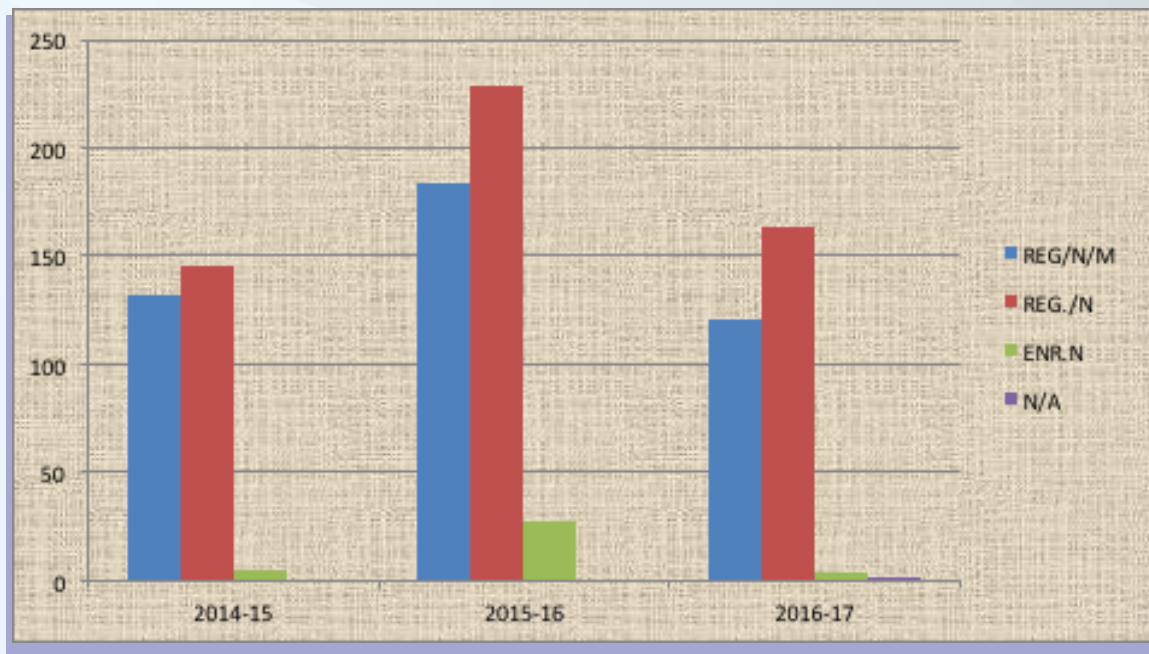
In compliance with section 20 (3) (b) of the Nursing Act 2004 (Act No. 8 of 2004), which requires that an applicant has to pass to its satisfaction a pre-registration evaluation in order to determine whether or not the applicant possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied for, the ETQA department assisted the Nursing Council in conducting pre-registration evaluations as indicated in Table 1.

Table 1: - Pre-registration evaluations

Number of evaluation sessions held	Number of practitioners evaluated				Number of practitioners passed				Pass rate				Failure rate			
	R/N/M	R/N	E/N	N/A	R/N/M	R/N	E/N	N/A	R/N/M	R/N	E/N	N/A	R/N/M	R/N	E/N	N/A
9	121	164	4	2	116	141	4	2	96%	97%	100%	100%	4%	3%	-	-

There has been a significant decrease in the number of persons evaluated in the year 2016/17 as opposed to the years 2014/15 and 2015/16. See comparison below in Graph 1.

Graph 1: - A comparison of the number of persons evaluated in the year 2016/17 as opposed to the years 2014/15 and 2015/16



During this reporting period, the ETQA section took over the co-ordination of pre-registration evaluations from the Allied Health Professions Councils. Table 2 is a summary of evaluations coordinated.

Table 2:- Summary of evaluations coordinated

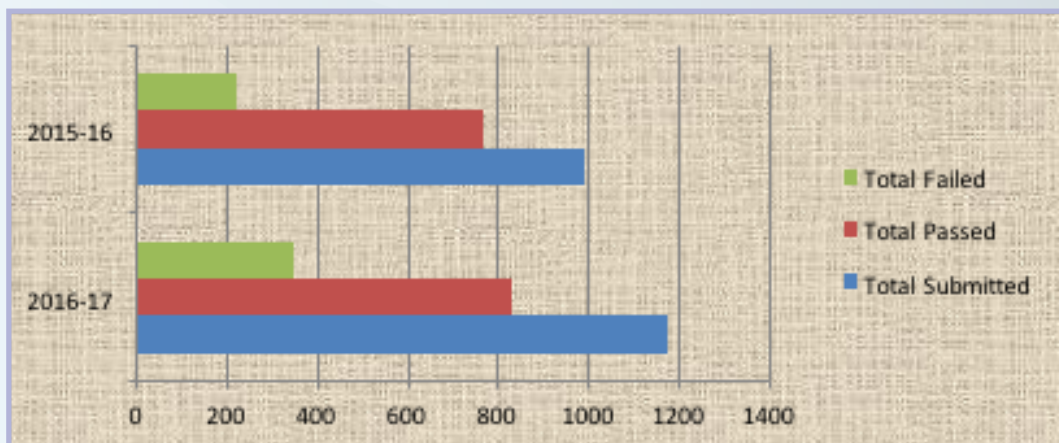
PROFESSIONS	NO. OF EVALUATION SESSIONS	NO. OF CANDIDATES	NO. PASSED	NO. FAILED	PASS RATE	FAILURE RATE
Dental therapists	2	10	8	2	80%	20%
Physiotherapists	2	16	10	6	63%	37%
Occupational therapists	2	4	4	0	100%	-
Optometrists	2	6	4	2	67%	33%
ECP	2	11	7	4	64%	36%
Speech audiologists	2	2	2	0	100%	-
Medical Lab. Scientists,	2	15	15	15	100%	-
Medical Lab. Technologists		4	3	1	75%	25%
Histopathologist		1	1	-	100%	-
Biokineticists	2	5	4	1	80%	20%
Environmental assistants	2	3	3	0	100%	-

All persons who go through the evaluation process have to complete the jurisprudence multiple choice questionnaire and, on successful completion thereof, they obtain their first CPD points in professional ethics (Table 3). During the reporting period, a total number of 1176 jurisprudence multiple choice questionnaires were marked as opposed to 989 which were marked in the previous financial year (see Graph 2).

Table 3: Jurisprudence questionnaires marked

PROFESSIONS	TOTAL SUBMITTED	PASS	FAIL
All professions	1176	831	345

Graph 2: A comparison of the Jurisprudence multiple choice questionnaires marked: 2015/16 and 2016/17



STRATEGIC OBJECTIVE

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

To ensure that minimum educational and training standards are in line with the relevant legislation, the ETQA conducted accreditations of nursing training facilities, and inspections of hospitals and health facilities for the placement of student and pupil nurse midwives/accoucheurs for their clinical exposure (Table 4), and also education and training institutions (Table 5).

Table 4: Health facilities

REGION	HEALTH FACILITY	CATEGORY	OUTCOME
KHOMAS REGION	Hakahana Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017
	Donkerhoek Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017
	Okuryangava Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017
	Wanaheda Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017
	Otjomuise Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017
	Khomasdal Clinic	Student and pupil nurse midwives/ accoucheurs	Rated as a Grade B training facility for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017

	Robert Mugabe Clinic	Student and pupil nurse midwives/accoucheurs	Rated as a Grade C training facility for the placement of student and pupil nurse midwives/accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017
	Katutura Health Centre	Student and pupil nurse midwives/accoucheurs	Rated as a Grade C training facility for the placement of student and pupil nurse midwives/accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017
	Katutura Hospital	Student and pupil nurse midwives/accoucheurs	Rated as a Grade B training facility for the placement of student and pupil nurse midwives/accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017
	Windhoek Central Hospital	Student and pupil nurse midwives/accoucheurs	Rated as a Grade B training facility for the placement of student and pupil nurse midwives/accoucheurs for their clinical attachment for a period of three (3) years calculated from 21 st February 2017

Table 5: Educational facilities

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
KHOMAS REGION	Welwitchia University	B-Degree in Nursing and Midwifery Science	Rated as a Grade B training facility for the education and training of student nurse midwife/accoucheurs (B-Degree in Nursing and Midwifery Science) for a period of three (3) years calculated from 21 st February
	National Health Training Centre	Certificate: Enrolled Nurse Midwife	Rated as a Grade C training facility for the education and training of enrolled nurse midwives/accoucheurs (Certificate: Enrolled Nurse Midwife/Accoucheur) for a period of one (1) year calculated from 21 st February 2017

Explanatory notes of the grading system which has been introduced are as follows.

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

STRATEGIC OBJECTIVE

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

In fulfilling this objective ETQA developed notification of completion of training forms and assisted in the drafting of the regulations in Table 6.

Table 6: ETQA 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: B-Degree in Nursing and Midwifery Science	Regulations approved by Council – submitted to Ministry of Justice for scrutiny.
Regulations relating to the approval of and minimum requirements for the education and training leading to registration as a nurse: Diploma in Nursing and Midwifery Science	Regulations approved by Council – submitted to Ministry of Justice for scrutiny
Notification of completion of training: B-Degree in Nursing and Midwifery Science	Completion form approved by Council
Notification of completion of training: Diploma in Nursing and Midwifery Science	Completion form approved by Council
Notification of completion of training: Certificate: Enrolled Nurse Midwife/Accoucheur	Completion form forwarded to NHTC for inputs

STRATEGIC OBJECTIVE

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

For the period under review the ETQA's engagements are presented in Table 7.

Table 7: ETQA engagements

ENTITY	PURPOSE	REMARKS/LESSON LEARNT FOR IMPLEMENTATION
NAMIBIA TRAINING AUTHORITY (NTA)	Representing HPCNA on the Health and Social Services Industry Skills Committee	<ul style="list-style-type: none">Strengthen co-ordination between the HPCNA and other entities which are involved in training and education
NATIONAL COUNCIL OF HIGHER EDUCATION (NCHE)	Accreditation of the B-Degree in Nursing and Midwifery Science programme	<ul style="list-style-type: none">Strengthen co-ordination between the HPCNA and other quality assurance regulatory bodies in respect of education and training.
MINISTRY OF HEALTH AND SOCIAL SERVICES	Drafting of a prototype curriculum for the B-Degree in Nursing and Midwifery Science and Diploma in Nursing and Midwifery Science	<ul style="list-style-type: none">Ensure uniformity in the training and education of nurses and midwives/ac-coucheurs in the country

1.2 CONTINUING PROFESSIONAL DEVELOPMENT (CPD) SECTION

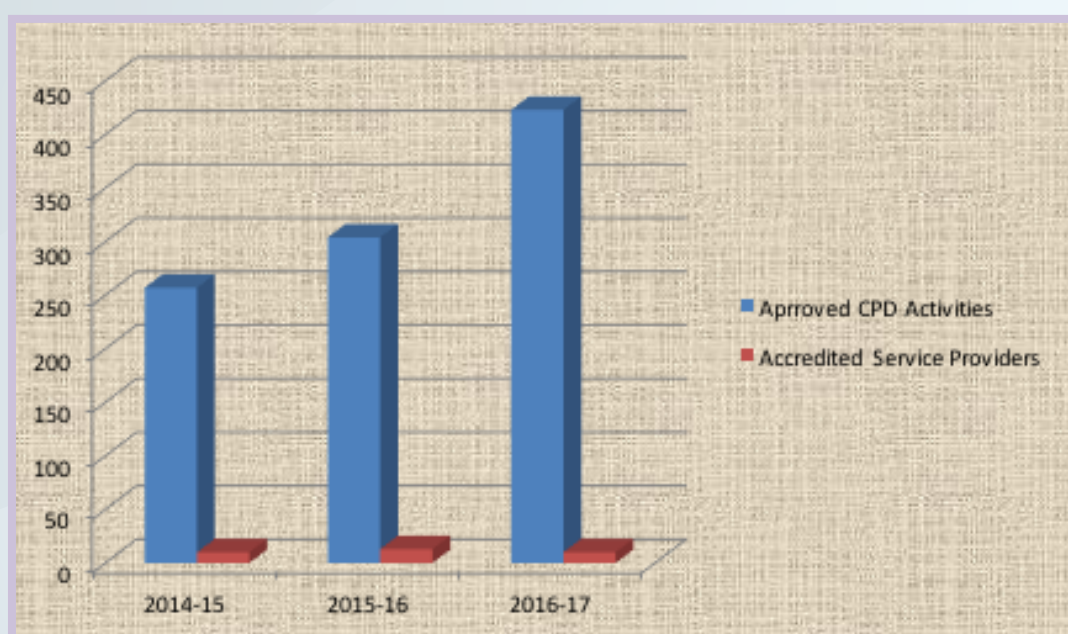
The main objective of the CPD section is to implement and maintain an obligatory CPD system for registered and enrolled practitioners and, to provide opportunities to health professionals for maintaining and enhancing their professional skills, knowledge and attitudes.

In order to promote the CPD of registered and enrolled practitioners, the CPD Committee approved several CPD programmes and accredited service providers as set out in Table 8 and illustrated in Graph 3.

