



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

Health Professions Councils of Namibia

Annual Report

2022





Table of Contents

LIST OF ABBREVIATIONS/ACRONYMS	v
LIST OF TABLES	vi
LIST OF GRAPHS	vii
LIST OF FIGURES	viii
LIST OF PIE CHARTS	viii
INTRODUCTION	ix
Objectives of the Councils	ix
Vision, Mission, Value	x
From the Registrar's Desk	xi
Executive Summary	xii
Professional Affairs	xii
ETQA and CPD	xii
Legal Services Department	xiii
Finance	xiv
Human Resources	xiv
Administration	xv
Data and Record Management	xv
Information Technology	xv
Section 1	
1. NURSING COUNCIL OF NAMIBIA	1
1.1 Introduction	1
1.2 Summary of Activities	1
1.2.1 Meetings	1
1.2.2 Education Committee	1
1.2.3 Engagements with other regulatory authorities	2
1.2.4 Registers/Rolls Kept	2
1.2.5 Enrolment and Registration of Pupils and Students	2
1.3 Newly Qualified Nurses/Midwives from Training Institutions within Namibia	4
1.4 Register and Roll for Nursing and Midwifery Practitioners	5
1.5 Control over Education, Tuition and Training	6
1.6 Grading Explanatory Notes	7
1.7 Curricula Received by the NCNA for Approval	7
1.8 Other Services Rendered by the NCNA	8
1.9 Conclusion	8
2. ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA	9
2.1 Introduction	9
2.2 Members of the AHPCNA	9
2.3 Resignation of Member of the AHPCNA	10
2.4 Summary of Activities	10
2.5 Executive Committee	10
2.6 AHPCNA Meetings	11
2.7 Control over Education, Tuition and Training	12
2.8 Applications for Registration	13

2.9	Registers Kept	15
2.10	Removal of Names from the Register	19
2.10.1	Voluntary Removal of Names from the Registers	19
2.10.2	Involuntary Removal of Names from the Registers	19
2.11	Restoration of Names to the Register	19
2.12	Other Services Rendered	20
2.12.1	Certificate of Status	20
2.13	Stakeholder Engagements	21
2.13.1	The University of Namibia	21
2.13.2	Sharda University, India	21
2.14	Conclusion	21
3.	MEDICAL AND DENTAL COUNCIL OF NAMIBIA	22
3.1	Introduction	22
3.2	MDCNA Members	22
3.3	Summary of MDCNA Activities	23
3.3.1	MDCNA Meetings	23
3.3.2	Executive Committee Meetings	23
3.3.3	Education Committee	23
3.3.4	Medical Interns/Students Training Committee	24
3.3.5	Dental Interns/Students Training Committee	24
3.3.6	Professional Committees	24
3.3.7	Advisory Committee	25
3.3.8	Postgraduate Education and Training committee	25
3.4	Control over Education and Training	25
3.4.1	Training of Dental Interns	26
3.4.2	Training of Medical and Dental Students	26
3.5	Registers Kept	27
3.6	Registered Practitioners	27
3.7	Removal of Names from the Registers	31
3.7.1	Voluntary Removal of Names from Registers	31
3.7.2	Involuntary Removal of Names from Registers	32
3.8	Applications for Registration	32
3.9	Other Applications Handled by the MDCNA	34
3.10	Practical Training	35
3.11	Challenges	36
3.12	Conclusion	36
4.	PHARMACY COUNCIL OF NAMIBIA	37
4.1	Introduction	37
4.2	PCNA Members	37
4.3	Summary of Activities of the PCNA	37
4.3.1	PCNA Meetings	37
4.4	Committees within the PCNA	38
4.4.1	Executive Committee	38
4.4.2	Education Committee	38
4.4	Practice Committee	38
4.5	Resignation and Appointment of New Members	39
4.6	Registration of Pharmacy Practices	39

4.7	Pharmacies Approved for Training of Pharmacist Interns, Student Pharmaceutical Technicians and Students Pharmacist Assistant	40
4.8	PCNA Resolutions	41
4.9	Control over Education and Training	41
4.9.1	Applications for Registration as Pharmacist Interns	41
4.9.2	Pharmacies Approved for Training of Student Pharmacist and Assistants	43
4.9.3	Curricula Submitted to PCNA for Approval	43
4.9.4	Remedial Education and Training	44
4.9.5	Applications for Registration as Student and Pharmacist Interns	44
4.9.6	Pre-Registration Evaluation	44
4.10	Registration of Wholesale Pharmacists	47
4.11	Registers Kept	48
4.11.1	Registers of Pharmacy Practitioners	48
4.12	Other Services Rendered	50
4.13	Stakeholder Engagements	50
4.14	The Pharmaceutical Society of Namibia	51
4.15	Orientation of Interns	51
4.16	Training of Pharmacists in the Regions as Inspectors	51
4.17	Conclusion	51
5.	SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA	52
5.1	Introduction	52
5.2	Members of the SWPCNA	52
5.3	Resignation and Appointment of New Members	52
5.4	Summary of SWPCNA activities	52
5.4.1	Meetings	53
5.5	Registration of Social Work and Psychology Professionals	53
5.6	Registration of Students	53
5.7	Registration of Interns	54
5.8	Registration of Social Workers and Psychologists	54
5.9	Pre-registration Evaluation	55
5.10	Keeping of Registers	55
5.11	Curricula Received for Approval	56
5.12	Applications to Train Interns	57
5.13	Other Services Rendered	57
5.14	Conclusion	58
Section 2		
1.	EDUCATION AND TRAINING QUALITY ASSURANCE DIVISION	60
1.1	Introduction	60
1.2	Strategic Objective	60
1.3	Jurisprudence Multiple Choice Questionnaires	66
1.4	Strategic Objective	68
2.	CONTINUING PROFESSIONAL DEVELOPMENT DIVISION	74
2.1	Strategic Objective	76
2.2	Strategic Objective	77
2.3	Conclusion	77

Section 3

1 Introduction	79
2 Personnel	79
3 Professional Conduct Division	79
4 Complaints Recorded	79
5 Committees	81
5.1 Preliminary Investigation Committees	81
5.2 Appeals Committees	85
6 High Court Matters	86
7 Legislative Support Division	86
8 Rules and Regulations	87
9 Challenges	87
10 Conclusion	88

Section 4

1. DIVISION: FINANCE	90
1.1 Introduction	90
2 Division: Human Resources	94
2.1 Introduction	94
2.2 Staff Establishment	94
2.3 Staff Recruitment and Promotions	94
2.4 Employees Age Profile	95
2.5 Staff Retention	96
2.6 Long Service Awards	97
2.7 Negotiation on Basic Conditions of Service	98
2.8 Termination of the Recognition and Procedural Agreement	98
2.9 Staff Disciplinary Matters	98
2.10 Staff Wellness	98
2.11 Leave Management	99
3 Division: Administration	100
3.1 Physical Facility Management	100
3.2 Property Valuation	100
3.3 Transport Management	100
3.4 General Support Services	101
3.5 Contract Management	101
3.6 Procurement	101
4 Division: Record Management	102
5 Division: Information Technology	102
5.1 Data Management System	102
5.2 Website and E-registers	102
5.3 Antivirus	103
5.4 Rental of Printers	103
5.5 Installation of Closed-Circuit Television Cameras	103
5.6 Obsolete Electronic Appliances	103
5.7 Communication	103
5.8 Conclusion	103

LIST OF ABBREVIATIONS/ACRONYMS

AHPCNA	Allied Health Professions Council of Namibia
BChD	Bachelor of Dental Surgery
CC	Close Corporation
CCTV	Closed-Circuit Television
CEO	Chief Executive Officer
CEUs	Continuous Education Units
COVID-19	Coronavirus Disease 2019
CPD	Continuing Professional Development
ECFMG	Education Commission for Foreign Medical Graduates
ECT	Emergency Care Technician
ED	Executive Director
EMTSS	Emergency Management Training Specialist Services
ETQA	Education and Training Quality Assurance
EXCO	Executive Committee
GPs	General Practitioners
HPCNA	Health Professions Councils of Namibia
HR	Human Resources
IT	Information Technology
IUM	International University of Management
JPFC	Joint Presidents' Finance Committee
MBChB	Bachelor of Medicine, Bachelor of Surgery
MCQs	Multiple Choice Questions
MDCNA	Medical and Dental Council of Namibia
MGECW	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
NUST	Namibia University of Science and Technology
OSCE	Objective Structured Clinical Examinations
PCC	Professional Conduct Committee
PCNA	Pharmacy Council of Namibia
PECT	Prehospital Emergency Care Training and Special Services
PIC	Preliminary Investigation Committee
PSN	Pharmaceutical Society of Namibia
S & T	Subsistence and Travel Allowance
SADC	Southern African Development Community
SOP	School of Pharmacy
SWPCNA	Social Work and Psychology Council of Namibia
UNAM	University of Namibia
WHTC	Welwitschia Health Training Centre

LIST OF TABLES

Table 1:	Education Committee meetings and attendance	2
Table 2:	Applications for pupil/student nurses/midwives/ accoucheurs	3
Table 3:	Certificate in Nursing and Midwifery Science	4
Table 4:	Diploma/Bachelor's Degree in nursing and midwifery science	4
Table 5:	Number of practitioners on the register or roll for 3 years	5
Table 6:	Hospitals and health facilities for practical training of student nurses and midwives/accoucheurs	6
Table 7:	Status of curriculums received for approval	7
Table 8:	Other services rendered	8
Table 9:	Attendance of Exco meetings	11
Table 10:	Matters discussed by the Exco	11
Table 11:	Institutions applied for approval to train students and/or interns	12
Table 12:	Institutions applied for approval to train Interns	12
Table 13:	Institutions that applied for curriculum approval	13
Table 14:	Number of applications received per profession	13
Table 15:	Total number of practitioners on the register per profession	15
Table 16:	Number of practitioners removed from the register per register	19
Table 17:	Number of practitioners per profession restored to the registers	19
Table 18:	Number of certificates of status issued per professional designation	20
Table 19:	MDCNA meetings and attendance	23
Table 20:	Resolutions taken	23
Table 21:	Exco meeting and attendance	23
Table 22:	Education Committee meeting and attendance	23
Table 23:	Hospital and health facility inspected to train dental interns	26
Table 24:	Total number of registered practitioners per discipline and gender	27
Table 25:	Total number of practitioners on the register per discipline	29
Table 26:	Applications received per professional category and status of registration	33
Table 27:	PCNA meetings	37
Table 28:	Exco meetings	38
Table 30:	Education Committee meeting	38
Table 29:	Practice Committee meetings	39
Table 31:	Facilities registered as community pharmacies	39
Table 32:	Operational and training inspections of pharmaceutical practices	40
Table 33:	PCNA Resolutions	41
Table 34:	Facilities approved to train pharmacist interns	41
Table 35:	Applications for registration as students	43
Table 36:	Curriculum assessed	43
Table 37:	Pharmaceutical facilities approved to train students and pharmacist interns	44
Table 38:	Summary of pre-registration evaluation conducted	45
Table 39:	Number of wholesale pharmacists registered	47
Table 40:	Practitioners registered during the period under review	48
Table 41:	Number of Practitioners on the registers	49
Table 42:	Pharmaceutical practices on the register by 31 March 2022	49
Table 43:	Practitioner-related services provided	50
Table 44:	Pharmaceutical practice related services provided	50
Table 45:	SWPCNA and Committee meetings	53

