



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

Health Professions Councils of Namibia

Annual Report 2020-2021



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Abbreviations used in the report

AHPCNA	Allied Health Professions Council of Namibia
CBC	Capacity Building Committee
CC	Close Corporation
CEO	Chief Executive Officer
CEUs	Continuous Education Units
CPD	Continuing Professional Development
ECFMG	Education Commission for Foreign Medical Graduates
ECT	Emergency Care Technician
ED	Executive Director
ETQA	Education and Training Quality Assurance
EXCO	Executive Committee
GPs	General Practitioners
HPCNA	Health Professions Councils of Namibia
HR	Human Resources
HRD	Human Resources Development
HRM	Human Resources Management
IUM	International University of Management
IT	Information Technology
JPFC	Joint Presidents' Finance Committee
MCQs	Multiple Choice Questions
MDCNA	Medical and Dental Council of Namibia
MGEWCW	Ministry of Gender Equality and Child Welfare
MJ	Ministry of Justice
MoHSS	Ministry of Health and Social Services
NAMAF	Namibia Association of Medical Aid Fund
NAPWU	Namibia Public Workers Union
NCNA	Nursing Council of Namibia
NHTC	National Health Training Centre
NSFAF	Namibia Students Financial Assistance Fund
PCNA	Pharmacy Council of Namibia
PCC	Professional Conduct Committee
PECT	Prehospital Emergency Care Training and Special Services
PIC	Preliminary Investigation Committee
RHTC	National Health Training Centre
SOP	School of Pharmacy
S & T	Subsistence and Travel Allowance
SWPCNA	Social Work and Psychology Council of Namibia
UNAM	University of Namibia
UK	United Kingdom
WHTC	Welwitchia Health Training Centre

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Introduction

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

- Medical and Dental Council of Namibia established in terms of the Medical and Dental Act No 10 of 2004
- Pharmacy Council of Namibia established in terms of the Pharmacy Act No 9 of 2004
- Nursing Council of Namibia established in terms of the Nursing Act No 8 of 2004
- Allied Health Professions Council of Namibia established in terms of the Allied Health Professions Act No 7 of 2004
- Social Work and Psychology Council of Namibia established in terms of the Social Work and Psychology Act No 6 of 2004.

The objectives of the Councils are:

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

REGISTRAR'S MESSAGE

The year 2020/2021 was the third year in office for the current Councils and a period of trying out new ideas in many respects after the orientation period in 2018/2019. Like in the case of the preceding years, we have executed all planned activities of the Councils with a great zeal and determination and confronted operational challenges with utmost accomplishment.

We owe our success to the new and old registrants for their understanding and cooperation with the Councils in the exercise of their powers and performance of their duties and functions be it the processing of new applications for registration, maintenance of registration, compliance with the CPD, carrying out practice and training inspections, investigating complaints of unprofessional conduct, professional conduct inquiries or pre-registration evaluations.

Acknowledgement also goes to all members of the five Councils for providing unparalleled stewardship and for taking time off from their busy schedules to attend to Council matters occasionally on short notice.

The continued support and guidance of the MoHSS cannot be overstressed and most significantly for letting the Councils fulfil their mandates autonomously.

Finally, the Councils are actually figurative without an effective workforce. To my associates and staff members of the Councils,

I am forever beholden by your devotion, unreserved assistance, and remarkable talents with which you all carried out your responsibilities. I certainly could have not asked for more!



EXECUTIVE SUMMARY

PROFESSIONAL AFFAIRS

The Councils share a common mandate, namely, to regulate the registration of healthcare professionals by ensuring that all persons practicing health-related professions in Namibia are suitably qualified to practice the profession concerned.

Registration with the Councils is thus a pre-requisite for professional practice, and it is also a legal requirement to keep all personal details of registered healthcare practitioners up to date. It is worth mentioning that even though the activities of the Councils were affected by the Covid-19 pandemic, the Councils still managed to accomplish their registration targets in line with their five years strategic plan which commenced from 2021 to 2025. The target was to have a total number of 20 455 healthcare professionals registered during the year under review. The Councils have significantly delivered on this mandate by registering a total of 20 646 healthcare practitioners. The total number of registrants per Council is as follows.

- Nursing Council: 11763
- Medical and Dental Council: 2659
- Allied Health Professions Council: 4059
- Pharmacy Council: 1160
- Social Work and Psychology Council: 1005

ETQA AND CPD

During the year under review, the section ETQA facilitated the evaluation of persons seeking registration with the NCNA, AHPCNA, SWPCNA, MDCNA and PCNA. Seventy seven (77) evaluation sessions were held; five hundred and thirty-eight (538) practitioners were evaluated, and two hundred and thirty-four (234) passed the evaluations.

A high failure rate was with the medical graduates who had undergone the pre-registration evaluation: three hundred and fifty-six (356) had undergone the evaluation: ninety-four (94) passed and two hundred and sixty-two (262) failed.

The department also facilitated the inspections of health facilities and educational facilities as stated below.

- A total number of two (2) educational institutions were inspected for the training of allied professions and five (5) facilities inspected for the placement of students and interns under the AHPCNA.
- To ensure that the facilities where student and pupil nurse midwives/accoucheurs do their practical training conform to the standards as set by the NCNA, a total number of seventeen (17) health facilities were inspected. Seven (7) educational institutions were inspected for offering the certificate in enrolled nursing and midwifery.

Four hundred and forty-five (445) nurses completed their training as registered nurses midwives/accoucheurs and three hundred and eleven (311) as enrolled nurse midwives/accoucheurs. Their forms for completion of their training were verified.

To ensure compliance with the legislation on CPD one thousand six hundred and ninety-six (1696) practitioners from all five Councils were randomly selected. By the end of the reporting period the average compliance rate was nineteen percent (19%) which indicated a slight increase in CPD compliance by all professionals between the reporting years 2019/20 and 2020/21.

During the reporting period, two hundred and sixteen (216) jurisprudence multiple choice questionnaires were received and marked as opposed to the four hundred and sixty-five (465) that were received and marked in the 2010/2020 reporting period. From the received and marked questionnaires one hundred and seventy-nine (179) practitioners passed, and thirty-seven (37) failed the questionnaires.

LEGAL DEPARTMENT

The department is responsible for processing all complaints against health practitioners and coordinating the activities of the preliminary investigation committees, the professional conduct committees, the impaired practitioners' committees, the appeals committees and any other committee established by the Councils.

The department is further responsible for preliminary legislative drafting of the regulations, rules and notices and conduct preliminary consultation with relevant professions on the contents of such drafts. Such drafts are then transmitted to the Ministry of Justice's legal drafters for final drafting and scrutiny.

During this period the department two new legal practitioners were added to its establishment with the aim of capacity building and eventually taking over most of the professional conduct inquiries.

On average, there was a decrease in the number of complaints reported to the Councils in comparison to the previous year, with exception of the AHPCNA having recorded a 21% increase as compared to the previous year. Khomas region remained dominant in the demographic representation of the complaints and Erongo region at the bottom. During this period Councils recorded no complaint from the Kavango regions.

The Councils held most of the preliminary investigation meetings scheduled virtually. The disruption of the restrictions on gathering and travelling imposed to curb the spread of Covid-19 did not severely affect such arrangement.

During this period there was a 6% increase in the number of cases pending investigations. The number of cases pending professional conduct inquiries increased by 5% in comparison to the previous year.

The Councils appointed the chairpersons of the Appeal Committees following the resignation of the previous chairperson.

The MDCNA, and the PCNA, respectively, are engaged in High Court matters relating to registration of applicants. Such cases are ongoing.

The AHPCNA had a high number of drafted and gazette Regulations and Rules during this period followed by the MDCNA and SWPCNA.

FINANCE

Councils maintained their strategy to improve revenue collection efforts. This led to a 2.7% increase in revenue generated from services to healthcare practitioners. During the reporting period, the MDCNA, the AHPCNA, and the SWPCNA increased the fees payable by healthcare practitioners by 3.43%.

Rental income decreased by 18% from N\$ 431,186.00 in the 2019/2020 financial year to N\$ 350,000.00 in the 2020/2021 financial year. This decrease is attributed to the reduction in lease payments for office number 40. Funds invested by Councils in the call and unit trust investment accounts generated a combined interest of N\$ 576,415.24. This represents a 20% increase from N\$ 477,295.66 generated in the 2019/2020 financial year. Councils only long-term liability, the bond on erf 4169, will be settled on 30th September 2021.

HUMAN RESOURCES

The division is responsible for reviewing and aligning management structure in line with the mission-driven functional needs of the Councils' mandate of building a transformational and professional leadership within Councils and enhancing human capital to meet internal and external customer requirements.

During the report period, the Councils recruited four (4) staff members and promoted two employees. However, three (3) employees voluntarily terminated their employment with the Councils.

Councils' workforce consists of 44 employees: 16 (36%) are males and 28 (64%) are females. Overall, the Councils have significantly increased the representation of female employees in decision-making; 67% of employees in low-level category are females.

Under the report period, the Councils strove to improve their continuity and succession planning by recruiting young vibrant employees and maintaining the retention strategy. This is reflected by the staff establishment: 32% are middle-aged and 47% are young-aged.

The Councils create an environment for employees to develop their full capacities. During the period under review, three (3) employees attended training to acquire additional knowledge and skills related to their scope of work.

Despite the impact of the Covid-19 pandemic, the Councils continued to promote the wellbeing of the employees through health information dissemination, distribution of personal protective equipment, and annual voluntary health assessments services.

ADMINISTRATION

The administration division continued to effectively provide high quality physical facility management, fleet management, general support services, and logistic services to all Councils. During the period under review, the value of the five properties owned by the Councils has risen from a total N\$40 174 000,00 to N\$41 913 000,00 indicating an annual growth of 4%. Currently, the Councils' fleet remained at three serviceable vehicles.

The Councils complied with the provisions of the Public Procurement Act No 15 of 2015 in the procurement of goods and services and management of contracts.

DATA AND RECORD MANAGEMENT

The data and record management division plays a critical role in preserving the records of the Councils. Plans are underway to procure an electronic filing system during the 2021/2022 financial year in order to overcome lack of archiving space.

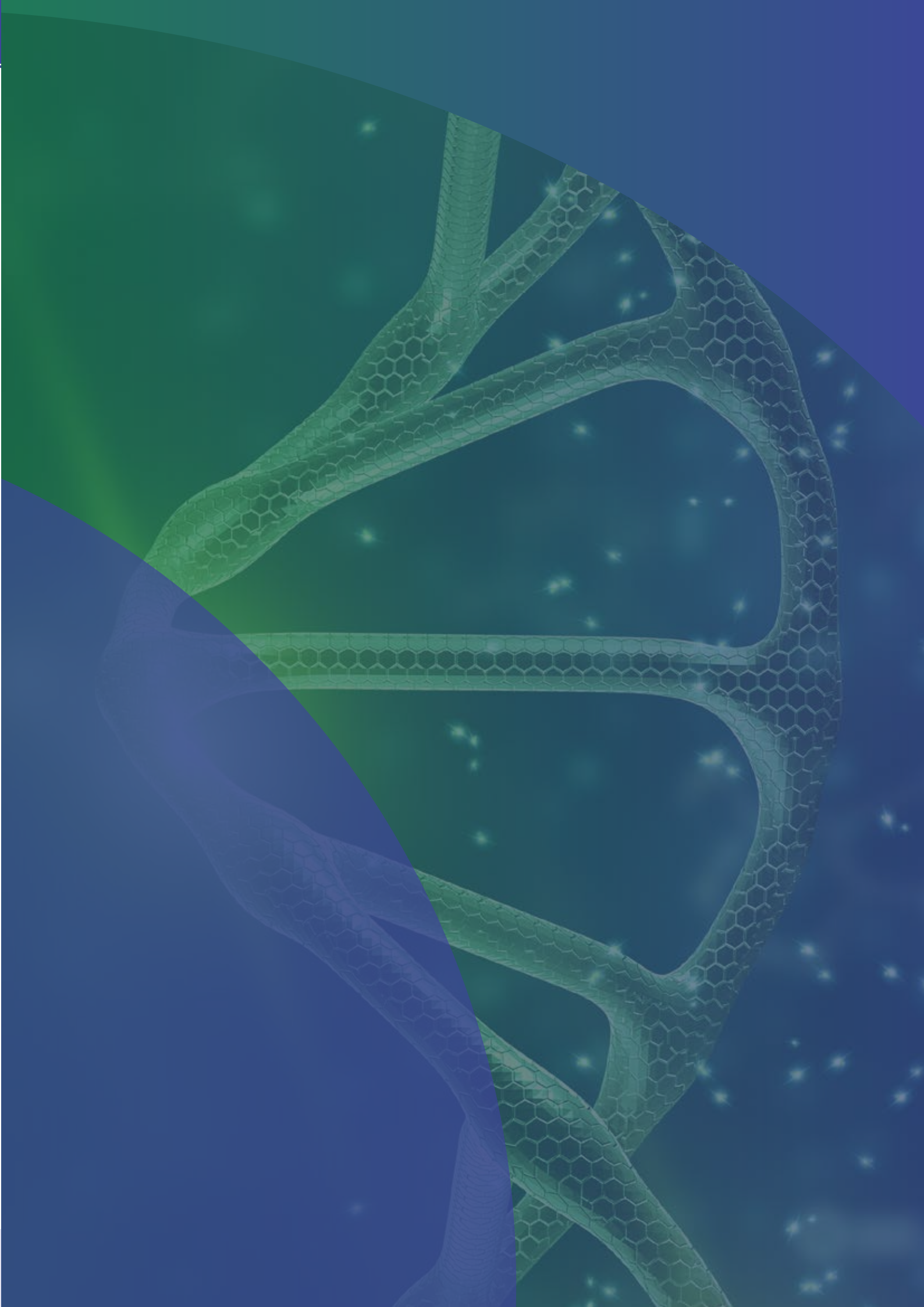
During the report period, various stakeholders utilised the Councils' statistical information on registered and enrolled healthcare practitioners for planning and decision-making purpose.

INFORMATION TECHNOLOGY (IT)

The function of this division is to provide IT solutions to support and facilitate the operations of various offices. There is a competent in-house IT staff member responsible for day-to-day maintenance, information updates, report generating and troubleshooting.

During the period under review, challenges were experienced with the capacity of data management system to accommodate the current service demands. A decision was taken to upgrade the system during the 2021/22 financial year.

E-registers for the Councils were developed during the second quarter of the reporting period. These enable members of the public to access information regarding registered or enrolled healthcare practitioners online.



The background of the page is a dark green color with a subtle, semi-transparent image of a medical stethoscope and a circular gauge or dial. The stethoscope is positioned diagonally across the frame, and the gauge is located in the upper right corner. The overall aesthetic is clean and professional, typical of a medical or healthcare-related document.

SECTION ONE



EDUCATION AND TRAINING
QUALITY ASSURANCE (ETQA)
& CONTINUING PROFESSIONAL
DEVELOPMENT (CPD)

EDUCATION AND TRAINING QUALITY ASSURANCE (ETQA)

Introduction

One of the core responsibilities of regulatory bodies is to ensure that healthcare practitioners are qualified and competent to render services, which are responsive to the changing needs, developments, priorities and expectations in health and health care, to the public.

This principle is specifically articulated in the legislation which governs all the health professions in Namibia. It is against this background that mechanisms have been put in place for monitoring practitioner competency and review of standards of practice and codes of ethics of practitioners.

To achieve the abovementioned, the ETQA Division 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 2020/2021, ETQA assisted Councils in performing strategic objectives.

Strategic objective

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

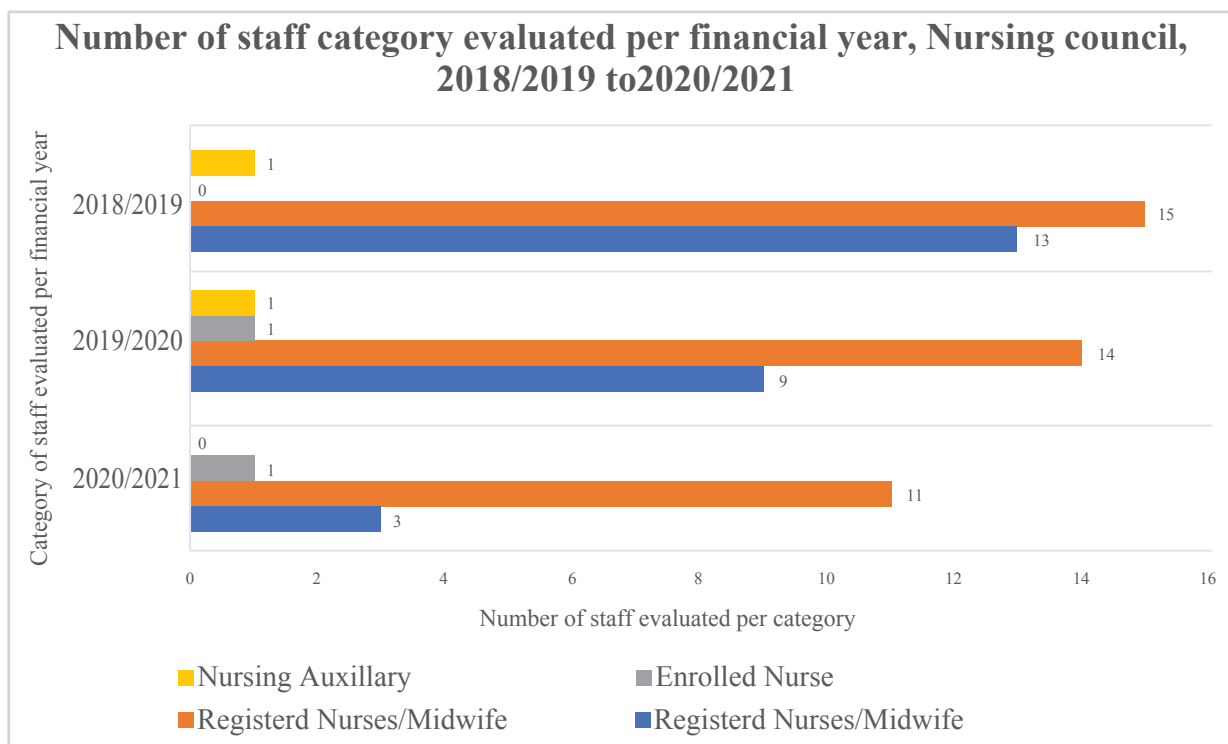
The ETQA Division assisted the NCNA, the AHPCNA, the MDCNA, and the SWPCNA, in conducting pre-registration evaluations as indicated in Tables 1, 2, 3 and 4. This activity was conducted in terms of Section 20(3) (b) of the Nursing Act of 2004, Sections 20 (3) (a) of the Allied Health Professions Act of 2004, the Social Work and Psychology Act of 2004 and the Medical and Dental Act, 2004 of 2004 which provided that an applicant has to pass to the satisfaction of the Council, an evaluation in order to determine whether or not he or she possesses adequate professional knowledge, skills and competence in the profession for which registration has been applied for.

Table 1: Pre-registration evaluations for nurses/midwives/accoucheurs

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Registered Nurse/ Midwife/ Accoucheurs	6	3	3	0	100%	0%
Registered Nurses		11	9	2	82%	18%
Enrolled Nurses		1	1	0	100%	0%

As shown in Table 1 the majority of the candidates were found to be competent to register/ enrol with the NCNA and practice the profession: average pass rate is 96%.

Graph 1: Pre-registration evaluations for nurses/ midwives/accoucheurs



Graph 1 provides a comparison of the number of candidates evaluated during the reporting periods, 2018/19, 2019/2020 and 2020/21. It is evident that there has been a considerable decrease in the number of candidates during these reporting periods. The decrease could be attributed to the lack of employment opportunities for foreign nationals in the country and also the impact of the Covid-19 pandemic.

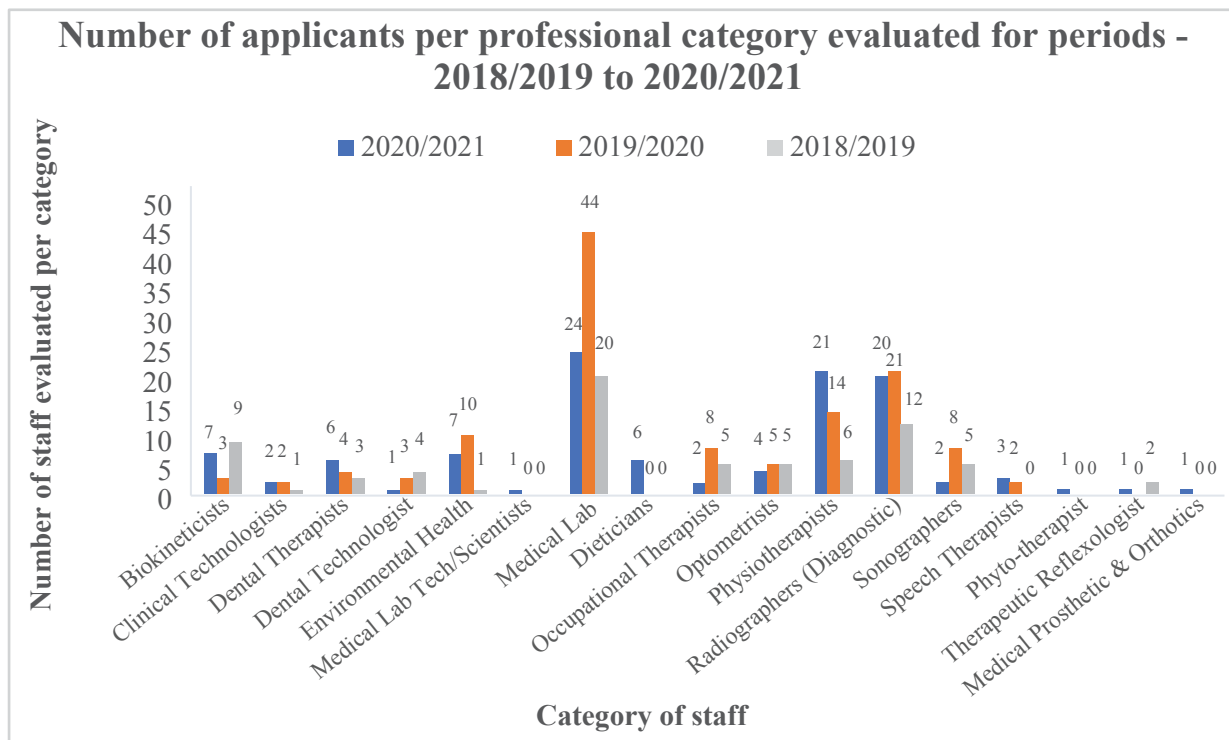
Table 2: Pre-registration evaluations for AHPCNA

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Biokineticists	3	7	6	1	86%	14%
Clinical Technologists (Blood Transfusion and Nephrology)	2	2	2	0	100%	0%
Dental Therapists	2	6	2	4	33%	67%
Dental Technologist	1	1	1	0	100%	0%
Environmental Health Practitioners	3	7	4	3	57%	43%
Medical Lab Tech/ Scientists (Histology and Cytology)	2	1	1	0	100%	0%
Medical Lab Scientists/ Technologist/ Technicians	2	24	19	5	79%	21%
Dieticians	4	6	5	1	83%	17%
Occupational Therapists	3	2	2	0	100%	0%
Optometrists	3	4	3	1	75%	25%
Physiotherapists	4	21	14	7	67%	33%
Radiographers (Diagnostic and Nuclear Medicine)	4	20	17	3	85%	15%
Sonographers	2	2	1	1	50%	50%
Speech Therapists	2	3	1	2	33%	67%
Phytotherapist	1	1	1	0	100%	0%
Therapeutic Reflexologist	1	1	1	0	100%	0%
Medical Prosthetic & Orthotics	1	1	1	0	100%	0%

Table 2 indicates that during the reporting period, applicants from 17 (seventeen) professions registrable under the AHPCNA were evaluated. There is also an indication that many candidates passed their evaluation and could register with the AHPCNA as practitioners. Dental therapists, and speech therapists, performed poorly with a 67% failure rate, respectively.

Graph 2 below displays the number of pre-evaluations per professional categories.

Graph 2: Pre-registration evaluations for the AHPCNA



Graph 2 is a comparison of three reporting periods: 2018/2019, 2019/2020 and 2020//2021. There was a significant drop in the number of allied health professionals evaluated during the 2020/21 reporting period.

Table 3: Pre-registration evaluations for the MDCNA

PROFESSIONAL DESIGNATION	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	SUPPLEMENTARY EXAM	PASS RATE	FAILURE RATE	SUPPLEMENTARY RATE
Medical graduates	2	322	70	188	64	22%	58%	20%
Dental graduates	1 (OSCE) 1 (MCQ)	15 19	11 13	4 1	5 5	73% 69%	27% 5%	- 26%
Medical Practitioners	3	17	11	6	-	65%	35%	-
Psychiatrist	2	2	2	0	0	100%	0	-
Specialist in Ortorhinolaryngology	1	1	1	0	0	100%	0	-
Specialist Dermatologist	1	1	0	1	0	0	100%	-
Specialist – Obstetrics and Gynaecology	2	3	2	1	-	67%	33%	-
Maxillofacial oral surgeon	1	1	1	0	-	100%	0%	-
Specialist – General surgery	1	1	1	0	-	100%	0%	-
Specialist – Orthopaedic Surgeon	1	1	1	0	-	100%	0%	-

Medical graduates recorded the highest failure rate of 78% as shown in Table 3

A graphic display of the number of evaluations for each professional category is presented in Graph 3.