Table 8:- Approved CPD programmes and accredited service providers

Activity	Number submitted	Number approved	Number not approved
Approved CPD activities	423	417	6
Accredited service providers	10	9	1

Graph 3: An illustration of CPD activities and accredited service providers



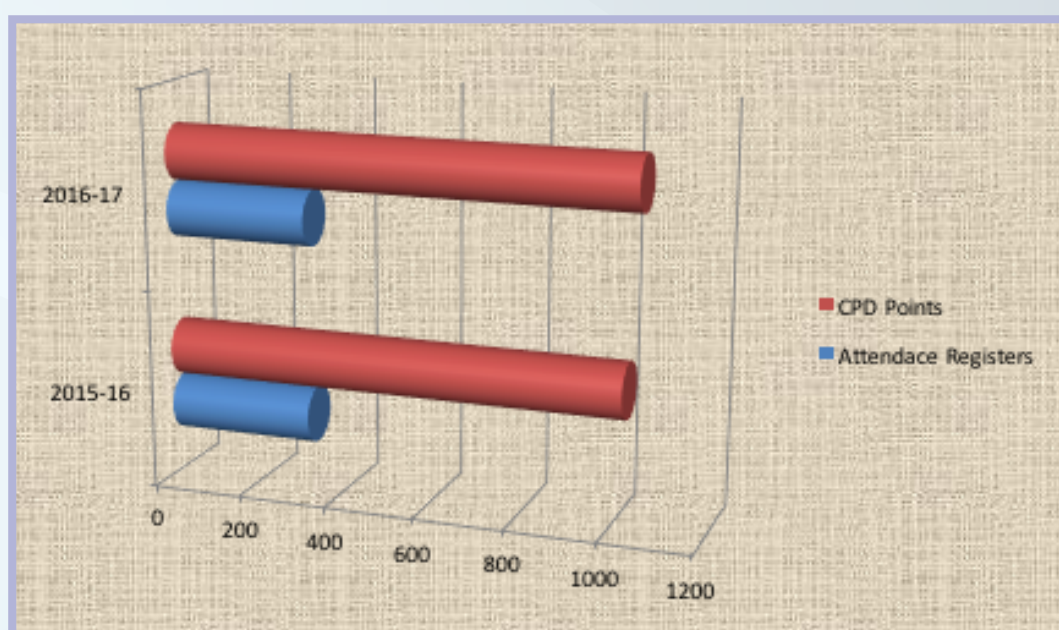
During the 2016/7 financial year there was a significant increase in the number of approved CPD activities, but the number of new CPD providers remained relatively the same.

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 presented in Table 9 were captured. Graph 4 shows the comparison between 2016/17 and 2015/16.

Table 9: Items captured

Year	Item received	Number captured
2016/17	Attendance registers	320
2016/17	CPD points	1050

Graph 4: Comparison between 2015/16 and 2016/17



STRATEGIC OBJECTIVE

To ensure compliance with the legislation on continuing professional development.

The CPD section conducted a 10% random selection of names of professionals from each Council.

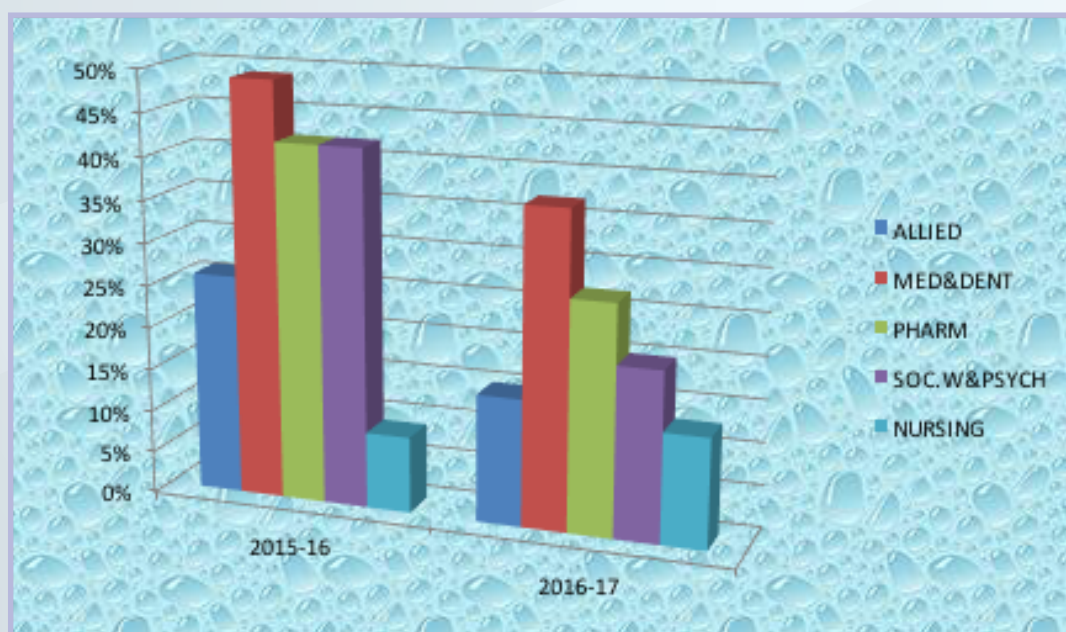
Continuing professional development, as determined by the relevant Councils, is applicable to all registered and enrolled persons.

A total of 1369 of practitioners were randomly selected during the reporting period. Table 10 presents the compliance results, and Graph 5 shows the comparative compliance in this reporting year and the previous one.

Table 10: CPD compliance results

Profession	No. selected	No. complied	Compliance%
Allied Health Professions	315	48	15%
Medical & Dental Council	147	54	37%
Nursing	780	102	13%
Pharmacy	71	19	27%
Social Work & Psychology	56	19	20%

Graph 5: Comparison of compliance between years 2015/16 and 2016/17



As can be seen from the graph above, the nursing fraternity is still lagging behind in conforming to the requirements of CPD. The main reasons cited for non-compliance are the remoteness of some areas where nurses are placed with no internet connectivity, and sometimes working alone in a facility which makes it impossible to attend CPD activities that are offered in the bigger facilities.

Constant reminders, by way of e-mails and short messages, were sent to non-compliant practitioners. These were an excellent way of communicating with practitioners as the feedback was a big success.

STRATEGIC OBJECTIVE

To promote and ensure compliance with the CPD requirements.

Table 11 shows the regions where CPD presentations were done for nurses.

Table 11: CPD presentations done for nurses

REGION	CATEGORY	NO. OF ATTENDEES
KHOMAS REGION	Tutors	30
OSHANA REGION	Environmental Health Practitioners	± 40

STRATEGIC OBJECTIVE

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

During the period under review the CPD committee held one (1) meeting.

STRATEGIC OBJECTIVE

Create an effective atmosphere of communication and enhance service delivery and culture

During the reporting period, the department held five (5) departmental meetings in an effort to promote team work.



SECTION TWO

LEGAL AND LEGISLATIVE SUPPORT SERVICES DEPARTMENT

2.1. INTRODUCTION

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

2.1.1 THE DEPARTMENT

The personnel in the department are: Ms. Johanna Nghishekwa as Senior Manager – Legal Services; Ms. Sylvia Hamata as Manager: Legal Services; Mr. Johannes Burger as Manager: Legislative Support; Ms. Chanen Visser as Manager: Legislative Support; and Ms. Elizabeth Matomola as an Administrative Support Officer.

2.2 PROFESSIONAL CONDUCT DIVISION

2.2.1 Cases reported per Council: 01 April 2016- 31 March 2017

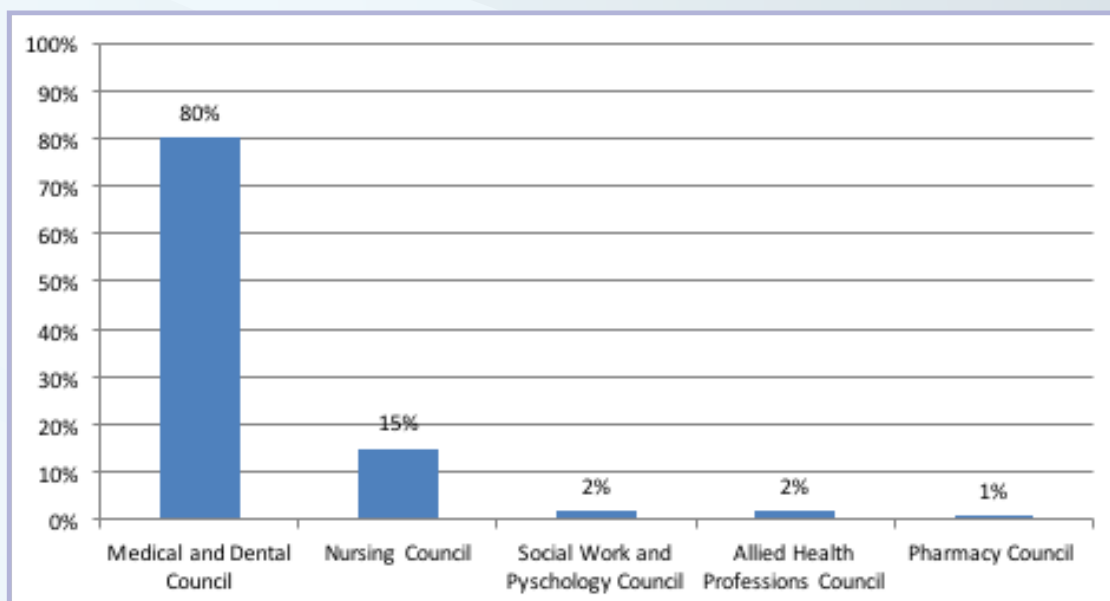
Table 12 and Graph 6 present the above reported cases.

Table 12: Cases reported per Council from 01 April 2016 to 31 March 2017

MONTH	MEDICAL AND DENTAL COUNCIL	NURSING COUNCIL	SOCIAL WORK AND PSYCHOLOGY	ALLIED HEALTH PROFESSIONS COUNCIL	PHARMACY COUNCIL	TOTAL
APRIL 2016	0	0	0	1	0	1
MAY 2016	4	0	0	0	1	5
JUNE 2016	7	2	2	1	0	12
JULY 2016	1	3	0	1	0	1
AUGUST 2016	5	0	0	0	0	5
SEPTEMBER 2016	6	2	0	0	0	8

OCTOBER 2016	51	4	0	0	1	56
NOVEMBER 2016	5	1	0	0	0	6
DECEMBER 2016	3	2	0	0	0	5
JANUARY 2017	2	1	0	0	0	3
FEBRUARY 2017	2	1	1	0	0	4
MARCH 2017	0	0	0	0	0	0
TOTAL	86	16	3	3	2	106

Graph 6: Graphical presentation of reported cases per Council during the period



- The Medical and Dental Council received 13% more complaints compared to the previous year. The nature of complaints against medical practitioners involves negligence, unprofessional conduct, improper relationship with patients and billing.
- The Nursing Council received 4% more complaints as compared to the previous year. Sixty percent (60%) of the cases reported against the nurses relate to the general attitudes towards patients; 20% to lack of proper general nursing; and 20% to lack of care resulting in still births.

- The Social Work and Psychology Council received the same amount of complaints compared to the previous year.
- The Allied Health Professions Council received 11% less complaints compared to the previous year.
- The Pharmacy Council received 5% less complaints in comparison to the previous year.

2.3. PRELIMINARY INVESTIGATION COMMITTEE (PIC)

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

2.4 MEETINGS HELD BY COMMITTEES

Different Committees held meetings for the purposes of conducting preliminary investigations into matters reported to the relevant Councils as envisaged by the relevant legislations.

2.4.1 Medical and Dental Council (Medical Committee)

The Preliminary Investigation Committee held five (5) meetings during this period. At these meetings one hundred and fifty-three (153) cases were discussed. Thirty-six (36) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. Seventeen (17) cases were recommended for professional conduct inquiry. One hundred (100) cases are to be investigated further.

2.4.2 Medical and Dental Council (Dental Committee)

The Preliminary Investigation Committee held three (3) meetings during this period. At these meetings eight (8) cases were discussed. Seven (7) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. One (1) case is to be investigated further.

2.4.3 Nursing Council

The Preliminary Investigation Committee held three (3) meetings during this period. At these meetings thirty-four (34) cases were discussed. Ten (10) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. Five (5) cases were recommended for inquiry. Nineteen (19) cases are to be investigated further.

2.4.4 Allied Health Professions Council (AHPC)

The Preliminary Investigation Committee held two (2) meetings during this period. At these meetings ten (10) cases were discussed. Five (5) cases were recommended for closing as there was no evidence of professional misconduct against the complained practitioners. One (1) case was recommended for inquiry. Four (4) cases are to be investigated further.

2.4.5 Social Work and Psychology Council

The Preliminary Investigation Committee held two (2) meetings during this period. At these meetings three (3) cases were discussed. Two (2) 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.

2.4.6 Pharmacy Council

The Preliminary Investigation Committee held three (3) meetings during this period. At these meetings eight (8) cases were discussed. One (1) case was recommended for closing as there was no evidence of professional misconduct against the complained practitioners. One (1) case was recommended for inquiry and six (6) cases are to be investigated further.

2.4.6 Health Assessment Committee

The Committee held three (3) meetings during this period. At these meetings sixteen (16) cases were discussed. Three (3) cases were referred for medical assessment. One (1) case was recommended for closing as there was no evidence of professional misconduct against the complained practitioners. Twelve (12) cases are to be investigated further.

2.4.7 Capacity Building Committee (Nursing Council)

The Committee held no activity during this period.

2.5 PENDING CASES

Pending cases are those cases that are still under investigations, including cases from previous years, by Preliminary Investigation Committees, awaiting information from a complainant and/or accused and/or health institutions and/or expert opinions and/or legal opinions and/or professional conduct inquiry. These cases are reflected per Council in Tables 13 and 14.

Table 13: Pending cases (investigations) as at 31 March 2017

COUNCIL	NUMBER OF CASES
MEDICAL AND DENTAL COUNCIL	178
NURSING	30
PHARMACY	9
SOCIAL WORK AND PSYCHOLOGY	9
ALLIED HEALTH PROFESSIONS	12
TOTAL	238

Table 14: Pending cases (professional conduct inquiry as confirmed by Councils) as at 31 March 2017

COUNCIL	NUMBER OF CASES
Medical and Dental Council	8
Nursing	4
Pharmacy	2
Social Work and Psychology	1
Allied Health Professions	1
TOTAL	16

2.6. PROFESSIONAL CONDUCT

2.6.1 Professional inquiries conducted

These are presented in Table 15.