Table 46:	Resolutions by SWPCNA	53
Table 47:	Registered students	53
Table 48:	Registered interns	54
Table 49:	Applications received	54
Table 50:	Pre-registration evaluation for the SWPCNA	55
Table 51:	Number of practitioners on the registers	55
Table 52:	Curricula received for approval	56
Table 53:	Applicants to train interns in psychology	57
Table 54:	Other services rendered	57
Table 55:	Pre-registration evaluations for the NCNA	61
Table 56:	Pre-registration evaluations for Allied Health Professions	62
Table 57:	Pre-registration evaluations for MDCNA	64
Table 58:	Pre-registration evaluations for SWPCNA	65
Table 59:	Jurisprudence multiple choice questionnaires	67
Table 60:	Educational institutions inspected to train allied healthcare professionals	68
Table 61:	Educational institution for allied healthcare professions inspected	68
Table 62:	Health facilities inspected for clinical placement of students and pupil nurses	69
Table 63:	Number of health facilities inspected per region during the 2020/2021	70
Table 64:	Educational Institutions inspected for the training of nursing and midwifery professions	71
Table 65:	Number of training completion records received from educational institutions for verification	71
Table 66:	Number of training completion records received from educational institutions for verification	72
Table 67:	Number of approved CPD activities and accredited Service Providers	74
Table 68:	Number of CPD points captured for 2021/22 reporting period	75
Table 69:	Number of randomly selected practitioners per Council for 2020/2021	76
Table 70:	Monthly records of number of complaints reported to Councils	79
Table 71:	Number of meetings and status of cases	81
Table 72:	Pending cases per Council compared to 2019/2021 financial year	82
Table 73:	Pending cases for professional conduct inquiry compared to the previous year	83
Table 74:	Professional Conduct Inquires conducted	84
Table 75:	Appeals	85
Table 76:	High Court cases lodged against the Councils	86
Table 77:	Sets of regulations and rules per council drafted and gazette	87
Table 78:	Revenue for 2021/2022 compared to 2020/2021 per council	90
Table 79:	Number of healthcare practitioners removed from registers or rolls	91
Table 80:	Numbers of healthcare practitioners restored to the registers or rolls	92
Table 81:	Employees per gender and occupational level	94
Table 82:	Employees per age groups	95
Table 83:	Number of employees per years of service	96
Table 84:	Number of employees awarded per category	97
Table 85:	Contracts	101
Table 86:	Lease Agreements	101

LIST OF GRAPHS

Graph 1:	The number of registrants in 2019/2020, 2020/2021 and 2021/2022	5
Graph 2:	Applications Received in 2020/2021 Compared to 2021/2022 Financial Year	15
Graph 4:	Applicants for evaluation	47
Graph 5:	Comparative graph for practitioners registered in 2020-2021 and 2021-2022	48

Graph 6:	Practitioners on register by 31 March 2021 compared to 31 March 2022	49
Graph 7:	Number of practitioners on the registers for 2020/2021 versus 2021/2022	56
Graph 8:	Other services rendered	58
Graph 9:	Pre-registration evaluations for the NCNA	61
Graph 10:	Pre-registration evaluations for the Allied Health Profession	63
Graph 11:	Pre-registration evaluations for Medical and Dental Council	65
Graph 12:	Number of practitioners evaluated during 2020/2021 and 2021/22	66
Graph 13:	Jurisprudence questionnaires per council for 2021/22	67
Graph 14:	Number of nursing students and pupils who completed training	73
Graph 15:	Comparison of approved CPD activities and accredited service providers	74
Graph 16:	Comparison of compliance between 2019/20, 2020/21 and 2021/22	76
Graph 17:	Comparison of reported cases per Council during 2019/2021 and 2021/2022 financial years	80
Graph 18:	Number of meeting and status of cases	81
Graph 19:	Pending cases per council in 2020-2021 compared to 2021-2022	82
Graph 20:	Pending cases for professional conduct inquiry compared to the previous year	84
Graph 21:	Draft regulation with the Ministry of Justice, gazetted regulation and regulations in the drafting process with the secretariat	87
Graph 22:	Graphic presentation of revenue	91
Graph 23:	Numbers of healthcare practitioners removed from registers or rolls	92
Graph 24:	Numbers of healthcare practitioners restored to the registers or rolls	93
Graph 25:	Graphical presentation of employees per gender and occupational level	95
Graph 26:	Age profile of employees	96
Graph 27:	Number of employees per years of service	97

LIST OF FIGURES

Figure 1:	Total number of registered practitioners per discipline	28
Figure 2:	Practitioners registered during the past four years	29
Figure 3:	Removal of names from registers in 2021/22 compared to 2020/21 and 2019/20	32
Figure 4:	below indicates other applications handled by the MDCNA.	35

LIST OF PIE CHARTS

Pie Chart 1:	Comparison of CPD captured between 2019/20, 2020/21 and 2021/22	75
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INTRODUCTION

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

- Nursing Council of Namibia (NCNA), established in terms of the Nursing Act No 8 of 2004.
- Medical and Dental Council of Namibia (MDCNA), established in terms of the Medical and Dental Act No 10 of 2004.
- Allied Health Professions Council of Namibia (AHPANA), established in terms of the Allied Health Professions Act No 7 of 2004.
- Pharmacy Council of Namibia (PCNA), established in terms of the Pharmacy Act No 9 of 2004.
- Social Work and Psychology Council of Namibia (SWPCNA), established in terms of the Social Work and Psychology Act No 6 of 2004.

Objectives of the Councils

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 a 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, Mission, Value

Vision

Protecting the public through regulated education and practice.

Mission

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

Values

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

From the Registrar's Desk

The year 2021/2022 will go down in the history of the HPCNA as the most challenging year due to outbreak of Covid-19 pandemic. Like many organisations that physically interact with their clients and rely on human interaction in performance of their activities, the HPCNA has gone through testing times to keep their doors open and continue delivering services to its clientele.

Due to Covid-19-related restrictions, the HPCNA were forced to suspend their activities that require travelling and in-person contact. Service delivery was interrupted due to frequent office closure to allow decontamination of the premises and the recurrent absence of staff members due to ill-health and self-isolation after exposure to suspected infectious cases. We are, however, grateful that no fatality has been recorded among staff members due to Covid-19 infection.

The Covid-19 pandemic had created an opportunity for the HPCNA to explore alternative ways of delivering services, some of which are still being used and explored post the pandemic. Among these strategies is conducting Council and Committee meetings virtually; reduction of paper-based communication; attendance of domestic and international conferences through digital platforms; conducting pre-registration evaluation virtually; working from home, as well as revamping the data management system to enable more online interaction with clients as opposed to them visiting the offices in person. The downturns of the HPCNA activities had created a mixed bag of consequences in that, while the financial expenditure was very low and high interest might have accrued on bank accounts, a backlog on activities had ensued, requiring the Councils to tackle it with the necessary speed post the pandemic if we are to realise half of our planned activities.

In closing the 2021/2022 financial year, our word of appreciation goes to our registrants, who were at the frontlines, tackling the Covid-19 pandemic for proving once again that without them, there can be no viable health system in Namibia. Our heartfelt commiseration goes to the families, relatives, friends and colleagues of those who paid the ultimate sacrifice in the line of duty.

We also wish to thank the Minister of Health and Social Services, Dr Kalumbi Shangula; the ministry's Executive Director, Mr Ben Nangombe, and their able teams for steering the health sector and the nation through the most difficult period in our lifetime. Finally, the Namibian Government is being applauded for providing the required amenities and creating an enabling environment for healthcare practitioners to save lives. To the friends and staff members of the HPCNA, it is always a delight working with all of you, and I certainly could not have asked for a better team!



Executive Summary

Professional Affairs

The Councils share a common mandate of ensuring persons practising health-related professions in Namibia are suitably qualified. Registration with the Councils is, thus, a pre-requisite for professional practice – and it is also a legal requirement to update personal details of all registered healthcare practitioners. The target of the Councils as per the five-year strategic plan (2020/2025) is to register and enrol twenty-four thousand six hundred and fourteen (24 614) healthcare practitioners by the 2021/2022 financial year. The Councils have significantly delivered on this mandate by registering and enrolling a total of twenty-six thousand six hundred and eighty-one (26 681) healthcare practitioners. This number is divided per Council as follows:

- Nursing Council: fourteen thousand seven hundred and sixty-three (14 763) healthcare practitioners;
- Allied Health Professions Council: five thousand six hundred and seventy-five (5 675) healthcare practitioners;
- Medical and Dental Council: three thousand six hundred and fifty-nine (3 659) healthcare practitioners;
- Pharmacy Council: one thousand four hundred and seventy-nine (1 479) healthcare practitioners, and the
- Social Work and Psychology Council: one thousand one hundred and five (1 105) healthcare practitioners.

It is evident that the Nursing Council has more healthcare professionals on its registers and the rolls at 55%, followed by the Allied Health Professions Council at 21%; the Medical and Dental Council at 14%, the Pharmacy Council at 6%, and the Social Work and Psychology Council at 4%.

ETQA and CPD

During the year under review, the ETQA section facilitated the evaluation of persons seeking registration with the NCNA, AHPCNA, SWPCNA and the MDCNA. In total, seventy-eight (78) evaluation sessions were held, where five hundred and seventeen (517) practitioners were evaluated: three hundred and twenty-four (324) passed the evaluations, whereas one hundred and ninety-three (193) failed.

The huge failure rate was among medical graduates, of whom three hundred and sixteen (316) had undergone the pre-registration evaluation process. Among them, one hundred and seventy-seven (177) passed, whilst one hundred and thirty-nine (139) failed. The department also facilitated the inspections of health facilities and educational institutions as stated below.

- One (1) educational institution was inspected for the training of the Allied Health Professions, and seven (7) facilities were inspected for the placement of students and interns under the AHPCNA, who were all approved for a period of three (3) years.

- To ensure 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 thirty-nine (39) health facilities were inspected in five (5) health regions. Two (2) educational institutions were inspected for the training of registered nurses and midwives (B-Degree) and six (6) were inspected for offering the Certificate in Enrolled Nursing and Midwifery.

Four hundred and ninety-two (492) nurses completed their training as registered nurses and midwives/accoucheurs, while four hundred and thirty-five (435) as enrolled nurses and midwives/accoucheurs. Their forms for completion of their training were verified.

To ensure compliance with the legislation on continuing professional development, a total of one thousand six hundred and ninety-six (1 696) practitioners from all five (5) Councils were randomly selected – and by the end of the reporting period, the average compliance rate was twenty-four percent (24%), which indicated a slight increase in the CPD compliance by all professionals in the 2021/2022 reporting period as compared to the 2020/2021 reporting period.

During the reporting period, a total number of two hundred and seventy-two (272) jurisprudence multiple choice questionnaires were received and marked as opposed to the two hundred and sixteen (216) that were received and marked in the 2020/2021 reporting period. From the questionnaires that were received and marked, two hundred and five (205) practitioners passed, whereas and sixty-seven (67) practitioners failed the questionnaires.

Legal Services Department

The Legal Services department is responsible for processing all complaints against healthcare practitioners, and it coordinates 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 the preliminary legislative drafting of the regulations, rules and notices as well as conducting preliminary consultation with relevant professions on the contents of such drafts. Such drafts are then transmitted to the Ministry of Justice, Legal Drafters, for final drafting and scrutiny.

On average, there was an increase in the number of complaints reported to the Councils in comparison to the previous year, with the exception of the AHPCNA and SWPCNA. The increase is highly notable with the MDCNA. Khomas and Erongo regions dominated the demographic representation of the complaints. During this period, the Councils did not record any complaints from the //Karas and Kavango East regions. Covid-19 restrictions have caused most inquiries to be put on hold, which further contributed to the increase in the number of pending cases of inquiries.