Graph 3: Pre-registration evaluations for the MDCNA

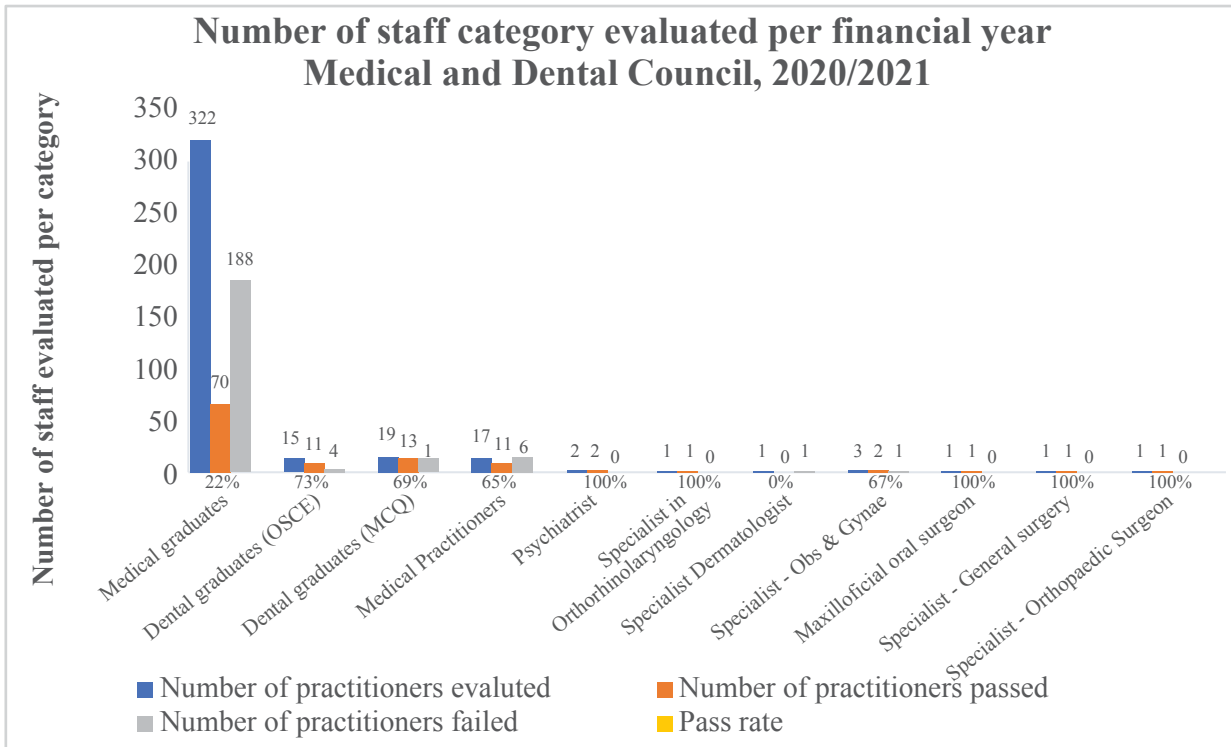
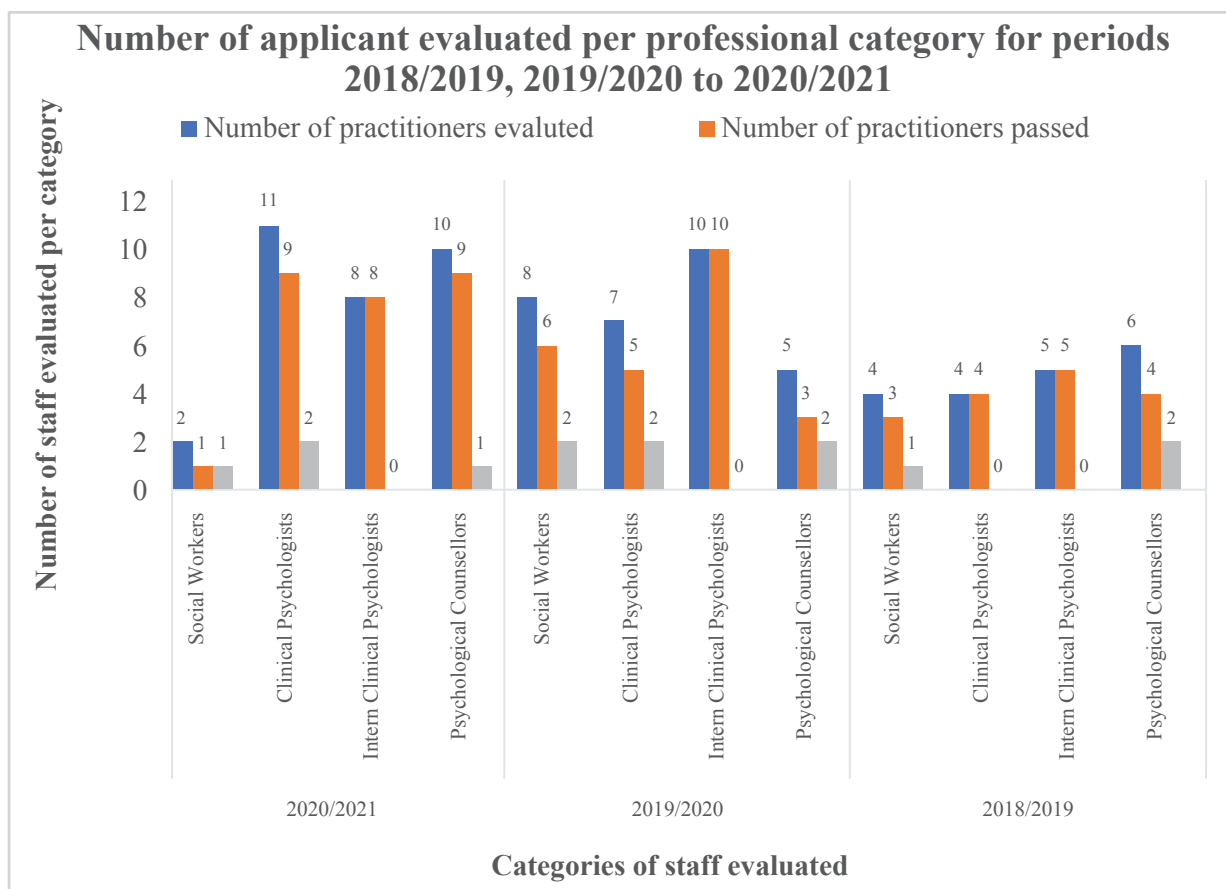


Table 4: Pre-registration evaluations for the SWPCNA

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Social Workers	1	2	1	1	50%	50%
Clinical Psychologists	6	11	9	2	82%	18%
Intern Clinical Psychologists	3	8	8	0	100%	0%
Psychological Counsellors	5	10	9	1	90%	10%

Table 4 illustrates that the overall performance of the candidates was good: average pass rate of 81%; and 19% failure rate.

Graph 4: The number of practitioners under the SWPCNA who were evaluated for the 2018/19, 2019/20 and 2020/2021 reporting periods

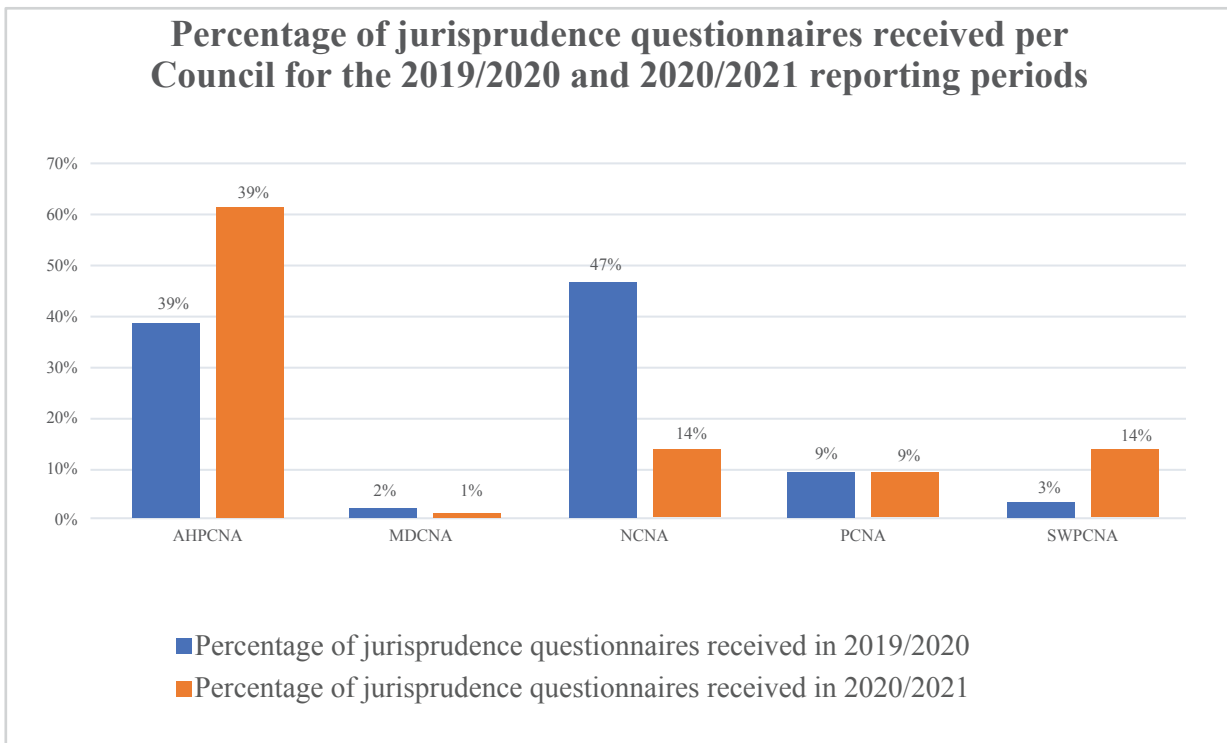


Graph 4 indicates an increase in the number of psychological counsellors and clinical psychologists who were evaluated in the 2020/21 reporting period as opposed to those who were evaluated and passed in 2019/20. There was a decline in the number of social workers who were evaluated and passed in 2020/21 compared to those evaluated and passed in 2019/20.

Jurisprudence multiple choice questionnaires

All persons who go through the evaluation process are required to complete the jurisprudence MCQs and on successful completion thereof they obtain their first CPD points in professional ethics. During the reporting period 2020 / 2021 a total of 216 jurisprudence MCQs were received and marked as opposed to the 465 in the 2019/2020 reporting period. Out of the received and marked MCQs (n=216) 179 practitioners passed and 37 failed.

Graph 5: Comparison of jurisprudence questionnaires received per Council for the 2019/2020 and 2020/2021 reporting periods



Graph 5 shows that most jurisprudence MCQs were received from the AHPCNA registrants followed by the NCNA. Other Councils seem to be lagging behind.

Strategic objective

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

To ensure that minimum educational and training standards are in line with the relevant legislation, the ETQA section has the responsibility of facilitating the inspections of hospitals, health centres, clinics, and private practices, as well as accreditations of educational training institutions. Tables 5 to 12 present the institutions which were inspected between April 2020 and March 2021.

Table 5: Inspected educational institutions for the training of allied health professions 2020/2021

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
KHOMAS REGION	University of Namibia Physiotherapy Department	Bachelor of Science in Physiotherapy Honours	Approved for three years
	Welwitchia Health Training Centre	National Diploma in Environmental Health Sciences	Approved for three years

Table 6: Health facilities and practices inspected for the placement of student radiographers and student/intern physiotherapists 2020/2021

REGION	FACILITY	CATEGORY	OUTCOME
ERONGO	Anna Mart Kruger Physiotherapy	Intern Physiotherapists	Approved for 3 years
	Marieke Kirchner Physiotherapy, Swakopmund	Intern Physiotherapists	Approved for 3 years
OSHANA	Intermediate Oshakati Hospital	Student Radiographers	Not approved due to shortcomings identified
	Intermediate Oshakati Hospital	Intern Physiotherapists	Approved for 3 years
KHOMAS	Windhoek Central Hospital	Intern Physiotherapists	Approved for 3 years

Out of the five facilities inspected four were approved for a duration of three years and one was not approved due to shortcomings identified.

Table 7: Health facilities inspected for clinical rotation of student and pupil nurses/midwives/ accoucheurs

REGION	NAME OF FACILITY	OUTCOME
KHOMAS REGION	Windhoek Central Hospital	Approval granted for three years - Grade B
	Khomasdal Health Centre	Approval granted for five years - Grade A
	Wanaheda Clinic	Approval granted for three years - Grade B
	Otjomuise Clinic	Approval granted for three years - Grade B
	Okuryangava Clinic	Approval granted for three years - Grade B
	Donkerhoek Clinic	Approval granted for three years - Grade B
	Hakahana Clinic	Approval granted for three years - Grade B
	Lady Pohamba Private Hospital	Recommended for approval for a period of five years Grade A – (pending Council approval)
	Namibia Oncology Centre	Recommended for approval for a period of five years Grade A – (pending Council approval)
KUNENE REGION	Opuwo Hospital	Approval granted for three years - Grade B
	Opuwo Clinic	Approval granted for three years - Grade B
	Kamanjab Health Centre	Approval granted for three years - Grade B
	Khorixas Hospital	Approval granted for five years - Grade A
	Khorixas Clinic	Approval granted for five years - Grade A
	Outjo Clinic	Approval granted for three years - Grade B
	Outjo Hospital	Approval granted for five years - Grade A
KAVANGO REGION	Rundu Private Hospital	Approval granted for five years - Grade A

Seventeen health facilities in eight regions were inspected for clinical rotation of student and pupil nurses /midwives/ accoucheurs. Seven facilities were granted approval for five years (i.e. Grade A). Ten facilities were granted approval for three years (i.e. Grade B). There was an improvement in the performance of the facilities as can be seen in the grading

system. More facilities attained a Grade A rating in this reporting period compared to the reporting period of 2019/ 2020. Katutura Hospital in the Khomas region could not be inspected as planned due to the facility being overwhelmed with Covid-19 patients at the time of the inspection.

Table 8: Classification of inspection findings for the NCNA

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

Table 9: Number of health facilities inspected per region during the 2020/2021 reporting period

CATEGORY	KHOMAS	KUNENE	KAVANGO
HOSPITAL	2	3	1
HEALTH CENTRE	2	1	0
CLINIC	5	3	0

Table 10: Inspected educational facilities for nursing professions

REGION	NAME OF FACILITY	PROGRAMME	OUTCOME
Khomas Region	D'Expert Health Care CC	Certificate in Enrolled Nursing and Midwifery	No approval granted – UNGRADED due to critical shortcomings identified during the inspection.
	PMT Training Centre – Eros Campus	Certificate in Enrolled Nursing and Midwifery	Approval granted for three years – Grade B
Kavango Region	Alba Mweendera Training Centre	Certificate in Enrolled Nursing and Midwifery	Approval granted for three years – Grade B
	University of Namibia – Rundu Campus	B – Degree in Nursing and Midwifery	Approval granted for five years – Grade A
	Welwitchia Health Training Centre – Nkurenkuru Campus	B – Degree in Nursing and Midwifery	Approval granted for a period of one year – Grade C
Otjozndjupa Regiond	Welwitchia Health Training Centre – Kombat Campus	B – Degree in Nursing and Midwifery	Approval granted for three years – Grade B
Zambezi Region	Shiramed Medical Institute	Diploma in Nursing and Midwifery Science	Approved for a period of five years – Grade A

Table 10 shows that seven educational institutions were inspected: two were granted Grade A, three were granted Grade B, one was granted Grade C, and one was ungraded.

Table 11: Number of completions of training received and verified for compliance with set minimum requirements of the NCNA for training of enrolled nurses / midwives / accoucheurs

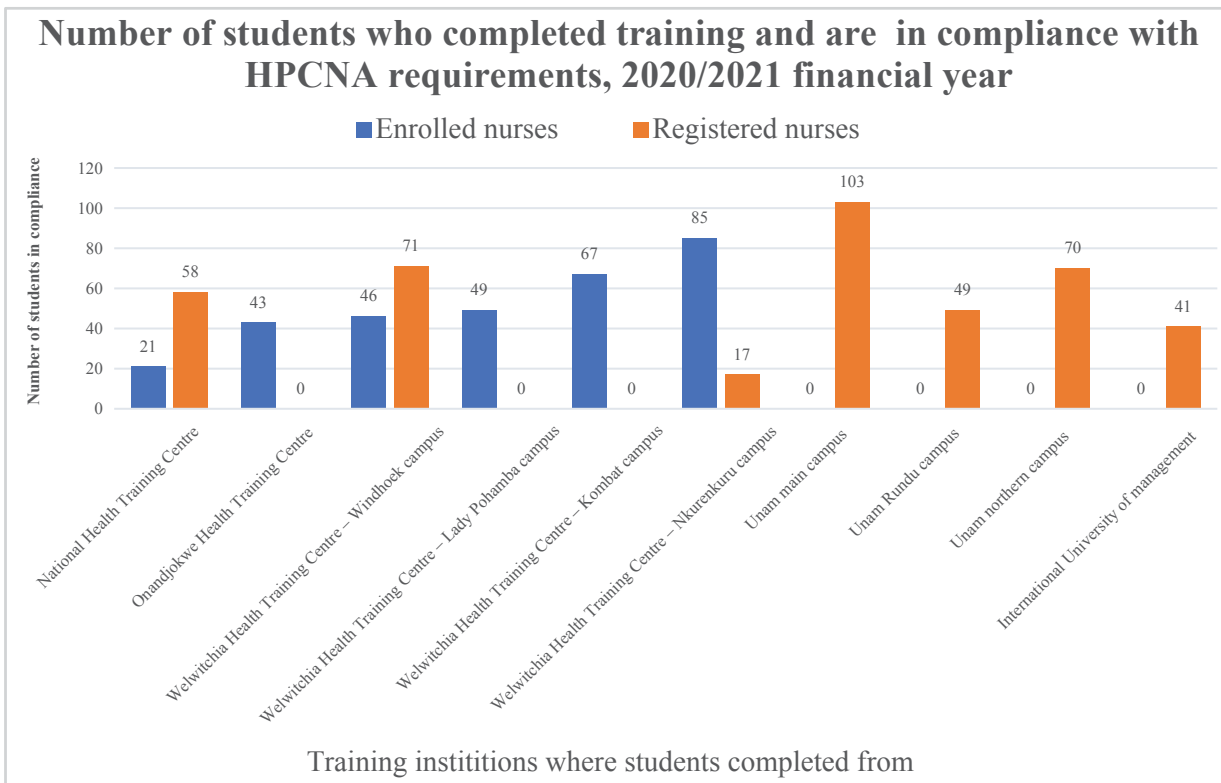
DESIGNATION	EDUCATIONAL INSTITUTION	NUMBER OF COMPLETIONS RECEIVED	NUMBER OF COMPLETIONS VERIFIED
Enrolled Nurse / Midwife / accoucheurs	NHTC	21	21
	Onandjokwe Health Training Centre	43	43
	WHTC – Windhoek campus	46	46
	WHTC – Lady Pohamba campus	49	49
	WHTC – Kombat campus	67	67
	WHTC – Nkurenkuru campus	85	85
TOTAL NUMBER OF COMPLETIONS VERIFIED		311	311

Table 12: Number of completions of training received and verified for compliance with set minimum requirements of the NCNA for training of registered nurse/ midwives/accoucheurs

DESIGNATION	EDUCATIONAL INSTITUTION	NUMBER OF COMPLETIONS RECEIVED	NUMBER OF COMPLETIONS VERIFIED
Registered Nurse / Midwife/ Accoucheurs (B degree)	UNAM Main Campus	99	99
	UNAM Rundu Campus	49	49
	UNAM Northern Campus	70	70
	IUM	41	41
	WHTC – Main Campus	71	71
	WHTC – Nkurenkuru campus	17	17
TOTAL NUMBER OF COMPLETIONS RECORDS (B – DEGREE)		347	347
Registered Nurse / Midwife/ Accoucheurs (Diploma)	UNAM (Main Campus)	4	4
	NHTC	58	58
	RHTC	36	36
TOTAL NUMBER OF COMPLETIONS RECORDS (DIPLOMA)		98	98

In total 756 completions were received and verified during the reporting period. This indicates that 756 nurses complied with the minimum requirements prescribed by the NCNA and after registration they can join the job market. There was a decrease of 63 of nurses who completed their training in the 2020/21 reporting period as opposed to the 819 in the 2019/20 reporting period. This decline can be ascribed to the closure of some of the MoHSS training centres.

Graph 6: The number of students who completed training and complied with prescribed minimum requirements of study for registration/ enrolment



Graph 6 shows that UNAM produced the most registered nurse midwives/accoucheurs, followed by Welwitchia Health Training Centre in the 2020/21 reporting period. The Welwitchia Health Training Centre produced more enrolled nurse midwives/accoucheurs in the same reporting period.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Healthcare practitioners have a responsibility to continually update their professional knowledge and skills in order to benefit patients or clients. To this end the HPCNA has implemented a CPD programme. Practitioners are required to accumulate continuing education units (CEUs) per twelve-month period; including ethics, human rights, and medical law. Each CEU is valid for 24 months from the date on which the activity took place

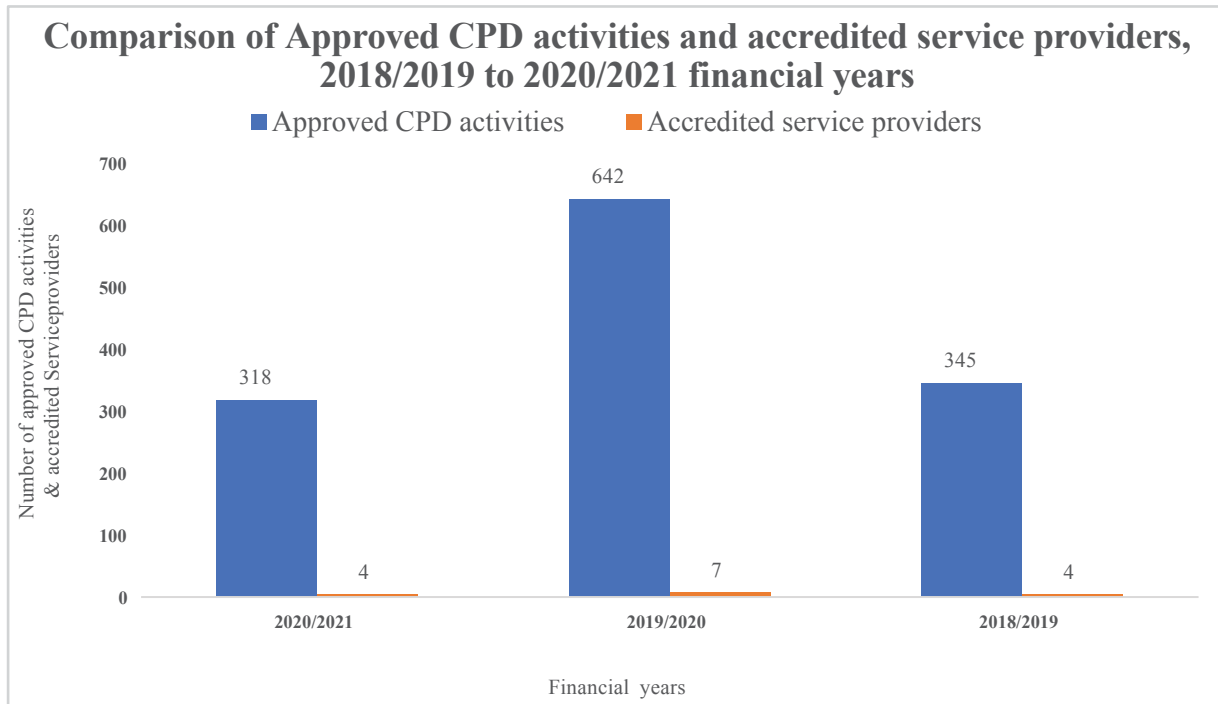
The main objective of the CPD section is to conduct mandatory random audits to ensure compliance. When a practitioner’s name has been selected, they are required to submit a CPD portfolio to Council. Non-compliant practitioners will be given six months in order to comply. After this period a practitioner will again be audited and if there is still non-compliance, the Council will consider appropriate action.

In order to promote the CPD of registered and enrolled practitioners, the CPD Committee approved several CPD activities and accredited service providers as presented in Table 13.

Table 13: Number of approved CPD activities and accredited service providers

ACTIVITY	NUMBER SUBMITTED	NUMBER APPROVED	NUMBER NOT APPROVED
Approved CPD activities	319	318	1
Accredited service providers	5	4	1

Graph 7: Comparison of approved CPD activities and accredited service providers



There was a decrease in the number of approved CPD activities and the number of new CPD service providers during the reporting period 2020/2021 as compared to the reporting period 2019/2020. The decrease can be ascribed to the Covid-19 situation in the country where fewer activities were conducted.

In addition to processing applications for approval of CPD activities and providers, the section is required to capture all individual activity records received from the randomly selected practitioners who were audited. Table 14 shows the results for this reporting period.

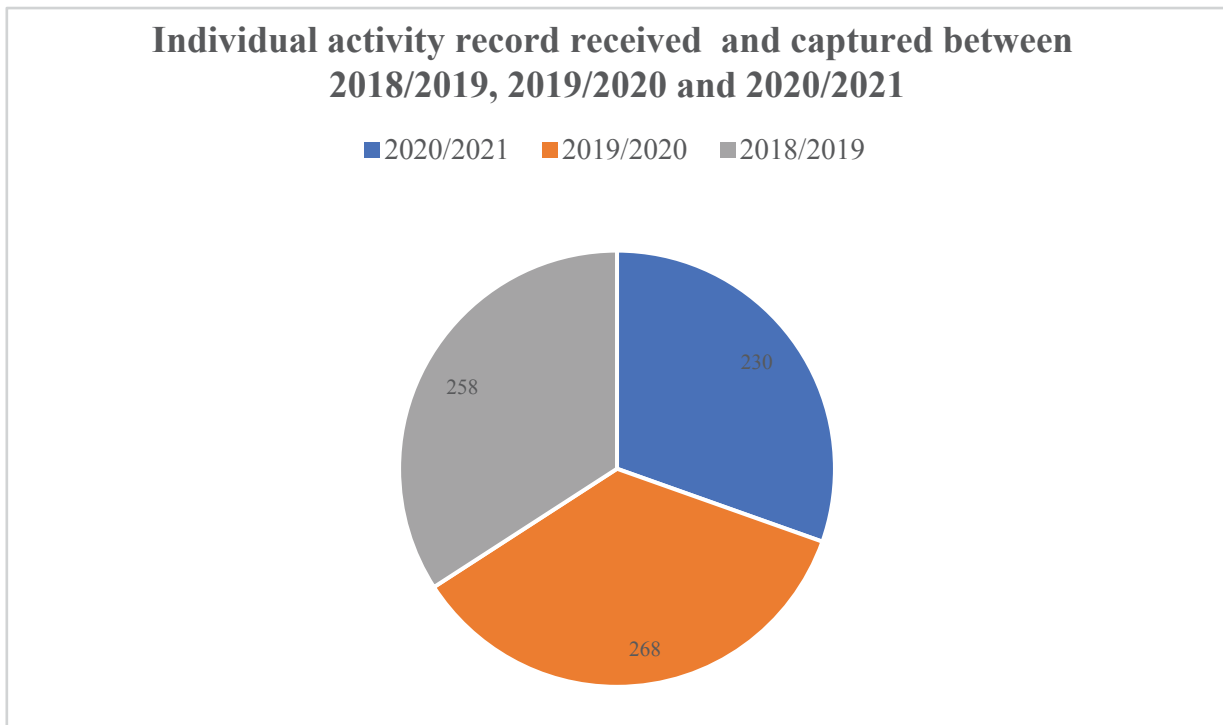
Table 14: Number of individual activity records/certificates received and CPD points captured for 2020/2021 reporting period

ITEM RECEIVED	NO. CAPTURED
CPD points : individual activity records	230

Table 14 shows that 230 individual activity records/certificates were received from practitioners.

Pie chart 1: Comparison of number of individual activity records/certificates received and captured between 2018/19, 2019/20, and 2020/21

Pie chart 1 shows that there has been a decrease in the number of individual activity records/certificates received and captured between 2020/2021 and 2019/20.



Strategic objective

To ensure compliance with the legislation in terms of continuing professional development.

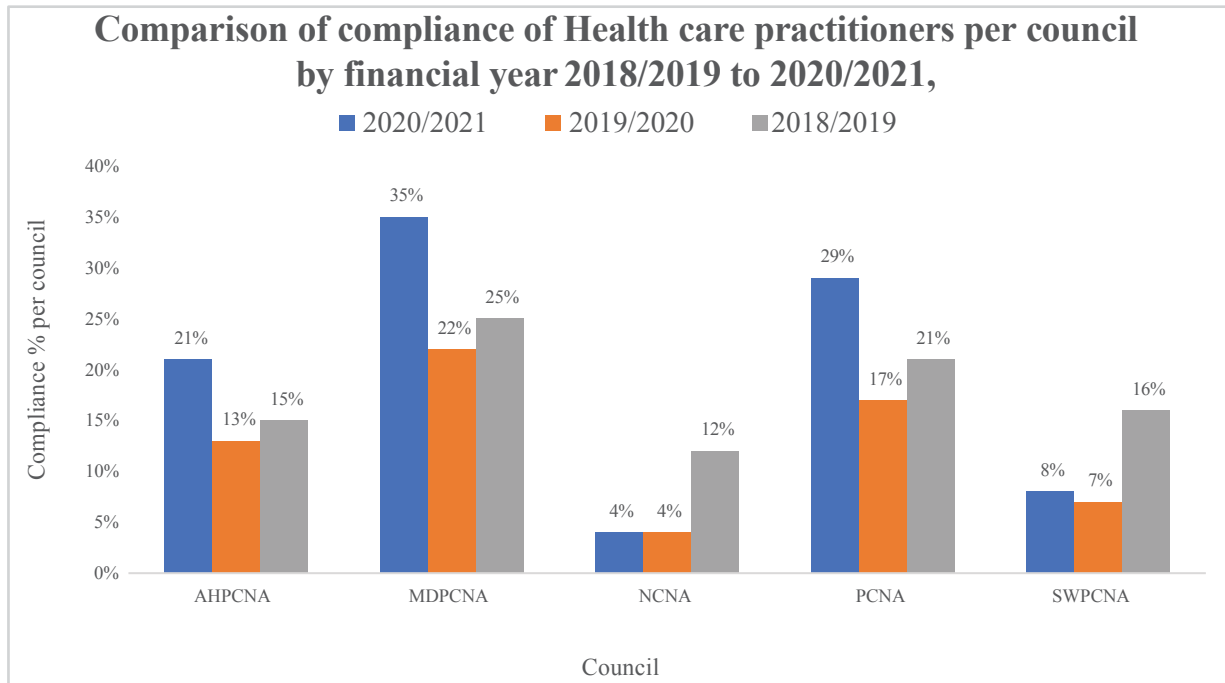
The CPD division conducted a 10% random selection of names of professionals from each Council. There were 1696 of practitioners from the five Councils who were randomly selected during the reporting period. Table 15 presents the compliance results.

Table 15: Number of randomly selected practitioners per Council for 2020/2021 reporting period

PROFESSION	NO. SELECTED	NO. COMPLIED	COMPLIANCE%
Allied Health Professions	344	74	21%
Medical & Dental	204	72	35%
Nursing	978	48	4%
Pharmacy	102	30	29%
Social Work & Psychology	68	6	8%

The NCNA has the highest number of registrants and therefore 10% selection of practitioners from this Council is the highest compared to the other Councils. As shown in Table 14 the NCNA, and SWPCNA, respectively out of had the lowest compliance rates. Compliance for the years 2018/19, 2019/20 and 2020/21 is depicted in Graph 8.

Graph 8: Comparison of compliance between years 2018/19, 2019/20 and 2020/21



Graph 8 shows an increase in CPD compliance by professionals from the MDCNA, the PCNA, and the AHPCNA; the SWPCNA and the NCNA lagged behind.