Table 15: Professional inquiries conducted

COUNCIL	DATE OF HEARING	ACCUSED	PARTICULARS OF COMPLAINT	OUTCOME OF THE INQUIRY	PENALTY
Nursing Council	April 2016	Makhosi & 2 Others	Failure to provide proper care to expectant mother – still birth.	Guilty	Payment of the fine of N\$ 15 000.00, N\$ 10 000.00 and N\$ 5 000.00, respectively.

	August 2016	Kamatuka & 7 Others	Failure to observe and report findings on a C-section patient – death of patient.	Guilty	Payment of fines of N\$ 25 000.00, N\$ 15 000.00, N\$ 20 000.00, N\$ 10 000.00, N\$ 10 000.00, N\$ 10 000.00 and N\$ 12 000.00.
Social Work and Psychology Council	September 2015, May 2016 and July 2016	Waldi Kubirske	Improper handling of the family involved in the allegations of child sexual abuse.	Guilty	Suspension from practicing as Social Worker for a period of six (6) years and payment of a fine of N\$ 70 000.00.
Pharmacy Council	October 2016	Murirwa & Zenda	Dispensing scheduled medicine without Doctor's prescription.	Guilty	Payment of a fine of N\$ 60 000.00 each. Suspension from practicing for a period of twelve (12) months, which period is suspended for accused to pass the legal paper within a period of twelve (12) months.
Medical and Dental Council	August 2016	Dr. David Mondo	Failure to provide proper care to an expectant mother – still birth.	Guilty	Payment of a fine of N\$ 70 000.00. An inspection on the general standard of provision of health care at the practice.
	December 2016	Dr. Tatenda Mudy-anadzo	Employing a locum tenes with conditional registration to work for State Health Facilities only.	Guilty	Payment of a fine of N\$ 100 000.00.

2.7 APPEAL

Table 16 presents appeals heard.

Table 16: Appeals heard

COUNCIL	DATE OF HEARING	APPELLANT	PARTICULAR OF APPEAL	OUTCOME
SOCIAL WORK & PSYCHOLOGY	January 2017	Waldi Kubirske	Appeal against the decision of the Council – suspension and fine.	Payment of fine N\$ 40 000.00 within a period of 30 days from 22 February 2017. Suspension from practicing her profession reduced from six years to four years, of which two (2) years are suspended on condition that she is not found guilty of practicing outside her scope of practice, an additional year if payment is not made on a specified date.
MEDICAL AND DENTAL	January 2017	Dr. Kabambi Kamba	Appeal against refusal of application for registration.	Matter removed from the roll due to Appellant's non-appearance.

2.8 LEGISLATIVE SUPPORT

The Health Professions Bill and Regulations progress for the period 1 April 2016 to 31 March 2017.

2.8.1 The Health Professions Bill

A draft Health Professions Bill is in place for presentation to parliament. Lessons learnt during the current phases of directing Councils, in terms of the 2004 Acts, serve as a motivation to improve on certain provisions to streamline functioning and to introduce new provisions which will improve quality care. Some major proposals in the draft Health Professions Bill are formalisation of the HPCNA as a legal entity, substantially reducing the number of Council members, and the inclusion of registration of practitioners in specific categories such as public and independent. The registration categories are expected to answer to the ongoing problem of the Ministry of Health and Social Services to find and retain enough and properly qualified staff in the under-serviced areas of our country.

While the statutory development of the health professions since the inception of the first Boards (1995) went through different phases, each of those phases were important to differentiate between what is necessary to retain, specifically for professional practice development and what is economically viable. Having the Joint Presidents' Committee of the five Councils functioning in an advisory capacity by coordinating financial planning and commitment and strategically coordinating administrative and professional aspects where applicable, the Joint Presidents' Committee's functions inspired the inclusion of a provision in the draft Health Professions Bill to have a formal legal entity called the Health Professions Council of Namibia (HPCNA). It is envisioned that the current five Acts will be replaced by the Health Professions Act which makes provision for the establishment of a single Health Professions Council of Namibia to coordinate administrative, financial and strategic matters and under which five Professional Boards shall fall to deal with professional specific issues.

2.9 REGULATIONS AS PER COUNCIL

Table 17 presents the above.

Table 17: Regulations per Council

	IN DRAFT	GAZETTED
ALLIED HEALTH PROFESSIONS	26	7
MEDICAL AND DENTAL	9	9
NURSING	5	2
PHARMACY	4	4
SOCIAL WORK AND PSYCHOLOGY	1	4
TOTAL	45	26

2.10 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.

2.10.1 Investigation process

During this period, as in previous years, the Department experienced slow

progress of investigations as it greatly relies on correspondence to conduct investigations of all complaints from across the country. The process of obtaining information in such a manner delays the process of finalising the complaints.

Ideally there should be officials stationed in different regions to facilitate investigations. The relationship with the Ministry of Health and Social Services on the provision of medical records and other relevant information needs to be strengthened.

2.10.2 Professional conduct inquiries and appeals

Investigations, conducting of professional conduct inquiries, and appeals, are the core function of the Department. The proper undertaking of such activities is very costly. The hearings are tightly scheduled within the limited funds available. This usually results in delays.

There are two options: to capacitate the Department to be able to handle the conducting of inquiries with less assistance from outside legal practitioners; and more funds should be allocated to defray costs of conducting inquiries within a reasonable time frame.

SECTION THREE

PROFESSIONAL AFFAIRS
DEPARTMENT



3.1 MEDICAL AND DENTAL COUNCIL

- **OVERVIEW**

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

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)

3.1.1 SUMMARY OF COUNCIL ACTIVITIES

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

MEETINGS OF COUNCIL, COMMITTEES AND SUB-COMMITTEES

Council meetings

Council held three (3) meetings.

- **Executive committee meetings (EXCO)**

This is the Committee that exercises the powers and performs the duties or functions of the Council during the periods between the meetings of Councils. The Committee held one (1) meeting.

- **Sub-committee on training of medical interns**

This is a Sub-Committee of the Education Committee that supervises the training of medical interns at approved training hospitals and health facilities. The Sub-Committee held three (3) meetings and facilitated the introduction of medical remedial programmes for medical graduates.

- **Sub-committee on training of dental interns**

This is also a Sub-Committee of the Education Committee established to develop guidelines, protocols, and logbooks for the newly introduced remedial and internship programs for dental graduates. The Sub-Committee held two (2) meetings which led to the development of the curriculum and logbooks for the dental intern and remedial programmes.

- **Sub-committee on inspection**

This Sub-Committee of the Education Committee inspects the training of medical and dental interns at the approved training hospitals and health facilities. The Committees inspected eight (8) dental intern, and two (2) medical intern health facilities, respectively.

- **Sub-committee on examination and evaluation**

This Sub-Committees of the Education Committee coordinate the pre-registration evaluation of foreign trained health professionals. The core function of the Sub-Committees is to determine the nature and content of the evaluation and see to it that it is properly executed. Thirty-seven (37) evaluations sessions were conducted.

a)	Medical practitioners	= 9
b)	Dentists	= 8
c)	Medical interns	= 3
d)	Dental Interns	= 2
e)	Medical specialist	= 13
f)	Biological scientist	= 1
g)	Oral hygienist	= 1

3.1.2 CONTROL OVER EDUCATION AND TRAINING

3.1.2.1 INSPECTION OF FACILITIES FOR TRAINING PURPOSES

Due to the increasing number of foreign trained medical and dental graduates the Ministry of Health and Social Services (MoHSS) requested for more hospitals to be inspected and approved to train medical and dental interns. In Council's endeavour to respond to the request of the MoHSS, inspections were conducted at various hospitals/health facilities as indicated in Tables 18 and 19.

Table 18: Health facilities inspected to train dental interns

FACILITY'S NAME	DATE OF INSPECTION	REGION	OUTCOME
Intermediate Hospital Oshakati (IHO) – Dental unit	08/09/2016	Oshana	Approved to train 5 dental interns per year
Intermediate Hospital Katutura (IHK) Dental Unit	22/09/2016	Khomas	Approved to train 10 dental interns per year
Keetmanshoop District Hospital – Dental Unit	25/11/2016	Karas	Not Approved -
Onandjokwe Intermediate Hospital – Dental Unit	16/12/2016	Oshana	Approved to train 2 dental interns per year
Dr XS Perez Llanes Private Practice	16/02/2016	Oshana	Approved to train 2 dental interns per year
Dr Happy J Uusiku Private Practice	16/02/2016	Oshana	Approved to train 2 dental interns per year
Intermediate Hospital Rundu – Dental Unit	27/02/2017	Kavango East	Approved to train 4 dental interns per year
Dr H De Haast Dental Private Practice	28/02/2017	Otjozondjupa	Approved to train 2 dental interns per year

Comments

- Keetmanshoop District Hospital was not granted approval to train dental interns due to shortcomings which were observed during the inspection visit.
- One of the major shortcomings was that hospital did not have a dentist on its staff establishment. The MoHSS was advised to employ a dentist and have him or her stationed at the hospital before approval to train intern could be granted.
- The Intermediate Hospital Rundu was approved to train four dental interns per year but could only accommodate two because one of its dental chairs was out of order.
- The Intermediate Hospital Onandjokwe was approved to train two dental interns but could only take in one intern as one of its dental chairs needed repair.

Table 19: Hospitals inspected to train medical interns

FACILITY'S NAME	DATE OF INSPECTION	REGION	OUTCOME
Windhoek Central Hospital and Intermediate Hospital Katutura	18/05/2016	Khomas	Approved
	19/05/2016		
Intermediate Hospital Oshakati (IHO)	17/06/2017	Oshana	Approved

Comments

- Windhoek Central Hospital and Intermediate Hospital Katutura continued to provide excellent training to medical interns.
- The total number of interns the two Windhoek State hospitals can train was increased from 100 to 120 per year.
- The Intermediate Hospital Oshakati also continues to provide excellent training to medical interns and its intake per year was increased from 30 to 50 interns.

Health facility inspected for training of medical students

The Ongwediva Medipark was inspected on the 4th of June 2016 to train medical students of the University of Namibia. Ongwediva Medipark was approved for a period of two years to train a maximum number of twenty-six (26) medical students per intake.

3.1.3 REGISTERS KEPT

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

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

3.1.3.1 REGISTERED PRACTITIONERS

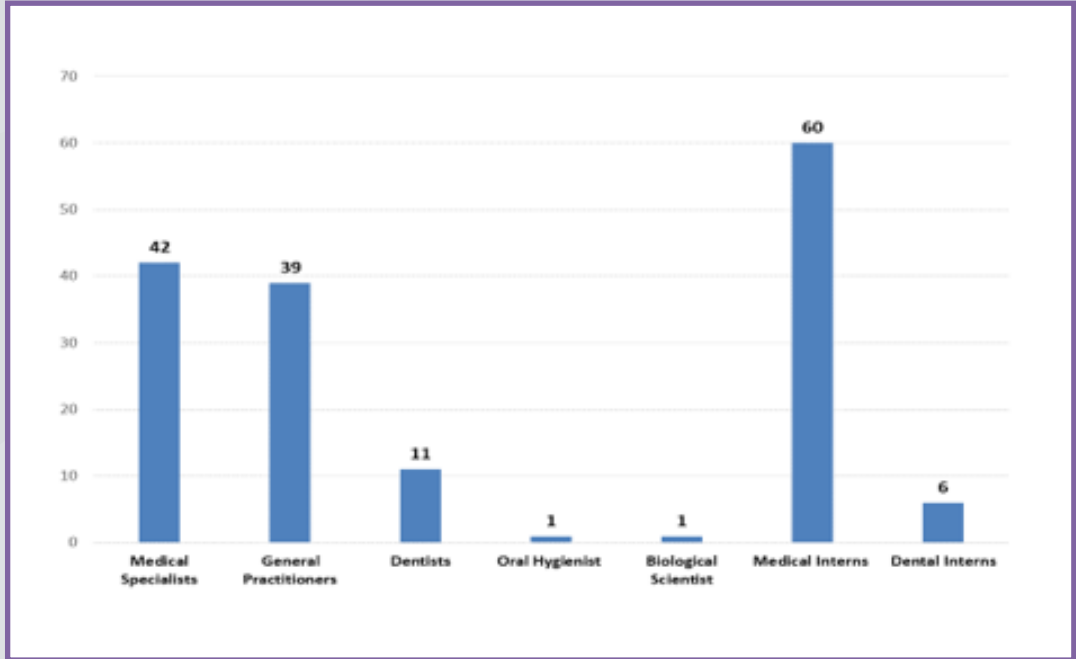
Table 20, Graphs 7 and 8, and Pie chart 1, present the data of the above.