During this period, there was an average increase of 3% increase in the number of cases pending investigations. The number of cases pending professional conduct inquiries for SWPCNA have drastically increased with 12%, compared to the previous year – and a significant decrease was observed with the MDCNA at an 18% decrease. A total of five (5) appeals were heard during this period, with the MDCNA having had three (3) appeals.

The High Court matter that commenced in the previous year for the MDCNA has been finalised and the PCNA case is ongoing. Similar to the previous period, the AHPCNA had a high number of gazette regulations – mostly scopes of practice – followed by MDCNA and PCNA.

Finance

The Councils continue to receive the annual grant from the central government via the Ministry of Health and Social Services, which makes up 53% of the total income. However, the Councils also generated funds through prescribed fees, which made up 47% of the total revenue.

Due to economic challenges caused by the outbreak of Covid-19 and windswept, the purchasing power of consumers of goods and services globally and domestically, as well as the fees payable to the Councils were not increased during the financial year under review.

To remain financially afloat, the Councils leased two (2) of its properties, from which it generated an amalgamated income of N\$ 339 959.60 during the reporting period. Nevertheless, this amount was 2.9 % lower than the income of the preceding financial year, which stood at N\$ 350 000. The decrease in the revenue is largely attributed to the negotiated reduction in lease payments for office number 40 due to the inability of lessee to meet his financial obligations.

The surplus funds generated by the Councils were kept in the investment accounts and generated a combined interest of N\$ 682 062.10. This sum was a 15% increase when compared to the N\$ 576 415.24 interest earned during the 2020/2021 financial year.

Human Resources

The Human Resources Division is tasked with the duty of attaining the following strategic objectives:

- 1) enhancing human capital to meet stakeholders' requirements,
- 2) employees training and developments,
- 3) improving staff relations,
- 4) reviewing human resources policies, and
- 5) strengthening payroll infrastructures.

During the period under review, the Councils were administered by a secretariat, consisting of forty-three (43) employees. Two (2) employees voluntarily terminated their employment with the Councils during the reporting period.

Out of forty-three (43) employees, eighteen (18) (42%) are male, while twenty-five (25) (58%) are females. Furthermore, 52% of staff members in the management category are female employees, while 64% of staff members below management category are also female. The youths and the middle-aged take up 53% and 28% of the staff establishment, respectively. The Recruitment, Promotion and Remuneration Review Committee had reviewed the staff establishment continuously for alignment to the core mandates of the Councils and the demands for service delivery.

The Covid-19 pandemic did not spare the Councils' workforce and service delivery. Some employees had to self-isolate for several weeks – and where possible, work from home after being exposed to the virus. Service delivery was interrupted due to frequent office closures to allow fumigation and the recurrent absence of staff members from offices due to ill health. Fortunately, no fatality was recorded among staff members due to Covid-19.

Administration

The value of the Councils' fixed assets appreciated from N\$ 41 913 000 in 2020/2021 to N\$ 45 937 000 in the 2021/2022 reporting year. The Councils have two (2) serviceable vehicles, subsequent to the sale of a Toyota Fortuner that was operating beyond its lifespan. The procurement of goods and services were done in compliance with the provisions of the Public Procurement Act, 2015 (Act No. 15 of 2015).

Data and Record Management

In response to a limited archiving space due to an ever-growing number of registrants, additional filing space for client records was identified and new shelves were installed. In addition, the procurement process for an electronic filing system was commenced, and it is expected to be finalised during the 2022/2023 financial year.

Information Technology

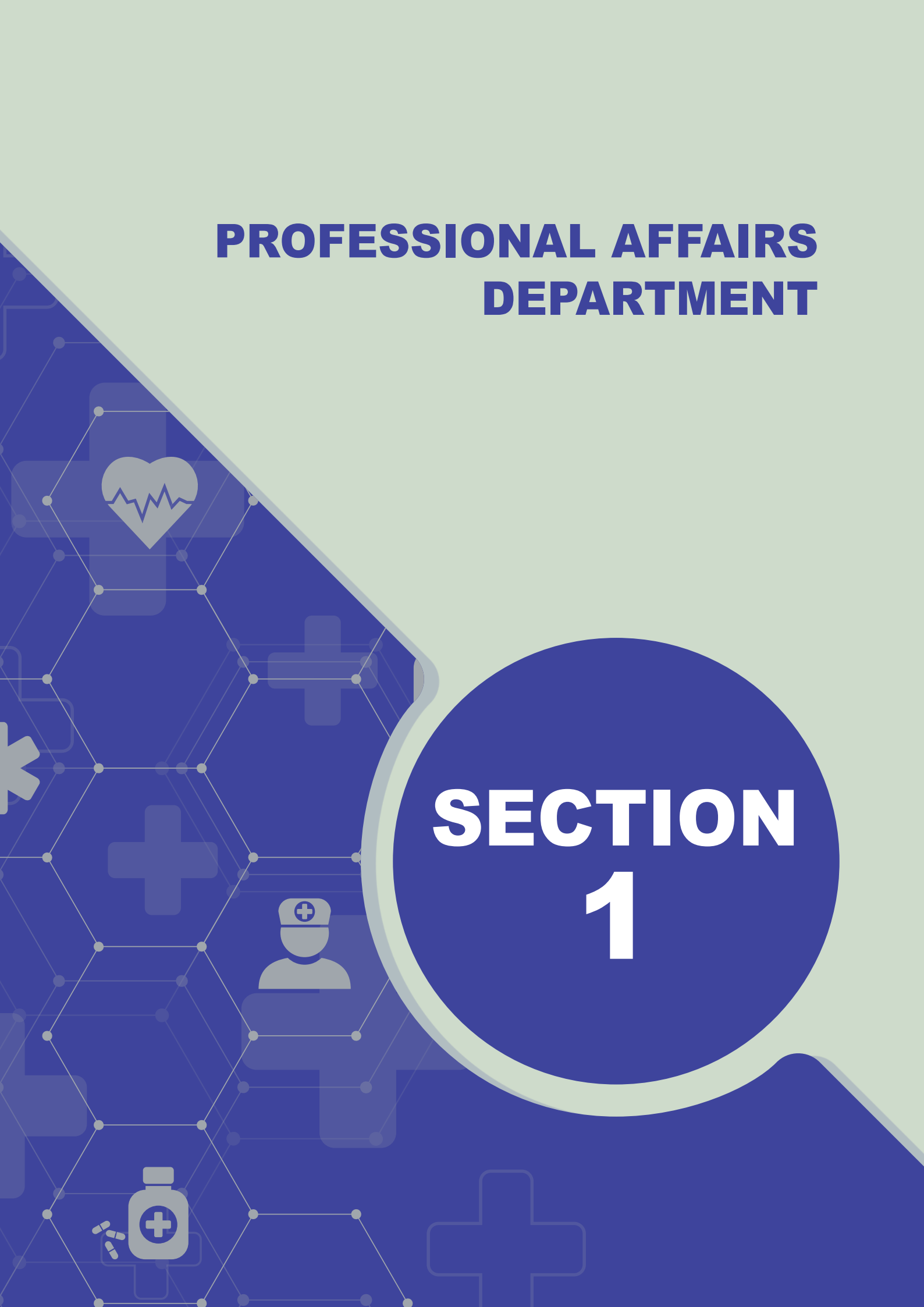
The day-to-day IT support works, limited maintenance, information updates, report generation and troubleshooting were carried out by an in-house IT staff member. However, external IT support was received from Acunam Technology Group, Cube IT and Vtech Information Service on a contract basis.

Cube IT was particularly tasked to upgrade the current data management system. Phase one (1) of this exercise was completed during the last quarter of the reporting period, and the entire project was expected to be completed within the second quarter of the 2022/ 2023 financial year

The hosting and maintenance of the website and the E-registers were done by Vtech Information Service. The E-registers were updated twice a week: on Tuesdays and Thursdays and remained accessible to members of the public.

PROFESSIONAL AFFAIRS DEPARTMENT

SECTION 1



1. NURSING COUNCIL OF NAMIBIA

1.1 Introduction

The NCNA is established in terms of the Nursing Act, 8 of 2004 (the Act). The NCNA regulates the practising of the following professional categories: registered nurses, registered midwives/accoucheurs, registered nurses and midwives/accoucheurs, enrolled nurses, enrolled nurses and midwives/accoucheurs, nursing auxiliaries, student nurses and midwives/accoucheurs, pupil nurses and midwives/accoucheurs, as well as pupil nursing auxiliaries.¹ The NCNA also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered and enrolled under the Act.

The following are the members of the NCNA:

Ms Fransina MN Tjituka²

Mr Gebhardo S Timotheus³

Prof. Louise Pretorius

Dr Lusia N Pinehas

Ms Hilma I Shikwambi

Mr Eliud M Shiwayu

Ms Cheryl Isaacs

Mr Tomas Nekongo

1.2 Summary of Activities

1.2.1 Meetings

The NCNA held two (2) meetings during the period under review: on the 03rd of September 2021 and 11th of March 2022. All the members attended the meetings.

1.2.2 Education Committee

The Education Committee⁴ advises the NCNA on any matter, requirement or qualification pertaining to the registration, education or training of persons, or those relating to the professions to which the Act applies. The Committee held meetings during the reporting period as follows:

1 Section 17 of the Nursing Act
2 President
3 Vice nPresident
4 Section 12 (4)

Table 1: Education Committee meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
7 members	31st of May 2021	6	1
	11th of August 2021	4	3
	21st of October 2021	6	1
	11th of November 2021	5	2
	09th of February 2022	6	1

1.2.3 Engagements with other regulatory authorities

The NCNA was approached by the South African Nursing Council in October 2020 to establish a SADC Nursing and Midwifery Regulators' Forum. The NCNA responded positively, and the Forum was virtually launched on the 29th of March 2022, consisting of ten (10) regulatory authorities for nursing and midwifery in SADC. The purpose of the Forum was to collaborate on regulatory matters and emulate best practices.

1.2.4 Registers/Rolls Kept

Admission to the register/roll, as provided for under the Act, is strictly controlled. The Act also contains very important provisions pertaining to the method of admission to the register/roll, as well as 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 public⁵.

1.2.5 Enrolment and Registration of Pupils and Students

Every person, upon the commencement or resumption of education, tuition or training as a student/pupil in nursing and/or midwifery at an educational institution, must apply for registration with the NCNA⁶.