Strategic objective

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

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

Conclusion

The post of assistant manager for ETQA division became vacant at the end of December 2020 and was filled in February 2021. Despite period of lockdowns in the country, the ETQA and CPD Department managed to carry out all the planned activities for the year 2020/2021 and looks forward to 2021/2022.

During the year under review, the section ETQA facilitated the evaluation of persons seeking registration with the NCNA, AHPCNA, SWPCNA, and the MDCNA. Seventy-seven evaluation sessions were held; 538 practitioners were evaluated, 234 passed the evaluations.

There was a high failure rate of medical graduates (n=356) who had undergone the pre-registration evaluation. Out of this total 94 passed and 262 failed.

The department also facilitated the inspections of health facilities and educational facilities as stated below.

- Two (n=2) educational institutions were inspected for the training of allied professions. Five (n=5) facilities were inspected for the placement of students and interns under the Allied Professions Council.
- To ensure that the facilities where student and pupil nurse midwives/accoucheurs do their practical training conform to the standards as set by the Nursing Council, seventeen (n=17) health facilities were inspected. Seven (n=7) educational institutions were inspected for offering the certificate in enrolled nursing and midwifery.

Four hundred and forty-five (n=445) nurses completed their training as registered nurses midwives/accoucheurs, and three hundred and eleven (n=311) as enrolled nurse midwives/accoucheurs. Their forms for completion of their training were verified.

To ensure compliance with the CPD legislation one thousand six hundred and ninety-six (n=1696) practitioners from all five Councils were randomly selected. At the end of the reporting period the average compliance rate was nineteen percent (19%) which indicated a slight increase in the CPD compliance by all professionals between the reporting years 2019/20 and 2020/21.

During the reporting period, two hundred and sixteen (n=216) jurisprudence MCQS were received and marked compared to the four hundred and sixty-five (n=465) received and marked in the 2010/2020 reporting period. The results of the received and marked MCQS were: passed (n=170), and failed (n=37).

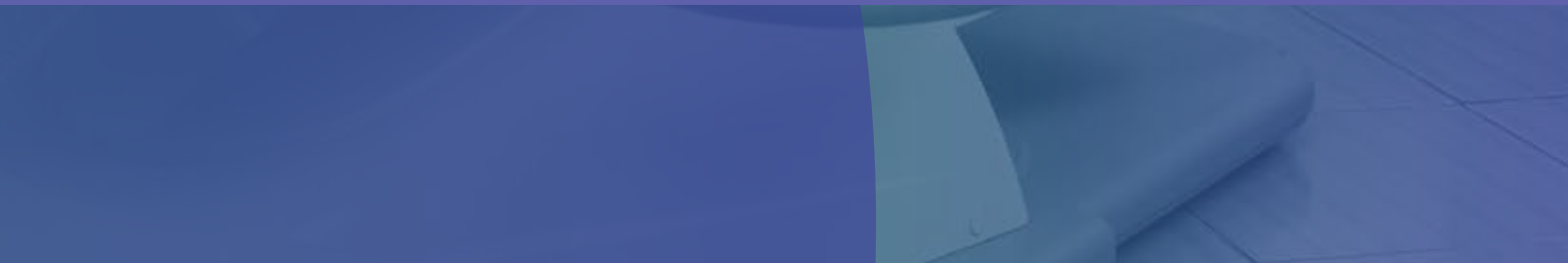




SECTION TWO



LEGAL SERVICES DEPARTMENT



LEGAL SERVICES DEPARTMENT

Introduction

The Legal Services Department (“the department”) of the HPCNA is tasked with facilitating investigations of complaints against health practitioners and drafting of legislations. The department coordinates, among others, activities of the preliminary investigation committees, professional conduct committees, appeal committees and health assessment committee. The department is also responsible for conducting professional conduct inquiry and represents the Councils during appeals.

The department is also responsible for legislative support to draft, oversee, assist, and ensure that relevant Acts, Regulations and Rules of all Councils are in place. Such activities are undertaken with constant consultations with all stakeholders, MoHSS, and the Ministry of Justice.

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

Personnel

Ms. Johanna Nghishekwa as Chief Legal Officer

Ms. Charne Visser as Senior Legal Officer: Legislative Drafting

Ms. Quine Fenyeho as Legal Officer: Professional Conduct

Ms. Luchandre Zimmer as a Legal Officer: Professional Conduct

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

Ms. Elizabeth Matomola as an Senior Administrative Officer: Professional Conduct

Mr. Joseph Garth resigned from his position as the Legal Officer: Professional Conduct during October 2020.

Professional conduct division

Complaints recorded

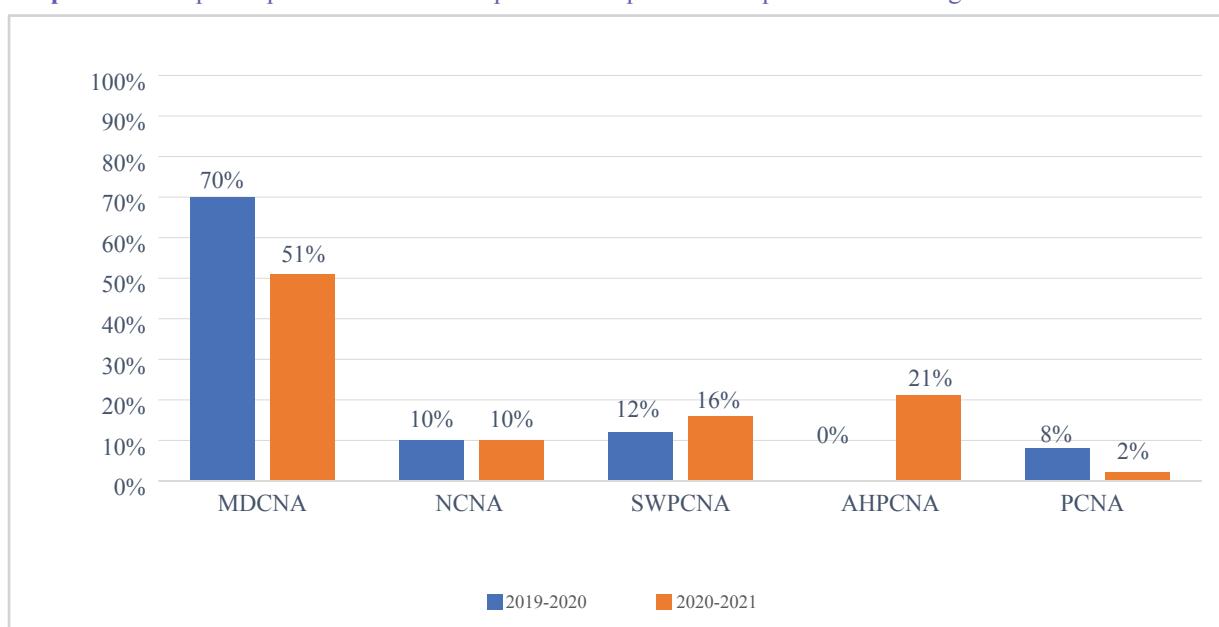
Table 16: Monthly records of number of complaints reported to Councils

MONTH	MEDICAL AND DENTAL COUNCIL	NURSING COUNCIL	SOCIAL WORK AND PSYCHOLOGY	ALLIED HEALTH PROFESSIONS COUNCIL	PHARMACY COUNCIL	TOTAL
April 2020	0	0	0	0	0	0
May 2020	2	1	1	1	1	6
June 2020	0	0	1	1	0	2

July 2020	0	1	1	1	0	3
August 2020	4	0	1	1	0	6
September 2020	0	0	0	2	0	2
October 2020	1	0	2	0	0	3
November 2020	4	1	0	3	0	8
December 2020	1	0	1	0	0	2
January 2021	8	0	1	1	0	10
February 2021	4	1	0	0	0	5
March 2021	1	1	0	0	0	2
TOTAL	25	5	8	10	1	49

A comparison of reported cases during 2012/21 and 2019/20 for each Council is presented in Graph 9.

Graph 9: Graphical presentation of a comparison of reported cases per Council during 2020/2021 and 2019/2020



- The MDCNA received 19% fewer complaints compared to the previous year. The complaints against medical or dental practitioners declined significantly in the past two periods of reporting. Complaints relating to general medicine remain dominant during this period as well with obstetrics and gynaecology. Complaints relating to paediatric, dentistry and orthopaedic were very low during this period. The department did not record any complaint relating to surgery or medical science during this period. Complaints against medical practitioners were higher than those against dental practitioners.
- The complaints received by the NCNA remained the same in comparison to the previous year. During this period complaints relating to midwifery, specifically stillbirths, dominated the figures. Complaints relating to general nursing and psychiatry remained very low. Generally, NCNA continues to receive very low number of complaints relating to the conduct of the nurses.

- The SWPCNA continued to receive an increase in the number of complaints, with 4% increase as compared to the previous year. Lack of investigations and acting outside the scopes of practice in social welfare cases such as custody and control of minor children were observed as elements that contributed to the increase of complaints. Most of the complaints emanate from the conduct of the officials from the MGECW. This may be attributed to the possibility that their job description may be incompatible with their scope of practice.
- The AHPCNA experienced a sharp increase of 21% complaints compared to the previous year. Complaints relating to emergency practice and dental therapy were the major contributors to the increase.
- The complaints received by the PCNA remained very low and decreased by 6% compared to the previous year. Complaints pertaining to dispensing of wrong medication dominated the number during this period.
- Khomas region dominates the demographic representation of the complainants for all Councils followed by, in chronological order, Otjozondjupa region, Ohangwena region, Erongo Region, Zambezi region with very minimal representation from Oshana region, Omaheke region, Oshikoto region and Hardap region and Erongo region. During this period, there were no complaints from Kavango East, and Kavango West regions. The crucial concern remains as to whether the incidents that give rise to complaints occur more in Khomas region compared to other regions or there is a significant lack of awareness of the patients' right to approach the Councils when they are aggrieved by the conduct of healthcare practitioners. This can only be fairly judged if awareness of a right to complain is raised in the regions where fewer complaints emanate.

Committees

PIC

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

Meetings held by committees

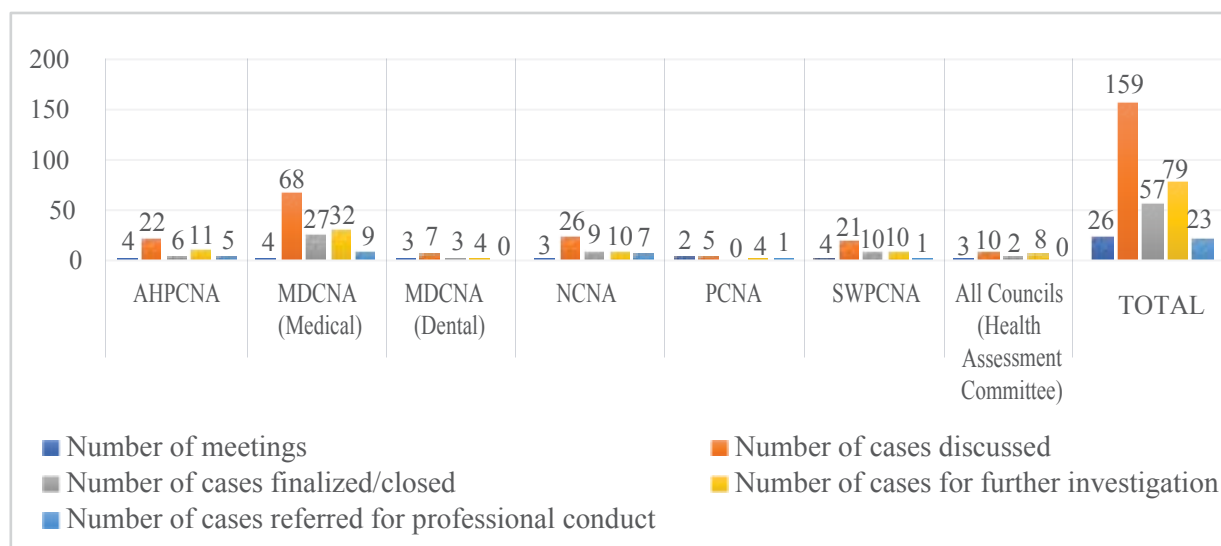
Different committees held meetings for purposes of conducting preliminary investigations into matters reported to the relevant Councils as envisaged by the relevant legislations. The activities of the Committees are presented in Table 17 and Graph 10.

Table 17: Number of PIC meetings and status of cases

COUNCIL	NUMBER OF MEETINGS	NUMBER OF CASES DISCUSSED	NUMBER OF CASES FINALISED / CLOSED	NUMBER OF CASES FOR FURTHER INVESTIGATION	NUMBER OF CASES REFERRED FOR PROFESSIONAL CONDUCT
MDCNA (Medical)	4	68	27	32	9
MDCNA (Dental)	3	7	3	4	0
NCNA	3	26	9	10	7
PCNA	2	5	0	4	1
SWPCNA	4	21	10	10	1

AHPCNA	4	22	6	11	5
Health Assessment Committee	3	10	2	8	0
TOTAL	23	159	57	79	23

Graph 10: Number of meeting and status of cases



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

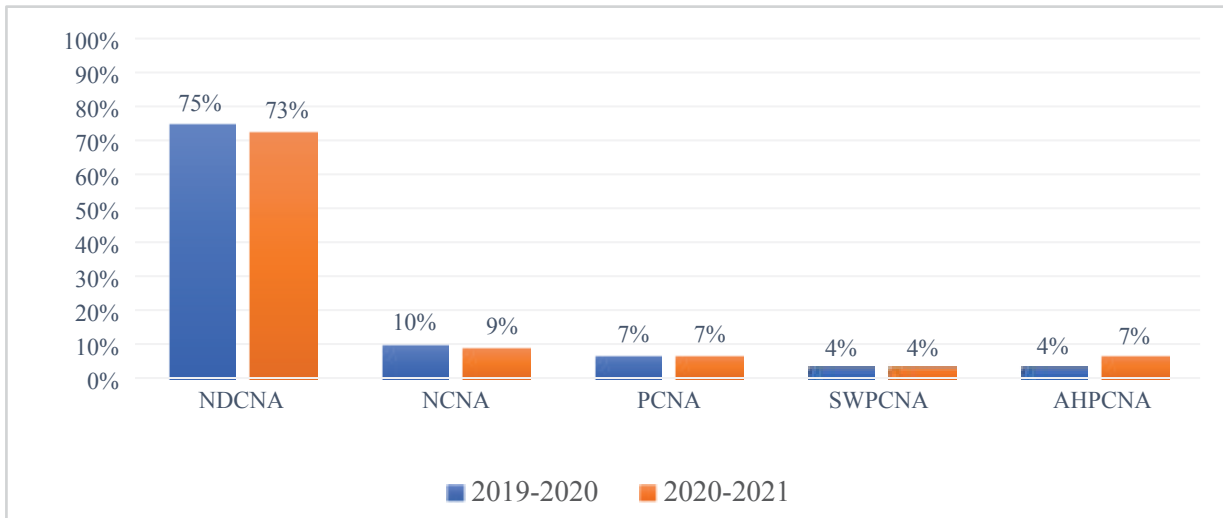
Pending cases for PIC

Pending cases are those cases under investigations, including cases from previous years, by PICs, awaiting information from Complainant and/or accused and/or health institutions and/or expert opinions and/or legal opinions. Data are presented in Table 18 and Graph 11.

Table 18: Pending cases per Council in comparison to previous year

COUNCIL	2019/2020	2020/2021
MDCNA	174	191
NCNA	24	23
PCNA	15	20
SWPCNA	9	11
AHPCNA	9	19
TOTAL	231	264

Graph 11: Pending cases per Council during 2019/2020 in comparison to 2020/2021



- MDCNA remain dominant in the number of cases that are outstanding. The seemingly decrease of a 2% is as a result of the high number of cases outstanding in comparison to the previous year and shared percentage, and it is not a decrease in actual fact.
- MDCNA recorded a high number of complaints during this period compared to the past six years of reporting.
- In the previous years, the Council relied heavily on the experts from outside the country for expert opinions in the investigation of complaints, which caused delays and contributed to the number of outstanding cases. This was done to maintain impartiality and professionalism, in that local experts are not placed in awkward situations when they have to advise on colleagues’ matters and eventually testify as experts against colleagues, given the small profession population of medical and dental practitioners in our country. Over the years the number of professionals has slowly increased, with the coming into existence of a number of private hospitals, so as the diverse expertise employed at such hospitals. The professionals have since been assisting the Council with expert opinions and the delays minimise as time goes.
- During this period the challenge remains with the provision of the medical/hospital records, and this apply to all Councils. The requests for the medical/hospital records are channelled through the office of the ED in the MoHSS. The delay in submitting the medical/hospital records by various hospitals and health facilities across the country to the office of the ED largely contributes to the number of outstanding cases. The Office of the ED however continues to render the needed support despite the challenges.
- The department has employed two new legal practitioners who will assist in acting as pro-forma complainants when Councils conduct professional conduct inquiries. The department has three legal practitioners assisting the Councils in investigating and conducting of inquiries. The Councils will continue engaging private legal practitioners to act as pro-forma complainants in professional conduct inquiries. The involvement of the in-house legal practitioners is expected to alleviate the backlog of cases.

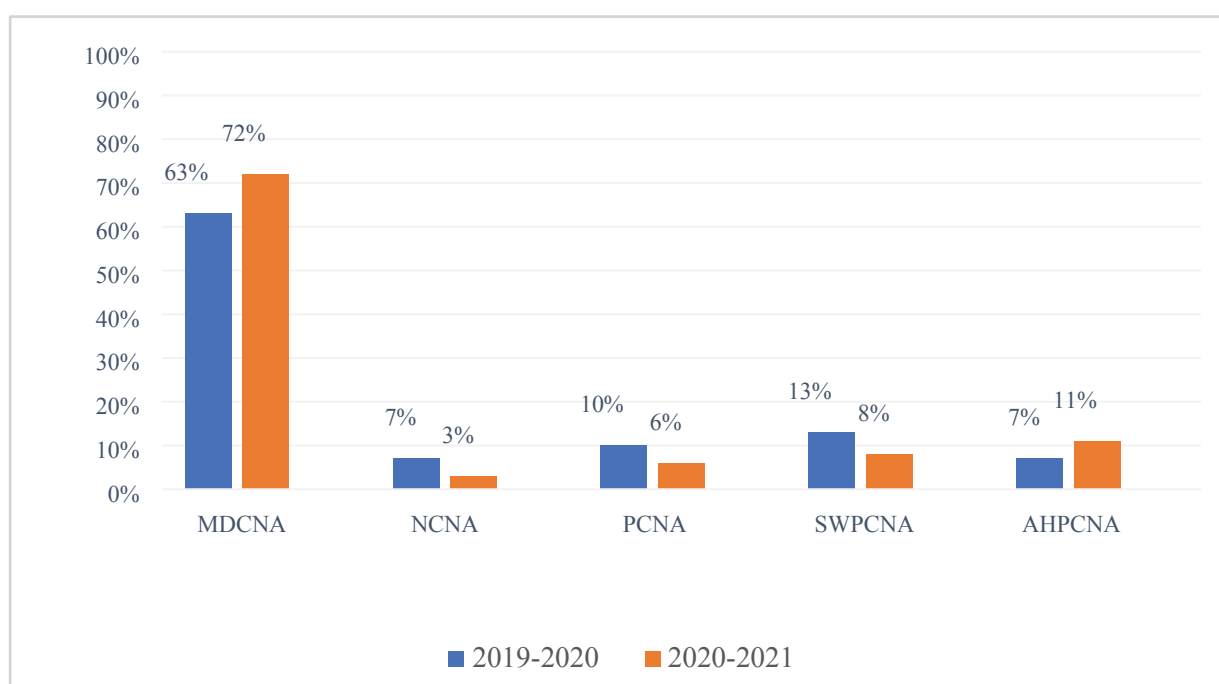
PCC

A Professional Conduct Committee is tasked to conduct professional conduct inquiry on behalf of Councils and to make recommendations on its findings to Councils for ratification. Table 19 and Graph 12 present the number of pending cases.

Table 19: Pending cases for professional conduct inquiry in comparison with previous year

COUNCIL	2019-2020	2020-2021
MDCNA	19	26
NCNA	2	1
PCNA	3	2
SWPCNA	4	3
AHPCNA	2	4
TOTAL	30	36

Graph 12: Pending cases for professional conduct inquiry in comparison with previous year



- The Council has a high number of cases awaiting professional conduct inquiries due to the fact that inquiries relating to medical or dental profession are complex and take time to finalise. In addition, the Council has one Committee which comprises full-time professionals responsible for day-to-day running of private practices and/or employment assignments. The Council has considered appointing a pool of members of the professional conduct committee to enable the Council to conduct more inquiries.
- The areas of costs involved in conducting an inquiry range from venue, transportation and accommodation of witnesses and Committee members, fees for committee members, assessors, caterings and witnesses and fees for legal practitioners, in the event where private legal practitioners are involved. There is a constant need for more funds allocation to cater for more cases. The department is working on capacitating the in-house legal practitioners on conducting of professional conduct inquiry.
- During this period the restrictions that were imposed to curb Covid-19. Traveling and gathering to a large extent contributed to few inquiries conducted. Some of the Councils, such as NCNA and SWPCNA did however manage to hold one or two inquiries.

Table 20: Professional conduct inquiries conducted

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
PCNA	16-18 November 2020	Dr. Jaco Zah	Registration of shares of a community pharmacy in a trust with beneficiaries as Dr. Jaco Zah and Mrs. Anelia Zah. In contravention of Section 35 91) (c) of the Pharmacy Act 9 of 2004.	The Defendant was found not guilty.
NCNA	27-31 July 2020, 7-9 December 2020 and 29-30 March 2021	Patricia Oe Amses – first defendant & Asariel Ilonga – second defendant	Having neglected to determine and maintain the health status of the patient and failure to ensure proper administration of the medicine and failure to properly administer the medication.	<p>First defendant</p> <p>Suspended from practising the nursing profession for a period of one year which year is suspended for a period of five years on condition that she is not found guilty of unprofessional conduct within that period;</p> <p>To attend a training on medication administration.</p> <p>To keep updated with continuous professional development as required by the Nursing profession; and</p> <p>Payment of the fine of N\$ 30 000.00 to the Council within a period of six months from the date of ratification of the decision of the Professional Conduct Committee by the Council.</p> <p>Second Defendant:</p> <p>Suspension from practicing the nursing profession for a period of six months, which period is suspended for a period of two years on condition that he is not found guilty of unprofessional conduct within that period.</p> <p>To attend a training on medication administration.</p> <p>To keep updated with continuous professional development as required by the Nursing profession; and</p> <p>Payment of the fine of N\$ 20 000.00 to the Council within a period of six months from the date of ratification of the decision of the decision of the Professional Conduct Committee by the Council.</p> <p>The decisions of the Professional Conduct Committee are yet to be ratified by the Nursing Council.</p>

Appeals Committees

The Appeal Committee is mandated to deal with the appeals against decisions taken by a PCC or a Council or failure to make decision by a Council. Table 21 shows the names of the persons appointed as Chairpersons of Appeal Committees until October 2023.

Table 21: Appointed Appeal Chairpersons

COUNCIL	NAME OF CHAIRPERSON	DATE OF APPOINTMENT
AHPCNA	Mr. Gerrit van Pletzen	26 March 2021
MDCNA	Mr. Gerrit van Pletzen	27 March 2021
NCNA	Mr. Petrus Nangula	12 March 2021
PCNA	Mr. Gerrit van Pletzen	19 March 2021
SWPCNA	Mr. Gerrit van Pletzen	5 March 2021

Appeals outstanding

Appeals outstanding are presented in Table 22.

Table 22: Appeals outstanding

COUNCIL	APPELLANT	PARTICULARS OF APPEAL	DATE OF HEARING	OUTCOME
AHPCNA	Mr. Marine Kimaro	Appellant appeals against the decision of the Council to cancel his conditional registration.	11 July 2019	The proceedings commenced before the previous chairperson. The hearing is set to continue and finalised on a date to be set.

Appeals lodged

Table 23: Appeals lodged

COUNCIL	APPELLANT	PARTICULARS OF APPEAL	DATE LODGED
MDCNA	Dr. Amemuene Shaende	The appellant challenges the decision of the Council to refuse her application for extension of medical internship period.	27 July 2020
	Dr. Helen Shishiveni	The appellant challenges the decision of the Council to refuse her application for extension of medical internship period.	4 November 2020
PCNA	Graduates from University of Sechenove	The appellants challenge the recommendations to the Council that require them to undertake additional training at the University of Namibia before registration as Pharmacist Interns.	15 February 2021

High Court matters

Table 24 presents cases lodged against the Councils.

Table 24: High Court cases lodged against the Councils

APPLICANT / PLAINTIFF	RESPONDENT / DEFENDANT	CLAIM	PROGRESS
PSN	PCNA and 11 Others	Applicant challenges the decision of the Council to refuse deregistering Dischem Groove Mall Pharmacy, Dischem Swakopmund, Dischem Walvis Bay, Platz Am Meer Pharmacy and Wernhill Pharmacy claiming that they were registered in error and are part of Dischem Pharmacies Limited which benefits from the operations of such pharmacies.	The date of the hearing is yet to be set.
2. Dr. Catherine Muthoga	MDCNA & Minister of Health and Social Services	Plaintiff lodged an action against the defendants for N\$ 670 000.00 in special and general damages for failure to register her as an intern during the period between January 2018 to July 2019 in violation of her constitutional rights.	The matter is set down for hearing on 20-24 September 2021.

LEGISLATIVE SUPPORT DIVISION

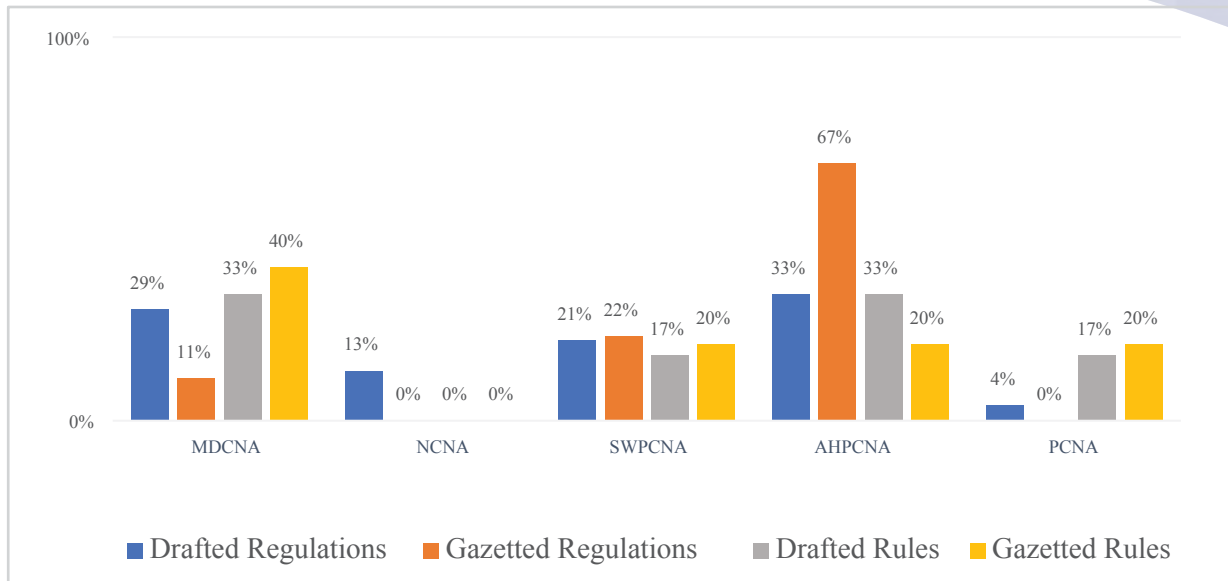
The Councils are empowered, in terms of their respective Acts, to recommend to the Minister of Health and Social Services to make Regulations to guide the practice of the professions. The division undertakes the initial drafting of Regulations. The process adopted in drafting Regulations involves the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

Regulations and Rules

Drafted and gazetted regulations and rules' numbers are presented in Table 25 and Graph 13.

Table 25: Sets of regulations and rules per Council drafted and gazetted

COUNCIL	DRAFTED REGULATIONS	GAZETTED REGULATIONS	DRAFTED RULES	GAZETTED RULES
MDCNA	7	1	2	2
NCNA	3	0	0	0
SWPCNA	5	2	1	1
AHPCNA	8	6	2	1
PCNA	1	0	1	1
TOTAL	24	9	6	5

Graph 13: Regulations and rules drafted and gazetted

- AHPCNA has a large number of professions and during this period an emphasis was on the professions that have no regulations in respect of registration, minimum requirements, and scope of practices.
- The aim remains that all professions become fully regulated.

Challenges

The legal department is faced with numerous challenges that threaten the execution of its mandate. Some of these challenges pertain to the investigation process, and professional conduct inquiries and appeals and are presented below.