TABLE 20: REGISTERED SPECIALISTS

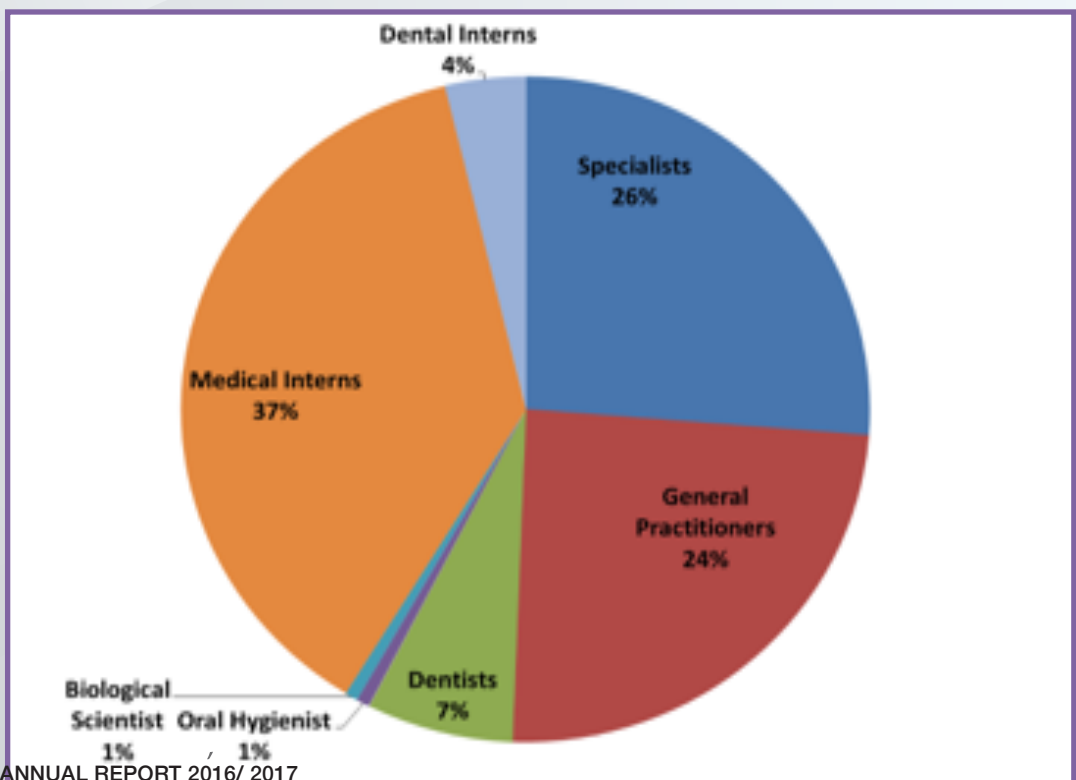
NO	SPECIALITY	TOTAL NUMBER REGISTERED
1.	Anaesthesiology	1
2.	Clinical epidemiology	1
3.	Cardiology	2
4.	Dermatology	2
5.	Diagnostic radiology	1
6.	Family medicine	3
7.	Medicine (Internal)	8
8.	Neurosurgery	3
9.	Obstetrics and gynaecology	2
10.	Orthopaedic	2
11.	Otorhinolaryngology	2
12.	Paediatrics	3
13.	Pathology (Anatomical)	1
14.	Pathology (Clinical)	1
15.	Pathology (Haematology)	1
16.	Physicist	2
17.	Plastic and reconstructive surgery	1
18.	Psychiatry	1
19.	Surgery	5

TOTAL REGISTERED

Graph 7: Total number of practitioners registered



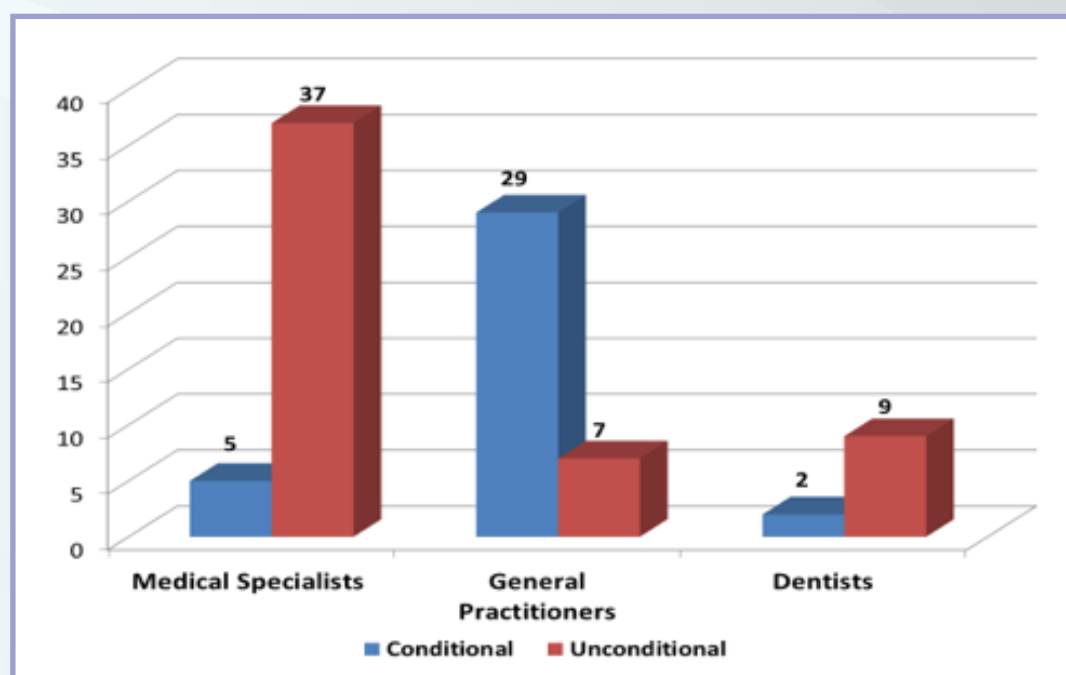
Pie Chart 1: Percentage of practitioners registered



Comments

- Ninety-four (94) practitioners met the prescribed requirements for registration and were registered.
- Subsequent to the amendments of the evaluation policy, which requires applicants for registration as general practitioners to pass all major domains of medicine, only 41% of the general practitioners could be registered compared to 45% of specialist practitioners.

Graph 8: Conditional vs unconditional registered practitioners



Comment

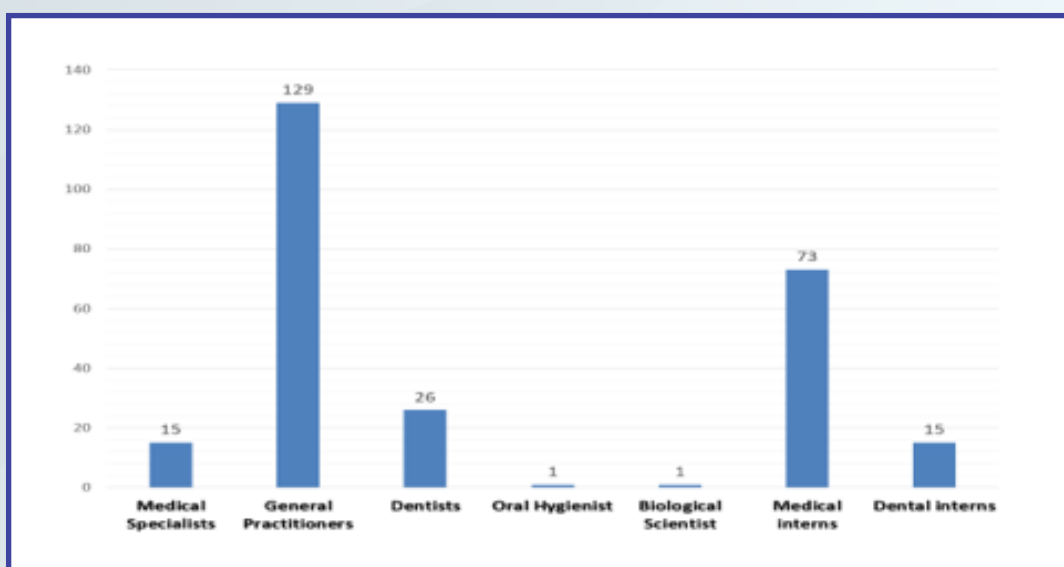
- A high number of specialists were registered unconditionally whereas the majority of general practitioners were conditionally registered.

3.1.4 Pre-registration evaluation

In compliance with section 20 (3) (a) (i)(ii) of the Act, the Council requires an applicant to pass to its satisfaction an evaluation in order to determine whether or not the applicant possesses adequate professional knowledge, skills, and

competence in the profession for which registration has been applied for. An applicant is also required to be proficient in the official language of Namibia. The number of such applications are presented in Graph 9.

Graph 9: Applicants evaluated per discipline



Comments

- Of the 15 dental graduates evaluated, 6 (40%) passed and 9 (60%) failed.
- Out of 73 medical graduates evaluated, 60 (82%) passed and 13 (18%) failed.

3.1.5 Remedial programme for medical and dental graduates

All foreign trained Namibian medical and dental graduates seeking registrations for internship training in Namibia are required to pass a pre-internship evaluation. To assist those who failed the pre-internship evaluations, and to prepare them for internship training, a consensus was found with the MoHSS to introduce a remedial programme. Nine (9) dental graduates and fourteen (14) medical graduates were registered for these programmes. The dental remedial programme was successfully implemented by the MoHSS in collaboration with the Namibian Dental Association. The remedial programme for medical graduates is being implemented by the MoHSS with the assistance of the University of Namibia.

With the number of medical and dental graduates increasing every year the demand for the remedial programme is expected to increase putting more strain on the approved training facilities and other resources. It is therefore urgent that stakeholders put in place an effective plan to deal with the increasing demand for remedial programs.

3.1.6 Verification applicants' credentials

The Council has joined the Educational Commission for Foreign Medical Graduates (ECFMG®) for verification of medical credentials of applicants applying for registration to practice medicine in Namibia. Starting September 1, 2016, all medical graduates who completed their medical education outside Namibia are required to use ECFMG's Electronic Portfolio of International Credentials (EPIC) to have the required medical credentials primary-source verified.

Council currently uses ECFMG's International Credentials Services (EICS) for this purpose. EPIC's web-based programme has provided the Council with the same rigorous primary-source verification of credentials that has been received through EICS. EPIC is an innovative, on-line service that medical graduates can use throughout their careers. Through EPIC, practitioners can build a digital career portfolio of the primary-source verified credentials related to their medical education, training, and registration/licensure. They can then use EPIC to request that reports verifying the authenticity of their credentials be provided to any organisation in the world, including medical regulatory authorities and potential employers, such as hospitals and academic institutions. For more information on EPIC, visit www.ecfmgepic.org

3.1.7 Council resolutions

The above are presented in Table 21.

Table 21: Resolutions made by Council

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
169	158 (93%)	11 (7%)

Comments on pending resolutions

Follow up inspections of most of the approved facilities for dental internship have not been done due to lack of feedback on the implementation of recommendations from the facilities.

3.1.8 Conclusions

The Council's duty is to ensure that all persons aspiring to practice health care professions in Namibia possess the required professional knowledge, skills and competence in health care provision. This is done through regulating the education and practice of all professions falling under the Act and the Medical and Dental Council of

3.2 PHARMACY COUNCIL OF NAMIBIA

- **OVERVIEW**

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

The Council's functions include the registration of practitioners, pharmaceutical practices, issuing of registration certificates, approval of training facilities and programmes, setting of education and practice standards, as well as keeping the registers for persons and pharmaceutical practices practicing the pharmacy health professions.

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)

Namibia has significantly delivered on this mandate.

3.2.1 Summary of council activities

- **MEETINGS**

The number of meetings are presented in Table 22.

Table 22 - Pharmacy Council's meetings held as required by the Act

MEETINGS	NUMBER
COUNCIL MEETING	2
EXECUTIVE COMMITTEE MEETING	1
EDUCATION COMMITTEE MEETING	3
PRACTICE COMMITTEE MEETING	6

3.2.2 Control over education and training

Section 16 of the Act provides that any person or education institution intending to offer education, tuition or training must apply to the Council in writing before offering such training (see Tables 23 to 25).

Table 23 - Applications from accredited training facilities

FACILITY	COURSE/ PROGRAMME	APPLICATIONS RECEIVED	APPLICANTS REGISTERED	PENDING
NATIONAL HEALTH TRAINING CENTRE	Student pharmacist assistant	RECEIVED	APPLICANTS	0
PUBLIC SECTOR: WINDHOEK CENTRAL HOSPITAL PHARMACY	Pharmacist interns	REGISTERED	PENDING	0
PRIVATE SECTOR	Pharmacist interns		28	0
UNIVERSITY OF NAMIBIA- SCHOOL OF PHARMACY	Student pharmacists		0	0
TOTAL		78	78	0

Comments

- The above table indicates the number of intake at the various training facilities and the number of pharmacist interns and students registered with the Council.

Table 24: Curricula submitted to Council for approval

INSTITUTION	NATURE OF PROGRAMME	STATUS
NATIONAL HEALTH TRAINING CENTRE	Certificate: Pharmacist assistant	Approved
INTERNATIONAL UNIVERSITY OF MANAGEMENT	Certificate: Pharmacist assistant	Approved

Table 25: Training pharmacies inspected for training of interns

NO.	DATE	NAME OF PRACTICE	OUTCOME
OTJOZONDJUPA			
1.	08/12/2016	Badenhorst Pharmacy	
KHOMAS			
2.	02/12/2016	Puzzle Investments Sixty-Eight Close Corporation t/a Family Care Pharmacy	Approved for 3 years
3.	01/12/2016	Hochland Park Pharmacy Close Corporation	Approved for 3 years
4.	13/01/2017	High-Veld Pharmacy	Approved for 3 years
5.	16/01/2017	Luisen Apotheke	Approved for 3 years
OSHANA			
6.	19/12/2016	Ongwediva Medipark (PTY) LTD t/a Ongwediva Hospital Pharmacy	Approved for 3 years
7.	19/12/2016	Oshakati Pharmacy Close Corporation t/a Oshakati Pharmacy	Approved for 3 years
8.	30/03/2017	WAP Pharmacare Close Corporation t/a North Care Pharmacy	Approved for 3 years
ERONGO			
9.	09/12/2016	Walvis Bay Pharmacy Close Corporation	Approved for 3 years
KARAS			

10.	19/01/2017	Khabuser Pharmacy	Approved for 3 years
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Comments

- The registration of pharmacist interns is done twice a year in December-January and May-June.

3.2.3 Letter of support for a training programme

The Pharmacy Council of Namibia issued a letter of support to the University of Namibia's for the Veterinary Pharmacy programme.