⁵ Section 25 of the Nursing Act

⁶ Section 21 (2)

Table 2: Applications for pupil/student nurses/midwives/ accoucheurs

EDUCATIONAL INSTITUTION	PROGRAMME	NUMBER OF PUPIL/ STUDENT NURSES/ MIDWIVES/ ACCOUCHEURS
Alba Chipamba Rundu Campus	Certificate in Enrolled Nursing and Midwifery Science	162
Alba Chipamba Oshikango Campus	Certificate in Enrolled Nursing and Midwifery Science	80
Alba Chipamba Walvis Bay Campus	Certificate in Enrolled Nursing and Midwifery Science	57
I-Care Health Institute Windhoek Campus	Certificate in Enrolled Nursing & Midwifery Science	259
I-Care Health Institute Ondangwa Campus	Certificate in Enrolled Nursing & Midwifery Science	297
I-Care Health Institute Swakopmund Campus	Certificate in Enrolled Nursing & Midwifery Science	287
International University of Management	Bachelor's Degree in Nursing and Midwifery Science	6
PMT Health Care Institution	Diploma in Enrolled Nursing and Midwifery Science	83
Shiramed Medical Institute Katima Mulilo Campus	Certificate in Enrolled Nursing & Midwifery Science	45
	3½ year Diploma in Nursing and Midwifery Science	20
University of Namibia Main Campus	Diploma in Nursing and Midwifery Science	90
	Bachelor's Degree in Nursing and Midwifery Science	103
University of Namibia Oshakati Campus	Bachelor's Degree in Nursing and Midwifery Science	103
University of Namibia Rundu Campus	Bachelor's Degree in Nursing and Midwifery Science	99
University of Namibia Keetmanshoop Campus	Bachelor's Degree in Nursing and Midwifery Science	50
Welwitchia Health Training Centre Main Campus	Certificate in Enrolled Nursing & Midwifery Science	92
	Bachelor's Degree in Nursing and Midwifery Science	76
Welwitchia Health Training Centre Lady Pohamba	Certificate in Enrolled Nursing & Midwifery Science	93
	Bachelor's Degree in Nursing and Midwifery Science	79
Welwitchia Health Training Centre City Campus	Certificate in Enrolled Nursing & Midwifery Science	88
	Bachelor's Degree in Nursing and Midwifery Science	77
Welwitchia Health Training Centre Nkurenkuru Campus	Certificate in Enrolled Nursing & Midwifery Science	154
	Bachelor's Degree in General Nursing and Midwifery Science	134
Welwitchia Health Training Centre Katima Mulilo Campus	Certificate in Enrolled Nursing and Midwifery Science	131
	Bachelor's Degree in General Nursing and Midwifery Science	101
Welwitchia Health Training Centre Outapi Campus	Certificate in Enrolled Nursing & Midwifery Science	153
Welwitchia Health Training Centre Kombat Campus	Certificate in Enrolled Nursing & Midwifery Science	150
	Bachelor's Degree in General Nursing and Midwifery Science	173
Welwitchia Health Training Centre Walvis Bay Campus	Certificate in Enrolled Nursing & Midwifery Science	156
	Bachelor's Degree in General Nursing and Midwifery Science	157
Total		2 287

1.3 Newly Qualified Nurses/Midwives from Training Institutions within Namibia

Table 3: Certificate in Nursing and Midwifery Science

EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETION RECEIVED	APPLICANTS ENROLLED
Alba Chipamba Health Training Centre Rundu Campus	55	55
I-Care Health Institute Lafrenz Township Campus	27	27
Welwitchia Health Training Centre Lafrenz Campus	45	45
Welwitchia Health Training Centre Lady Pohamba Campus	29	29
Welwitchia Health Training Centre Nkurenkuru Campus	129	129
Welwitchia Health Training Centre Kombat Campus	51	51
Welwitchia Health Training Centre Walvis Bay Campus	99	99
Total Enrolled Nurses/Midwives/Accoucheurs	435	435

Table 4: Diploma/Bachelor's Degree in nursing and midwifery science

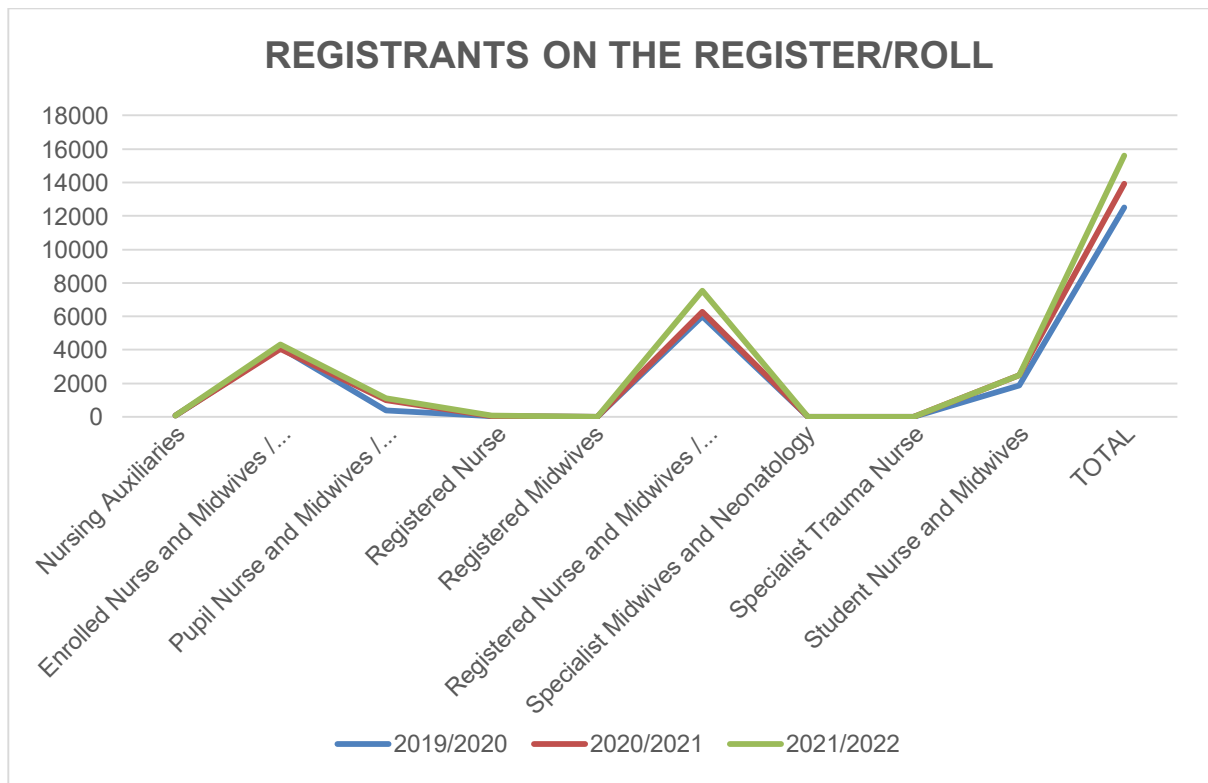
QUALIFICATION	EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETIONS RECEIVED	APPLICANTS REGISTERED
Bachelor's Degree in Nursing and Midwifery Science	International University of Management	52	52
Diploma in Nursing and Midwifery Science	University of Namibia School of Nursing Main Campus	95	95
	University of Namibia School of Nursing Oshakati Campus	85	85
	University of Namibia School of Nursing Southern Campus	63	63
	University of Namibia School of Nursing Rundu Campus	69	69
	University of Namibia School of Nursing Main Campus (3½ year Diploma)	64	64
Bachelor's Degree in Nursing and Midwifery Science	Welwitchia Health Training Centre Lafrenz Campus	65	65
	Welwitchia Health Training Centre Nkurenkuru Campus	54	54
	Welwitchia Health Training Centre Kombat Campus	6	6
Total Registered Nurses/Midwives/Accoucheurs		553	553

1.4 Register and Roll for Nursing and Midwifery Practitioners

Table 5: Number of practitioners on the register or roll for 3 years

CATEGORY	2019/2020	2020/2021	2021/2022
Nursing Auxiliaries	90	78	67
Enrolled Nurses & Midwives/Accoucheurs	4123	4038	4337
Pupil Nurses & Midwives/Accoucheurs	392	1005	1112
Registered Nurses	19	37	75
Registered Midwives	12	10	10
Registered Nurses & Midwives/Accoucheurs	5986	6258	7521
Specialist Midwife and Neonatology	1	1	1
Specialist Trauma Nurse	1	1	1
Student Nurses & Midwives/Accoucheurs	1874	2498	2494
TOTAL	12 498	13 926	15618

Graph 1: The number of registrants in 2019/2020, 2020/2021 and 2021/2022



1.5 Control over Education, Tuition and Training

The Act 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 training⁷. The tables below indicate the educational institutions, hospitals and health facilities that applied for approval to train student nurses and midwives/accoucheurs.

Table 6: Hospitals and health facilities for practical training of student nurses and midwives/accoucheurs

REGION	NAME OF HOSPITAL/ HEALTH FACILITIES	PUBLIC/PRIVATE	STATUS
Otjozondjupa	Okahandja Hospital	Public	Approved for 3 years – Grade B
	Nau-Aib Clinic	Public	Approved for 1 year – Grade C
	Grootfontein Hospital	Public	Approved for 3 years – Grade B
	Grootfontein Clinic	Public	Approved for 3 years – Grade B
	Otjiwarongo Hospital	Public	Approved for 3 years – Grade B
	Orwetoveni Clinic	Public	Approved for 3 years – Grade B
	Okakarara Hospital	Public	Approved for 3 years – Grade B
	Okakarara Clinic	Public	Approved for 3 years – Grade B
	Alterhein Old Age Home	Private	Approved for 3 years – Grade B
Zambezi	Katima Mulilo Hospital	Public	Approved for 3 years – Grade B
	Katima Mulilo Clinic	Public	Approved for 3 years – Grade B
	Mavuluma Clinic	Public	Approved for 3 years – Grade B
	Bukalo Health Centre	Public	Approved for 3 years – Grade B
	Sangwali Health Centre	Public	Approved for 3 years – Grade B
	Sibbinda Health Centre	Public	Approved for 3 years – Grade B
	Ngweze Clinic	Public	Approved for 3 years – Grade B
Kavango East	Andara Hospital	Public	Approved for 3 years – Grade B
	Nyangana Hospital	Public	Approved for 3 years – Grade B
	Baganai Clinic	Public	Approved for 3 years – Grade B
	Divundu Clinic	Public	Approved for 3 years – Grade B
	Shadikongoro Clinic	Public	Approved for 3 years – Grade B
	Nkarapamwe Health Centre	Public	Approved for 3 years – Grade B
	Sauyemwa Clinic	Public	Approved for 3 years – Grade B
	Ndama Clinic	Public	Approved for 3 years – Grade B
	Kaisosi Clinic	Public	Approved for 3 years – Grade B
	Sambyu Health Centre	Public	Approved for 5 years – Grade A
	Rundu Hospital	Public	Approved for 3 years – Grade B
Rundu Clinic	Public	Approved for 5 years – Grade A	
Kavango West	Nankudu Hospital	Public	Approved for 3 years – Grade B
	Tondoro Health Centre	Public	Approved for 3 years – Grade B
	Rupara Health Centre	Public	Approved for 3 years – Grade B
	Bunya health Centre	Public	Approved for 5 years – Grade A
	Mupini Health Centre	Public	Approved for 3 years – Grade B
	Mpungu Health Centre	Public	Approved for 3 years – Grade B
	Nkurenkuru Health Centre	Public	Ungraded

1.6 Grading Explanatory Notes

- Grade A-80%-100% means minor, or no shortcomings were identified and the cycle for inspection is five (5) years.
- Grade B-60% -79% means some shortcomings were identified and the cycle of inspection is three (3) years.
- Grade C-50%-59% means major shortcomings were identified and the cycle for inspection is one (1) year.
- Ungraded-Below 50% means severe shortcomings were identified and the institution should not be granted approval to train.