Investigation process

- The successful investigation of complaints is highly depended on the cooperation by members of the public, practitioners, or institutions to provide information as the Councils have no powers to legally compel them. Cooperation by the practitioners from whom information is sought remains a challenge.

Professional conduct inquiries and appeals

- During this period only a few professional conduct inquiries were held due to the limitations imposed to curb Covid-19.
- The Councils have been utilising the services of experts from South Africa. However, during this period, with travel restriction, the experts were unable to travel to Namibia to attend professional conduct inquiries. The Councils resorted to seeking assistance from local experts.
- Professional conduct inquiries are legal proceedings with legal issues on which Court judgments may have set precedents. The proper prosecution of a charge against a practitioner relies on legal principles as much as on professional principles. Access to the recent court judgments has been a challenge as they are only accessible

on a signed-up platform. Such a platform has become a necessity for the in-house legal practitioners to prepare for inquires as pro-forma complainants.

- The capacity of the in-house legal practitioners to conduct professional conduct inquiries needs to be enhanced by attending training or programs on conducting of professional conduct inquiries. The plans are underway to sign up the in-house legal practitioners to such training or programme.

Conclusion

- The proper and prompt execution of the functions of the department relies on the support and cooperation of the stakeholders, such as healthcare practitioners and the public. Any member of the public has a right to bring forth information relating to undesirable conduct of any healthcare practitioner. Healthcare practitioners are expected to render information when so requested during investigations of complaints. This assists in providing timely closure to complainants, and also contributes to speedy and prompt investigation of complaints.
- The MoHSS, and the MJ legal drafters in particular, continue to render their immense support to the proper functioning of the department in fulfilling its objectives.

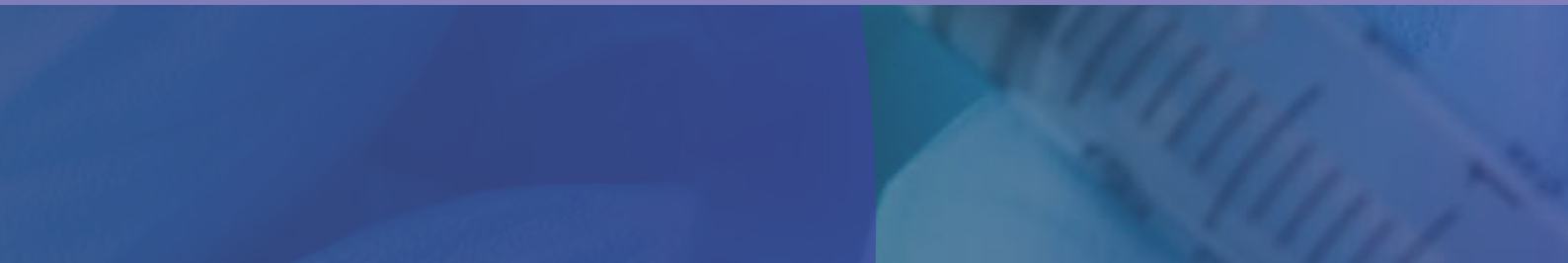




SECTION THREE



PROFESSIONAL AFFAIRS
DEPARTMENT



MEDICAL AND DENTAL COUNCIL OF NAMIBIA

Introduction

The MDCNA regulates the practicing of fourteen (14) professions, namely; Medical Practitioner, Dentist, Biomedical Engineer, Clinical Biochemist, Clinical Officer, Genetic Counsellor, Medical Assistant, Medical Biological Scientist, Medical and Dental Intern, Medical Physicist, Medical Scientist, Ophthalmic Assistant, Oral Hygienist and Rural Medical Aid by ensuring that all persons who applied for registration to practice these professions are suitably qualified before they get registered. The MDCNA also control and exercise authority in respect of all matters affecting the education and training of persons to be registered under the Act.

MDCNA members

The MDCNA comprises of the following members appointed by the Minister in terms of Section 7 of the MDC Act as amended by the Medical and Dental Amendment Act, No 9 of 2018.

Dr Wilson L. Benjamin¹

Dr Johann Archer²

Dr Adolf R. Kaura

Dr Akutu A. Munyika

Dr Christo Buys

Dr Dean Kock

Dr Elliot Newaka

Dr Nguundja Uamburu

Dr Silvio Suardi

Mr Ngamane Karuaihe-Upi

Ms Grace Mugaviri

Prof. Filemon Amaambo

Summary of MDCNA activities

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

-
- 1 President
 - 2 Vice-President

MDCNA meetings

The MDCNA held four meetings during the period under review as presented in Tables 26 and 27.

Table 26: MDCNA meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Twelve (12)	20 June 2020	10	2
	26 September 2020	10	2
	05 December 2020	12	0
	27 March 2021	10	2

Table 27: Council resolutions

NUMBER OF RESOLUTIONS	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
130	130 (100%)	0(0%)

EXCO

This is the Committee that exercises the powers and performs the duties or functions of the MDCNA during the periods between the meetings of the MDCNA. However, the MDCNA may amend or set aside, at its meeting, any decision or act of the made or performed by EXCO. EXCO held no meeting during the period under review.

Education Committee

The Education Committee advises the MDCNA on any matter relating to any requirement or qualification pertaining to the registration, education or training of persons or relating to the professions to which the MDCNA Act applies. The Committee held one meeting during the reporting period as shown in Table 28.

Table 28: Meeting of the Education Committee

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Nine (9)	04 November 2020	7	2

Medical Interns/Students Training Committee

This is a committee that advises the MDCNA on matters relating to the training of medical students and interns. It may assist the MDCNA in the exercise of such of its powers or the performance of such of its duties or functions in terms of the Act as the MDCNA may delegate or assign to it from time to time. It is also tasked to review the training guidelines, logbooks and to supervise the training of medical interns at approved hospitals and health facilities. One meeting was held during the reporting period. The Committee was reformed on the 27th of March 2021. The inspection of health facilities was added to its responsibilities.

Dental Interns/Students Training Committee

This committee is established to assist the MDCNA in the exercise of its powers or the performance of its duties or functions pertaining to training as the MDCNA may delegate or assign to the committee from time to time. It is further responsible for the drafting of training guidelines, protocols, logbooks, supervision of internship at approved hospitals and health facilities and to oversee the remedial programme for dental graduates. As shown in Table 29 one meeting was held during the reporting period.

Table 29: Dental Interns/Students Training Committee meeting

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Four (4)	17 March 2021	4	0

Professional and Advisory Committees

In accordance with section 12 (11) of the Act, the following professional committees were constituted on the 06th of October 2018.

- a) Professional Committee for Ophthalmic Assistants.
- b) Professional Committee for Medical Assistants, Clinical Officers & Rural Medical Aids.

These committees are established for healthcare professions registrable under the Act but have no representation on the MDCNA. The functions of these committees are, in respect of the health professions for which they have been established-

- to consider or investigate any matter pertaining to such professions,
- to advise or make recommendations to the MDCNA or to the Minister on any matter falling within the scope of the Act or which relates to such professions,
- to advise the MDCNA on the scope of practice of such professions,
- to implement such decisions of the MDCNA which the MDCNA may have instructed such committees to implement, and
- to exercise such powers and perform such duties and functions as may from time to time be delegated or assigned to or imposed upon them by the MDCNA.

Furthermore, in term of section 12 (6) of the Act, an Advisory Committee was established for the below six professions registrable under the Act but they do have representation on the MDCNA nor do they have Professional Committees established by the Act.

- Biomedical engineers
- Clinical biochemist
- Genetic counsellors
- Medical biological scientists
- Medical physicists
- Medical scientists.

The function of this committee is to advise the MDCNA on any matters relating to the aforesaid professions and to assist the MDCNA in the exercise of its powers or the performance of such of its duties or functions in terms of the Act as the MDCNA may delegate or assign to the committee.

The Professional Committees and the Advisory Committee did not hold any meeting during the reporting period.

Postgraduate Education and Training Committee

This is a Committee established in terms of section 12 (6) of the Act

- to assist the MDCNA with the evaluation of the curricula for postgraduate studies,
- to monitor postgraduate education and training;
- to coordinate the inspection of postgraduate training platforms;
- to assist in evaluating applications for specialist registration;
- to propose and regularly review the trainer to trainee ratio for postgraduate programmes; and
- to develop training guidelines, policies, and criteria for the recognition of postgraduate training time.

The committee held no meeting during the reporting period.

Control over education and training

The MDCNA Act³ provides that any person or educational institution intending to offer the education, tuition, or training must apply to the MDCNA in writing before offering such training.

Inspection of educational and training facilities

The MDCNA appointed health professionals to inspect hospitals, health facilities and educational institutions for training of medical and dental interns/students in terms of the Act.⁴ The inspectors for the dental professions inspected one (1) private practice for the training of dental interns during the period under review. There were no inspections of hospitals or health facilities for training of medical interns/students during the period under review. Table 30 shows the private health facility that was inspected for dental intern training.

Table 30: Health facility inspected to train dental intern(s)

FACILITY NAME	INSPECTION DATE	REGION	OUTCOME
Olympia Dental Practice	12 June 2020	Khomas	Approved to train one (1) dental intern

Comments

- This facility was inspected for the first time and will be inspected annually to monitor adherence to training requirements and standards.
- The facility is to submit quarterly progress reports to the MDCNA on internship training.

3 Section 16 (2).

4 Section 55(1).

Registers kept

The MDCNA Act requires the MDCNA to keep the registers of registered persons.⁵ The MDCNA must also continue to keep the registers which were kept before the commencement date in terms of the provisions of any law repealed by section 65 and which registers relate to the persons required to be registered to practice certain professions in terms of this Act.

The focal point for 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 for scrutiny.

Admission to the register as provided for under the Act is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register, the maintenance of registration⁶ and the removal⁷ and restoration of a name to the register.⁸ These registers lay open during ordinary hours at the office of the MDCNA for inspection by any interested member of the public.

Registered practitioners

Data pertaining to registered practitioners are presented in Table 31 and Figure 1.

Table 31: Total number of practitioners registered per discipline and gender

NO	DESIGNATION	FEMALE	MALE	TOTAL REGISTERED
	Anesthesiologists	0	6	6
	Clinical Haematologists	1	1	2
	Dental Interns	24	5	29
	Dental Students	27	5	32
	Dentists	14	12	26
	Dermatologists	1	1	2
	Diagnostic Radiologists	0	8	8
	Family Physicians	0	2	2
	Pathologists (Haematological)	1	1	2
	Otorhinolaryngologists	1	2	3
	General Practitioners	92	56	148
	Medical Biological Scientists	0	1	1
	Physicians	11	3	14
	Medical Interns	40	47	87

5 Section 23.

6 Section 26.

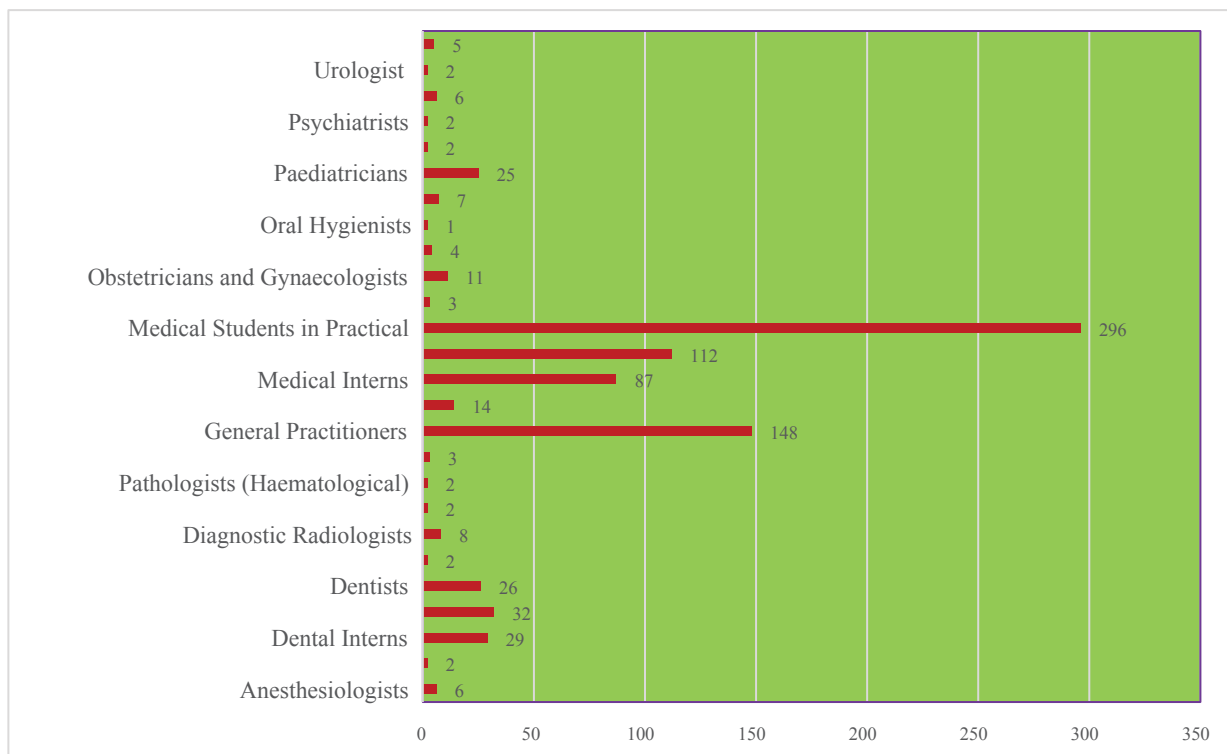
7 Section 24.

8 Section 25

	Medical Oncologists	0	1	1
	Medical Students	74	38	112
	Medical Students in Practical Training	203	93	296
	Neurosurgeons	0	3	3
	Specialist in Nuclear Medicine	0	1	1
	Obstetricians and Gynaecologists	3	8	11
	Ophthalmologists	0	4	4
	Oral Hygienists	1	0	1
	Orthopaedic Surgeons	0	7	7
	Prosthodontics	0	1	1
	Paediatricians	11	14	25
	Pathologists (Anatomical)	0	2	2
	Psychiatrists	1	1	2
	Biomedical Engineer	0	1	1
	Surgeons	0	6	6
	Urologist	0	2	2
TOTAL REGISTERED		505	332	837

The total number of practitioners registered per discipline is presented in Figure 1.

Figure 1: Total number of practitioners registered per discipline.



Comments

- Two hundred and ninety-six (n=296) medical graduates were registered for practical training after failing the pre-internship evaluation during the period under review.
- One hundred and forty-eight (n=148) GPs were registered. This number includes those who underwent an evaluation and those who were exempted from the evaluations because they completed internship in Namibia.

Removal of names from the registers

The removal from the register can happen voluntarily or involuntarily.

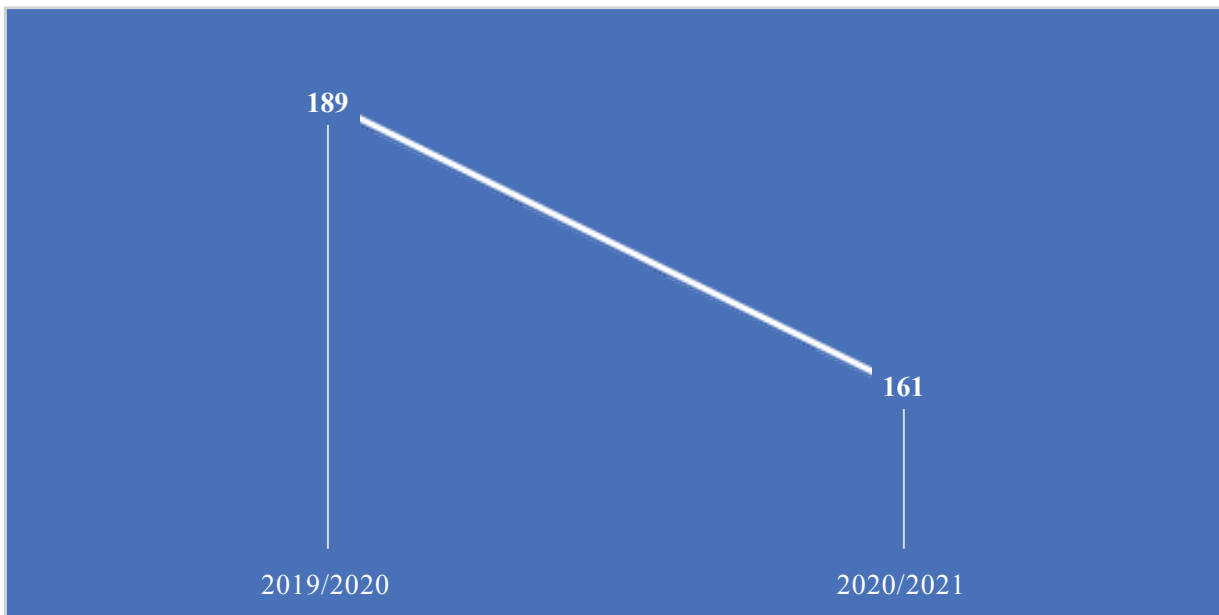
Voluntary removal

In terms of section 24 of the Act, the MDCNA may remove from the register the name of any registered person who has requested in writing that his or her name be removed from the register. During the year under review no practitioner was voluntarily removed from the register.

Involuntary removal

Section 24 of the Act provides that the MDCNA may remove from the register the name of any registered person who has failed to pay to the MDCNA on or before 31st of March of the year the concerned annual fees. One hundred and sixty-one (n=161) practitioners were removed from the register due to non-payment of annual maintaining fees as illustrated in the Figure 2.

Figure 2: Practitioners removed from the register in 2019/20 compared to 2020/21 practicing year.



Electronic register (e-register)

The MDCNA introduced an e-register for registered practitioners in good standing and allowed to practise their professions. In order for a practitioner to be in the register, one is required to pay annual fee to the MDCNA on or before 31st of March of the year the concerned annual fees to maintain the registration. The e-register can be access at www.hpcna.com.na.

Applications for registration

The MDCNA Act⁹ provides that no person is entitled to practice within Namibia the profession unless that person is registered in terms of the Act to practise the profession concerned. Any person who wishes to be registered must submit to the Registrar an application to the MDCNA.¹⁰ Table 32 lists the number of applications for registration received during the reporting period.

Table 32: Applications received and handled per discipline and status of registration.

NO.	PROFESSION(S)	RECEIVED	REGISTERED	REJECTED/ CLOSED	PENDING
1	Anaesthesiology	4	2	0	2
2	Cardiology	1	0	1	0
3	Cardiothoracic surgery	2	2	0	0
4	Dental graduates	12	0	0	12
5	Dentist	36	29	2	5
6	Dermatology	4	3	0	1
7	Diagnostic radiology	10	9	0	1
8	Family medicine	3	3	0	0
9	Gastroenterology	1	1	0	0
10	Internal medicine	13	13	0	0
11	Maxillofacial and surgery	1	1	0	0
12	Medical graduates	65	1	4	60
13	Medical physicist	1	1	0	0
14	Medical practitioner	85	60	6	19
15	Medical scientist	1	0	1	0
16	Medical student in practical training	21	21	0	0
17	Medical students	19	19	0	0
18	Neonatology	1	1	0	0
19	Nephrology	1	1	0	0
20	Neurology	1	1	0	0
21	Neurosurgery	2	1	1	0

9 Section 17.

10 Section 19

22	Obstetrics & Gynaecology	11	11	0	0
23	Ophthalmic assistant	1	0	1	0
24	Ophthalmology	2	2	0	0
25	Oral hygiene	2	1	0	1
26	Orthopaedic surgery	5	5	0	0
27	Otorhinolaryngology	2	2	0	0
28	Paediatrics	17	17	0	0
29	Pathology (anatomical)	2	1	1	0
30	Pathology (chemical)	1	1	0	0
31	Pathology (haematological)	2	2	0	0
32	Plastic surgery	1	1	0	0
33	Prosthodontics	1	0	0	1
34	Psychiatry	1	0	1	0
35	Pulmonology	1	0	1	0
36	Radiation oncology	1	0	1	0
37	Surgery	3	3	0	0
38	Other professions	110	110	0	0
39	Urology	4	3	0	1
40	Vascular surgery	1	1	0	0
Total		452	329	20	103

Figure 3 shows the country of medical graduates who applied for registration. Figure 4 shows the dental graduates from other countries who applied for registration.

Figure 3: Number of medical graduates' applications received per country.

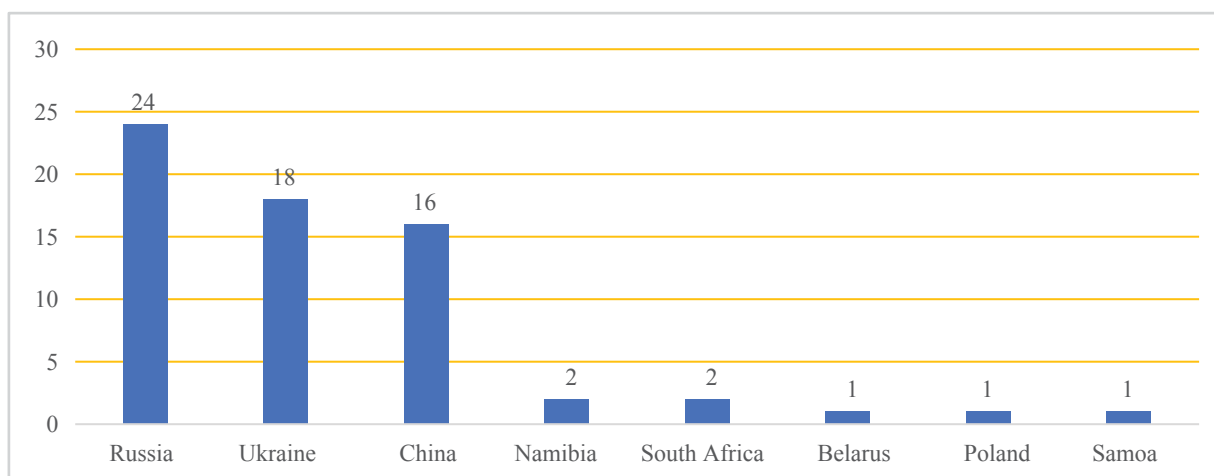
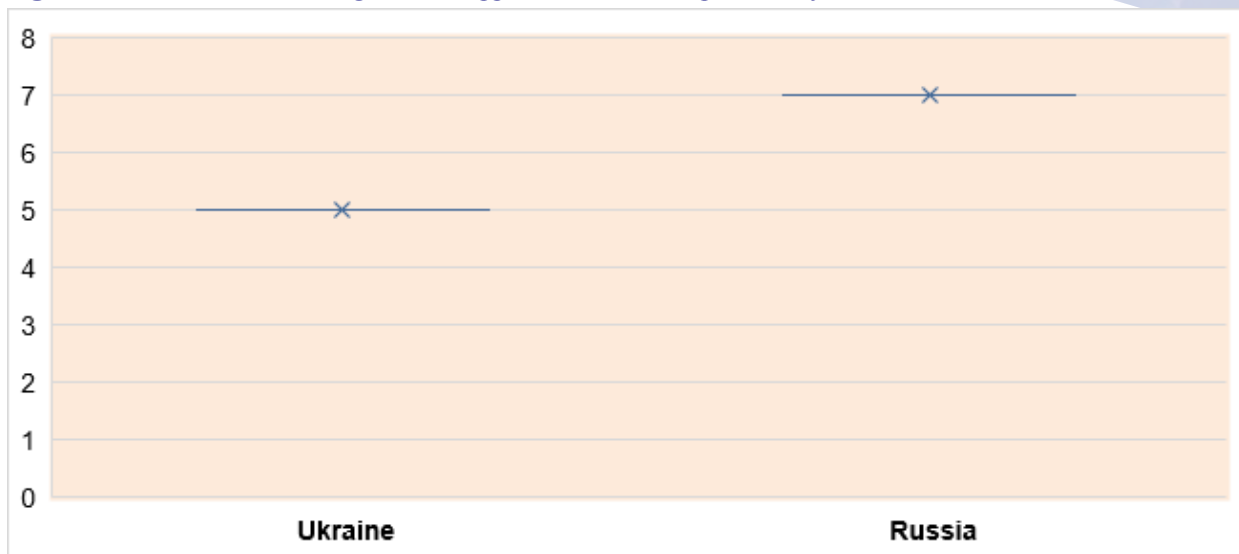
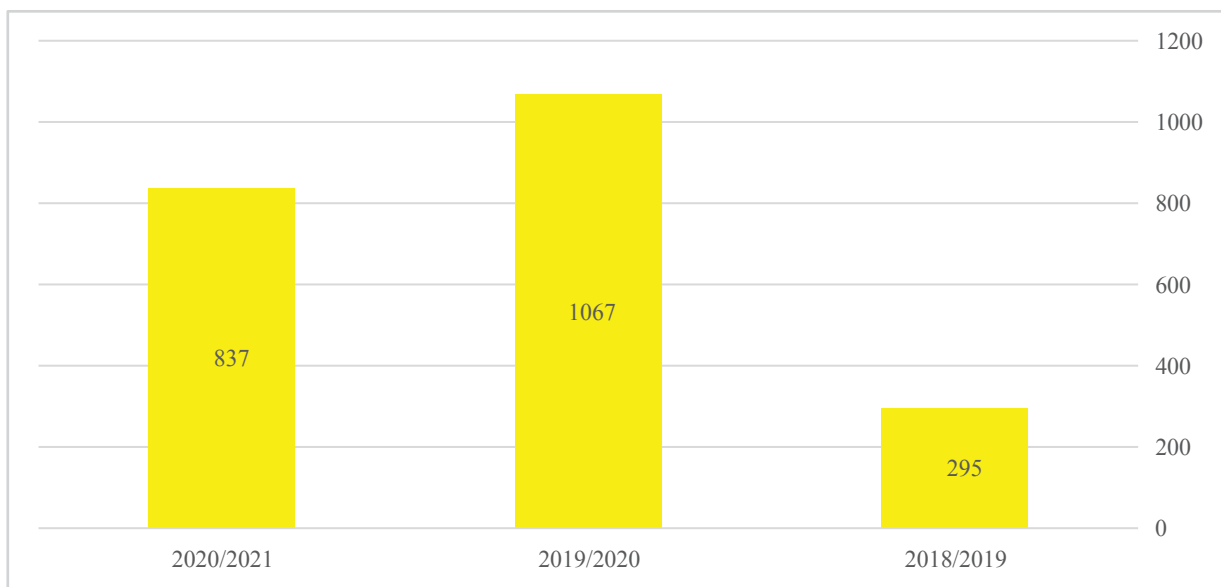


Figure 4: Number of dental graduates' applications received per country.**Comments**

- Only two (2) countries produced dental graduates for Namibia.

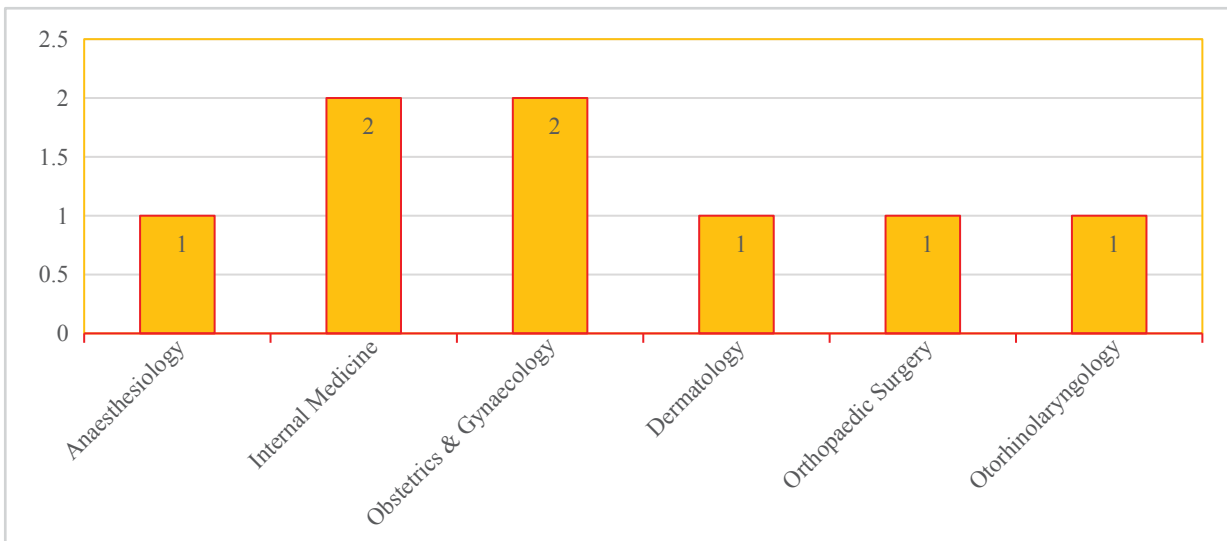
Figure 5: Practitioners registered during 2018/19, 2019/20 and 2020/2021¹¹

11 The decline in registration is attributable to COVID-19 pandemic.

Pre-registration evaluation¹²

In compliance with section 20 (3) (a) (i) (ii) of the Act, the MDCNA 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 English which is the official language of Namibia. In compliance with this provision, the MDCNA has appointed healthcare professionals in various disciplines registrable under the Act to evaluate applicants seeking registration with the MDCNA. Eight evaluation sessions were held as indicated in Figure 6.