3.2.4 Operational inspection of pharmacy practices

Table 26: Facilities inspected

NO.	NAME OF PRACTICE	DATE	OUTCOME
OSHIKOTO REGION			
1.	Onandjokwe Hospital Pharmacy	20/12/2016	Approved with Recommendations
OSHANA REGION			
2.	Intermediate Hospital Oshakati Pharmacy	20/12/2016	Approved with Recommendations
3.	Seize the Moment Investment 23 CC t/a Etosha Pharmacy.	21/12/2016	Approved with Recommendations
4.	Pombili Pharmacy CC t/a Rite-Med Pharmacy	30/03/2017	Approved with Recommendations
KARAS REGION			
6.	Golden Pharmacy	23/02/2017	Approved with Recommendations
7.	Namdeb Hospital Pharmacy	23/02/2017	Approved with Recommendations
8.	Reichs Pharmacy	21/02/2017	Approved with Recommendations
	Sidadi Pharmacy	20/01/2017	Approved with Recommendations
KUNENE REGION			
9.	Kunene Pharmacy Close Corporation trading as Kunene Pharmacy	14/04/2016	Approved with Recommendations
ZAMBEZI REGION			
10.	Caprivi Pharmacy Close Corporation	02/03/2017	Approved with Recommendations
11.	Ocean Pharmacy CC t/a Katima Pharmacy	1/03/2017	Approved with Recommendations
OTJOZONDJUPA REGION			

12.	Otavi Mountain Investment CC t/a Otavita Pharmacy	21/12/2016	Approved with Recommendations
ERONGO REGION			
13.	ABC Pharmacy	8/12/2016	Approved with Recommendations
14.	Oasis Pharmacy	02/04/2016	Approved with Recommendations
15.	Welwitschia Chemist	01/04/2016	Approved with Recommendations

3.2.5 Pre-registration evaluation

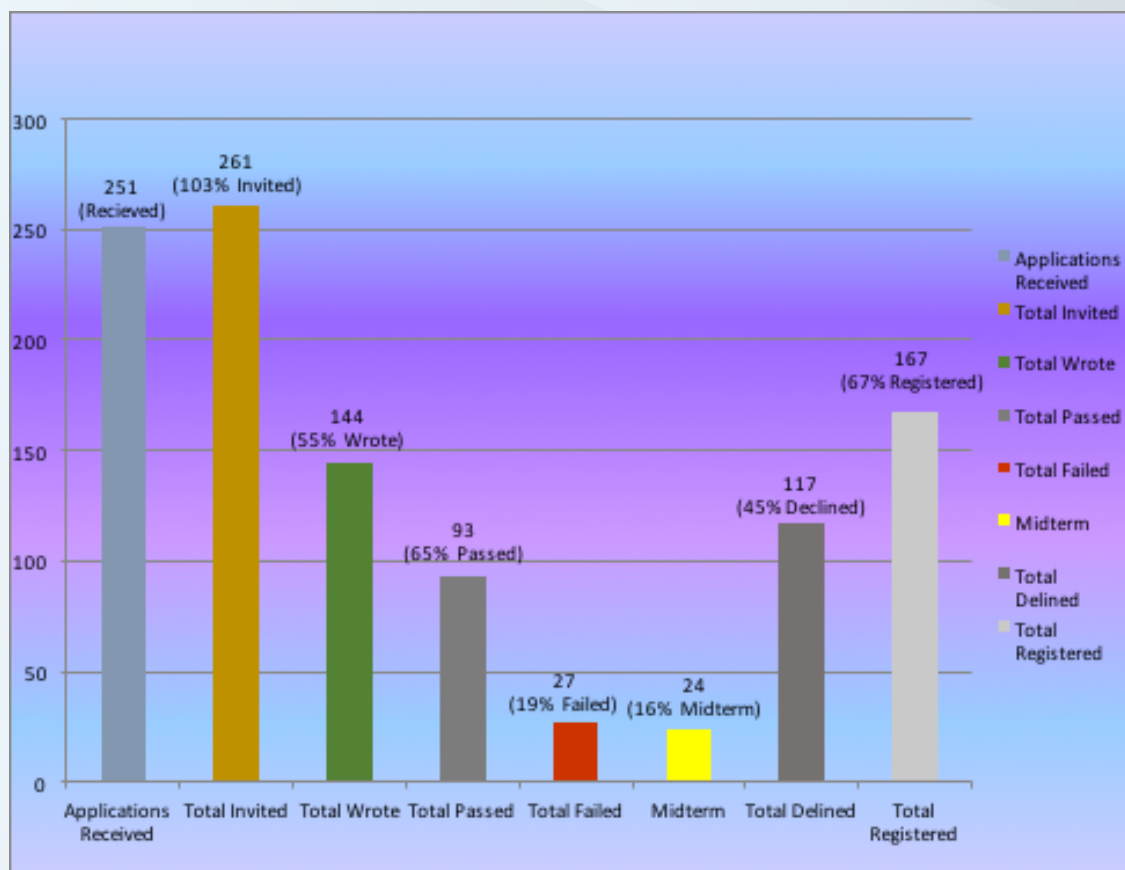
In compliance with section 22 (3) (a) (i) (ii) of the Act, the Council requires an applicant to pass to its satisfaction a pre-registration evaluation in order to determine whether or not the applicant possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied for. An applicant is required to be proficient in the official language of Namibia. Table 27 and Graph 10 pertain to the above.

Table 27: Pre-registration evaluation

Professional categories and types of evaluations conducted	Evaluation date	Number of invited applicants	Applicants who wrote the pre-registration evaluations	Number passed	Number failed	Number declined
PHARMACISTS:	2&3 June 2016	55	20	5	5	35
		66	27	20	7	39
	20 & 21 October 2016	62	19	9	9	43
	23 & 24 February 2017					

PHARMACIST INTERNS: Midterm Competency Legal Final OSCE'S (Comp.) Midterm Competency Legal Final OSCE'S (Comp.)	2 June 2016	20	20	NA	NA	0
	3 June 2016	21	21	20	1	0
	4 June 2016	3	3	1	2	0
	20 October 2016	3	3	NA	NA	0
		3	3	3	0	0
		3	3	3	0	0
Pharmacist Assistants: Competency & Legal Competency & Legal Competency & Legal	21 October 2016	22	22	22	0	0
	29 October 2016					
Pharmacist Assistants: Competency & Legal Competency & Legal Competency & Legal	2 & 3 June 2016	2	2	1		0
		1	1	1	1	0
	20 & 21 October 2016	3	3	1	0	0
					2	
TOTAL		261	144	93	27	117

Graph 10: Applications received, applicants evaluated and registered



Comments

- Two hundred and fifty-one (251) applications were received. Two hundred and sixty-one (261) applicants were invited for evaluation, and one hundred and forty-four (144) applicants were subjected to pre-registration evaluation. *(More candidates were evaluated than the applications received because some candidates were re-evaluated after having failed the first attempt).
- One hundred and sixty-seven (167) applicants of the total applications received were registered.

3.2.6 Registers kept

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

3.2.6.1 Practitioners

Tables 28 depicts the number of professional categories.

Table 28: Number of practitioners that were registered

PROFESSION CATEGORIES	RECEIVED APPLICATIONS	CANDIDATES REGISTERED	APPLICANTS WHO WROTE THE PRE-REGISTRATION EVALUATIONS	NUMBER PASSED
PHARMACISTS	117	44	0	73
PHARMACISTS COMPLETED INTERNSHIP IN NAMIBIA	23	23	0	0
PHARMACIST INTERNS	41	41	01	0
PHARMACIST ASSISTANT	49	38	0	11

PHARMACIST ASSISTANT STUDENT	21	21	0	0
STUDENT PHARMACIST	0	0	0	0
TOTAL	251	167	01	84

Comments

- Pre-registration evaluation process must be completed within two years from the date of the first evaluation or the candidate can only be evaluated twice, whichever of the two options comes first. If not passed and the candidate still desires to be registered with the Council he/she must re-apply and the application will be regarded as new.
- The total number of practitioners registered with the Council at the end of the reporting period is 1126.

3.2.7 Pharmaceutical practices

Tables 29 and 30 and Pie Chart 2 pertain to the above.

Table 29: Applications for registration of pharmaceutical practices

PHARMACEUTICAL PRACTICES	TOTAL NUMBER OF APPLICATIONS RECEIVED	TOTAL NUMBER REGISTERED	TOTAL NUMBER
COMMUNITY PHARMACIES	34	30	4
WHOLESALERS	6	5	1
MANUFACTURING	0	0	0
HOSPITAL PHARMACIES	1	0	1
TOTAL	41	35	6

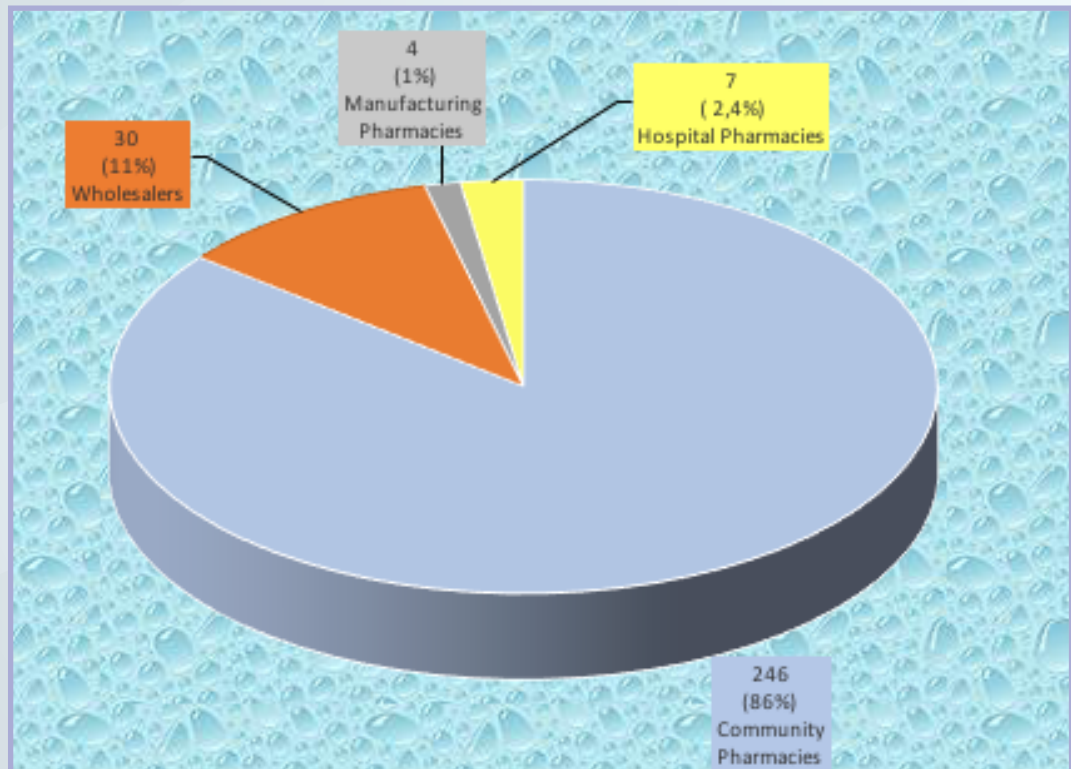
Comment

- 80% of all the pharmaceuticals practices that applied for registration were granted approval and are registered accordingly.

Table 30: Gross total number of pharmaceutical practices on the register

PHARMACEUTICAL PRACTICES	NUMBER ON THE REGISTER
COMMUNITY PHARMACY	246
WHOLESALE	30
MANUFACTURING PHARMACY	4
HOSPITAL PHARMACY	7
TOTAL	287

Pie Chart 2: Pharmaceutical practices on the register



3.7 COUNCIL RESOLUTIONS

These are presented in Table 31.

Table 31: Pharmacy Council resolutions

NUMBER OF RESOLUTIONS MADE	NUMBER & PERCENTAGE OF RESOLUTIONS IMPLEMENTED	NUMBER AND PERCENTAGE OF RESOLUTIONS PENDING
38	31 (82%)	7 (18%)

Comments on pending resolutions

- Council members are aligning the inspection tool to regulations dealing with the ownership of pharmacies by private hospitals and requirements for registration and conduct of pharmacy practices.
- Legal opinion being obtained of a community pharmacy practice.

3.3 NURSING COUNCIL OF NAMIBIA

- **OVERVIEW**

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

3.3.1 Summary of council activities

- Meetings

Table 32: Nursing Council's meetings held

MEETINGS	NUMBER
Council Meetings	2
Executive Committee Meetings	0
Education Committee Meetings	2

Table 33: Resolutions made by Nursing Council

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
22	21 (95%)	1(5%)

Comment

The Council is in the process of finding a new supplier for distinguishing devices as the current supplier has unilaterally changed the specifications and supplied products of poor quality. The process of finding a local supplier is yet to be completed.

3.3.2 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, the maintenance of registration. These registers and rolls lie open during ordinary office hours at the office of the Registrar for inspection by any interested member of the public.

3.3.2.1 Student nurse/midwives/accoucheurs register

Table 34: Student applications

FACILITY	STUDENT NURSE / MIDWIVES/ ACCOUCHEURS REGISTERED
UNAM – Main Campus (Degree & Diploma Courses)	145
UNAM – Northern Campus	104
UNAM – Southern Campus	90
Welwitchia University – Main Campus	111
Welwitchia University – Rundu Campus	93
International University of Management	98
National Health Training Centre	144
Keetmanshoop Regional Health Training Centre	42
Rundu Regional Health Training Centre	68
TOTAL	895

3.3.2.2 Pupil nurses/midwives/accoucheurs on the roll

Table 35: Pupil nurse applications

FACILITY	PUPIL NURSE / MIDWIVES/ ACCOUCHEURS EN-ROLLED
National Health Training Centre	127
Keetmanshoop Regional Health Training Centre	119
Otjiwarongo Regional Health Training Centre	96
Oshakati Regional Health Training Centre	87
Onandjokwe Regional Health Training Centre	81
Dr Richard Nchabi Kamwi Regional Health Training Centre	104
TOTAL	614

3.3.2.3 Enrolled and registered nurse practitioners

Table 36: Newly qualified nurses

PROFESSION	COMPLETED TRAINING	APPLICATIONS RECEIVED	ENROLLED / REGISTER	NOT APPLIED
Enrolled nurse / midwife / accoucheur	397	384	384	13
Registered nurse / midwife/ accoucheur	429	425	425	4

3.3.2.4 Statistics of total number of practitioners registered / enrolled

Table 37 and Graph 11 depict the data of the above.