1.7 Curricula Received by the NCNA for Approval

Table 7: Status of curriculums received for approval

NO.	EDUCATIONAL INSTITUTION	QUALIFICATION	APPROVAL STATUS
1.	Atlantic Training Institute	Certificate in Enrolled Nursing and Midwifery Science	Curriculum evaluation in progress
2.	Compassion College	Diploma in Enrolled Nursing and Midwifery Science	Curriculum evaluation in progress
3.	D' Expert Health Care Institute	Certificate in Nursing Auxilliary	Curriculum evaluation in progress
4.	EDI Health Institute	Certificate in Nursing Auxiliary	Curriculum evaluation in progress
5.	Essence Health Care Academy	Curriculum Certificate in Enrolled Nursing and Midwifery Science	Provisionally approved
6.	Eureka Medical Institute	Certificate Nursing Auxiliary	Provisionally approved
		Diploma in Enrolled Nursing and Midwifery Science	Provisionally approved
7.	Higher Ground Training College	B.Sc Nursing (Hons) Programme	Provisionally approved
		Certificate in Enrolled Nursing and Midwifery/Accoucheur curriculum	Provisionally approved
8.	Nalinch Training Centre	Certificate in Enrolled Nursing and Midwifery/Accoucheur curriculum	Curriculum evaluation in progress
9.	Nursing Training Institute of Technology	Certificate in Enrolled Nursing and Midwifery/Accoucheur curriculum	Curriculum evaluation in progress
10.	Oswin Kampala College CC	Certificate in Enrolled Nursing and Midwifery/Accoucheur curriculum	Provisionally approved.
11.	Shanah College	Diploma in Registered Nursing and Midwifery/Accoucheur	Curriculum evaluation in progress
12.	Shiramed Medical Institute	Bachelor's in Nursing and Midwifery Science	Approved
13.	Symanek Training Academy	Certificate in Nursing Auxilliary curriculum	Provisionally approved

NO.	EDUCATIONAL INSTITUTION	QUALIFICATION	APPROVAL STATUS
14.	University of Namibia	Diploma in General Nursing and Midwifery Science for Enrolled Nurses (2 years)	Approved
		Bachelor of Nursing Science Honours	Approved
		Postgraduate Diploma Curricula in Nursing Science	Approved
15.	Welwitchia Health Training Centre	Certificate in Enrolled Nursing and Midwifery Science – Revised Curriculum	Curriculum evaluation in progress

A curriculum is normally approved provisionally, pending the inspection of the educational institution at which the programme(s) will be implemented.

1.8 Other Services Rendered by the NCNA

Table 8: Other services rendered

SERVICE RENDERED	TOTAL
Registration/Enrolment Certificates issued	988
Student/Pupil Nurse Certificates	3 555
Certificates of Status issued	76
Extracts from the Register/Roll issued	32
Involuntary Removal from Register/Roll	333
Voluntary Removal from Register/Roll	15
Restoration of names to Register/Roll	184
Ethics and Jurisprudence Manuals sold	897
Namibian Standard Treatment Guidelines sold	366
Epauettes sold	1 474
Badges sold	1 390
Green Bars sold	862
Yellow Bars sold	663
Black Bars sold	43
White Bars sold	26
Silver Bars sold	16

1.9 Conclusion

The NCNA 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 Act. The NCNA has significantly delivered on this mandate.

2. ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

2.1 Introduction

The AHPCNA was established under section 3 of the Allied Health Professions Act No. 7 of 2004 (the AHP Act) to –

- regulate the training and practice of allied and complementary health professions in Namibia;
- register and keep registers for healthcare practitioners;
- set education and practice standards, and approve training programmes, and
- deal firmly, fairly and promptly with registered persons against whom charges, complaints or allegations of unprofessional conduct have been laid or whose fitness to practice the profession is in doubt.⁸

2.2 Members of the AHPCNA

The AHPCNA comprises fifteen (15) members appointed by the Minister under section 15 of the AHP Act, amended by the Allied Health Amendment Act No 8 of 2018. They are:

Mr Christopher Mubita Likando⁹

Ms Ronelle Isaacs¹⁰

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

⁸ Section 5 of the AHP Act.

⁹ President.

¹⁰ Vice-President.

2.3 Resignation of Member of the AHPCNA

Mr Arthur George Pickering resigned as Member of the AHPCNA as from 1st of April 2022, whose replacement is yet to be made by the Minister of Health and Social Services.

2.4 Summary of Activities

The AHP Act¹¹ provides for the establishment of professional committees, whose function are *inter alia*, to consider or investigate any matters pertaining to allied and complementary health professions, and to advise or make recommendations to the AHPCNA or the Minister on any matter falling within the scope of the AHP Act. There are currently eleven (11) professional committees, comprising thirty-six (36) members.

- **Professional Committee for Emergency Care Professions**
The committee inspected NUST on the 20th-22nd of October 2021 for training of Emergency Medical Care Technicians and Paramedics – Advanced Life Support.
- **Professional Committee for Physiotherapy and related Professions**
The Committee evaluated physiotherapy qualifications of applicants from the University of Medical Sciences in Santiago, Cuba and University of George Dimitrov Higher Institute of Physical Culture, Bulgaria. The qualification from the University of Santiago in Cuba met the prescribed minimum requirements of study for registration in Namibia, while the qualification from University of George Dimitrov did not meet the requirements.
- **Professional Committee for Dental Therapy Professions**
The Committee revised the pre-registration evaluation guidelines, which became generic for all professions under AHPCNA.
- **Professional Committee for Occupational Therapy and Related Professions**
The Committee inspected the departments of civil and forensic psychiatry at the Windhoek Central Hospital for the training of occupational therapists interns and students. These departments were approved as training sites for three (3) years.

2.5 Executive Committee

The AHP Act stipulates that the AHPCNA must establish an Exco to exercise the powers and perform the duties and functions of the AHPCNA. The AHPCNA may set aside or amend any Exco decision or act. During the period under review, the Exco held two (2) meetings.

¹¹ Section 13(1)

Table 9: Attendance of Exco meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
25 of June 2021	5	5	0
12 November 2021	5	5	0

Table 10: Matters discussed by the Exco

DATE	MATTER	STATUS
25 June 2021	Inspection report of the University of Namibia School of Allied Health Professions for the training of student physiotherapists.	Approved
25 June 2021	Inspection report of Pathcare in Windhoek to train student medical laboratory technicians, student Phlebotomy technicians and intern medical technologists.	Approved
25 June 2021	Inspection report of Atlantic training Institution in Oshakati for the training of student emergency care practitioners – intermediate.	Approved
25 June 2021	Inspection report of the Wellington Physiotherapy practice in Windhoek for the training of intern physiotherapists.	Approved
25 June 2021	Request by UNAM to exempt male radiographer students performing mammography procedures.	Rejected
25 June 2021	Generic evaluation guidelines for the AHPCNA.	Approved
12 November 2021	Inspection report of the Kuisebmond Physiotherapy practice in Walvis Bay for the training of intern physiotherapists.	Approved
12 November 2021	Request from EMTSS for the satellite training of Emergency Care Practitioner – Basic, Emergency Management Training in Swakopmund.	Approved
12 November 2021	Exemption from evaluation: Music Therapist, Ms Adel Janse Van Rensburg.	Granted
12 November 2021	Application for registration of Ms Saskia – Elias Maturell.	Applicant to pass evaluation
12 November 2021	Inspection report of Christine Nashenda Physiotherapy for training of intern physiotherapists in Windhoek.	Approved
12 November 2021	Inspection report of the occupational therapy departments of the Windhoek Central hospital to train student and intern physiotherapists.	Approved
12 November 2021	Inspection report of NUST for training in Pre-Hospital Emergency care.	Approved

2.6 AHPCNA Meetings

The AHPCNA held two (2) meetings on the 10th of September 2021 and 25th of March 2022. Out of the sixty-four (64) resolutions taken by the AHPCNA, sixty-two (62) (97%) were fully implemented, while two (2) (3%) were pending implementation. The resolution pending implementation are:

- The revised inspection report of Zenra Buys Physiotherapy in Windhoek is yet to be finalised.
- The revised inspection report for Osona Military School is yet to be finalised.

2.7 Control over Education, Tuition and Training

The AHP Act¹² provides that any person or educational institution intending to offer the education, tuition or training must apply to the AHPCNA in writing before offering such training. Table 11 below indicates the training institutions and health facilities that applied for approval to train students or interns:

Table 11: Institutions applied for approval to train students and/or interns

INSTITUTION	NATURE OF TRAINING	INSPECTION DATE	REGION	STATUS
Emergency Management Training Specialist Services, Windhoek	Student Emergency Care Practitioner – Basic & Intermediate	21 April 2022	Khomas	Pending inspection
Osona Military School	Student Combat Medics	11 November 2021	Otjozondjupa	Pending inspection
OSH-MED international Namibia	Student Emergency Care Practitioner – Basic & Intermediate	22 April 2022	Khomas	Pending inspection
Pathcare (Windhoek)	Student Medical laboratory Technician, Phlebotomy Technician, and Intern Medical Technologist	27-29 April 2021	Khomas	Approved
NAMRAD Radiology Services, Windhoek	To train student radiographers	To be determined	Khomas	Pending inspection
Namibia Institute of Pathology, Oshakati	Student Medical and Intern Medical Technologists	12-13 May 2022	Oshana	Pending inspection
Blood Transfusion Services of Namibia, Windhoek	Student Medical Laboratory Technician and Intern Medical Technologist	To be determined	Khomas	Pending inspection
Welwitchia Health Training Centre – Katima Mulilo	Student Environmental Health Assistant	To be determined	Zambezi	Pending inspection

Table 12: Institutions applied for approval to train Interns

INSTITUTION	NATURE OF TRAINING	INSPECTION DATE	REGION	STATUS
Kuisebmond Physiotherapy, Walvis Bay	Intern Physiotherapists	21 September 2021	Erongo	Approved
Christine Nashenda Physiotherapy, Windhoek	Intern Physiotherapists	23 September 2022	Khomas	Approved
Ronelle Isaacs Physiotherapy	Intern Physiotherapists	11 November 2021	Khomas	Approved
Zenra Buys Physiotherapist	Intern Physiotherapists	14 February 2022	Khomas	Not Approved
Yad Marpe Physiotherapy Africa, Ongwediva	Intern Physiotherapist	13 May 2022	Oshana	Not Approved
Physio @Hand, Windhoek	Intern Physiotherapist	To be determined	Khomas	Pending inspection
Wellington Physiotherapy	Interns Physiotherapist	23 April 2021	Khomas	Approved
BRG Biokinetic, Windhoek	Intern Biokineticist	30 November 2021	Khomas	Approved
BRG Biokinetic, Swakopmund	Intern Biokineticist	To be determined	Khomas	Pending inspection
BRG Biokinetic, Walvis Bay	Intern Biokineticist	To be determined	Khomas	Pending inspection

12 Section 17(2).

Table 13: Institutions that applied for curriculum approval

INSTITUTION	NATURE OF TRAINING	CURRICULUM
E: Three sixty Emergency Services, Windhoek	Emergency Care Practitioner – Intermediate Certificate	Curriculum evaluation report pending
Namibia Emed-24 Rescue Services	Emergency Care Practitioner – Intermediate Certificate	Curriculum evaluation report pending
University of Namibia, School of Radiography	Revised curriculum to train Student Radiographer (diagnostic)	Curriculum evaluation report pending
University of Namibia, School of Physiotherapy	Revised curriculum to train Student Physiotherapist	Curriculum evaluation report pending
University of Namibia, School of Occupational Therapy	Student Occupational Therapist	Curriculum evaluation pending