Figure 6: Pre-registration evaluation sessions held per discipline.



Orientation programme for medical graduates

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

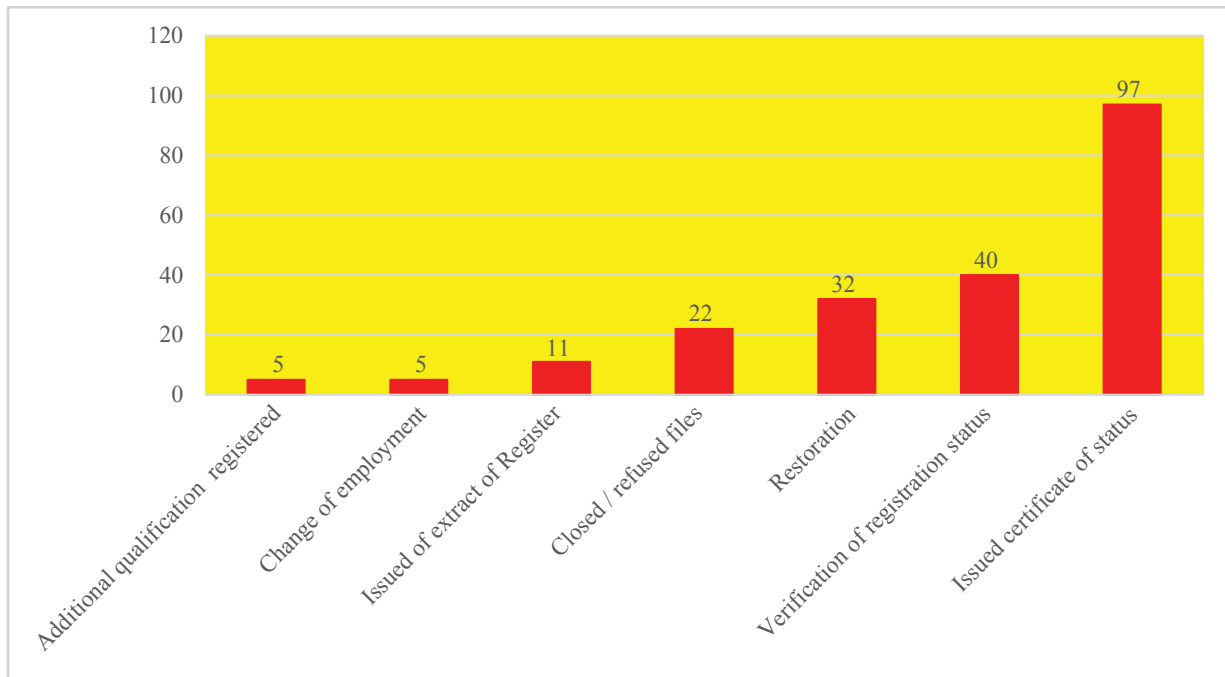
The remedial programme for medical graduates was initiated by the MoHSS, with the support of the stakeholders such as the MDCNA, UNAM and NSFAF, to address the gaps noted among the foreign trained medical graduates. The programme faced challenges during implementation with the number of medical and dental graduates increasing every year, the demand for the remedial programme puts more strain on the approved training hospitals and health facilities under the MoHSS. As a result, in March 2020 the MoHSS has instituted a review to improve the effectiveness of the programme and introduced the orientation programme to assist medical graduates after failing the pre-internship evaluation to gain extra clinical and theoretical knowledge for a period of eight (8) months. The graduates were expected to undergo a comprehensive clinically designed curriculum that will be facilitated by the clinicians and assisted by the School of Medicine (SoM) of two (2) of theory and six (6) months of practically assessed training. Two hundred and ninety-six (n=296) graduates have registered for the programme and training at the Ministry's hospitals thus far.

¹² Pre-registration evaluation is mandatory for all foreign trained professionals before registration with the MDCNA.

Other services

Figure 7 shows the other services rendered by the MDCNA.

Figure 7: Other services.



Comments:

- Certificates of status were issued to practitioners going for further studies and for registration outside Namibia.
- Verifications of registration status were issued to the ECFMG in the United State of America and to the Dataflow Group in the United Arab Emirates.
- Thirty-two (n= 32) practitioners were restored to the register after their names were removed because of non-payment of the annual fees.
- Closed files were either because of incomplete applications, failure to pass evaluation or failure to meet the prescribed minimum requirements of study for registration. Notices of closure of files were communicated to applicants.
- Extracts from the register were issued to practitioners who lost their original certificates of registration.

Challenges

There have been a cumulative high number of medical graduates expected to sit for pre-internship evaluation as well as those waiting to enter internship training after passing the evaluation. Although there are fewer dental graduates compared to the medical graduates, there is a shortage of training facilities due to the limited number of intakes per

given time. Inspection of hospitals or health facilities for training of medical interns/students during the period under review was halted due to the Covid-19 pandemic.

Conclusion

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

PHARMACY COUNCIL OF NAMIBIA

Introduction

The PCNA regulates the pharmacy profession in Namibia. The pharmacy profession is composed of pharmacists, pharmacist interns, pharmaceutical technicians, pharmacist's assistants, student pharmacists, student pharmaceutical technicians and student pharmacist's assistants. The PCNA also control and exercise authority in respect of all matters affecting the education and training of persons to be registered under the Pharmacy Act.

The registration of pharmaceutical healthcare practitioners and pharmaceutical practices, approval of training facilities and programmes, setting of education and practice standards, as well as keeping the registers for persons and pharmaceutical practices are part of the functions of the PCNA¹³.

PCNA members

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

Ms. B N. Coetzee¹⁴

Mr. P Williams¹⁵

Ms. E N Hango

Mr. J Gaeseb

Ms. F Nambahu

Ms. B de Silva

Mr. N Karuaihe-Upi

Resignation and appointment of new members

Ms. Bona Naita Tukondjeni Nghishekwa resigned as the President and Member of the PCNA on 21 November 2019 and Ms. Frieda Shigwedha was appointed by the Minister of Health and Social Services to fill the vacancy as member of the PCNA on 10 February 2021.

Ms BN Coetzee was elected as the new President of the PCNA on 19 May 2020 in line with the provisions of the Pharmacy Act ¹⁶.

13 Section 5 of the Pharmacy Act.

14 President

15 Vice-President

16 Section 6 (a) .

Summary activities of the PCNA

PCNA meetings

The Pharmacy Act¹⁷ stipulates that the PCNA must hold not less than two meetings in each year, and may hold, in addition thereto, such other meetings as the PCNA may determine from time to time.

During the period under review the PCNA held three (3) meetings as indicated in Table 33.

Table 33: Attendance of PCNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
19 May 2020	8	6	2
25 September 2020	8	7	1
31 March 2021	8	8	0

Committee meetings

Pharmacy Act stipulates that the PCNA must establish an EXCO¹⁸ of the PCNA to so exercise the powers and perform the duties of functions of the PCNA. The PCNA may set aside or amend any decision or act the EXCO made or performed. EXCO held one meeting during the reporting period.

The Pharmacy Act further stipulates that the PCNA must establish a standing Education Committee¹⁹, consisting of such number of persons, including persons who are not members of the PCNA, as the PCNA may determine and appoint to such committee. The Education Committee must advise the PCNA with regard to and investigate and report to the PCNA in writing on any matter relating to, any requirement or qualification pertaining to the registration, education, tuition or training of persons in or relating to the professions to which Pharmacy Act applies. The Education Committee held one meeting during the reporting period.

The Pharmacy Act further states that the PCNA may establish, from time to time, one or more committees consisting of such number of persons, including persons who are not members of the PCNA, as the PCNA may determine and appoint thereto in writing.

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

- (i) to advise the Council on such matters as it may refer; or
- (ii) to assist the Council in the exercise of such of its powers or the performance of such of its duties or functions in terms of this Act as the Council may delegate or assign, to the committee concerned²⁰.

In line with these provisions, the PCNA has established the Practice Committee which held three meetings during the period under review

17 Section 11 (4) .

18 Section 12 (1) (a) .

19 Section 12(4) (a).

20 Section 12(6) (a).

Round-robin Resolutions

Some urgent matters were handled by the PCNA and relevant Committees on a round-robin basis.

PCNA Resolutions

Table 34 presents the number of resolutions of the PCNA during the reporting period and the execution of those resolutions.

Table 34: PCNA resolutions

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
42	37 (88%)	5 (12%)

Reasons for the pending resolutions

- The training of the regional inspectors was not concluded in report period.
- The inspection of IUM and WHTC as training institutions could not take place due to the fact that the students must be in active class when inspection is done and due to the Covid-19 restrictions.
- The assessment framework to deem pharmacists competent to prescribe and administer medication under Section 31(2) licenses is still pending.
- Regulations relating to conducting a business as a wholesale pharmacist are still with the Ministry of Justice for final scrutiny.

Control over education and training

The Pharmacy Act provides that no person or education institution may offer or provide in Namibia any education, tuition or training having as its object to qualify any person to practice any profession to which the Pharmacy Act applies, or to perform any other activity directed at the physical examination of any person, or the diagnosis, treatment, pharmaceutical care, or the prevention of any physical defect, illness, disease or deficiency in persons, unless such education, tuition or training has been approved by the PCNA as being appropriate education, tuition or training for such purposes²¹.

Registration for training purposes

Tables 35 to 38 show the number of students and interns that applied for registration, the educational institutions and training facilities at which they have enrolled, and the curricula submitted to PCNA for approval by applicants.

Table 35: Applications for registration as pharmacist interns

TRAINING PHARMACIES	NUMBER OF APPLI- CATIONS
ABC PHARMACY	1
BADENHORST PHARMACY	2
DIS-CHEM NAMIBIA (PTY) LTD T/A DIS-CHEM THE GROVE MALL PHARMACY	4
DUNES WALVIS BAY PHARMACY (PTY) LIMITED T/A DUNES WALVIS BAY PHARMACY	1
FREEDOM PHARMACY CC T/A FREEDOM PHARMACY NKURENKURU	1
GOLDEN PHARMACY CC	1
INDEPENDENCE PHARMACY	1
INTERMEDIATE HOSPITAL OSHAKATI PHARMACY	7
JN HYPER PHARMACY CC T/A JN HYPER PHARMACY	1
KHABUSER PHARMACY	1
LADY POHAMBAMBA PRIVATE HOSPITAL PHARMACY	2
LIVING WATERS PHARMACY	1
MAIHS PHARMACY	1
MEDICINE WORLD LAFRENZ CC	1
MEDISUN PHARMACY CC	1
M PLUS PHARMACEUTICALS CC T/A DORADO VALLEY PHARMACY	1
OKAHANDJA PHARMACY	1
OTAVI MOUNTAIN INVESTMENT CC T/A OTAVITA PHARMACY	1
ROMAN CATHOLIC HOSPITAL PHARMACY	1
VICTORIA PHARMACY	1
Rundu Intermediate Hospital pharmacy	3
WALVIS BAY STATE HOSPITAL PHARMACY	3
WCH PHARMACY	18
TOTAL	55

Fifty-five (n=55) pharmacist interns were registered during the reporting period: public sector (n=31) private community pharmacies (n=24) country wide.

Table 36: Applications for registration as students

EDUCATIONAL INSTITUTION	DESIGNATION	NUMBER OF APPLICA- TIONS	REGISTRATION STATUS
IUM	Student Pharmacist's Assistant	58	35 - Registered 23 - Pending due to outstanding documents-
WHTC	Student Pharmacist's Assistant	13	13 - Registered
TOTAL		71	48

Table 37: Curricula received for assessment

NO.	INSTITUTION	CURRICULUM	STATUS
	HARARE INSTITUTE OF TECHNOLOGY (HIT) IN ZIMBABWE.	Bachelor of Pharmacy Degree	Assessed and meet the requirements.
	JSS ACADEMY OF HIGHER EDUCATION AND RESEARCH IN INDIA.	Diploma in Pharmacy	Assessed and does not meet the requirements.
	JSS UNIVERSITY IN INDIA	Bachelor of Pharmacy Honours Degree	Pending - submitted for Re-assessment
	I.M. SECHENOV FIRST MOSCOW STATE MEDICAL UNIVERSITY	Specialist Degree in Pharmacy	Assessed and does not meet the requirements.
	I.M. SECHENOV FIRST MOSCOW STATE MEDICAL UNIVERSITY	Specialist Degree in Pharmacy	Pending - submitted for Re-assessment

Table 38: Pharmaceutical facilities approved and recommended for training purposes

NO.	DATE INSPECTED	NAME OF PRACTICE	STATUS
KARAS REGION			
	28/05/2020	Namdeb Hospital Pharmacy	Approved - 01/07/2020
	27/05/2020	Rosh Pina Pharmacy	Approved - 01/07/2020
	28/05/2020	Golden Pharmacy	Approved - 01/06/2020
Khomas REGION			
	11/11/2020	Lady Pohamba Private Hospital Pharmacy	Approved - 4/01/2021
	21/09/2020	Westlane Pharmacy	Approved - 01/2021
	31/07/2020	Medicine World Lafrenz CC	Approved - 01/08/2020
	18/09/2020	Independence Pharmacy	Approved - 01/09/2020
	16/10/2020	JN Hyper Pharmacy	Approved - 4/01/2021
	01/01/2021	Pharmacy at Lady	Approved - 4/01/2021
	31/07/2020	Roman Catholic Hospital Pharmacy	Approved - 11/08/2020
OTJOZONDJUPA REGION			
	11/01/2020	Maihs Pharmacy	Approved - 4/01/2021
	12/11/2020	Empire Pharmacy Wellcare	Approved - 01/02/2021
	17/01/2019	Shipanga Medical Services	Approved - 4/01/2021
	06/01/2019	Okahandja Pharmacy	Approved - 01/02/2021
	11/12/2020	Badenhorst Pharmacy	Approved - 4/01/2021
	18/12/2020	Otavita Pharmacy	Approved - 4/01/2021
OSHANA REGION			
	15/12/2020	Central Park Pharmacy	Approved - 4/01/2021
	14/12/2020	Olupandu Pharmacy	Approved - 4/01/2021
	15/12/2020	Oshakati Pharmacy	Approved - 4/01/2021
	15/12/2020	Yetu Pharmacy	Approved - 4/01/2021

OMUSATI REGION			
	16/12/2020	Northway Pharmacy	Approved - 4/01/2021
	16/12/2020	Ruacana Pharmacy	Approved - 4/01/2021
	09/10/2020	Ombalantu Pharmacy	Approved - 4/01/2021
OHANGWENA REGION			
	17/12/2020	Okongo Pharmacy	Approved - 4/01/2021
OSHIKOTO REGION			
	14/12/2020	Onandjokwe Pharmacy	Not Approved - 4/01/2021
	18/12/2020	Etosha Pharmacy	Approved - 4/01/2021

Twenty-six (n=26) pharmacies were inspected. Twenty-five (n=25) were approved as training pharmacies for a period of three (3) years.

Remedial programme

Forty-one (n=41) graduates have been enrolled at the SoP, UNAM to part take in the remedial programme. They will upon completion be registered as interns. Twenty-six (n=26) graduates are from Sechenov University in Russia, seven (n=7) graduates are from JSS University in India, and eight (n=8) graduates are from Lusaka Apex Medical University in Zambia.

Pre-registration evaluation

Table 39 below presents a summary of pre-registration evaluations conducted, and Graph 14 shows the number of applicants evaluated and registered. The PCNA requires an applicant to pass to its satisfaction a pre-registration evaluation to determine whether the applicant possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied for²².

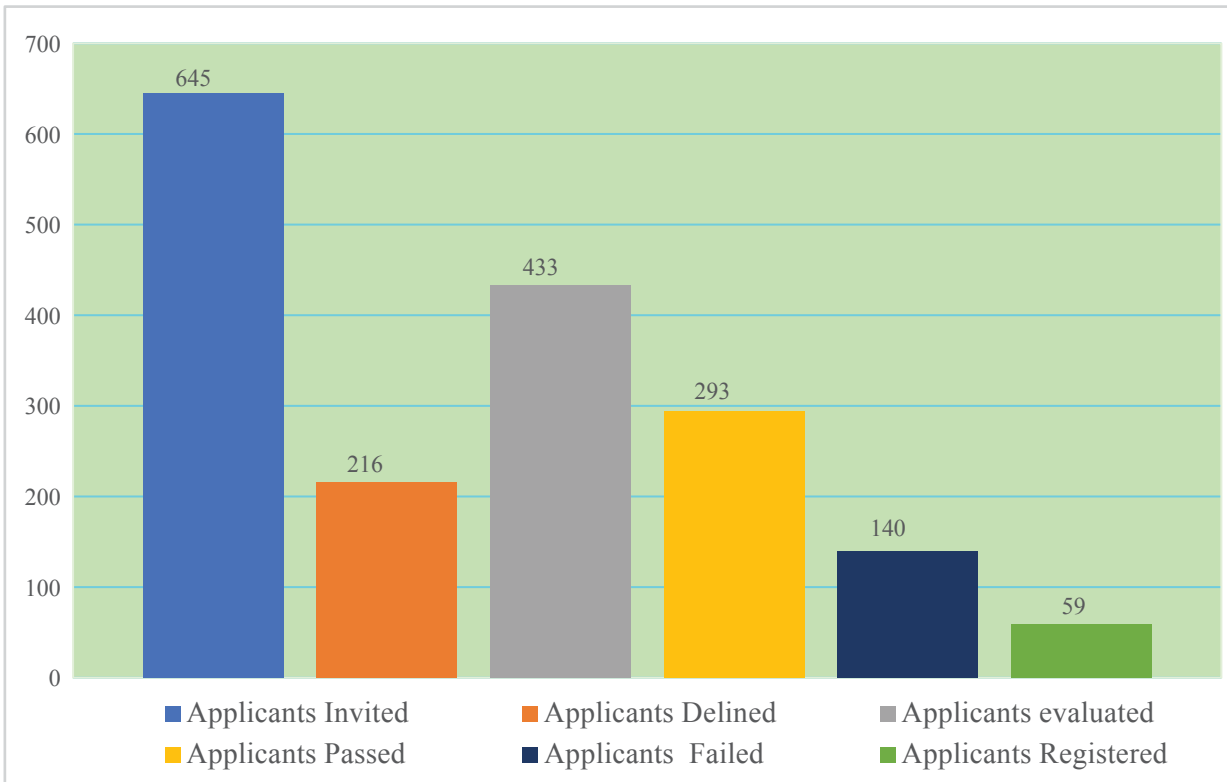
Table 39: Summary of pre-registration evaluations conducted

DOMAIN AND NATURE OF EVALUATION	EVALUATION DATE	APPLICANTS INVITED	APPLICANT DECLINED INVITATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED	APPLICANTS REGISTERED
PHARMACISTS							
Competency Calculations	23-Jun-20	10	9	1	1	0	1
Legal	23-Jun-20	9	8	1	0	1	0
Competency Calculations	24-Jun-20	8	7	1	1	0	0
Legal	22-Oct-20	2	0	2	1	1	2
Competency Calculations	22-Oct-20	3	0	3	2	1	0
Legal	23-Oct-20	2	0	2	2	0	2
Competency Calculations	18-Mar-21	22	20	2	1	1	1
Legal	18-Mar-21	20	18	2	1	1	1
Legal	19-Mar-21	21	19	2	1	1	1
TOTAL		97	81	16	11	6	3
PHARMACIST INTERNS:							
Calculations	23-Jun-20	21	0	21	21	0	0
Legal	24-Jun-20	20	0	20	20	0	0
OSCE'S	25-Jun-20	21	0	21	12	9	12
Calculations	22-Oct-20	15	0	15	3	12	0
Legal	23-Oct-20	12	0	12	11	1	0
OSCE'S	24-Oct-20	20	0	20	9	11	0
Calculations	18-Mar-21	44	0	44	28	16	0
Legal	19-Mar-21	34	0	34	31	3	0
OSCE'S	20-Mar-21	21	0	21	19	2	19
TOTAL		208	0	208	154	54	31
PHARMACEUTICAL TECHNICIANS:							
Calculations	23-Jun-20	33	20	13	5	8	8
Legal	24-Jun-20	26	16	10	9	1	1
OSCE'S	25-Jun-20	23	16	10	9	1	5
Calculations	22-Oct-20	11	1	10	3	7	0
Legal	23-Oct-20	4	2	2	0	2	0
OSCE'S	24-Oct-20	4	1	3	3	0	3
Calculations	18-Mar-21	35	25	10	10	0	0
Legal	19-Mar-21	23	18	5	5	0	0
OSCE'S	20-Mar-21	20	16	4	3	1	0
TOTAL		179	115	67	37	30	8
PHARMACIST'S ASSISTANTS							
Competency Calculations	23-Jun-20	12	3	9	9	0	0
Legal	23-Jun-20	18	0	18	13	5	0
Competency Calculations	24-Jun-20	8	1	7	7	0	13
Legal	22-Oct-20	1	1	1	1	0	0
Competency Calculations	22-Oct-20	8	1	7	0	7	1
Legal	23-Oct-20	4	1	3	1	2	0
Competency Calculations	18-Mar-21	34	4	30	30	0	0
Legal	18-Mar-21	42	5	37	3	34	0
Legal	19-Mar-21	34	4	30	28	2	3
TOTAL		161	20	142	92	50	17
GRAND TOTAL		645	216	433	294	140	59

Comment

- To be eligible for registrations the candidates should pass calculation with 80% and all other domains with 50% and this attributed to a smaller number of registered practitioners compared to the number of evaluated candidates.
- The Covid-19 pandemic had significant impact on the evaluation process of the practitioners.

Graph 14: Applicants evaluated and registered



Pharmaceutical practices applications for registration

Table 40 indicates the number of the pharmaceutical practices registered during the period under review.

Table 40: Registration of pharmaceutical practices

NATURE OF PHARMACEUTICAL PRACTICE	APPLICATIONS RECEIVED	PRACTICES REGISTERED
Community pharmacies	13	7
Wholesalers	1	1
Hospital pharmacy	1	
Total	15	8

Comments

- Fifty-three percent (54%) of all the pharmaceutical practices that applied for registration were granted approval and are registered accordingly. In addition 46% of the applications are still pending due to recommendations given and documents requested by the PCNA.

Registers kept

Register of pharmacy practitioners

Admission to the register as provided for under the Pharmacy Act is strictly controlled. The Pharmacy Act also contains very important provisions pertaining to the method of admission of practitioners to the register²³, the maintenance of registration of practitioners²⁴, the removal²⁵ or restoration of a name of a practitioner to the register²⁶, continuing professional development²⁷ and pharmaceutical practices conducting

business as a pharmacist.²⁸ These registers lie open during ordinary hours at the office of the Registrar for inspection by any interested member of the public.

The number of registered practitioners is presented in Table 41. Comparison of registered practitioners for the current and previous periods is presented in Graph 15. The number of practitioners on the register is presented in Table 42.

Table 41: Practitioners registered during the period under review

PROFESSIONAL DESIGNATION	NUMBER REGISTERED
Pharmacists	24
Pharmacist Interns	55
Pharmaceutical Technicians	7
Pharmacist's Assistants	20
Student Pharmacist's Assistant s	64
Student Pharmacist	1
TOTAL	171

23 Section 22

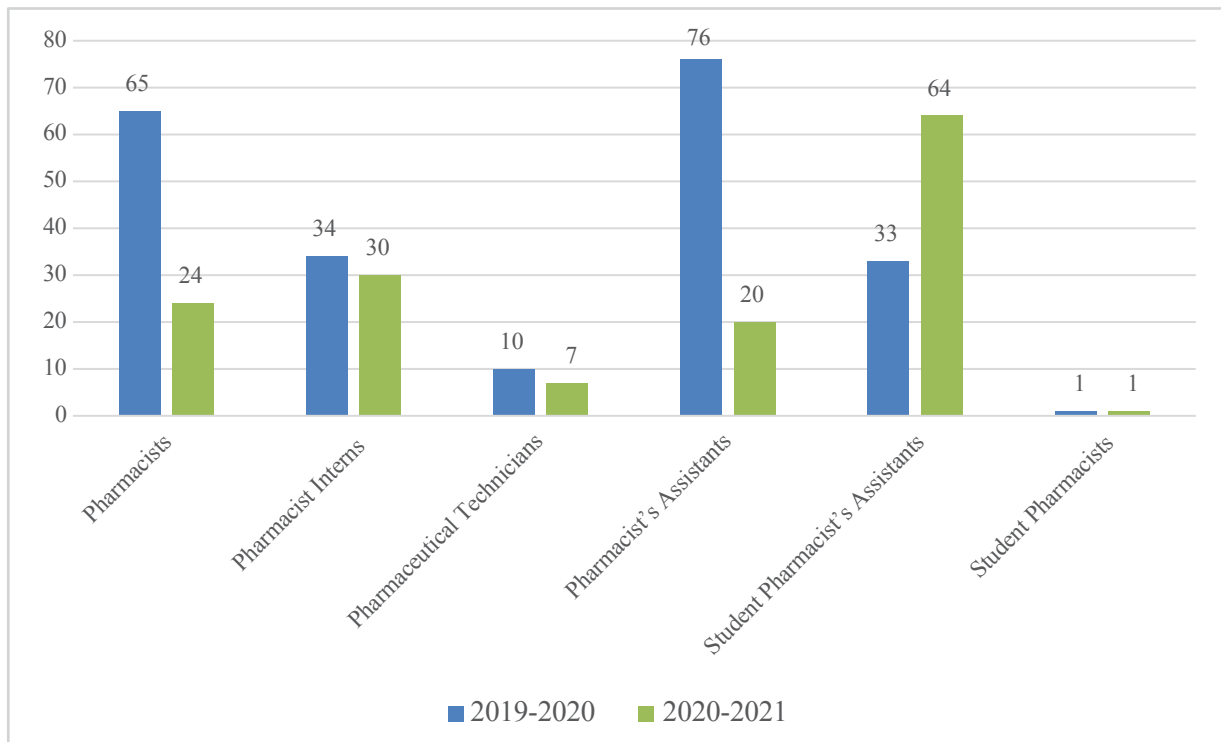
24 Section 25

25 Section 27

26 Section 32

27 Section 35-37

28

Graph 15: Comparative graph for practitioners registered in 2019/2020 and 2020/2021**Table 42:** Number of practitioners on the register

DESIGNATION	NUMBER ON THE REGISTER
Pharmacists	640
Pharmacists Specialist (Clinical Pharmacokineticist)	1
Pharmacist Interns	73
Pharmaceutical Technicians	41
Pharmacist's Assistants	405
Pharmacist's Assistant students	177
Student Pharmacists	87
TOTAL	1424

Graph 16 provides information on number of practitioners on the register by 31 March 2020 as compared to the number of practitioners on the register by 31 March 2021.