Table 37: Total number of practitioners on the register or roll

CATEGORY	TOTAL
Enrolled Nurses	82
Enrolled Nurse / Midwives / Accoucheurs	5909
Nursing Auxiliaries	165
Pupil Nurse / Midwives / Accoucheurs	914
Registered Midwives	25
Registered Nurses	780
Registered Nurse / Midwives / Accoucheurs	4637
Specialist Midwife and Neonatology	1
Specialist Trauma Nurse	1
Student Nurse / Midwives / Accoucheurs	946
TOTAL	13460

Graph 11: Total number of practitioners on the register and roll



3.3.3 Other services

Table 38: Other services

Service Rendered	Total
Issued Certificate of Status	60
Issued Extract from the register	19
Involuntary Removal	660
Voluntary Removal	3
Ethics and Jurisprudence Manuals Sold	795
Namibian Standard Treatment Guidelines	627
Distinguishing Devices sold	
Epauettes	1567
Badges	946
Green Bars	620
Yellow Bars	369
Black Bars	73
White Bars	21
Silver Bars	43

Comments

- Reasons for refusal of registrations were due to applicants who do not meet the prescribed registration requirements or failed the evaluation.
- Certificate of Status issued where issued to study in other countries or relocate to other countries.
- Extract from the register or roll were issued to practitioners who lost their registration certificates.
- Reasons for involuntary removal from the register or roll was the failure of such practitioner to maintain their enrollment or registration as per Section 26(1)(c) of the Nursing Act, Act No 8 of 2004. Practitioners may apply for a restoration to a roll or register.
- Reasons for voluntary removal from the roll or register were retirement or ailments.
- The ethics and jurisprudence manual is a booklet made up of the Namibian Constitution, The patient charter for Namibia, the Nursing Act, No 8 of 2004, and other regulations relevant to the nursing profession. This manual is made available to applicants to acquire first continuous development points.
- The Namibian Standard treatment guideline equips newly registered practitioners with information on diagnosis and management of common ailments in Namibia.

- **OVERVIEW**

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

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

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



Top: from left to right:

Mr. C V Weyulu
(Registrar),
Ms.C Damases,
Ms.J.E Odendaal,
Ms.E G W Hoffmann,
Ms.J A Duiker,
Pastor G. Gurirab

Middle: from left to right:

Ms.K Smit,
Ms.L. Karunga-Beukes,
Dr.E Drews,
Ms.S M Smit,
Mr.E Bezuidenhout
(resigned)

Seated: from left to right:

Ms.Z Crous,
Ms.H Burger,
Dr E.Barlow (Former
Registrar)

3.4.1 Council activities

- **Professional committee meetings**

Section 12(6)(a) of the Act provides that the Council may establish from time to time one or more committees, consisting of such number of persons, including persons who are not members of the Council, as the Council may determine and appoint thereto in writing to assist the Council and the Professional Committee in the exercise of their powers or the performance of their duties or functions in terms of the Act as the Council or Professional Committee may so delegate or assign.

These are the Committees that advice or makes recommendations to the Council or the Minister on any matter relating to their professions.

- **Professional Committee for the Emergency Care Professions**

The committee held one meeting and discussed issues relating to emergency training academy's (ETA) curriculum for emergency care practitioner-basic. The curriculum is not yet approved by Council.

- **Professional Committee for Physiotherapy and Related Professions**

The Committee held two meetings and discussed issues relating to University of Namibia' s curriculum for Bachelor of Science Physiotherapy (Honours). The curriculum was approved by the Council.

- **Professional Committee for Occupational Therapy and Related Professions**

The Committee held two meetings and discussed issues relating to University of Namibia's curriculum for Bachelor of Science Occupational Therapy (Honours).

The curriculum was approved by the Council.

3.4.2 Council meetings

During the reporting period two Council meetings were held as required by the Act.

3.4.2.1 Executive committee meeting

During the reporting period one Executive Committee meeting was held.

3.4.3 Inspection of facilities for training purposes

Table 39: Health facilities inspected for training of interns

FACILITY NAME	NATURE OF TRAINING	REGION	OUTCOME
1. BRG Biokinetics Incorporate, Swakopmund	Intern Biokineticists	Erongo	Approved for 3 years
2. BRG Biokinetics Incorporate, Walvisbay	Intern Biokineticists	Erongo	Approved for 3 years
3. Jackie Retief Biokinetics	Intern Biokineticists	Khomas	Approved for 3 years
4. Anna Mart Kruger Physiotherapy	Intern Physiotherapist	Erongo	Not approved
5. Marieke Kierchner Physiotherapy	Intern Physiotherapist	Erongo	Approved for 3 years
6. Heliane Roland Physiotherapy	Intern Physiotherapist	Khomas	Approved for 3 years
7. Tania Van Veen Physiotherapy	Intern Physiotherapist	Khomas	Approved for 3 years
8. Megan Physio Reform	Intern Physiotherapist	Khomas	Not approved
9. Taka Jokomo Physiotherapy	Intern Physiotherapist	Hardap	Not approved

3.4.4 Control over education, tuition and training

Section 17(2) of the Allied Health Professions Act, 7 of 2004 (the Act) provides that any person or educational institution intending to offer the education, tuition or training must apply to the Council in writing before offering such training.

Table 40: Curricula submitted to the Council

INSTITUTION	NATURE OF PROGRAMME	STATUS
1. Welwitchia University	National Diploma Environmental Health Science	Approved
2. Namibia University of Science and Technology	Revised Curriculum for Bachelor of Environmental Health Science	Approved
3. Namibia University of Science and Technology	Revised Curriculum for Bachelor of Biomedical Science	Approved
4. Namibia University of Science and Technology	Revised Curriculum for Bachelor of Emergency Medical Care	Approved
5. University of Namibia	Bachelor of Science Occupational Therapy (Honours)	Approved

6. University of Namibia	Bachelor of Science Physiotherapy (Honours)	Approved
7. University of Namibia	Postgraduate Diploma in Diagnostic Ultrasound	Approved
8. Emergency Training Academy	Emergency Care Practitioner - Basic Certificate	Curriculum is not yet approved

3.4.5 Registers kept

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

3.4.5.1 Number of registered practitioners

During the reporting period, a total of six hundred and ninety-four (694) applicants applied for registration. Six hundred and thirty-four (634) applicants were registered; twenty-seven (27) applicants are waiting for pre-registration evaluations; thirty-three (33) applicants were refused registration due to non-compliance with the prescribed requirements for registration as shown in Table 41.

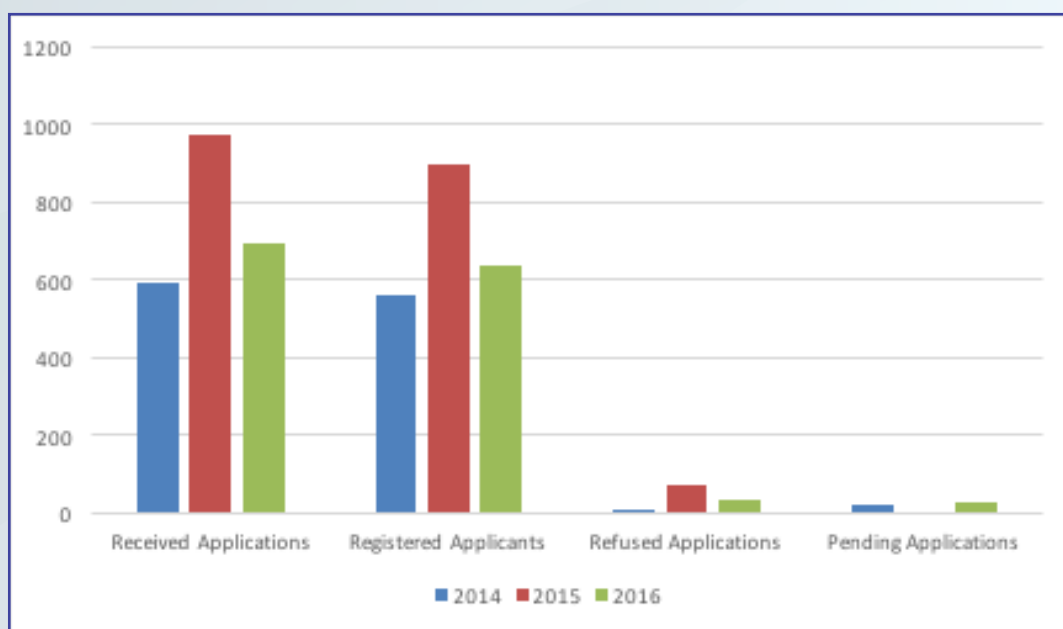
Table 41: Number of applications received per profession and status of registration

Profession	Received applications	Registered	Refused	Pending
Audiologist	3	3	0	0
Art Therapist	1	0	0	1
Biokineticist	7	5	2	0
Biokineticist Interns	2	2	0	0
Clinical Technologist	5	5	0	0
Chiropractor	1	1	0	0
Dental Therapist	19	7	3	9
Dental Technician	1	1	0	0
Dietician	4	4	0	0
Dental Technologist	1	1	0	0

Emergency Care Practitioner	235	231	4	0
Basic	50	50	0	0
Student Intermediate	40	40	0	0
Intermediate	9	9	0	0
Paramedic Student	28	28	0	0
Paramedic				
Emergency Care Technician	12	10	2	0
Environment Health Practitioner	30	27	3	0
Environmental Health Practitioner Students	11	11	0	0
Environment Health Practitioner Assistant	21	21	0	0
Dispensing Optician	1	0	0	1
Homeopath	1	1	0	0
Hearing Aid Acoustician	1	1	0	0
Medical Technologist	4	1	1	2
Medical Technologist Interns	1	1	0	0
Medical Laboratory Scientist	34	30	4	0
Medical Laboratory Scientist students	25	25	0	0
Medical Laboratory Technician	4	3	1	0
Student Medical Laboratory Technician	12	12	0	0

Student Phlebotomy Technician	2	2	0	0
Naturopath	2	0	0	2
Nutritionist	2	0	0	2
Occupational Therapist	12	12	0	0
Orthopedic Technologist	2	2	0	0
Optometrist	11	7	4	0
Physiotherapist	15	7	8	0
Physiotherapist Intern	12	12	0	0
Diagnostic Radiographer	25	24	1	0
Student Diagnostic Radiographer	14	14	0	0
Therapeutic Radiographer	1	1	0	0
Ultra-Sound Sonographer	9	1	0	8
Pupil Radiographer	20	20	0	0
Speech Therapist	2	2	0	0
Therapeutic Masseur	1	1	0	0
Therapeutic Aroma Therapist	1	0	0	1
Unani Tibb Practitioner	1	0	0	1
Total	694	634	33	27

Graph 12: Received applications and registered applicants as from 2014 – 2016



- Received applications 2014 to 2016: 589; 970; 694.
- Registered applications 2014 to 2016: 562;895;634.
- Refused applications 2014 to 2016: 4;70;33
- Pending applications 2014 to 2016: 23;0;27.

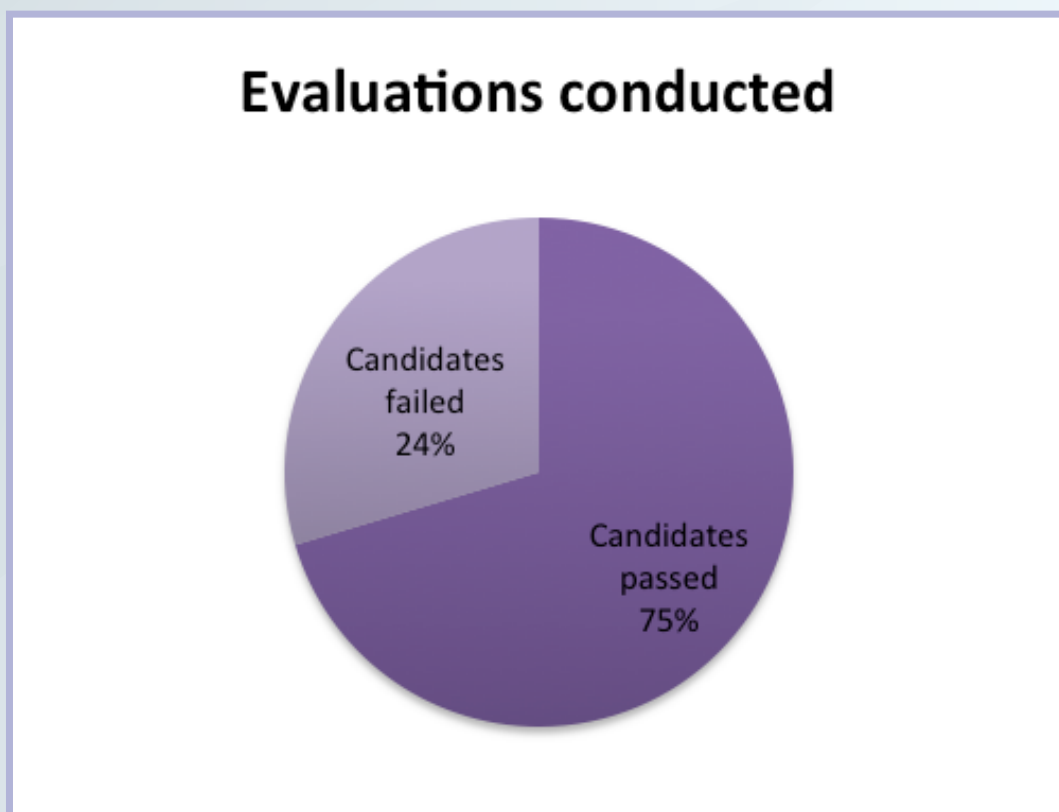
3.4.6 Pre-registration evaluation

Section 21 (3) (b) of the Act provides that the Council 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 Council were subjected to a pre-registration evaluation as indicated in Table 42 and Graph 13.