2.8 Applications for Registration

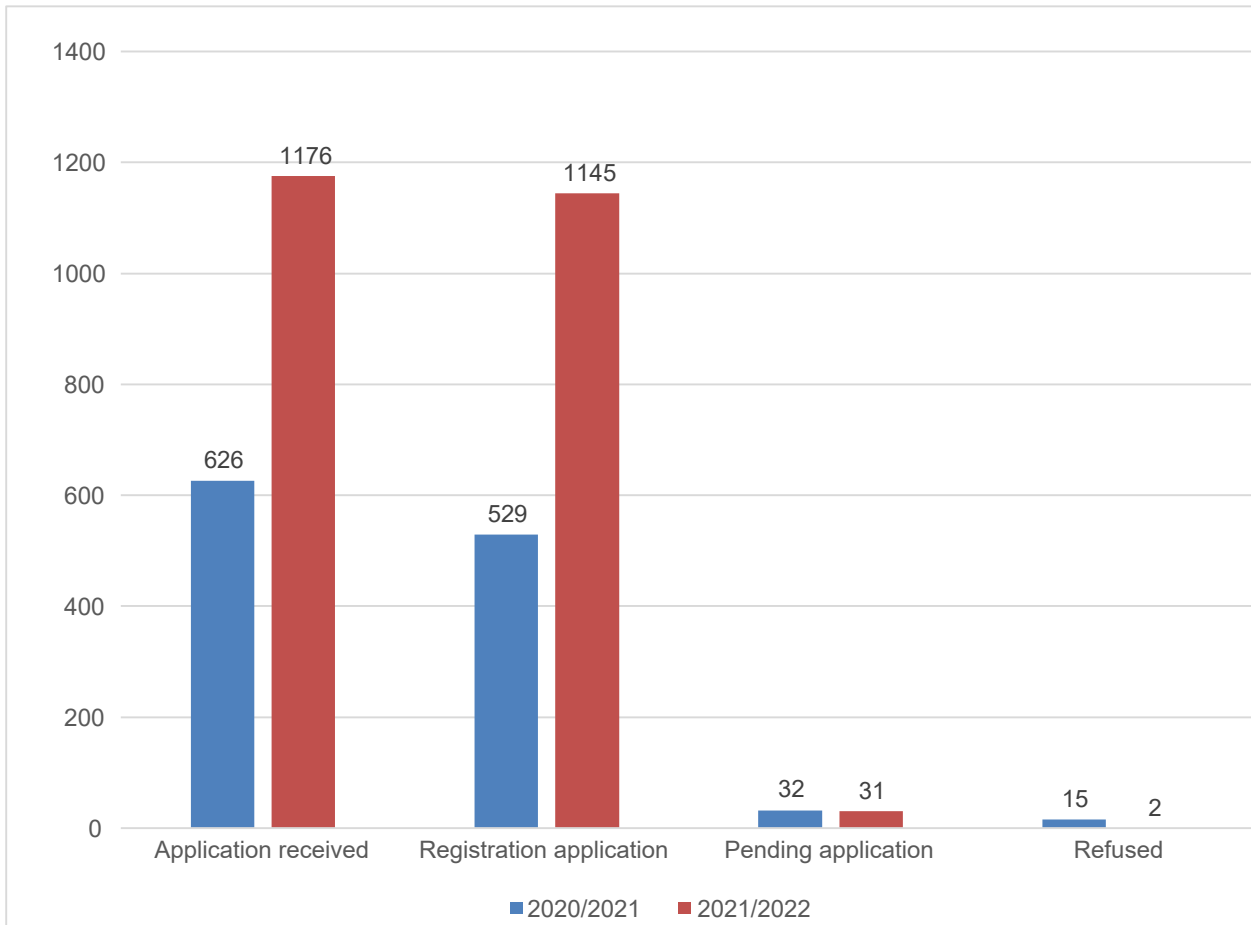
The AHP Act provides that no person is entitled to practice within Namibia as an allied healthcare profession unless they are registered under the AHP Act. Any person who wishes to be registered must apply to the AHCNA. Applications for registration received are indicated in Table 14 below.

Table 14: Number of applications received per profession

PROFESSIONAL DESIGNATION	NUMBER OF APPLICATIONS	APPROVED	PENDING	REFUSED
Audiologist	1	1	0	0
Biokineticists	4	4	0	0
Intern Biokineticists	2	2	0	0
Clinical Technologist (Cardiology)	1	1	0	0
Clinical Technologist (Neurophysiology)	1	1	0	0
Clinical Technologist (Pulmonology)	1	1	0	0
Chiropractor	1	1	0	0
Dental technician	1	1	0	0
Dental Therapists	3	3	0	0
Dieticians	3	3	0	0
Emergency Care Technicians	9	9	0	0
Student Emergency care technicians	3	3	0	0
Emergency Care Practitioner – Basics	561	561	0	0
Emergency Care Practitioner –Intermediates	40	40	0	0
Emergency Care Practitioner – Student Intermediates	31	31	0	0
Paramedics – ALS	18	18	0	0
Paramedic Students	34	34	0	0
Environment Health Practitioners	70	68	2	0
Environmental Health Practitioner Students	26	26	0	0
Environment Health Practitioner Assistants	27	27	0	0

Environmental Health Practitioner Assistant Students	36	36	0	0
Medical Laboratory Scientists (Clinical Pathology)	36	27	9	0
Medical Laboratory Technicians (Clinical Pathology)	33	33	0	0
Medical Laboratory Scientist (Clinical pathology & Microbiology)	1	1	0	0
Medical Technologist (Histopathological Techniques)	1	1	0	0
Student Medical Laboratory technicians (blood transfusion)	4	4	0	0
Student Medical Laboratory technicians (Clinical Pathology)	6	6	0	0
Medical Technologists (Clinical Pathology)	12	10	2	0
Medical Technologist (Cytotechnology)	1	1	0	0
Medical Technologist (Histopathological Techniques)	1	1	0	0
Medical Rehabilitation Workers	3	3	0	0
Medical Orthotics and Prosthetists technologists	10	9	1	0
Medical Orthotics & Prosthetist Assistant	1	0	1	0
Nutritionist	1	1	0	0
Nutritionist Students	42	42	0	0
Occupational Therapists	9	7	2	0
Occupational Therapist Students	20	20	0	0
Optometrists	8	3	5	0
Speech Therapists	2	1	0	0
Phlebotomy Technician Students	3	3	0	0
Physiotherapists	7	3	2	2
Physiotherapy Interns	26	25	1	0
Therapeutic Aroma Therapists	1	1	0	0
Diagnostic Radiographer Assistants	1	1	0	0
Diagnostic Radiographers	39	37	2	0
Therapeutic Radiographers	10	8	2	0
Diagnostic Radiographer students	14	14	0	0
Ultrasound Radiographers	1	1	0	0
Student Ultrasound Radiographers	2	2	0	0
Unani Tibbs	1	1	0	0
Total	1 176	1 145 (97%)	29 (2.4%)	2 (0.17%)

A total of one thousand one hundred and seventy-six (1 176) persons applied for registration. Out of this number, one thousand one hundred and forty-five (1 145) applicants were successful. Thirty-one (31) applications were pending either due to missing documents or pending evaluations; two (2) of the applications were refused.

Graph 2: Applications Received in 2020/2021 Compared to 2021/2022 Financial Year

The graph shows there was an increase in the number of registered practitioners over the reporting period, compared to 2020.

2.9 Registers Kept

The AHP Act requires the AHPCNA to keep the registers of registered persons. A register is kept for each of the ninety-six (96) categories of the healthcare professions under the AHPCNA. The cumulative numbers of registered persons per profession is indicated in Table 15 below.

Table 15: Total number of practitioners on the register per profession

PROFESSION	NUMBER OF PRACTITIONERS
Art Therapists	1
Audiologists	6
Biokineticists	78
Biokinetic Interns	7
Chinese Medicine Practitioners and Acupuncturists	3
Chiropractors	10
Clinical Technologists	18

PROFESSION	NUMBER OF PRACTITIONERS
Clinical Technologist (Cardiology)	1
Clinical Technologists (Cardiovascular perfusion)	6
Clinical Technologists (Nephrology)	4
Clinical Technologist (Neurophysiology)	1
Clinical Technologist (Pulmonology)	1
Dental Technicians	28
Dental Technologists	9
Dental Therapists	51
Dieticians	34
Dispensing Opticians	10
Emergency Care Practitioners (Basic)	1 432
Emergency Care Practitioners (Intermediate)	1 092
Combat Medic Students	18
Emergency Care Practitioner (Intermediate) Students	32
Emergency Care Technicians	51
Environmental Health Practitioner	289
Environmental Health Practitioner Assistants	67
Environmental Health Practitioner Students	79
Environmental Health Practitioner Assistant Students	50
Hearing Aid Acousticians	8
Homoeopaths	6
Medical Laboratory Scientist	99
Medical Laboratory Scientists (Clinical Pathology)	156
Medical Laboratory Scientist (Clinical Pathology & Microbiology)	2
Medical Laboratory Scientists (Blood Transfusion)	2
Medical Laboratory Scientist (Clinical pathology & Blood Transfusion)	4
Medical Laboratory Scientists (Cytotechnology Technique)	1
Medical Laboratory Scientist (Cytotechnology & Histopathological Techniques)	2
Medical Laboratory Scientist (Haematology)	1
Student Medical Laboratory Scientists	104
Medical Laboratory Technicians	133
Student medical laboratory technicians	32
Medical Laboratory Technicians (Blood Transfusion)	42
Medical Laboratory Technicians (Clinical Pathology)	92
Medical Laboratory Technicians (Histopathological Technique)	7
Medical Laboratory Technicians (Cytotechnology Technique)	1
Medical Laboratory Technician (Haematology & Clinical pathology)	1
Medical Laboratory Technician (Haematology)	1

PROFESSION	NUMBER OF PRACTITIONERS
Medical Laboratory Technician (Microbiology)	1
Medical Laboratory Technicians (Phlebotomy)	8
Phlebotomy Technicians	24
Phlebotomy Technician Students	7
Medical Orthotics and Prosthetics Technologists	10
Medical Orthotists and Prosthetists	18
Medical Rehabilitation Workers	14
Intern medical Technologists	2
Medical Technologists	212
Medical Technologists (Clinical Pathology)	173
Medical Technologists (Blood Transfusion)	4
Medical Technologists (Clinical pathology & blood transfusion technology)	3
Medical Technologists (Blood transfusion & clinical pathology)	9
Medical Technologist (Blood transfusion & Clinical pathology)	1
Medical Technologist (Blood transfusion & Chemical Pathology)	1
Medical Technologists (Clinical Pathology & Chemical Pathology)	4
Medical Technologist (Clinical Chemistry)	1
Medical Technologists (Clinical Pathology & Cytotechnology)	3
Medical Technologists (Clinical Pathology & Haematology)	11
Medical Technologists (Clinical Pathology)	3
Medical Technologist (Clinical Pathology & Histopathological Techniques)	1
Medical Technologists (Clinical Pathology & Immunology)	3
Medical Technologist (Clinical Pathology, Immunology & Cytotechnology)	1
Medical Technologists (Clinical Pathology & Microbiology)	11
Medical Technologists (Histopathological Techniques)	2
Medical Technologists (Cytotechnology)	5
Medical Technologists (Haematology)	2
Medical Technologist (Haematology, Clinical Pathology & Microbiology)	1
Medical Technologist (Histology)	1
Medical Technologists (Microbiology)	5
Medical Technologists (Student Medical Technologist)	15
Medical Technologists (Student Medical Technologist) (Clinical Pathology)	13
Music Therapist	1
Naturopaths	4
Nutritionists	4
Student Nutritionists	58
Occupational Therapists	84
Student Occupational Therapist Students	52
Intern Occupational Therapists	8

PROFESSION	NUMBER OF PRACTITIONERS
Ocularists	1
Optometrists	98
Orthopaedic Technologists	5
Orthopaedic Technicians	3
Orthopaedic Technician Footwear	1
Osteopath	1
Operational Emergency Care Orderlies	2
Paramedics (Advanced Life Support)	83
Student Paramedics (Advanced Life Support)	73
Physiotherapists	139
Physiotherapist Interns	32
Physiotherapist Students	18
Phytotherapist	1
Podiatrists	1
Pupil Radiographer Assistants	3
Radiographers (Diagnostic)	196
Radiographers (Ultrasound – Sonography)	18
Radiographers (Nuclear Medicine)	5
Radiographers (Therapeutic)	18
Radiographer Diagnostic & Therapeutic	1
Radiographer Diagnostic & Ultrasound	1
Radiography Assistants (Diagnostic)	50
Radiographer Students (Diagnostic)	35
Radiographer Students (Ultra – Sonography)	2
Speech Therapists	11
Speech Therapists and Audiologists	10
Therapeutic Aromatherapists	5
Therapeutic Masseurs	2
Therapeutic Reflexologists	7
Unani Tibb Practitioner	1
Total	5 675

The comparison of number of practitioners on the register between the 2020/2021 and 2021/2022 financial years is four thousand five hundred and sixty-four (4 564) and five thousand six hundred and seventy-five (5 675), respectively. There has been an increase of one thousand one hundred and eleven (1 111) in the number of practitioners on the register in 2021/2022, compared to the previous year.