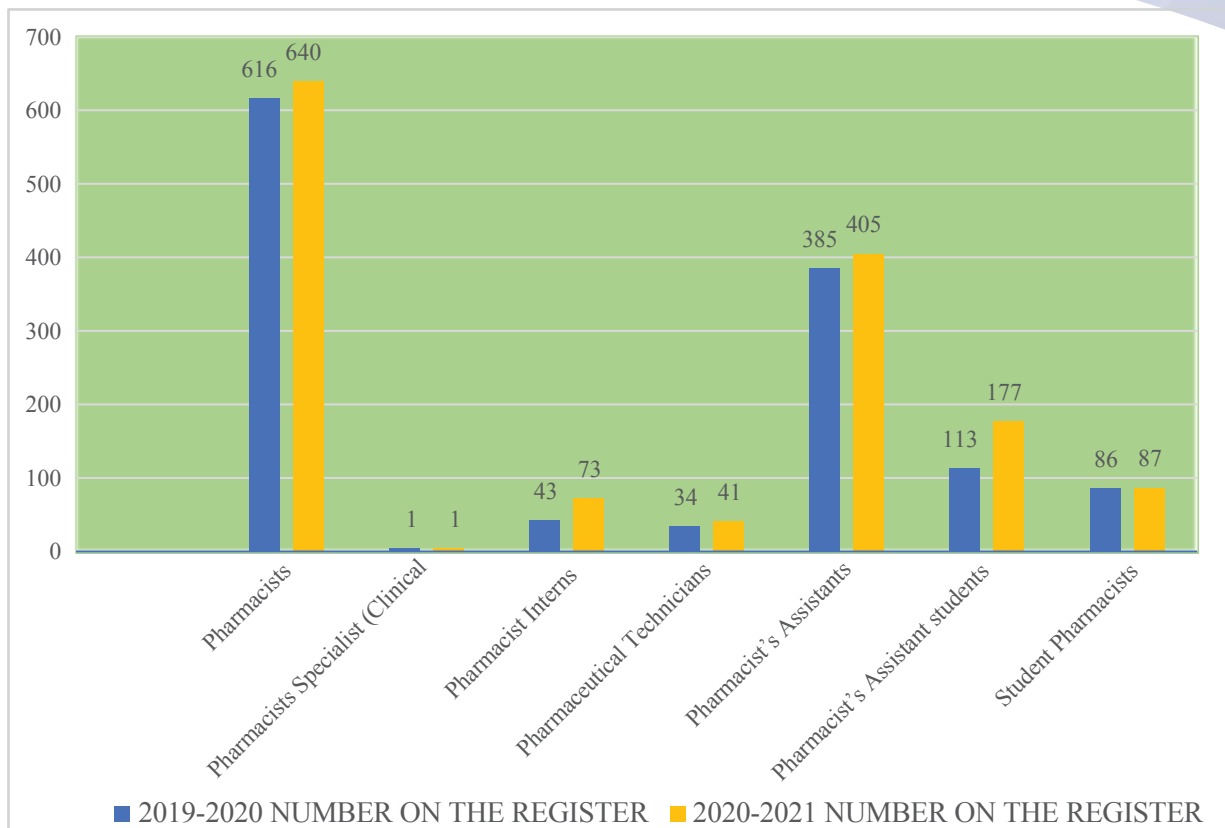
Graph 16: Practitioners on the register by 31 March 2020 compared to 31 March 2021

Table 43 is the cumulative number of the pharmaceutical practices on the register as of the 31 March 2021.

Table 43: Pharmaceutical practices on the register by 31 March 2021

NATURE OF PHARMACEUTICAL PRACTICES	NUMBER ON THE REGISTER
Community pharmacy	228
Pharmaceutical wholesaler	42
Manufacturing pharmacy	5
Hospital pharmacy	11
TOTAL	286

Other services

Table 44 is of other practitioner related services provided by the PCNA.

Table 44: Practitioner related services

TYPE OF APPLICATION	PHARMACIST	PHARMACEU- TICAL TECHNI- CIAN	PHARMACIST'S ASSISTANT	INTERNS/ STU- DENTS	TOTAL APPLI- CATIONS
Certificate of status	7	0	0	0	7
Removals	24	3	42		79
Restoration	6	0	4	0	10
Extract of the register	3	0	0	0	3
Cession of contract	0	0	0	5	1
Remarking of pre- registration evaluation paper	0	0	0	4	4
Reprint of practicing cards	9	0	0	0	9
Evaluation of foreign curriculum	3	0	0	0	3
Registration of additional qualifications and specialties	0	0	0	0	0
Verification of completion of internship	0	0	0	0	0
TOTAL	52	3	46	9	116

Table 45 shows other pharmaceutical practice related services provided by the PCNA.

Table 45: Pharmaceutical practice related services

TYPE OF APPLICATION	COMMUNITY PHARMACY	WHOLESALE	HOSPITAL PHARMACY
Change of ownership	5	0	0
Change of pharmacy layout/ restructuring	1	0	0
Relocation	5	0	0
Registration of new managing director or managing member	6	0	0
Resignation of managing director or managing	1	0	0
Registration of responsible pharmacist	30	0	0
Resignation of responsible pharmacist	4	0	0
Notification of closure of practice	6	0	0
Notification of practice now operational	2	0	0
TOTAL NUMBER OF APPLICATIONS	60	6	0

Conclusion

The PCNA aims at ensuring that all persons aspiring to practice healthcare professions in Namibia have acquired and maintained the required professional knowledge, skills, and competence. This is done through regulating the education and practice of all professions falling under the Pharmacy Act. The PCNA has significantly delivered on this mandate.

NURSING COUNCIL OF NAMIBIA

Introduction

The NCNA regulates the practicing of ten (10) professional categories namely; registered Nurses and midwives or accoucheurs, registered nurses, registered midwives or accoucheurs, enrolled nurses and midwives or accoucheurs, nursing auxiliaries, student nurses and midwives or accoucheurs, student nurses, student midwives or accoucheurs, pupil nurses and midwives or accoucheurs, and pupil nursing auxiliaries²⁹. The NCNA also control and exercise authority in respect of all matters affecting the education and training of persons to be registered and enrolled under this Act.

The NCNA comprises eight members.

Ms Fransina MN Tjituka³⁰

Mr Gebhardo S Timotheus³¹

Prof Louise Pretorius

Dr Lusia N Pinehas

Ms Hilma I Shikwambi

Mr Eliud M Shiwayu

Ms Cheryl Isaacs

Mr Tomas Nekongo

Summary of NCNA activities

Meetings

The respective number of NCNA and Education Committee meetings during the period under review, and NCNA resolutions, are presented in Tables 46 to 48. The NCNA held three (3) meetings.

Table 46: NCNA meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Eight members	11 th of September 2020	8	
	13 th of November 2020	7	1
	12 th of March 2021	8	

29 Section 17 of the Nursing Act

30 President

31 Vice-President

Education Committee

The Education Committee advises the NCNA on any matter relating to, requirements or qualifications pertaining to the registration, education or training of persons relating to the professions to which the Nursing Act applies. The Committee held five meetings during the reporting period.

Table 47: Education Committee meetings and attendance

MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Seven members	19 th of June 2020	6	1
	16 th October 2020	6	1
	15 th January 2021	6	1
	19 th February 2021	6	1
	30 th May 2021	6	1

Table 48: Resolutions made by NCNA

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
26	25	1

Registers / rolls kept

Admission to the register or roll, as provided for under the Nursing Act, is strictly controlled. The Nursing Act also contains very important provisions pertaining to the method of admission to the register/ roll, the maintenance of registration/ enrolment. These registers / rolls lie open during ordinary office hours at the office of the Registrar for inspection by any interested member of the public³².

Tables 49 to 53, and Graphs 15 to 17 below pertain to registers and rolls.

Enrolment and registration of pupils and students

Every person, upon the commencement of education, tuition or training as a student or pupil in nursing or midwifery at an educational institution, must apply for registration or enrolment with the NCNA³³.

Table 49: Registered students and enrolled pupils per educational institution

EDUCATIONAL INSTITUTION	PROGRAMME	NUMBER OF PUPILS	NUMBER OF STUDENTS
Shiramed Medical Institute Katima Mulilo Campus	Certificate Enrolled Nurse & Midwife / Accoucheur	83	
UNAM: Main Campus	Diploma in Nursing Midwifery Science		59
UNAM: Main Campus	Bachelor's degree in Nursing & Midwifery science		107

32 Section 25 of the Nursing Act

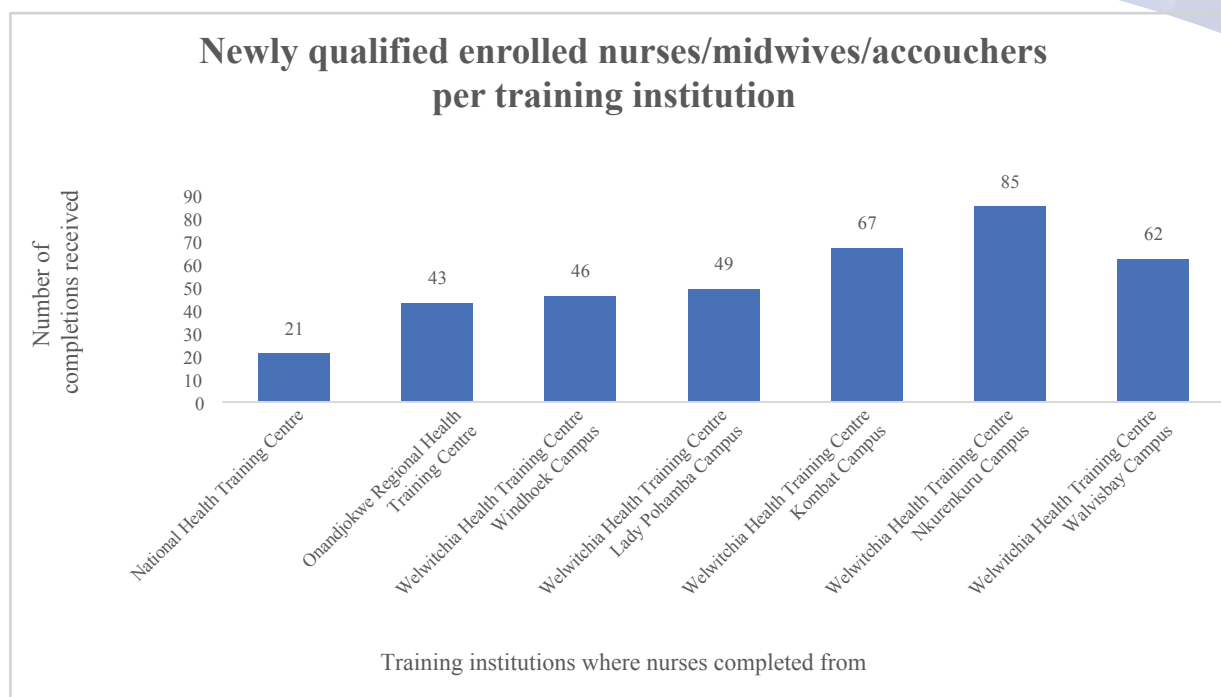
33 Section 21(2)

UNAM: Northern Campus	Bachelor's degree in Nursing & Midwifery Science		108
UNAM: Rundu Campus	Bachelor's degree in Nursing & Midwifery Science		101
UNAM: Keetmanshoop Campus	Bachelor's degree in Nursing & Midwifery Science		50
WHTC: Main Campus	Certificate Enrolled Nurse & Midwifery Science	84	63
WHTC: Nkurenkuru Campus	Certificate Enrolled Nurse & Midwifery Science	108	
WHTC: Kombat Campus	Certificate Enrolled Nurse & Midwifery Science	60	
WHTC: Walvisbay Campus	Certificate Enrolled Nurse & Midwifery Science	66	
IUM	Bachelor's degree in Nursing & Midwifery Science		58
PMT Health Care Institution	Diploma in Enrolled Nurse and Midwifery Science	39	
TOTAL		440	546

Newly qualified nurses and midwives/ accoucheurs

Table 50: Certificate in nursing and midwifery

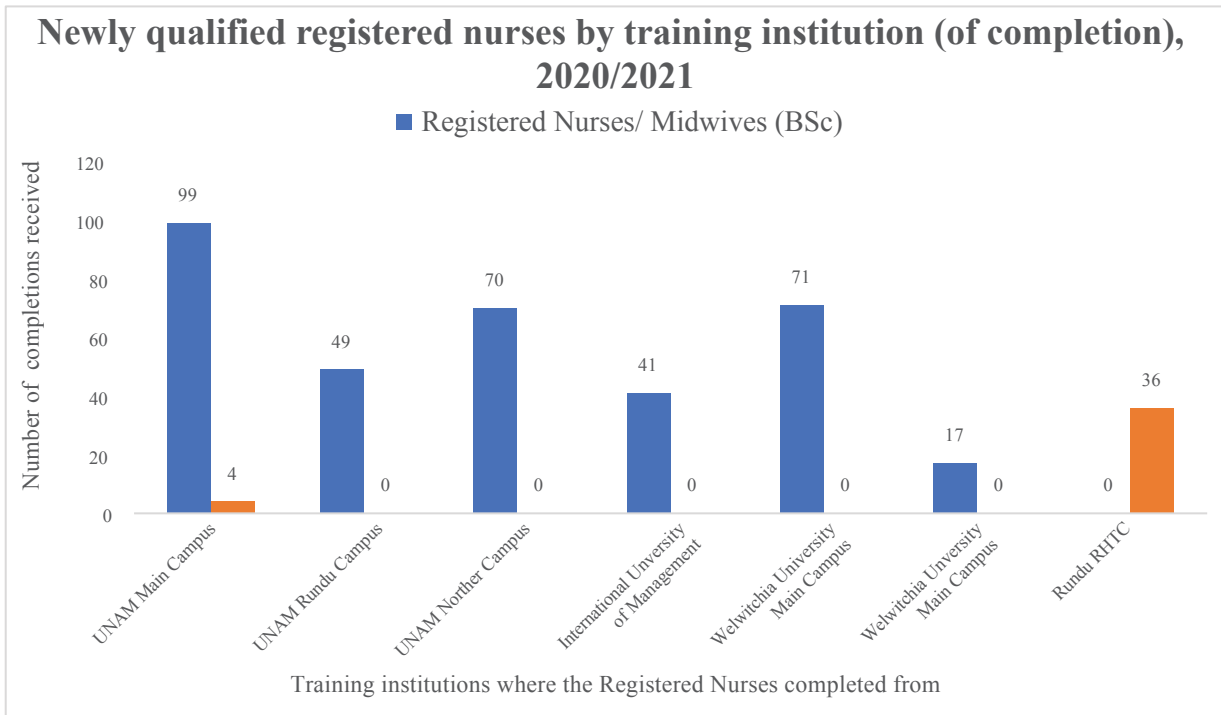
DESIGNATIONS	EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETION RECEIVED	APPLICATIONS RECEIVED	APPLICANTS ENROLLED
Enrolled Nurses and Midwives or accoucheur	NHTC	21	21	21
	Onandjokwe Regional Health Training Centre	43	43	43
	WHTC Windhoek Campus	46	46	46
	WHTC Lady Pohamba Campus	49	49	49
	WHTC Kombat Campus	67	67	67
	WHTC Nkurenkuru Campus	85	85	85
	WHTC Walvisbay Campus	62	62	62
TOTAL		373	373	373

Graph 17: Certificate in nursing and midwifery**Table 51:** Bachelor in nursing science

DESIGNATION	EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETIONS RECEIVED	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Registered Nurses and Midwives/ Accoucheurs	UNAM - Main Campus	99	99	99
	UNAM - Rundu Campus	49	49	49
	UNAM - Northern Campus	70	70	70
	IUM	41	41	41
	WHTC - Main Campus	71	71	71
	WHTC - Nkurenkuru Campus	17	17	17
TOTAL		347	347	347

Table 52: Diploma in general nursing and midwifery science

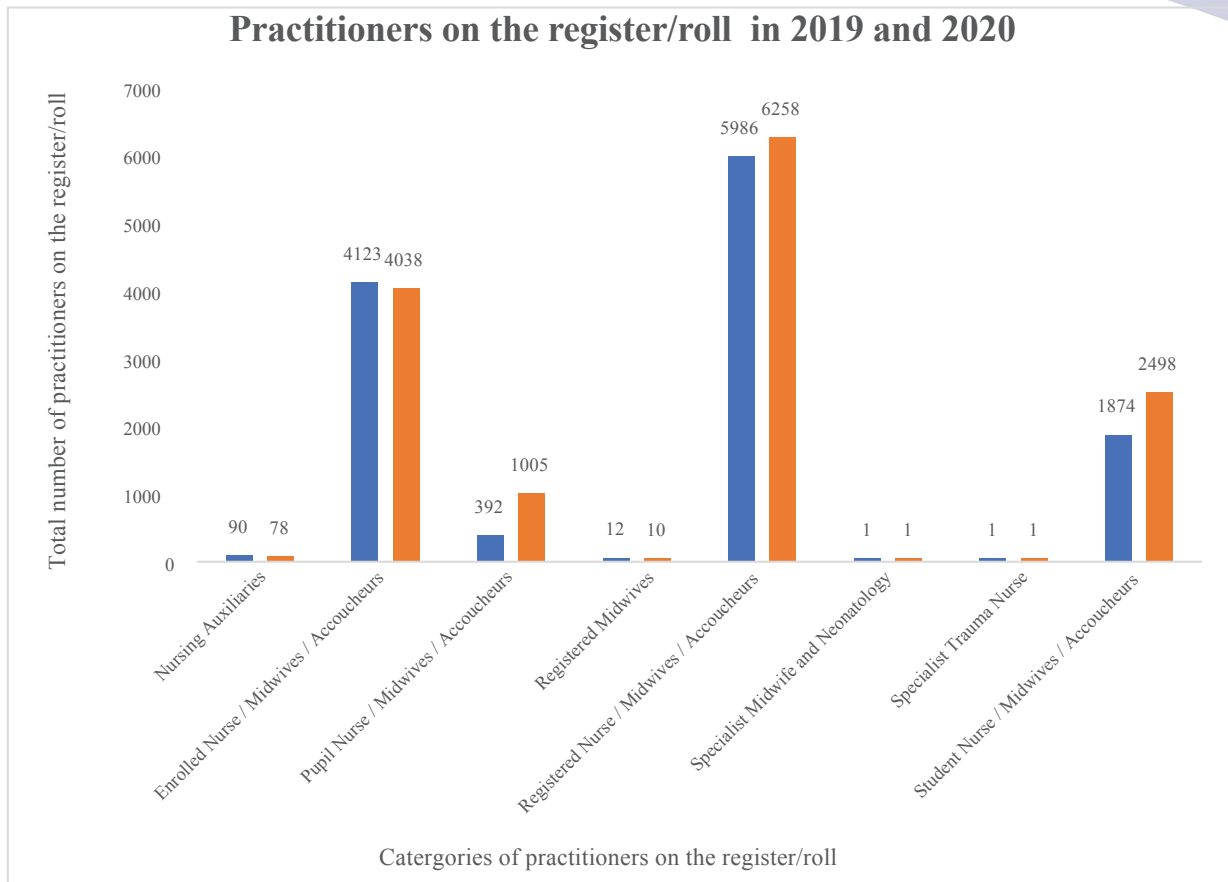
DESIGNATION	EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETIONS RECEIVED	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Registered Nurses and midwives/ Accoucheurs	UNAM (Main Campus)	4	4	4
	NHTC	58	58	58
	RHTC	36	36	36
TOTAL		98	98	98

Graph 18: Bachelor and diploma in general nursing and midwifery science

Register and roll for nursing and midwifery practitioners

Table 53: Total number of practitioners on the register or roll

CATEGORY	2019/2020	2020/2021
Nursing Auxiliaries	90	78
Enrolled Nurse / Midwives / Accoucheurs	4123	4038
Pupil Nurse / Midwives / Accoucheurs	392	1005
Registered Midwives	12	10
Registered Nurse / Midwives / Accoucheurs	5986	6258
Specialist Midwife and Neonatology	1	1
Specialist Trauma Nurse	1	1
Student Nurse / Midwives / Accoucheurs	1874	2498
TOTAL	12 479	13890

Graph 19: Practitioners on the register / roll in 2019 compared to 2020

Control over education, tuition and training

The Nursing Act³⁴ provides that any person or educational institution intending to offer the education, tuition or training must apply to the NCNA in writing before offering such training. Table 54 indicates the educational institutions and health facilities that applied for approval to train pupil & student midwives / accoucheurs enrolled / registered nurses. Table 55 pertains to curricula.

Table 54: Facilities for practical training of student and pupil nurses / midwives

REGION	NAME OF FACILITIES APPLIED FOR INSPECTION	TYPE OF FACILITY (PUBLIC / PRIVATE)	DATE OF INSPECTION	REMARK
Khomas Region	Windhoek Central Hospital	Public	17 /08/ 2020	Grade B*
	Khomasdal Health Centre	Public	19 /08/ 2020	Grade A*
	Wanaheda Clinic	Public	19 /08/ 2020	Grade B*
	Otjomuise Clinic	Public	19 /08/2020	Grade B*
	Okuryangava Clinic	Public	20 /08/ 2020	Grade B*
	Donkerhoek Clinic	Public	20 /08/ 2020	Grade B*
	Hakahana Clinic	Public	20 /08/ 2020	Grade B*
	Lady Pohamba Private Hospital	Private	16 /03/ 2021	Grade A*
	Namibia Oncology Centre	Private	17 /03/ 2021	Grade A*
Kunene Region	Opuwo Hopsital	Public	22/ 09/ 2020	Grade B*
	Opuwo Clinic	Public	23/ 09/ 2020	Grade B*
	Kamanjab Health Centre	Public	23/ 09/ 2020	Grade B*
	Khorixas Hospital	Public	24/ 09/ 2020	Grade A*
	Khorixas Clinic	Public	24/ 09/ 2020	Grade A*
	Outjo Clinic	Public	25/ 09/ 2020	Grade B*
	Outjo Hospital	Public	25/ 09/ 2020	Grade A*
Kavango Region	Rundu Private Hospital	Private	24/ 06/ 2020	Grade A*

Grading explanatory notes

- 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% - 59%: major shortcomings were identified and the cycle for inspection is 1 year
- Ungraded <50%: critical shortcomings were identified and the institution should not be granted approval to train.

Curricula received for approval

The curricula received for approval are listed in Table 55.

Table 55: Status of curricula received for approval

INSTITUTION	NATURE OF TRAINING	STATUS
Shiramed Medical Institute	Professional Bachelor's Degree in Nursing and Midwifery Science	Curriculum to be discussed by the Education Committee
Higher Ground Training College	B.Sc Nursing (Hons)	Higher Ground Training College to submit the revised curriculum.
Higher Ground Training College	Certificate in Enrolled Nurse and Midwifery / Accoucheur	Higher Ground Training College to submit the revised curriculum.
UNAM	Diploma in General Nursing and Midwifery Science for Enrolled Nurses (2yr)	University of Namibia to submit the revised curriculum.
Essence Health Care Academy	Curriculum Certificate in Enrolled Nursing and Midwifery Science	Essence Health Care Academy to submit the revised curriculum.
Symanek Training Academy	Certificate in Nursing Auxilliary	Curriculum to be discussed by the Education Committee

Other services rendered by NCNA

These are presented in Table 56.

Table 56: Other services

SERVICE RENDERED	TOTAL
Registration/ Enrolment Certificates issued	4302
Certificates of Status issued	202
Extracts from the Register/Roll issued	29
Involuntary Removal from Register/ Roll	435
Voluntary Removal from Register / Roll	42
Restoration of names to Register/ Roll	339
Ethics and Jurisprudence Manuals sold	1366
Namibian Standard Treatment Guidelines sold	173
Epauettes	920
Badges	631
Green Bars	392
Yellow Bars	263
Black Bars	29
White Bars	22
Silver Bars	9

Conclusion

The NCNA aims at ensuring that all persons aspiring to practice health care professions in Namibia have acquired and maintained the required professional knowledge, skills, and competence. This is done through regulating the education and practice of all professions falling under the Nursing Act. The NCNA has significantly delivered on this mandate.

ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

Members of the AHPCNA

The AHPC comprises the below named 15 members appointed by the Minister in terms of Section 7 of the AHP Act as amended by the Allied Health Professions Amendment Act No 8 of 2018.

Mr. Christopher Mubita Likando³⁵

Ms. Ronelle Isaacs³⁶

Rev. Cornelia Nel

Ms. Luzanne Kalondo

Mr. Arthur Pickering

Mr. Elvis Handura

Ms. Antoinette de Almeida

Ms. Belinda Roselin Tsauses

Ms. Cornelia Bauer

Mr. Johannes Henn

Ms. Dorttee Verrinder

Dr. Elga Drews

Ms. Nicolette Bloodstaan

Ms. Zelda Crous

Ms. Irene Garthoff

Summary of activities

Professional Committees

The Allied Health Professions Act³⁷ provides for the establishment of Professional Committees whose function are *inter alia*, to consider or investigate any matters pertaining to allied and complementary professions and to advise or make recommendations to the AHPC or the Minister on any matter falling within the scope of the AHPCNA Act. There are currently eleven professional committees comprising 36 members. The following matters were handled by various committees.

35 President.

36 Vice-President.

37 Section 13(1)

- **Professional Committee for Medical Technology**

- The committee evaluated qualifications for Medical Laboratory Scientists from Zambia and Kenya and a Diploma in Biomedical Sciences from WHTC.

- **Professional Committee for Emergency Care Professions**

- This Committee evaluated qualifications in ECT from the United Kingdom (UK) who sought registration with the AHPC. The committee also evaluated the progress reports on the implementation of the approved training programmes at PECT and Osona Military School of Combat Medic.

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

- This Committee evaluated nine (9) applications for authorisation as physiotherapists by the Minister of Health and Social Services. The Committee also revised the self-assessment tool and intern logbook for the physiotherapy profession.

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

- The Committee assessed the progress reports of Windhoek Central Hospital, Civil Psychiatry and Forensic departments for the training of Occupational Therapists interns and students.

- **Professional Committee for Biokinetic Professions**

- This Committee reviewed interns logbook for the biokinetic profession.
 - EXCO

During the period under review EXCO dealt with the inspection reports of the training institutions indicated in Table 57.

Table 57: Inspection reports dealt with by EXCO

TRAINING INSTITUTION	DATE INSPECTED	REPORT
Windhoek Central Hospital (Physiotherapy Interns)	22 January 2021	Approved
Anna Mart-Kruger Physiotherapy-Walvisbay (Physiotherapy Interns)	22 January 2021	Approved

AHPCNA Meetings

The AHPCNA held two meetings: on 19 September 2020 and 26 March 2021. There were forty-nine (n=49) resolutions of which forty-seven (96%) were fully implemented, and two (4%) were pending implementation. The resolutions pending implementation are

- the physiotherapy profession to draw up a plan on how to train inspectors and evaluators; and
- the AHPCNA to liaise with the Ministry of Health and Social Service on issues pertaining to physiotherapy interns' facilities and placement.

Control over education, tuition and training

The Allied Health Professions Act³⁸ provides that any person or educational institution intending to offer the education, tuition or training must apply to the AHPC in writing before offering such training. Tables 58 and 59 present the training institutions and health facilities that applied for approval to train students or interns.

Table 58: Institutions applied for approval to train students

INSTITUTION	NATURE OF TRAINING	INSPECTION DATE	REGION	CURRICULUM
Namibia Private Ambulance Services, Ondangwa	Student Emergency Care Practitioner – Basic Certificate	Inspection Pending	Oshana	Not yet approved
Atlantic Training Institution, Oshakati	Student Emergency Care Practitioner - Intermediate	27 February 2020	Oshana	Curriculum approved
Intermediate Oshakati Hospital-Radiography Department	Student Diagnostic Radiographers	18 November 2020	Oshana	
Keetmanshop District Hospital	Student Diagnostic Radiographers	Pending Inspection	Karas	
Three sixty Emergency Services, Windhoek	Student Emergency Care Practitioner - Basic	Pending Inspection	Khomas	Curriculum approved
Pathcare Namibia, Windhoek	Student Medical Laboratory Technicians and Student Phlebotomy Technicians	27-29 April 2021	Khomas	Curriculum approved

Table 59: Institutions applied for approval to train interns

INSTITUTION	REGION	NATURE OF TRAINING	CURRICULUM	DATE OF INSPECTION
Marieke Kirchner Physiotherapy, Swakopmund	Erongo	Intern Physiotherapists	Approved	07 July 2020
Anna Mart Kruger Physiotherapy, Walvisbay	Erongo	Intern Physiotherapists	Approved	23 October 2020
Intermediate Oshakati Hospital -Physiotherapy Department	Oshana	Intern Physiotherapists	Approved	18 November 2020
Pathcare Namibia, Windhoek	Khomas	Intern Medical Technologists (Clinical Pathology)	Approved	27-29 April 2021
Wellington Physiotherapy	Khomas	Intern Physiotherapists	Approved	23 April 2021

Applications for registration

The Allied Health Professions Act³⁹ provides that no person is entitled to practice within Namibia an allied healthcare profession unless registered in terms of the Allied Health Professions Act. Any person who wishes to be registered must submit to the Registrar an application to the AHPCNA.⁴⁰ Applications for registration received are indicated in Table 60.