Table 42: Number of applicants evaluated per profession and the outcome

PROFESSION	EVALUATED	PASSED	FAILED
Audiology	3	3	0
Biokineticist	7	5	2
Chiropractic	1	1	0
Dental Therapy	10	7	3
Emergency Care Technician	4	2	2
Emergency Care Practitioner-Basic	6	2	4
Environmental Health Practice	6	3	3
Environmental Health Practitioner Assistant	4	4	0
Hearing Aid Acoustician	1	1	0
Homeopathy	1	1	0
Medical Technology	2	1	1
Medical Laboratory Technician	3	2	1
Medical Laboratory Scientist	34	31	3
Occupational Therapy	12	12	0
Optometry	11	7	4
Paramedic	6	6	0
Physiotherapy	15	7	8
Therapeutic Reflexology	1	1	0
Speech Therapy	2	2	0
Diagnostic Radiography	2	1	1
TOTAL	131	99	32

Pie Chart 3: Applicants evaluated



Comments

Of the one hundred and thirty-one (131) applicants who were subjected to pre-registration evaluation, ninety-nine (99) were successful: a 75% pass rate. They were found competent and registered in terms of the Act. Thirty-two (32) were unsuccessful which translates to a 24% failure rate.

3.4.7 Council resolutions

Table 43: Resolutions made by Council

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
45	41 (91%)	4 (9%)

Comments on pending resolutions

- Physiotherapists are yet to be appointed by the Council to support the

Wellington Physiotherapy practice for the training of physiotherapy interns.

- Physiotherapists are yet to be appointed as co-opted members of the Professional Committee for Physiotherapy and Related Professions.
- A framework within which dieticians who upgraded their qualifications may be allowed to practice their newly acquired skills is yet to be developed.
- Consensus is yet to be reached on the revised fees relating to education, tuition or training.

3.5 SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA

- **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 Act)

SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA



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
resigned);
Dr E Barlow (Former
Registrar)

3.5.1 Summary of council activities

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

- COUNCIL MEETINGS

Two (2) Council meetings were held.

- COUNCIL RESOLUTIONS

Table 44: Social Work and Psychology Council resolutions

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
10	9 (90%)	1(10%)

Comments on pending resolution

The inspection of the University of Namibia's psychology programmes is pending submission of the self-assessment tool from the University.

3.5.2 Control over education and training

Table 45: Facilities inspected to train psychology interns

PROFESSION	TRAINING FACILITY	OUTCOME
Intern Psychological Counsellors Intern Clinical Psychologists	Phoenix Psychology Practice	Approved for (3) years
Intern Psychological Counsellors Intern Educational Psychologists	Sandra van Schalkwyk Psychology Practice	Approved for (3) years
Intern Psychological Counsellors Intern Clinical Psychologists	Let's Talk Psychology Practice	Approved for (3) years

3.5.2.1 Inspection tool for training facilities

The successful compilation of accreditation tools for these departments was done and approved by the Social Work and Psychology Council on 30th September 2016. The Council resolved to conduct the inspections in the following financial year.

3.5.4 Registers kept

Admission to the register as provided for under the Act is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register (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 Council for inspection by any interested member of the public. Table 46 presents the number of applications received for registration. Table 47 and Graph 14 present the number of practitioners registered.

Table 46: Number of applications for registration received

Profession	Number of applications received	Number of registered applicants	Number of applications refused
Social Work	82	81	1 (Failed)
Student Social Work	25	25	0
Clinical Psychology	2	2	0
Psychological Counsellor	12	8	4(Failed)
Educational Psychology	2	1	1 (Failed)
Intern Clinical Psychology	3	3	0
Intern Psychological Counsellors	7	7	0
Intern Educational Psychology	1	1	0
Student Psychological Counsellors (BPsych)	23	23	0

Student Clinical Psychology (MPsych)	5	5	0
Student Educational Psychologists	2	2	0
TOTAL	164	158	6

Table 47: Registered practitioners per professional designation

Professional designation	Total
Clinical Psychologists	116
Intern Clinical Psychologists	5
Specialist Clinical Psychologist	1
Psychological Counsellor Students (BPsych)	10
Clinical Psychology Students (MPsych)	28
Educational Psychologists	23
Educational Psychology Students (EPsych)	2
Intern Educational Psychologists	0
Intern Psychological Counsellors	7
Psychological Counsellors	120
Psychometrists	4
Social Workers	689
Social Work Students	214
TOTAL	1219

Graph 13: Total number of practitioners on the register

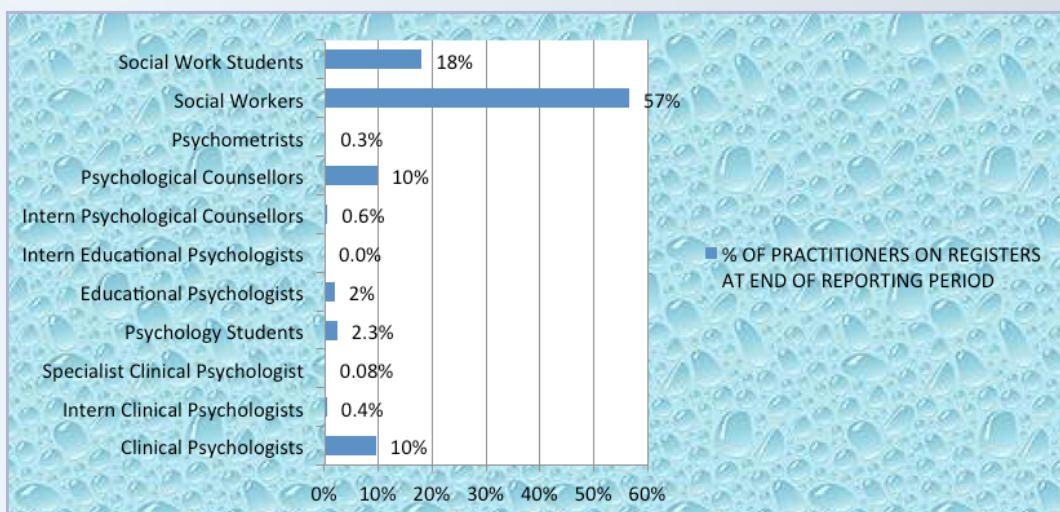


Table 48: Other services

Service Rendered	Total
Issued certificate of status	18
Issued extract from the register	1
Involuntary removal from the register	98
Voluntary removal from the register	3
Restoration to the register	10
Ethics and jurisprudence manuals sold	60
Namibian Standard Treatment Guidelines sold	54

Comments

- Certificate of Status were issued to practitioners taking up study in other countries or relocated to other countries.
- Extract from the register were issued to practitioners who lost their registration certificates.
- Reasons for involuntary removal from the register was due to failure of such practitioners to maintain their registration as per Section 26(1)(c) of the Act, No 6 of 2004. Practitioners may apply for a restoration to the register.
- Reasons for voluntary removal from the register were retirement or ailments.

SECTION FOUR

FINANCE, ADMINISTRATION AND
HUMAN RESOURCES SUPPORT SERVICES
DEPARTMENT

4.1.1 DIVISION: FINANCE

INTRODUCTION

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

- **Accounting system**

Since inception in 2004, Councils have been operating on a cash basis of accounting as cash was only accounted for and recorded on the pastel accounting system when it is received on the bank account, while invoices were raised on a separate database system. This attracted a modified audit report on the basis that Councils did not use an accrual accounting system as required by International Financial Reporting Standards (IFRS). During the financial year under review, Councils managed to integrate the database system to the pastel accounting system which enabled invoices and payments generated on the database system to be imported to the pastel accounting system and thus conforming to the accrual basis of accounting.

- Sources of income

For the 2016/2017 a grant of N\$ 20 000 000.00 was received from the Ministry of Health and Social Services, subject to such conditions as determined by the Health Minister in consultation with the Minister responsible for Finance, from moneys appropriated by parliament for the purpose of defraying expenses incurred by Councils in connection with their powers and the performance of their duties and functions.

Councils also received an amount of N\$ 89 566.00 from auctioning of redundant assets.

During the financial year under review the country underwent an economic downturn that nearly affected all sectors causing Councils to revise their budget during November 2016 and putting some capital projects on hold.

To improve its revenue base, the Joint Presidents Committee (JPC) proposed for a review on fees payable to the respective Councils. Councils have revised the fees for gazetting in this financial year.

- **Investments**

- * Councils continued to invest surplus of their funds in call accounts to generate interest. Call accounts generated a total of N\$ 666 607.00 during the financial year under review. Councils will continue to explore other investment portfolios as per their strategic interventions.
- * Councils invested N\$ 4 million on the bonds for Erf 4168, and Erf 4171 in order to reduce interest payable on these loans as well as the loan balances. A resolution was also taken that each Council contribute N\$ 150 000.00 every year as additional payment to reduce the two bonds. This resolution will stand until the bonds are settled.

- **Removal of names of practitioners from register or roll due to non-payment**

- * Councils continued to implement robust revenue collection measures to ensure that money owed by health practitioners for annual maintaining and other services are paid on time.
- * To this end, Councils deployed various methods such as text messages, newspaper notices, and messages on the Councils website to remind practitioners to pay funds owed to Councils. Such efforts yielded positive results as most practitioners came to pay their outstanding fees.
- * As provided by law Councils were left with no option but to remove names of those who did not pay from the register or roll.
- * Names of nine hundred and thirty-one (931) healthcare practitioners who failed to maintain their registration or enrolment for 2016/2017 practicing year were removed from the register or roll per Council as follows.

Nursing Council of Namibia	410
Allied Health Professions Council of Namibia	267
Medical and Dental Council of Namibia	78
Pharmacy Council of Namibia	41
Social Work & Psychology Council of Namibia	135

A total number of 190 practitioners restored their names to the roll or register after they were removed. This generated an addition revenue of N\$ 123 500.00 in restoration fees paid to Councils.

- **Phasing out cash transactions**

- * Council currently receives cash at its offices for various services offered to practitioners. There is a risk of cash in transit heists as huge amounts of cash are collected at Council premises and banked daily. Currently the services of a security company is used to transport money to the bank daily.
- * Councils have taken a decision to move towards a cashless system to avoid security risks and other costs associated with handling cash at the premises. To this end, Councils have notified all clients that as from the 1st December 2017 no cash payment will be accepted. Payments should be made via direct bank deposit, EFT, or speed point machine at the cash office at Council.

- **Audited financial statement**

- * During the financial year under review Councils continued to keep proper accounting records and the finance policies were implemented prudently. Councils' accounting records were audited by PKF-FCS Auditors and audited financial statements were provided.
- * All Councils received unqualified audit opinions with an emphasis of matter relating to cash deposits processed on the administration system after year end could not be verified with regards to individual debtor's allocation.
- * The detailed financial statements and audit reports are presented separately as an annexure to this report.

4.1.2 Division: human resources (HR)

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

- * Review and align management structure in line with the mission-driven functional needs of the Councils mandate.
- * Build transformational and professional leadership within Councils
- * Enhance human capital to meet internal and external customer requirements.
- * In line with these strategic focus areas the HR division is responsible for the overall human resources management and effective administration of payroll for Councils employees and consultants.

- **Staff recruitment and promotions**

- * The Staff Recruitment, Promotion & 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 and in line with HR strategic objectives.
- * During the reporting period five (5) employees left the employment of Councils and three (3) new employees were recruited.
- * All three (3) new recruits are in management level. It is also worth to mention that two of the three new recruits are females.

* During the period under review the Councils has also promoted a gender balance in executive level by promoting a female manager to a senior manager position. This is an effort to achieve the HR strategic objectives of reviewing and aligning the management structure in line with the mission-driven functional needs of the Councils' mandate, as well as to build transformational and professional leadership within Councils.

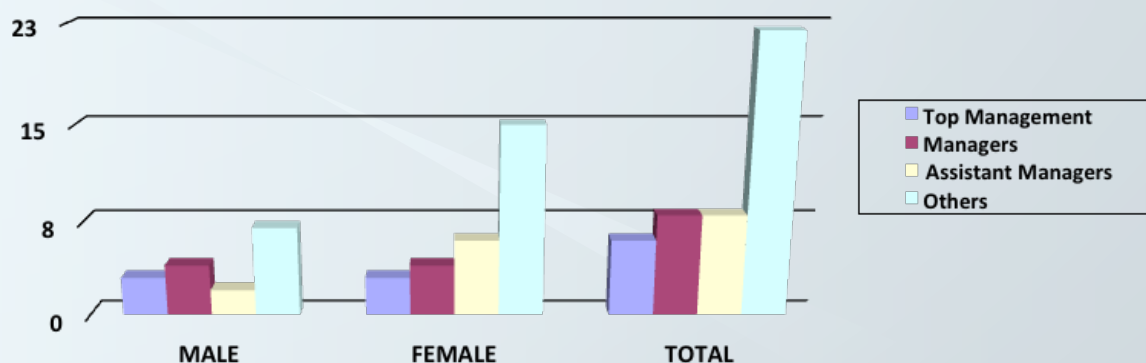
• Breakdown of Councils' workforce

During the reporting period Councils staff complement stood at 44 employees. Table 49 and Graph 15 include male/female numbers. Sixteen (36%) were male Namibians, and 28 (64%) were female Namibians. The gender demographics are an indication that the Councils continue to be mindful of the equity policy when recruiting staff.