2.10 Removal of Names from the Register

2.10.1 Voluntary Removal of Names from the Registers

The AHP 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.¹³ During the year under review, the names of four (4) practitioners have been removed from the relevant registers voluntarily as indicated in Table 16 below.

Table 16: Number of practitioners removed from the register per register

PROFESSION	NUMBER OF PRACTITIONERS
Emergency Care Practitioner-Basic	1
Occupational Therapists	2
Diagnostic Radiographer	1

2.10.2 Involuntary Removal of Names from the Registers

The AHP Act states that the AHPCNA may remove from the register the name of any registered person who has failed to pay on or before the 31st of March, the financial year, concerning the annual fees. The number of practitioners who were removed from the registers in 2021/2022 financial year were four hundred and forty-eight (448). A person who practices 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 AHP Act.

The number of practitioners whose names were removed from the register in 2020/2021 is 552 – much less than 4 448 removed in the 2021/2022 financial year. From the number of removed practitioners, eighty-eight (88) applied for restorations of their names to relevant registers.

2.11 Restoration of Names to the Register

Table 17: Number of practitioners per profession restored to the registers

PROFESSIONAL DESIGNATIONS	NUMBER OF PRACTITIONERS
Dietician	1
Dental Therapists	2
Emergency Care Practitioners – Basic	46
Emergency Care Practitioners – Intermediate	2
Environmental Health Practitioners	17
Environmental Health Practitioner Assistants	3
Medical Technologists (Clinical Pathology)	4
Medical Laboratory Technician (Clinical pathology)	1
Medical Rehabilitation Workers	2

Physiotherapist	1
Phytotherapist	1
Radiographer (Diagnostic)	1
Radiographer Assistant	1
Radiographer Therapeutic	1
Paramedic – ALS	1
Phlebotomy Technician	1
Ocularist	1
Occupational Therapist	1
Nutritionist	1
Total	88

The number of Emergency Care Practitioner – Basic and Environmental Health Practitioners removed from the register is relatively higher than other professions.

2.12 Other Services Rendered

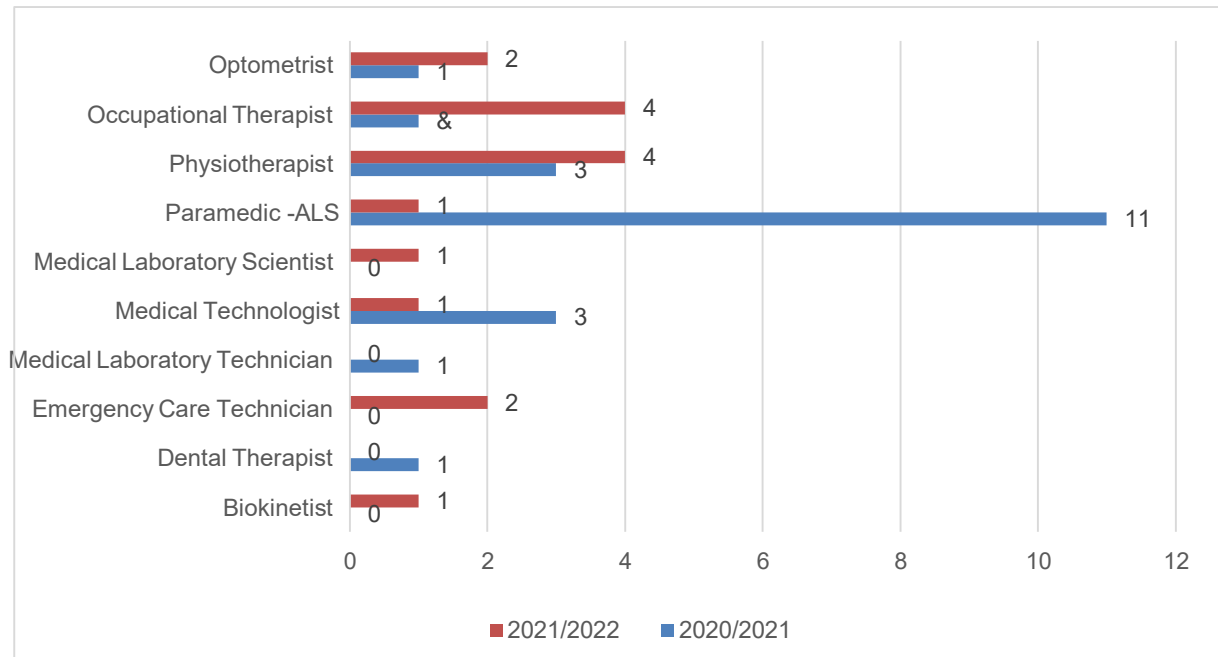
2.12.1 Certificate of Status

The AHP Act provides that a registered person may apply to the registrar for a certificate of status.¹⁴ The number and reasons for such applications are indicated in Table 18 below.

Table 18: Number of certificates of status issued per professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS	REASONS
Occupational Therapists	4	Seeking registration with the Health and Care Professions Councils of the United Kingdom.
Optometrists	2	Seeking registration with the Health Professions Council of South Africa
Physiotherapists	4	Seeking registration with the Health and Care Professions Council of the United Kingdom
Paramedic – Advanced Life Support	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Emergency Care Technicians	2	Seeking registration with the Health and Care Professions Council of the United Kingdom
Biokineticist	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Medical Technologist	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Medical Laboratory Scientist	1	Seeking registration with the Health and Care Professions Council of the United Kingdom

Graph 3: Comparison of certificates of status received between 2020/2021 and 2021/2022



Compared to 2020/2021, there has been a decrease in the number of applications for certificates of status over the reporting period.

2.13 Stakeholder Engagements

One of the AHPCNA deliverables over the reporting period was to improve stakeholder engagement in the education sector. The AHPCNA has engaged the following educational institutions:

2.13.1 The University of Namibia

The AHPCNA held discussions with the University of Namibia on matters pertaining to the registration of students, clinical training of physiotherapy, as well as occupational therapy interns and students.

2.13.2 Sharda University, India

The AHPCNA also engaged the Sharda University in India on matters related to the prescribed minimum requirements of study for the registration for medical technologists, medical laboratory scientists, physiotherapists and radiographers.

2.14 Conclusion

The number of practitioners registered increased from 529 (84%) to 1 145 (97%). The resolution implemented rate increased to sixty-two (62) (97%).

3. MEDICAL AND DENTAL COUNCIL OF NAMIBIA

3.1 Introduction

The MDCNA is established in terms of the Medical and Dental Act¹⁵ (the Act). The MDCNA regulates the following healthcare professional categories: medical practitioners, dentists, biomedical engineers, clinical biochemists, clinical officers, genetic counsellors, medical assistants, medical biological scientists, medical and dental interns, medical physicists, medical scientists, ophthalmic assistants, oral hygienists and rural medical aids. 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.

3.2 MDCNA Members

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

Dr Wilson L. Benjamin¹⁶

Dr Johann Archer¹⁷

Dr Adolf R. Kaura

Dr Akutu A. Munyika

Dr Christo Buys¹⁸

Dr Dean Kock

Dr Elliot Newaka

Dr Nguundja Uamburu

Dr Silvio Suardi

Mr Ngamane Karuaihe-Upi

Ms Grace Mugaviri

Prof. Filemon Amaambo

15 Act 10 of 2004

16 President

17 Vice President

18 Resigned from the MDCNA on the 8th of December 2021

3.3 Summary of MDCNA Activities

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

3.3.1 MDCNA Meetings

During the period under review, the MDCNA held meetings as follows:

Table 19: MDCNA meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Twelve (12)	25 September 2021	11	1
	04 December 2021	10	2
	26 March 2022	11	0

Table 20: Resolutions taken

NUMBER OF RESOLUTIONS	NUMBER OF RESOLUTIONS IMPLEMENTED
109	(100%)

3.3.2 Executive Committee Meetings

This is the Committee that exercise the powers and perform 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. The Committee held one (1) meeting during the period under review.

Table 21: Exco meeting and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Seven (7)	24 July 2021	5	2

3.3.3 Education Committee

The Education Committee advises the MDCNA on any matter relating to the registration, education or training of persons or relating to the professions to which the Act applies. The Committee held one (1) meeting during the reporting period.

Table 22: Education Committee meeting and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Eight (8)19	26 February 2022	8	0

19 Prof. Timothy Rennie resigned from the committee as he no longer resides in Namibia.

3.3.4 Medical Interns/Students Training Committee

This committee advises the MDCNA on matters relating to the training of medical students and interns. The committee may assist the MDCNA in the exercise of its powers or the performance of its duties or functions in terms of the Act as the MDCNA may delegate or assign to it from time to time. The Committee is also tasked to review the training guidelines, logbooks and to supervise the training of medical interns at approved hospitals and health facilities. The initial committee was dissolved on the 27th of March 2021, as its composition had changed overtime and its role needed to be redefined. A much leaner committee, consisting of four (4) medical specialists, was appointed – and the inspection of health facilities was added to its responsibilities.

3.3.5 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 the training of dental students and interns as the MDCNA may delegate or assign to the committee from time to time. The Committee is further responsible for the drafting of training guidelines, protocols, logbooks, supervision of training at approved hospitals and health facilities – and to oversee the remedial programme for dental graduates. The Committee did not hold any meeting during the reporting period.

3.3.6 Professional Committees

In accordance with section 12 (11) of the Act, the following Professional Committees were constituted on the 06th of October 2018; the

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

The professional committees are established for healthcare professions registrable under the Act but have no representation on the MDCNA. The functions of the Professional 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 the Minister on any matter falling within the scope of the Act or relating to such professions,
- to advise the MDCNA on the scope of practice of such professions,
- to implement such decisions of the MDCNA 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.

3.3.7 Advisory Committee

Under section 12 (6) of the Act, an Advisory Committee was established for the following professions that are not represented on the MDCNA or have Professional Committees established by the Act:

- Biomedical engineers
- Clinical biochemist
- Genetic councillors
- Medical biological scientists
- Medical physicists, and
- Medical Scientists.

The function of Advisory Committee is to guide the MDCNA on any matters relating to the relevant professions and assist the MDCNA in the exercise of its powers or the performance of its duties or functions in terms of the Act as the MDCNA may delegate or assign to the committee.

The Professional and the Advisory committees did not have any meeting during the reporting period.

3.3.8 Postgraduate Education and Training committee

This committee was established under section 12 (6) of the Act to –

- evaluate curriculums for postgraduate studies
- monitor postgraduate education and training
- coordinate the inspection of postgraduate training platforms
- evaluate qualifications for specialist registration
- review the trainer to trainee ratio for postgraduate programmes, and
- develop training guidelines, policies and criteria for the recognition of postgraduate training time

The committee held no meeting during the reporting period.

3.4 Control over Education and Training

The Act²⁰ 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. The MDCNA inspects hospitals, health facilities and educational institutions for training of medical and dental interns/students in terms of the Act.²¹

20 Section 16 (2)

21 Section 55 (1)

3.4.1 Training of Dental Interns

The following hospital and health facility were inspected for approval to train dental interns:

Table 23: Hospital and health facility inspected to train dental interns

FACILITY NAME	INSPECTION DATE	REGION	OUTCOME
Intermediate Hospital Oshakati	24 February 2022	Oshana	Approved to train nine (9) dental interns.
Ondangwa Health Centre	24 February 2022	Oshana	Approved to train two (2) dental interns.