Table 60: Number of applications received per professional designation and status of registration

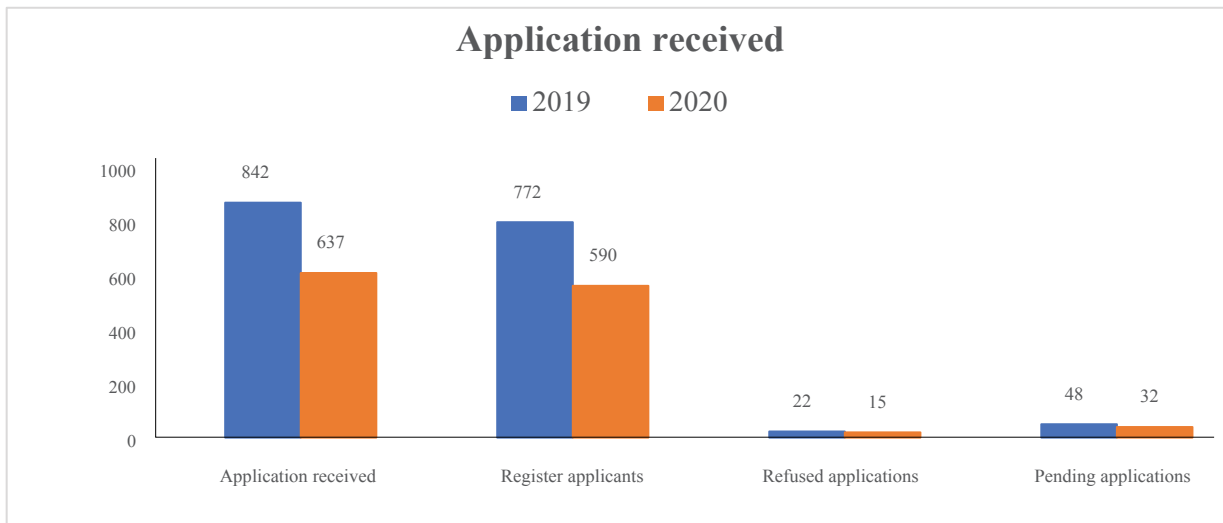
PROFESSIONAL DESIGNATION	NUMBER OF APPLI- CATIONS	REGIS- TERED	REFUSED	PENDING
Audiologists	1	1	0	0
Biokineticists	6	5	0	1
Clinical Technologists (Neurophysiology)	1	1	0	0
Dental Therapists	4	2	2	0
Dental Technician	1	0	0	1
Dental Technologists	1	1	0	0
Dieticians	5	5	0	0
Dispensing Opticians	2	2	0	0
Emergency Care Technicians	4	3	1	0
Emergency Care Practitioner-Basics	268	268	0	0
Emergency Care Practitioner-Intermediates	22	22	0	0
Emergency Care Practitioner-Student Intermediates	39	39	0	0
Paramedics	11	11	0	0
Student Paramedic	5	5	0	0
Environment Health Practitioners	42	42	0	0
Student Environmental Health Practitioner	1	1	0	0
Environment Health Practitioner Assistants	34	34	0	0
Student Environmental Health Practitioner Assistant	20	20	0	0
Medical Laboratory Scientists (Clinical Pathology)	28	15	0	13
Medical Laboratory Scientists (Cytotechnology and Histopathological Techniques)	1	1	0	0
Medical Laboratory Scientist students (Clinical Pathology)	2	2	0	0
Medical Laboratory Technicians (Histopathological Technique)	2	2	0	0

39 Section 18.

40 Section 20.

PROFESSIONAL DESIGNATION	NUMBER OF APPLICATIONS	REGIS-TERED	REFUSED	PENDING
Medical Laboratory Technicians (Cytotechnology)	1	1	0	0
Medical Laboratory Technicians (Clinical Pathology)	6	5	0	1
Medical Laboratory Technicians (Blood Transfusion)	2	2	0	0
Student Medical Laboratory Technician (Clinical Pathology)	2	2	0	0
Medical Technologists (Clinical Pathology)	7	2	0	5
Intern Medical Technologist	1	1	0	0
Medical Rehabilitation Worker	1	1	0	0
Medical Orthotist and Prosthetists	1	1	0	0
Naturopath	1	1	0	0
Student Nutritionist	2	2	0	0
Occupational Therapists	5	2	0	3
Student Occupational Therapist	10	10	0	0
Optometrists	5	1	1	3
Phlebotomy Technicians	3	3	0	0
Student Phlebotomy Technician	4	4	0	0
Physiotherapists	23	12	11	0
Intern Physiotherapist	4	4	0	0
Student Physiotherapist	16	16	0	0
Therapeutic Aroma Therapists	1	0	0	1
Student Diagnostic Radiographers	11	11	0	0
Diagnostic Radiographer Assistants	1	1	0	0
Diagnostic Radiographers	25	21	0	4
Student Ultrasound Radiographer	2	2	0	0
Therapeutic Radiographers	3	3	0	0
TOTAL	637	590(93%)	15(2%)	32(6%)

Six hundred and thirty-seven (n=637) applications for registration were received. Five hundred and ninety (n=590) were successful; thirty-two (n=32) were pending either due to incomplete documentation or awaiting evaluation of the applicants; and fifteen (n=15) did not meet the prescribed requirements for registration and registrations and were subsequently declined. A comparison of applications during the previous and current reporting period is shown in Graph 20.

Graph 20: Applications received in 2019/2020 compared to 2020/2021 financial years

Compared to the previous financial year there were 182 fewer applications received in 2020/2021 financial year. The decrease in applications can be attributed to international restrictions of movements due to the Covid-19 pandemic.

Registers kept

The Allied Health Professions Act requires the AHPCNA to keep the registers of registered persons.⁴¹ A register is kept for each of the 96 categories of the healthcare professions falling under the AHPC. The cumulative numbers of registered persons per profession are listed in Table 61.

Table 61: Total number of practitioners on the register per profession

PROFESSION	NUMBER OF PRACTITIONERS
Art Therapists	1
Audiologists	4
Acupuncturists	2
Biokineticists	86
Biokinetic Interns	10
Chinese Medicine Practitioner and Acupuncturists	6
Chiropractors	11
Clinical Technologists (Cardiology)	7
Clinical Technologists (Cardio - Vascular Perfusion)	3
Clinical Technologists (Nephrology)	7
Clinical Technologists (Pulmonology)	2
Dental Technicians	30
Dental Technologists	12
Dental Therapists	53
Dieticians	39

41 Section 24.

PROFESSION	NUMBER OF PRACTITIONERS
Dispensing Opticians	11
Emergency Care Practitioners (Basic)	1357
Emergency Care Practitioners - Intermediate	352
Student Combat Medic	19
Emergency Care Practitioner - Student Intermediate	45
Emergency Care Technicians	43
Environmental Health Practitioner	275
Environmental Health Practitioner Assistants	115
Student Environmental Health Practitioner	106
Student Environmental Health Practitioner Assistant	69
Hearing Aid Acousticians	7
Homoeopaths	7
Medical Laboratory Scientists (Clinical Pathology)	161
Medical Laboratory Scientists (Blood Transfusion)	6
Medical Laboratory Scientists (Cytotechnology Technique)	3
Medical Laboratory Scientists (Histopathological Technique)	1
Student Medical Laboratory Scientist (Clinical Pathology)	136
Medical Laboratory Technicians (Blood Transfusion)	28
Medical Laboratory Technicians (Clinical Pathology)	99
Medical Laboratory Technicians (Histopathological Technique)	10
Medical Laboratory Technicians (Cytotechnology Technique)	1
Student Medical Laboratory Technician (Clinical Pathology)	12
Student Medical Laboratory Technician (Blood Transfusion)	9
Student Medical Laboratory Technician (Cytotechnology Technique)	1
Phlebotomy Technicians	30
Student Phlebotomy Technician	9
Medical Orthotists and Prosthetists	19
Medical Rehabilitation Workers	13
Intern Medical Technology (Clinical Pathology)	11
Intern Medical Technology (Blood Transfusion)	1
Medical Technologists (Clinical Pathology)	201
Medical Technologists (Blood Transfusion)	15
Medical Technologists (Chemical Pathology)	3

PROFESSION	NUMBER OF PRACTITIONERS
Medical Technologists (Cytotechnology Technique)	5
Medical Technologist (Histopathological Technique)	4
Music Therapist	1
Naturopaths	3
Nutritionists	3
Occupational Therapists	97
Student Occupational Therapist	44
Ocularists	1
Optometrists	104
Orthopaedic Technologists	5
Orthopaedic Technicians	4
Operational Emergency Care Orderlies	2
Paramedics (Advanced Life Support)	81
Student Paramedics (Advanced Life Support)	77
Physiotherapists	163
Intern Physiotherapist	24
Student Physiotherapist	43
Phytotherapist	3
Podiatrists	1
Diagnostic Radiographers	208
Ultrasound Radiographers	22
Nuclear Medicine Radiographers	7
Therapeutic Radiographers	11
Radiography Assistants	68
Student Diagnostic Radiographer	100
Student Ultrasound Radiographer	2
Speech Therapists	12
Speech Therapists and Audiologists	10
Therapeutic Aromatherapists	3
Therapeutic Masseurs	3
Therapeutic Reflexologists	5
TOTAL	4564

Compared to 2019/2020 there has been a decrease of 372 (8.1%) in the number of practitioners on the register in 2020/2021 as depicted in Table 62.

Table 62: Number of practitioners on the registers in 2019/2020 compared to 2020/2021

2019/2020	2020/2021
4936	4564

Table 62 indicates that there has been a decrease of 372 (8.1%) in the number of practitioners on the register in 2020/2021 compared to the previous year.

Electronic register (e-register)

The AHPCNA has recently introduced an e-register for all registered healthcare practitioners who are in good standing and allowed to practice their professions. In addition, being on the register requires that every healthcare practitioner should pay annual fees to maintain his/her registration with the AHPCNA. The public can access the e-register at www.hpcna.com.na.

Removal of names from the register

Removal of names from the register can be voluntary or involuntary

Voluntary removal of names from the registers

The Allied Health Professions Act empowers the AHPCNA to remove from the register the name of any registered person who has requested in writing that his or her name be removed from the register.⁴² During the year under review the names of twelve (12) practitioners have been removed from the relevant registers voluntarily as shown in Table 63.

Table 63: Number of practitioners voluntarily removed from the registers

PROFESSION	NUMBER OF PRACTITIONERS
Emergency Care Practitioner-Basic	3
Medical Laboratory Technician	1
Emergency Care Technician	1
Dietician	1
Dental Therapist	1
Paramedic	1
Physiotherapist	1
Therapeutic Radiographer	2
Diagnostic Radiographer	1

Involuntary removal of names from the registers

The Allied Health Professions Act states that the AHPCNA may remove from the register the name of any registered person who has failed to pay to the AHPC on or before 31st of March of the financial year concerned the annual fees.⁴³

A person who practises a healthcare profession while unregistered or whose name has been removed from the register is guilty of an offence and on conviction liable to the penalties specified in the Allied Health Professions Act.⁴⁴

Despite being mandatory for all registered practitioners to maintain their registration, 13% of the practitioners on the registers failed to do so as indicated in Table 64.

Table 64: Number of practitioners removed from the registers due nonpayment of annual fees

PROFESSION	NUMBER OF PRACTITIONERS
Audiologists	1
Biokineticist	5
Chiropractors	2
Clinical Technologists	1
Dental Therapists	6
Dental Technologists	1
Dental Technicians	9
Dieticians	1
Dispensing Opticians	2
Emergency Care Practitioner-Basics	289
Emergency Care Practitioner-Intermediates	27
Emergency Care Technicians	8
Environmental Health Practitioners	52
Environmental Health Practitioner Assistants	27
Homeopaths	1
Medical Laboratory Technicians	18
Medical Laboratory Scientists	4
Medical Technologists	18
Medical Rehabilitation workers	1
Nutritionists	1
Occupational Therapists	15
Optometrists	4
Orthopaedic Technologists	2
Physiotherapists	12
Paramedic-Advanced Life Supports	5
Diagnostic Radiographers	32
Diagnostic Radiography Assistants	6
Speech Therapists	1
Ocularist	1
TOTAL	552

43 Section 25.

44 Section 57(b).

A comparison is presented in Table 65 of involuntary removal from the register in 2019/2020 and 2020/2021.

Table 65: Number of practitioners removed from the register in 2019/2020 compared to 2020/2021 practicing year

2019/2020	2020/2021
545	552

Table 65 indicates seven more practitioners were removed from the register in 2020/2021 compared to the previous practicing year.

Restoration of names to the register

The number of practitioners restored to the registers is presented in Table 66.

Table 66: Total number of practitioners restored to the registers

PROFESSION	NUMBER OF PRACTITIONERS
Biokineticist	3
Clinical Technologists	1
Dental Therapists	2
Dental Technicians	1
Diagnostic Radiographers	9
Emergency Care Practitioner-Basics	35
Emergency Care Practitioner-Intermediates	5
Environmental Health Practitioners	18
Environmental Health Practitioner-Assistants	1
Medical Technologist	2
Medical Laboratory Technician	4
Occupational Therapists	1
Optometrist	1
Orthopaedic Technician	1
Physiotherapist	1
TOTAL	84

Other services

Certificate of status

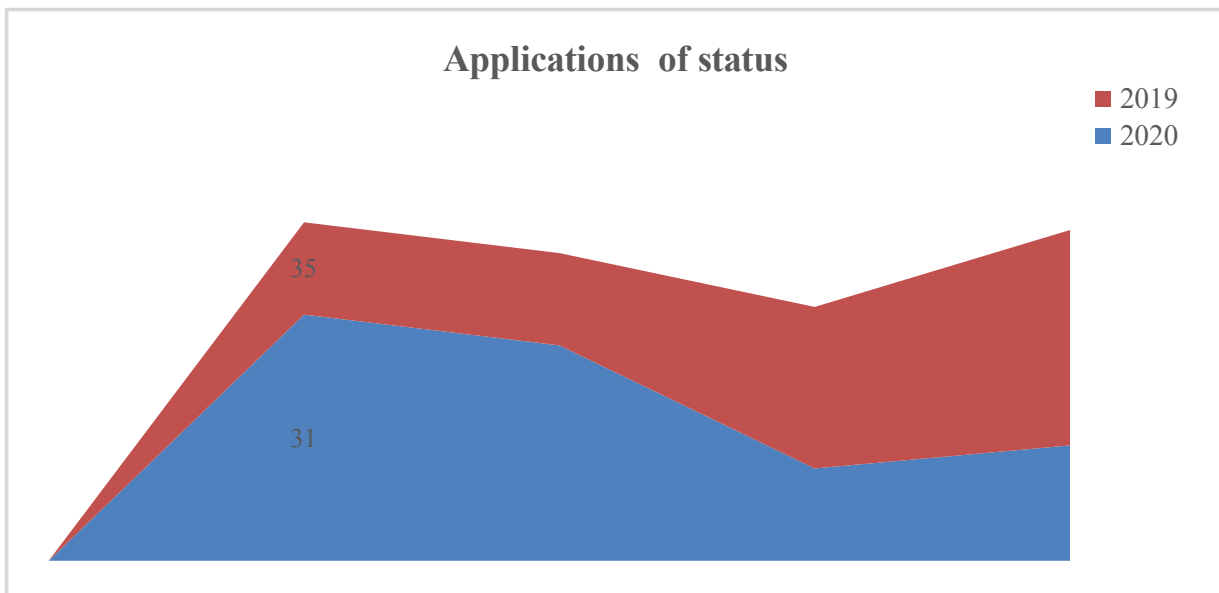
The Allied Health Professions Act provides that a registered person may apply to the Registrar for a certificate of status.⁴⁵ The number and reasons for applications for certificates of status are indicated in Table 67.

Table 67: Applications for certificate of status per professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS	REASONS
Dental Therapists	1	Seeking registration in Zimbabwe
Emergency Care Technician	2	Seeking registration in the United Kingdom
Medical Technologists	7	Seeking registration in the United Kingdom
Medical Laboratory Technician	2	Seeking registration in Botswana
Occupational Therapists	3	Seeking registration in the United Kingdom.
Optometrists	1	Seeking registration in South Africa
Physiotherapists	3	Seeking registration in the United Kingdom
Paramedic-Advanced Life Support	12	Seeking registration in the United Kingdom

Graph 21 provides a comparison of the number of applications received in 2019/2020 practicing year and in 2020/2021.

Graph 21: Comparison of applications of status received between 2019/2020 and 2020/2021 financial years



Compared to 2020/2021 reporting year, a significant decrease in the numbers of applications for certificate of status was noted.

45 Section 29.

Stakeholder engagements

One of the strategic objectives of the AHPCNA- is to improve stakeholder engagement on matters relating to registration of students. The AHPCNA has engaged the following institutions.

The Faculty of Health and Applied Sciences at the Namibia University of Science and Technology

AHPCNA engaged students in Medical Laboratory Science, Paramedics (Advanced Life Support), Environmental Health and Nutrition on matters relating to registration, education, training, and ethical conduct.

Pathcare Namibia

The AHPCNA engaged the representatives from human resource and finance departments at Pathcare Namibia to clarify the regulations relating to the minimum requirements of study for registration as Intern Medical Technologists, Medical Technologists and Medical Laboratory Scientist as well as maintenance fees payable to the AHPCNA by health practitioners annually.

Conclusion

The implementation of resolutions taken by the AHPCNA has increased from 92% to 96% compared to the previous year. The AHPCNA has developed an e-register to enable the public to view the registration status of healthcare providers in Namibia.

SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA

Introduction

The SWPCNA regulates the practicing of 12 professional categories: social workers, student social workers, social auxiliary workers, student social auxiliary workers, clinical psychologists, educational psychologists, psychological counsellors, psychometrists, intern psychologists, intern educational psychologists, student educational psychologists, and student psychologists. The SWPCNA also control and exercise authority in respect of all matters affecting the education and training of persons to be registered under the Social Work and Psychology Act⁴⁶.

SWPCNA members

Dr Jürgen Gunther Hoffmann ⁴⁷

Ms René Adriana Adams⁴⁸

Dr Manfred Janik

Ms Emilige van Zyl

Ms Sanmari Steenkamp

Ms Verona Zephora Zuleika du Preez

Adv. Hettie Garbers – Kirsten

Fr. Linus Ngenomesho

Summary of SWPCNA activities

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

Meetings

Table 68 presents meetings information. The resolutions of SWPCNA are listed in Table 69.

46 Section 5 of the Social Work and Psychology Act

47 President

48 Vice President

Table 68: SWPCNA and committee meetings

MEETING	NUMBER OF MEETINGS	DATES OF THE MEETINGS
SWPCNA	2	04/09/2020 05/03/2021
Education Committee for Social Work	1	19/03/2021
Education Committee for Psychology	1	02/10/2020

Table 69: Resolutions made by SWPCNA

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
26	25	1

The resolution that was not yet implemented was to discuss with the ED of the MoHSS the proposed Regulations by the NAMAF. The date of the meeting was yet to be agreed between parties.

Registration of healthcare practitioners

Students

The SWPCNA is mandated to ensure that all students who are enrolled with any approved educational institution in the country to study social work or psychology are registered. This exercise is normally done at the beginning of the year. The number of students registered during the reporting period is shown in Table 70.

Table 70: Registered students

DESIGNATION	EDUCATIONAL INSTITUTION	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Student Social Worker	UNAM	36	36
Student Psychologist (MA Clinical)	UNAM	7	7

Interns

Table 71: Registered Interns

REGISTRATION CATEGORIES	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Intern Psychological Counsellors	6	6
Intern Clinical Psychologists	8	8
Intern Educational Psychologists	1	1

Social workers and psychologists

Table 72 presents the number of social work and psychology practitioners registered during the reporting period.

Table 72: Registered social work and psychology practitioners

PROFESSION	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Social Workers	74	74
Psychological Counsellors	12	12
Clinical Psychologists	7	7

Evaluations

To ensure that an applicant possesses adequate professional knowledge, skills, and competency in the profession for which registration has been applied for, SWPCNA conducted 25 evaluations as indicated in Table 73.

Table 73: Evaluations conducted

PROFESSIONS	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Social Workers	2	1	1	50%	50%
Intern Psychological Counsellors	2	1	1	50%	50%
Psychological Counsellors	11	11	0	100%	0%
Intern Clinical Psychologists	4	3	1	90	25%
Clinical Psychologist	5	5	0	100%	0%
Intern Educational Psychologists	1	1	0	100%	0%

Keeping of registers

The Social Work and Psychology Act provides that the SWPCNA must establish and keep separate registers in respect of the persons registered in terms of the SWP Act to practice Social Work and Psychology professions. Admission to the register as provided for under the Social Work and Psychology Act is strictly controlled. The SWP Act also contains very important provisions pertaining to the method of admission to the register⁴⁹, the removal⁵⁰ or restoration of a name to the register⁵¹ and the maintenance of registration⁵². These registers lie open during ordinary hours at the offices of the SWPCNA for inspection by any interested member of the public. The total number of practitioners on the SWPCNA registers is presented in Table 74 and in Graph 22.

49 Section 25

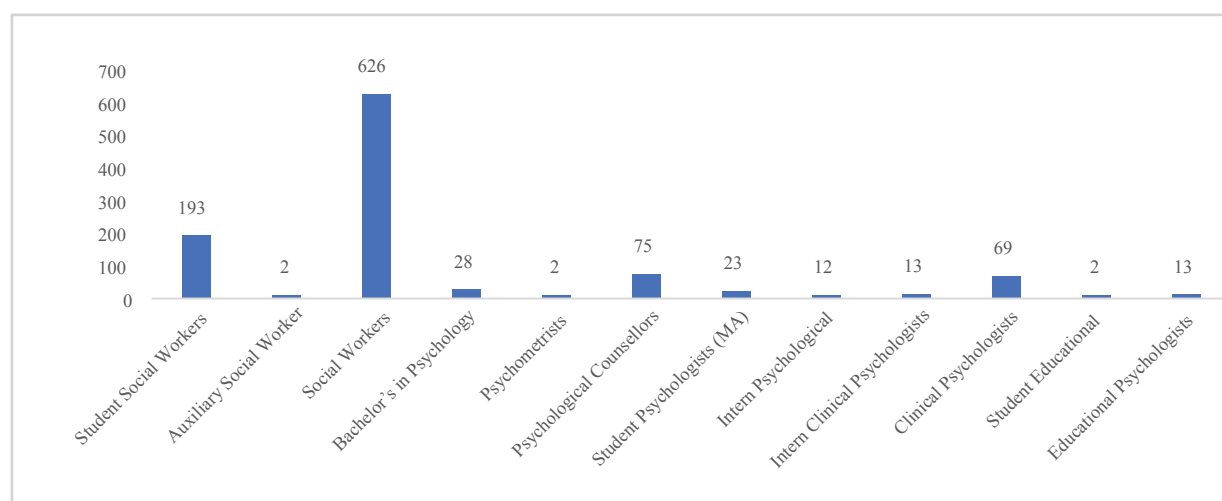
50 Section 26

51 Section 27

52 Section 28

Table 74: Number of practitioners on the registers

PROFESSIONAL CATEGORY	TOTAL
Student Social Workers	193
Auxiliary Social Worker	2
Social Workers	626
Bachelor's in Psychology Students	28
Psychometrists	2
Psychological Counsellors	75
Student Psychologists (MA)	23
Intern Psychological Counsellors	12
Intern Clinical Psychologists	13
Clinical Psychologists	69
Student Educational Psychologists	2
Educational Psychologists	13
TOTAL	1058

Graph 22: Number of practitioners on the registers

These SWPCNA registers comprise a high number of social workers followed by the student social workers.

Training programmes

One of the mandates of the SWPCNA is to approve curricula for training in the healthcare professions registrable in terms of the Social Work and Psychology Act. The curricula, as indicated in Table 75, were received for approval.

Table 75: Curricula received for approval

INSTITUTION	NATURE OF PROGRAMME	DATE RECEIVED	STATUS
WHTC	Bachelor of Psychology	07/08/2020	Undergoing assessment
WHTC	Social Work Degree	27/11/2020	Undergoing assessment

Inspection of interns training facilities

The inspected facilities are listed in Table 76.

Table 76: Interns training facilities inspected

REGION	NAME OF FACILITIES APPLIED FOR INSPECTION	CATEGORIES OF INTERNS	DATE OF INSPECTION	APPROVAL PERIOD
Oshana Region	Ministry of Labour, Industrial Relations and Employment Creation (Oshakati)	Intern Psychological Counsellor	02/12/2020	3 years
Khomas Region	Geluk Psychology	Intern Psychological Counsellor and Intern Clinic Psychologists	19/05/2020	3 years
	Sandra v Schalkwyk	Intern Psychological Counsellor and Intern Educational Psychologists	19/05/2020	3 years
	Ombili Mental Health Therapeutic Day Clinic	Intern Clinic Psychologists	20/05/2020	3 years
	Let's Talk Psychology	Intern Clinic Psychologists	30/10/2020	3 years
	Sinkala Psychology	Intern Psychological Counsellor and Intern Clinic Psychologists	02/11/2020	3 years
	Bel Esprit Mental Health Clinic	Intern Psychological Counsellor and Intern Clinic Psychologists	26/02/2021	3 years

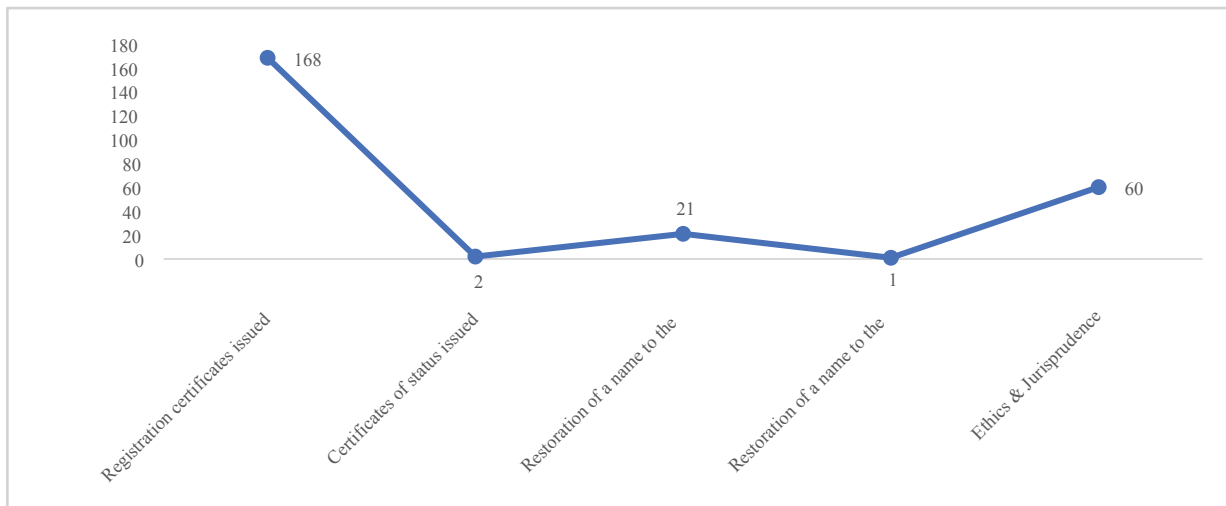
Other services rendered

The SWPCNA rendered other services as indicated in Table 77 and Graph 23.

Table 77: Other services rendered

SERVICES RENDERED	TOTAL
Registration certificates issued	168
Certificates of status issued	2
Restoration of a name to the register for involuntary removal	21
Restoration of a name to the register for voluntary removal	1
Ethics & jurisprudence manuals Sold	60

Graph 23: Other services rendered



The certificates of registration were issues to practitioners, students, interns, and training facilities.

Conclusion

The SWPCNA aims at ensuring that all persons aspiring to the social work and psychology professions in Namibia have acquired and maintained the required professional knowledge, skills and competence. This is done through regulating education and practice of all professions falling under the Social Work and Psychology Act. The SWPCNA has significantly delivered on this mandate.



SECTION FOUR



FINANCE, HUMAN RESOURCE
AND ADMINISTRATION

FINANCE, HUMAN RESOURCE AND ADMINISTRATION

4.1 FINANCE

Introduction

The Finance division focuses on the following strategic objectives.

- Financial conservatism and risk management in line with best practices.
- Financial consistency and sustainability.
-

a) Budget commentary

Budget implementation within the Councils was strictly evaluated using the variance analysis upon which reports were produced and distributed to management and Council members for clarity, review, and possible action. This was also necessary to ensure adherence to internal budgetary requirements, transparency, accountability, and informed decision making.

b) Revenue

The total revenue of Councils improved by 2.7%: from N\$ 15,268,889.00 of the preceding year to N\$ 15,693,112.00 for the financial year under review.