Table 49: Breakdown of Councils' workforce

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top Management	3	3	6
Managers	4	4	8
Assistant Managers	2	6	8
Others	7	15	22
TOTAL	16	28	44

Graph 14: Breakdown of Councils' workforce



- **Training and development**
 - * During the financial year 2015/2016, 14 Councils' employees attended the Customer Care Service Improvement Course.
 - * During the period under review, as an effort to enhance human capital to meet internal and external customer requirements, the Councils engaged the Namibia University of Science and Technology (NUST) with a post assessment of the 14 Councils' employees who attended the Customer Care Service Improvement Course to assess how the staff members transferred their acquired skills onto the job.

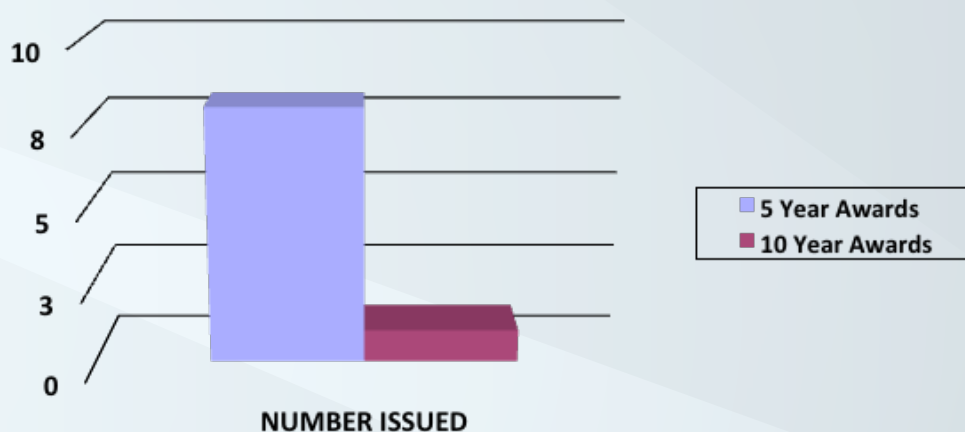
- **Medical aid for employees**
 - * The Councils recognised that the employees are their biggest asset. By investing in their wellness and helping them protect their health is a sound investment with high returns of productivity, morale, access to quality medical services, improved attendance and for the employees to feel their value to the Councils.
 - * For many years, the Councils had been applying for Public Service Employees Medical Aid Scheme (PSEMAS) to admit the Councils' employees. However, this did not bear fruit as the Councils' employees are not appointed in terms of the Public Service Act, 1995 (Act 13 of 1995).
 - * During the period under review Councils successfully entered in an agreement with Renaissance Health Medical Aid Fund as a medical aid service provider to Councils staff.

- **Long service awards**
 - * Long term service of employees is an indication that Councils are committed to employees' retention. It further demonstrates that they are valued and hence their loyalty to the employment of Councils.
 - * As per section 1.8 of the Councils' Human Resources Policy, long service awards aim to give special recognition to employees with long, uninterrupted service to Councils for a period of 5, 10, 15, 20 and 25 years and longer, or upon retirement. This award is granted once only, on the date on which the various periods of continuous service have been completed. During the period under review, the number of awards issued are listed in Table 50 and Graph 16.

Table 50: Long service awards

DESCRIPTION	NUMBER ISSUED
5 Year Awards	8
10 Year Awards	1

Graph 15: Long serving award



Councils are committed to the retention strategy. This is evident in Table 51: 14% of the work force have been in the Councils' employment for a period longer than 10 years; only 52% have been in Councils' employment for 6 to 10 years.

Table 51: Years of service at HPCNA

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGE
1 to 5 years	15	34%
6 to 10 years	23	52%
10 years or more	6	14%
TOTAL	44	100%

- **Disciplinary cases**

During this period under review, the division of Human Resources, Training and Development recorded two (2) disciplinary cases. The disciplinary hearings were conducted; in both cases the employees were found guilty as charged. In one case, the employee was given a punishment of unpaid leave for 3 days. The second case involved two employees. In the second case employees were given different penalties based on the merit of their involvement. One was given a written warning valid for three (3) months and the other was demoted and ordered to repay the missing funds amounting to N\$17,742.00 to the Councils within five (5) months.

- **New and revised policies**

During the financial year under report , Councils reviewed and made amendments to the Human Resources Policy for the first time after its development in 2005. This was necessary to ensure the Human Resources Policy is effectively addressing the Councils' needs in line with the relevant legislations and Councils' process. Some of the amendments made were organogram, offences management, performance management, and condition of service such as leave.

Councils also developed a Motor Vehicle Allowance Policy as part of the Human Resources Policy. These policies were approved at the Joint Presidents' Committee meeting held on the 30th November 2016.

- **Staff remuneration**

Labour cost was well-managed and remained within the budget. However, due to the change in some factors of economy that pushed high the inflation rate, the Councils saw it necessary to adjust staff salaries to cater for inflation.

During the financial year under review Council employees received the following salary increments as a counter measure to the inflation rate.

Grade 1 – 4 = 3%

Grade 5 – 11 = 5%

Grade 12 – 15 = 6%

This increments were effective from 1st April 2016.

4.1.3 Division: administration

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

- Develop a roadmap to relocate to an independently sited and permanent premise
- Effective and efficient fleet management

In line with these strategic objectives the following are the core functions of the general administration division.

- Physical facilities management
- Transport management
- General support services

A report of each of these three is presented.

- **Physical facilities management**
 - * During the period under review, the Councils successfully improved assets value through improvements to their existing, and acquiring of the new assets as part of their strategic objective.
 - * Erf 4168 situated opposite Office Complex 37 was successfully renovated to house the legal department. In addition, ERF4171 was purchased and renovated. This property is currently being leased on monthly rent of N\$20 000.00 to generate additional revenue for the Councils. Councils appointed town planners to rezone both Erf 4168 and 4171 from residential to office.
 - * Councils are exploring the possibility of installing solar energy at their premises to save on the ever-increasing cost of electricity.

- **Transport management**

During the period under review, Councils had a well serviced fleet of two newly acquired vehicles. The current fleet has been maintained very well as per service provider instructions as well as through internal control measures such tidiness, licensed and authorised driver, security, expense monitoring and log book control.

An old motorbike, and a Toyota Corolla, were disposed of at the age five years during the reporting period.

- **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 daily.

4.1.3.1 Contract management

Councils have contractual agreements with providers of the following services.

- Photocopy machines
- Information technology
- Database system administration
- Cleaning services
- Security service
- Insurance

All contracts with service providers were managed prudently; challenges were dealt with promptly with the service providers as and when they arose. As part of contract management, meetings were held with these service providers after every two months to discuss matters regarding the implementation of the contracts.

- **Procurement**

During the financial year under review, goods and services were procured in accordance with the procurement policy. However, with the introduction of the new Public Procurement Act 15 of 2015 by the Ministry of Finance in April 2017, requires that Councils must align the internal procurement policy to the new Act.

4.1.4 Section: data and record management

The Data and Record Management Division continued to manage files of registered practitioners. The files were updated from time to time, new files were created daily, and those of deregistered or unregistered health practitioners were closed from time to time.

Lack of filling space remained a challenge for both the Data and Record Management teams. During the financial year under review Councils received 13 requests for statistics from various stakeholders to which they attended to and provided the statistics.

4.1.5. Section: information technology (IT)

The function of the IT section is to provide adequate information technology solutions to support operations.

Councils have a well-functioning administrative data management system in place, and in the past made use of the system developer in managing both minor and major troubleshooting as well as for the enhancement of the system design. Most of the troubleshooting, maintenance, information updates, and report generating have been handed over to the in-house IT administrator.

Due to limited in-house IT capacity, effective maintenance of the Councils' website has been a challenge. The Councils have now opted to identify a suitable service provider to revamp and maintain the website on a contract basis.

Councils have also developed an electronic register (e- register) that will be accessible from the website. Councils are busy with the final work to get this system available to the public. Once this is live, the public will be able to access statistics from the website.

Councils have approved an external service provider to perform an audit on the entire IT infrastructure. Recommendations from the findings of the audit are being implemented to improve the standard of Councils' IT infrastructure. When this is done Councils will enter into an agreement with this service provider on outsourcing of the operational management of major functionalities such as firewall, and backup systems.

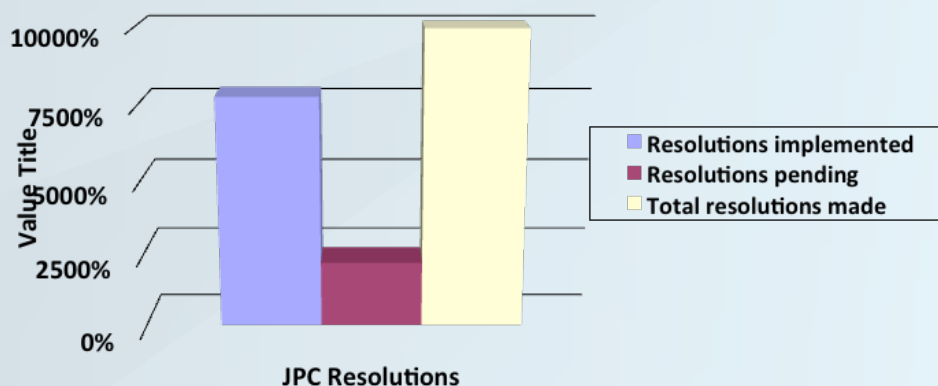
4.1.6 Resolution report

The implementation of resolutions taken by the Joint Presidents Committee (JPC) is the function of the department of finance and administration. Table 52 and Graph 17 show the implementation rate of these resolutions.

Table 52: Joint Presidents' Committee resolutions

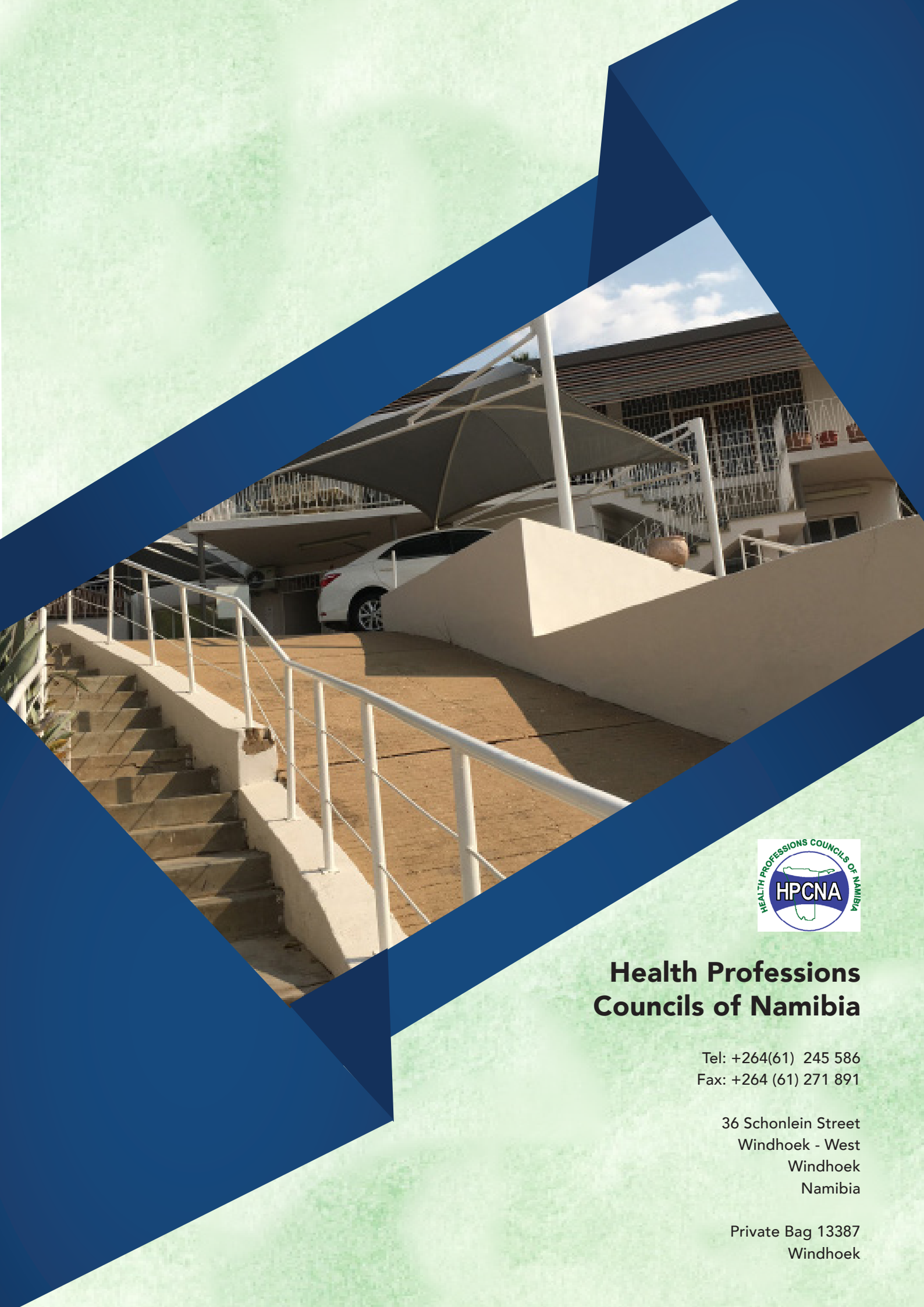
RESOLUTIONS MADE	RESOLUTIONS IMPLEMENTED	RESOLUTIONS PENDING
14 (100%)	11 (78%)	3 (22%)

Graph 16: Joint Presidents' Committee (JPC) resolutions implementation



Comments on pending resolutions

- The Allied Health Professions Council, Pharmacy Council, and Social Work and Psychology Council, requested further consultation on the proposed fee structure, especially on the fees payable by training institutions and pharmacy practices.
- The Service Level Agreement (SLA) with an IT service provider is yet to be signed. The service provider has been approved and Councils are at the stage of negotiating the agreement.
- Councils approached some solar energy service providers but quotations received were too costly. Other service providers will be sourced.



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