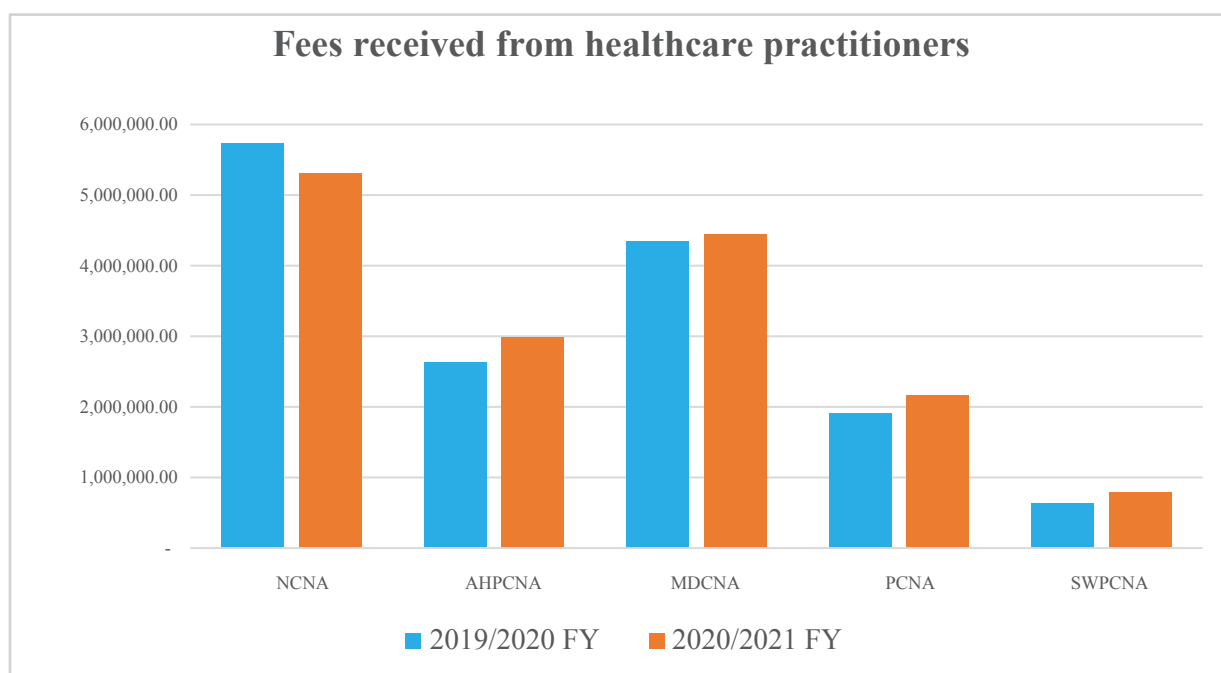
The main source of income for the Councils was the government grant of N\$ 20 000 000.00 which constituted 56% of the total revenue. This grant was received from the Ministry of Health and Social Services, as appropriated by the Namibian Parliament, for the purpose of defraying expenses incurred by Councils in connection with their powers and the discharge of their duties and functions.

During the reporting period the MDCNA, AHPCNA and the SWPCNA increased fees payable by healthcare practitioners by 3.43%. As a result, these Councils generated an integrated income of N\$ 15,693,112.00: mainly from annual maintenance, application, and evaluation fees.

Collectively, the Councils also generated an income of N\$ 350 000.00 from the operating lease of two of properties. This represents an 18% decrease from N\$ 431 186.00 generated in 2019/2020 financial year. The decrease is attributed to the reduction in lease payments for office number 40 owing to the negative impact of the Covid-19 pandemic on the country's economy. The revenue for the financial year under review is shown in Table 78 and Graph 24.

Table 78: Revenue for 2020/2021 financial compared to 2019/2020 financial year

COUNCIL	2019/2020 FY	2020/2021 FY	% INCREASE
NCNA	N\$ 5 738 542	N\$ 5 305 720	-7% decrease
AHPCNA	N\$ 2 631 111	N\$ 2 990 246	13% increase
MDCNA	N\$ 4 349 826	N\$ 4 447 692	2.2% increase
PCNA	N\$ 1 911 775	N\$ 2 157 467	12% increase
SWPCNA	N\$ 637 635	N\$ 791 987	24% increase
TOTAL	N\$ 15 268 889	N\$ 15 693 112	2.7% increase

Graph 24: Graphic presentation of revenue

Overall, there was an upsurge of 2.7% in the revenue due to the increase in (i) fees payable by healthcare practitioners, and (ii) the number of registered healthcare practitioners.

c) Investments

The Councils continued to invest surplus of their funds in the call and unit trust investment accounts. These accounts generated a combined interest of N\$ 576 415.24 represents a 20% increase from the N\$ 477 295.66 generated in the 2019/2020 financial year.

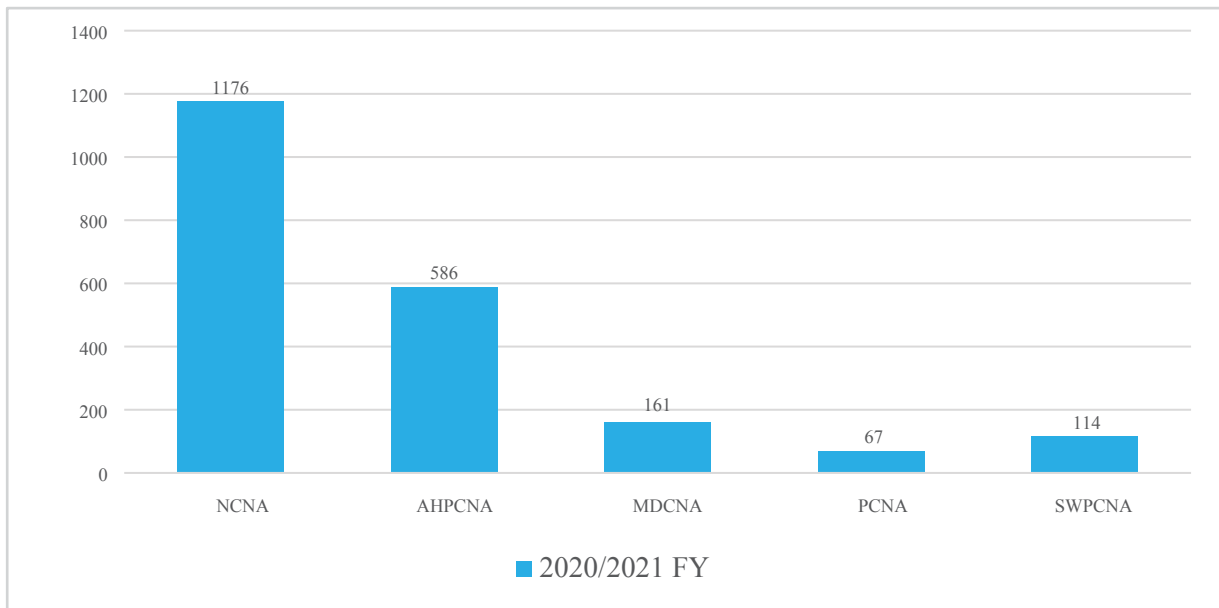
d) Involuntary removal of names from register or roll due to non-payment of annual fees.

As provided by law, the Councils may remove from the registers or rolls the names of healthcare practitioners who failed to pay their maintenance fees within the prescribed time. The numbers of healthcare practitioners whose names have been removed from the registers or roll per Councils are presented in Table 79 and Graph 25 below.

Table 79: Healthcare practitioners whose names removed from registers or rolls

COUNCIL	NUMBER
NCNA	1176
AHPCNA	586
MDCNA	161
PCNA	67
SWPCNA	114
TOTAL	2104

Graph 25: Healthcare practitioners removed from registers or rolls



For the reporting period 8% of total registrants of the NCNA, 12% of the AHPCNA, 4% of the MDCNA, 5% of the PCNA, and 11% of the SWPCNA, had their names removed from the registers or rolls due to nonpayment of annual maintaining fees.

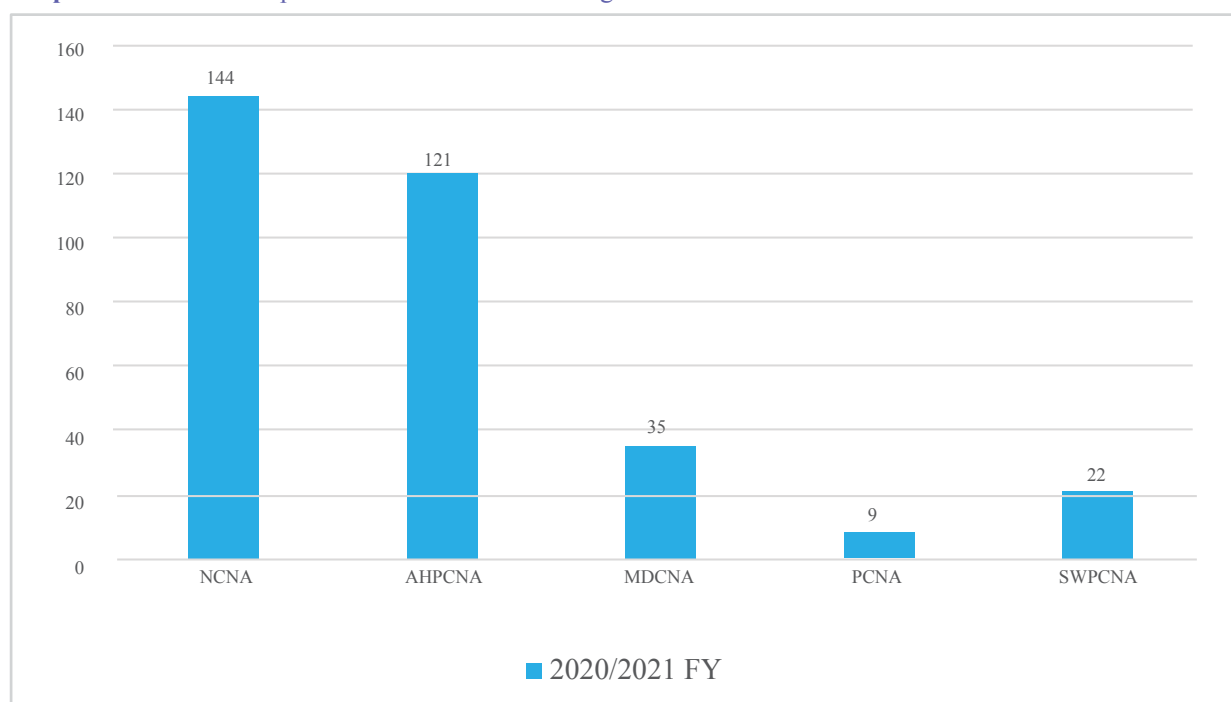
Councils however continued to implement robust revenue collection measures to ensure that money owed by healthcare practitioners for annual maintaining and other services are paid on time. To this end various methods, for example, sending text messages to practitioners, letters to employers of practitioners, notice newspapers, and messages on the website, were used to remind practitioners to pay funds owed to the Councils. In the end, these efforts yielded positive results as most practitioners did pay their outstanding fees and had their names restored to the register or roll as discussed below.

e) Restoration of names of healthcare practitioners to registers or rolls

In terms of the Acts, a person whose name has been removed from the register or roll as the case may be, may apply to the relevant Council to have his or her name restored to such register or roll after payment of the required fees. Table 80 and Graph 26 present the number of healthcare practitioners whose names were restored to the registers or rolls.

Table 80: Healthcare practitioners restored to the registers or rolls

COUNCIL	NUMBER
NCNA	144
AHPCNA	121
MDCNA	35
PCNA	9
SWPCNA	22
TOTAL	331

Graph 26: Healthcare practitioners restored to the registers or rolls

Three hundred and thirty-one (n=331) healthcare practitioners had their names restored to registers or rolls representing 15% of the total number of registrants removed from the registers or rolls during the financial year. The restoration of names to registers or rolls generated additional revenue for the Councils amounting to N\$ 277 100.00.

f) Audited financial statement

The Councils' accounting records were externally audited by Saunderson & Co and, in their opinion, the annual financial statements present fairly, in all material respects, the financial position of the Councils, their financial performance and cash flows as of 31 March 2021. All Councils obtained unqualified audit opinion. The audited financial statements are presented separately as annexures to this report.

4.2 HUMAN RESOURCES

Introduction

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

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

a) Staff establishment

The Councils are administered by a joint secretariat consisting of a staff establishment of fifty-seven (57) posts out of which forty-four (44) are currently filled. This translates to 75% of the total staff establishment. Councils intend to fill the remaining posts as budgetary provisions permit. The staff establishment has been continuously reviewed by the Recruitment, Promotion and Remuneration Review Committee for alignment with the Councils’ mandate and service delivery needs.

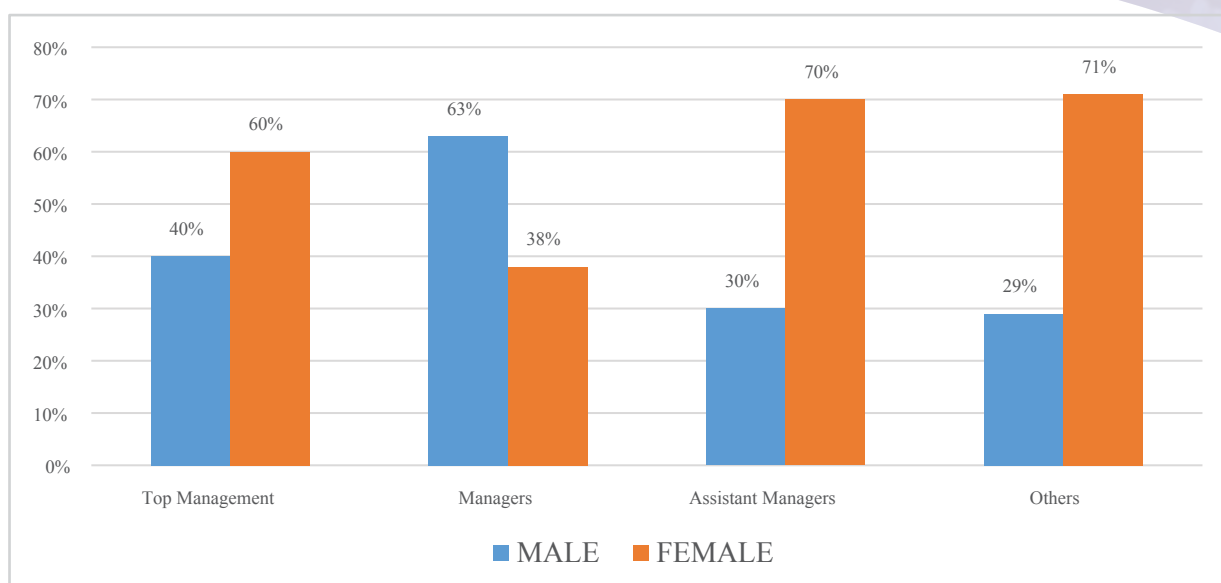
b) Staff recruitment and promotions

During the report period, the Councils recruited four (4) staff members in the following categories: finance officer, two legal officers, and an assistant manager for ETQA. Two employees were promoted to Senior Finance Officer and Assistant Manager: IT, respectively. Five of the six employees employed and promoted are females. Three (3) employees voluntarily terminated their employment with the Councils during the reporting period.

Table 81 and Graph 27 are the category and gender demographics of employees.

Table 81: Employees per gender and occupational level

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top Management	2 (40%)	3 (60%)	5 (100%)
Managers	5 (63%)	3 (38%)	8 (100%)
Assistant Managers	3 (30%)	7 (70%)	10 (100%)
Others	6 (29%)	15 (71%)	21 (100%)
TOTAL	16 (36%)	28 (64%)	44 (100%)

Graph 26: Graphical presentation of employees per gender and occupational level

As evident in Table 81 and Graph 26 in terms of total of 44 employees, 16 (36%) are males and 28 (64%) are females. There are more female employees in the executive management category at 60% compared to 40% male employees. The male-female demographics at managerial category stands at 63%:38%. However, at the assistant managerial category female employees constitute 70% and 30% are males.

Overall, the Councils have significantly increased the representation of female employees in decision-making, and 67% of employees in low-level category are also females.

c) Employees' age profile

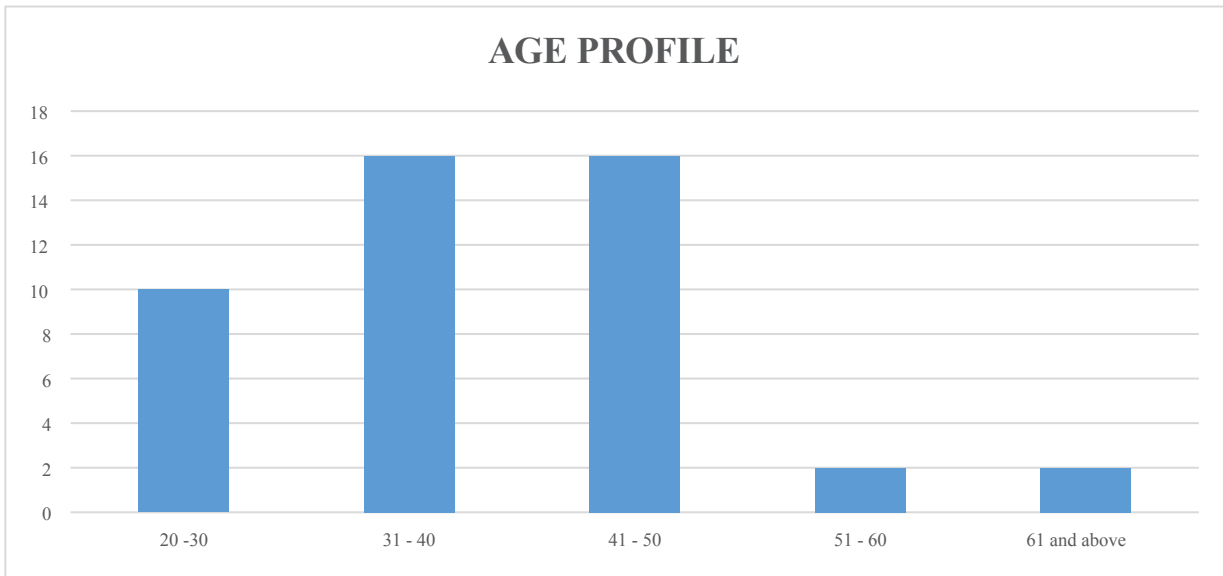
The retirement age of employees is fixed at 65 years reckoned from the last day of the month in which an employee turns 65 years old. However, a retiree may be re-employed on a 12-month contract basis. Further extension depends on the employee's performance and good health.

Age demographics of employees are presented in Table 82 and Graph 28.

Table 82: Employees per age groups

AGE GROUP	NUMBER	PERCENTAGE
20 – 30	5	11 %
31 – 40	16	36 %
41 – 50	14	32 %
51 – 60	7	16 %
61 and above	2	5 %
TOTAL	44	100 %

Graph 28: Age profile of employees



As evident in Table 82 and Graph 26 the staff establishment is dominated by a young-aged team (20 to 40 year-olds) at 47% followed by the middle-aged group at 32%. The age demographics of the employees also show that the Councils have recruited young employees during the reporting period. This is good for continuity and succession planning.

d) Training and development

The Councils have been creating an environment for employees to develop their full capacities. During the period under review, three (3) employees attended a three (3) days training on ensuring legal compliance while avoiding litigation at a cost of N\$31 046, 55.

e) Study achievement awards

The human resources’ policy provided for a reward system of employees who ventured into formal education and training to acquire additional knowledge and skills related to their scope of work.

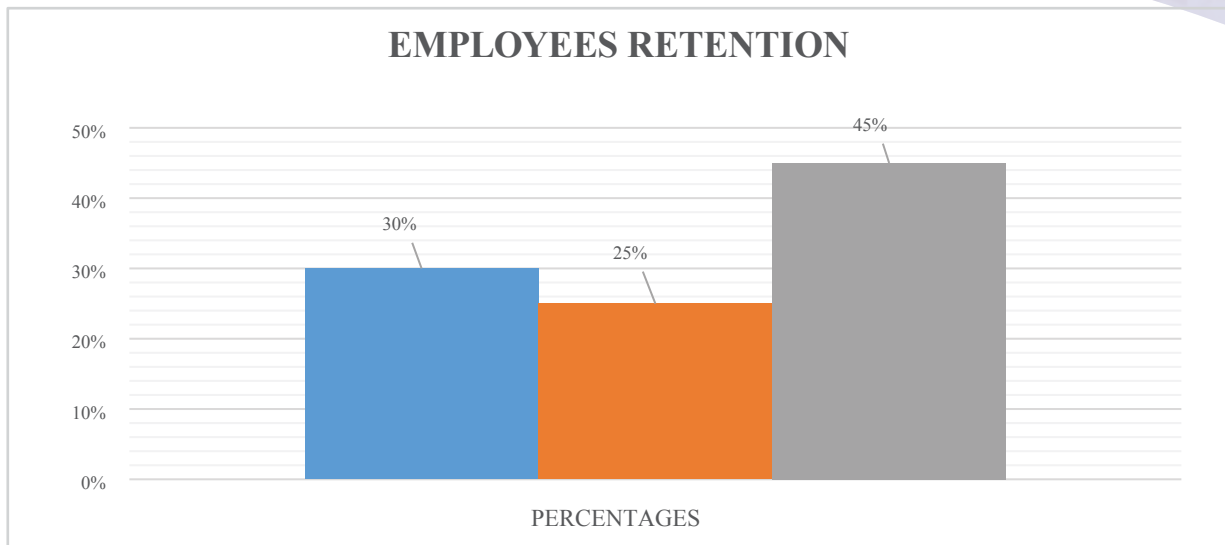
During the year under review Mr. E. N. Ndahangwapo was given a study achievement award of N\$2 000.00 for obtaining a Postgraduate Diploma in Business Administration.

g) Staff retention

The staff retention profile for the period under review is as per Table 83 and Graph 29.

Table 83: Number of employees per years of services

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGES
1 to 5 years	13	30%
6 to 9 years	11	25%
10 or more years	20	45%
TOTAL	44	100%

Graph 29: Number of employees per years of services

A successful organisation needs consistency in all critical aspects, employees included. Through the employees' retention strategy, the Councils maintained a high retention rate. Most employees (45%) have been in the employ of the Councils for more than 10 years. This is attributable to the Councils' conducive working environment in all job categories and demonstrates how employees feel valued.

As a preferred employer of choice, Councils receive a high number of applications in response to externally advertised vacancies and requests for re-employment from former employees of the Councils.

h) Long service awards

The human resources' policy provided for the certificated recognition and monetary rewards of employees who rendered uninterrupted services to Councils for a period of 5, 10, 15, 20 and 25 years and longer, or upon retirement. The award is granted only once upon reaching the date on which the specific period of continuous service has been completed. The number of employees who received long service awards is indicated in Table 84.

Table 84: Number of employees awarded per category

CATEGORY	NUMBER OF EMPLOYEES
5 Year Awards	3
10 Year Awards	1
15 Year Awards	3
20 Year Awards	1
25 Year Awards	1

i) Staff remuneration

With effect from the 1st of April 2020, the Councils approved and implemented a 3% salary increment for all employees and aligned the allowances of the eligible staff members to that of similar job grading categories in the public service. This was an effort to cater for inflation.

Despite the aforesaid, the NAPWU, the recognised exclusive bargaining agent for employees of the Councils proposed an increase of employees' basic salary and other fringe benefits for the financial year 2021/ 2022 at the cost of N\$3,341,031.35 per annum. The proposal is to be decided by the Joint Presidents' Committee in the first quarter of the 2021/2022 financial year.

j) Staff wellness

The impact of the Covid-19 pandemic did not spare the Councils' workforce and activities. During the period under review three (3) employees tested positive of Covid-19. A number of employees were asked to self-isolate and where possible work from home after suspected exposure to the virus. From time-to-time offices were closed for fumigation to break the chain of possible transmission of the infection. All these have caused some interruption to service delivery.

Despite the impact of the Covid-19 pandemic, the Councils continued to promote the wellbeing of the employees through health information dissemination and distribution of personal protective equipment. In addition, annual voluntary health assessments services were provided on the premises at no additional cost to the Councils as all employees are provided with medical aid benefits. The services include:

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

f) Leave management

In line with section 23 (2) of the Labour Act No 11 of 2007, employees are entitled to 25 working days leave per annum and have been informed that Section 23 (5) of the Act does not allow leave days to accrue. The leave cycle of the Councils runs from 1 April to 31 March each financial year. It is worth noting that all employees have taken time off from work to rest as per the provisions of the Act.

k) Staff disciplinary matters

During the period under review no formal disciplinary action was taken against any staff member as leadership adopted a culture of timely correcting unpalatable behaviour and poor preformation through empowering approaches than punishment. Such approaches have been successful in maintaining an acceptable standard of work ethics as opposed to costly and time-consuming punitive procedures.

l) The review of job grades and descriptions

Job grading and descriptions of all employees have been reviewed to identify overlaps and align them to the needs of the Councils as the strategic plan 2021 – 2026. The exercise was completed in the third quarter of the reporting period with the assistance of an independent consultant.

4.3 ADMINISTRATION

Introduction

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

- Effective and efficient fleet management
- Effective and efficient communication
- Enhancement of service delivery culture
- Provision of adequate information technology solutions to support operations
- Enhancement of professional risk management structure and framework

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

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

Physical facility management

During the report period, several repairs and maintenance activities were undertaken as to preserve the durability of physical infrastructures and enhance asset value. The Councils had also leased out Erf: 4169 and Erf 417 to contribute to the other income streams.

Property valuation

The Councils are evaluated annually to determine market value. During the period under review, the value of the five properties owned by the Councils has increased from a total N\$40 174 000,00 to N\$41 913 000,00 indicating an annual growth of 4%.

Transport management

Effective fleet management is critical to ensuring uninterrupted transport services. Currently, the Councils' fleet remained at three serviceable vehicles. However, the maintenance of one of the Toyota Fortuner has become costly due to its lifespan. No accident was reported during the reporting period.

General support services

The administration division continued to effectively provide high quality administrative and logistic services to all other departments within the Councils. These are such as the management of incoming and outgoing mails, management of supplies, deliveries, and procurement.

Contract management

Contracts with the Councils were managed prudently; challenges were dealt with promptly as and when they arose. Meetings with service providers were held every two months to discuss matters regarding the implementation of contracts. Information pertaining to existing contracts is presented in Tables 85 and 86.

Table 85: Services provided on contract

SERVICE PROVIDER	SERVICE PROVIDED	CONTRACT DURATION
Bidvest Namibia Information Technology IT	Information Technology	12 months
Canocopy Pty Ltd	Photocopy machine	3 years
CR Van Wyk Accountant	Payroll services	3 years
Cube IT CC	Database System Administration	Yearly
Dengrande Investments CC t/a Dengrande Protection Unit	Security Services	3 years
Document Warehouse	Archives management	Yearly
First National Bank of Namibia Insurance brokers	Insurance	Yearly
Lida Cleaning Services Pty Ltd	Cleaning Services	3 years
Rent-A-Drum	Waste removals	Yearly
Saunderson & Co Auditors	Auditing services	3 years
Support.com	Pastel services	Yearly
Vtech	E-register and Website hosting and maintenance	Yearly

Table 86: Lease agreements

TENANT	SERVICE PROVIDED BY COUNCILS	CONTRACT DURATION
Mwandingi Attorneys	Lease of Erf 4168	2 years
Twenty First Century Radical Publishing CC t/a Radical Books	Lease of Erf 4171	2 years

Procurement

The Councils complied with the provisions of the Public Procurement Act No 15 of 2015 in the procurement of goods and services and management of contracts. During the reporting period, the security contract expired on the 30th of November 2020 and in line with the Public Procurement Act, public bids were invited and a new contract for a period of 36 months was concluded.

4.4 DATA AND RECORD MANAGEMENT, AND INFORMATION TECHNOLOGY (IT)

Data and record management

The data and record management section plays a critical role in preserving the records of the Councils. With the ever-growing number of registrants, the archiving space is increasingly becoming limited. However, in addition to finding additional physical filing space, plans are underway to procure an electronic filing system during the 2021/2022 financial year in order to overcome this challenge.

Twenty-one (21) requests for statistical information on registered and enrolled healthcare practitioners were received from various stakeholders in the health sector for planning purposes. Such requests demonstrate the importance of data collected by Councils to decision-making.

IT

The function of this section is to provide IT solutions to support and facilitate the operations of various offices. IT infrastructure such as the data management and Pastel accounting systems remained operational. The maintenance function of the database has been outsourced to Cube IT CC while the hosting of emails on the cloud, provision of office 365 licenses, ESET antivirus, backups, and maintenance of servers have been outsourced to Bidvest IT Namibia. There is however a competent in-house IT staff member responsible for day-to-day maintenance, information updates, report generating and troubleshooting.

a) Data Management System

During the period under review, challenges have been experienced with the capacity of data management system to accommodate the current demands. This system was developed in 2007 when the numbers of registrants and staff members were few. A decision was taken to upgrade the system during the 2021/22 financial year.

b) Website

During the period under review, a contract was concluded with Vtech Holdings to redesign and host the website of the Councils. This process was completed successfully during the second quarter of the financial year and the in-house IT technician was trained in updating the required information on the website to reduce dependency on external service provider.

c) Electronic registers (e-registers)

With the assistance of an external IT consultant, e-registers for the Councils were developed during the second quarter of the reporting period. These registers are linked to the website of the Councils enabling members of the public to access information regarding registered or enrolled healthcare practitioners online.

Communication

The Councils cherish effective communication as key to achieving productivity and maintaining harmonious relationship with their clientele. During the period under review, Councils engaged with internal and external

stakeholders, through consultative meetings, circulars, letters, telephone calls, and e-mails. The innovation of communicating with clients via text messages has improved the response time, very convenient and cost-effective.

Conclusion

The Department of Human Resources, Administration, Data & Records Management, and Information Technology thrived in performing its core mandate of ensuring efficient and timely support to other offices of the Councils.