Comments:

- The Ondangwa Health Centre was inspected for the first time and was granted provisional approval for the period of one (1) year to train two (2) dental interns due to lack of the intra x-ray machine.
- The Intermediate Hospital Oshakati was initially approved in 2016 for five (5) years to train five (5) dental interns, which expired in October 2021. The hospital was inspected in February 2022 and provisionally approved for one (1) to train nine (9) dental interns, as four (4) additional dental chairs were yet to be installed.
- Both institutions were to submit progress reports to the MDCNA quarterly on training of dental interns.

3.4.2 Training of Medical and Dental Students

The UNAM School of Medicine was inspected from 1st to 5th of November 2021 for the MBChB. UNAM was approved for five (5) years to offer the MBChB programme and to limit the annual intake of students to seventy (70), excluding new intake, appeals and repeaters.

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

- Windhoek Central Hospital
- Intermediate Hospital Katutura
- Intermediate Hospital Oshakati
- Intermediate Hospital Onandjokwe
- Ongwediva Medipark
- Ondangwa Private Hospital

The UNAM School of Dentistry was also inspected for the first time from 25th to 26th of October 2021 for the BChD. The UNAM was approved for five (5) years (1st of June 2022 to the 31st of May 2027) to offer the BChD programme. However, as from 2023, the annual intake of students was restricted to twenty (20) new students, including repeaters and appeals. A follow-up inspection would be conducted during June 2023 to ascertain the progress on the implementations of recommendations. The Intermediate Hospital Katutura was also inspected for the clinical training of dental students.

3.5 Registers Kept

The Act requires the MDCNA to keep the registers of registered persons.²² The MDCNA must also continue to keep the registers that 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 practise certain professions in terms of the 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 the public for scrutiny. Admission to the register, as provided for under the Act, is strictly controlled. The Act also contains important provisions pertaining to the method of admission to the register, the maintenance of registration²³ and the removal²⁴ and restoration of a name to the register.²⁵ These registers lay open during ordinary hours at the office of the MDCNA for inspection by any interested member of the public.

3.6 Registered Practitioners

Table 24: Total number of registered practitioners per discipline and gender

NO	DESIGNATION	FEMALE	MALE	TOTAL REGISTERED
1.	Anaesthesiologists	0	2	2
2.	Cardiologist	1	0	1
3.	Cardiothoracic Surgeon	0	1	1
4.	Clinical Haematologists	0	4	4
	Dental Interns	14	10	24
	Dental Students	17	6	23
	Dentists	23	14	37
	Dermatologists	1	1	2
	Diagnostic Radiologists	0	3	3
	Endocrinologist	0	1	1
	Family Physician	0	1	1
	Pathologists (Haematological)	0	2	2
	General Practitioners	93	54	147
	Physicians	0	4	4
	Medical Assistants	1	0	1
	Medical Interns	81	26	107
	Medical Physicists	2	0	2
	Medical Students	67	34	101
	Medical Students in Practical Training	7	4	11

22 Section 23

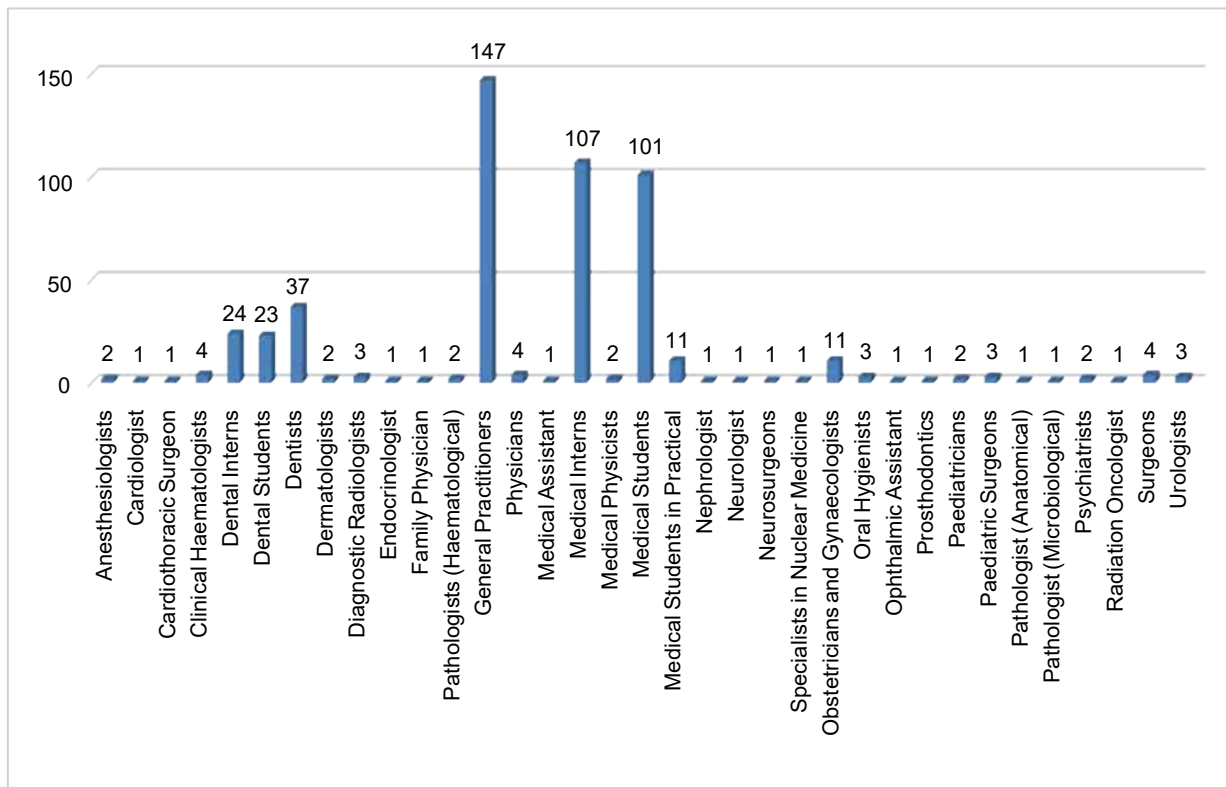
23 Section 26

24 Section 24

25 Section 25

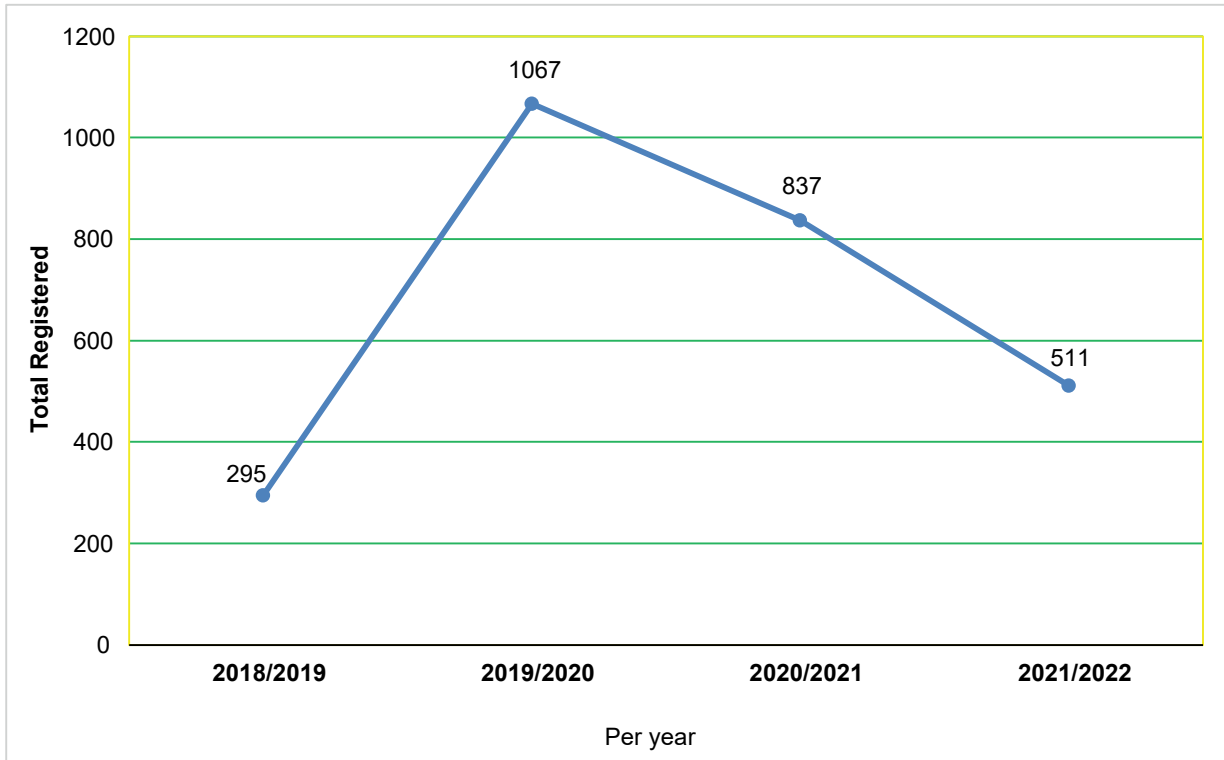
NO	DESIGNATION	FEMALE	MALE	TOTAL REGISTERED
	Nephrologist	1	0	1
	Neurologist	0	1	1
	Neurosurgeon	0	1	1
	Specialist in Nuclear Medicine	0	1	1
	Obstetricians and Gynaecologists	4	7	11
	Oral Hygienists	2	1	3
	Ophthalmic Assistant	0	1	1
	Prosthodontist	0	1	1
	Paediatricians	2	0	2
	Paediatric Surgeons	2	1	3
	Pathologist (Anatomical)	1	0	1
	Pathologist (Microbiological)	1	0	1
	Psychiatrists	1	1	2
	Radiation Oncologist	0	1	1
	Surgeons	0	4	4
	Urologists	1	2	3
Total Registered		322	189	511

Figure 1: Total number of registered practitioners per discipline



Comment:

- A total of one hundred and forty-seven (147) GPs were registered. This number includes GPs who underwent an evaluation and those who were exempted from the evaluations because they completed internship in Namibia.

Figure 2: Practitioners registered during the past four years**Comment:**

- The decline in registration may be attributable to the Covid-19 pandemic due to travelling restrictions and lockdowns.

Table 25: Total number of practitioners on the register per discipline

NO	DESIGNATION	REGISTERED PER DISCIPLINE
1	Dental Interns	26
2	Dental Students	91
3	Dental Students in Practical Training	10
4	Dentists	249
5	Maxillo-facial and Oral Surgeons	5
6	Oral Medicine and Periodontist	1
7	Orthodontists	3

NO	DESIGNATION	REGISTERED PER DISCIPLINE
8	Prosthodontist	1
9	Medical Assistants	8
10	Medical Biological Scientists	4
11	Medical Biological Scientists (Biology)	3
12	Medical Biological Scientist (Reproductive Biology)	1
13	Medical Physicists	4
14	Medical Interns	315
15	Medical Practitioners	1 243
17	Anaesthesiologists	53
18	Critical Care	1
19	Cardiothoracic Surgeons	7
20	Dermatologists	14
21	Diagnostic Radiologists	43
22	Family Physicians	28
23	Neurologists	6
24	Neurosurgeons	13
25	Obstetrician and Gynaecologists	59
26	Specialist in Reproductive Medicine	1
27	Ophthalmologists	18
28	Orthopaedic Surgeons	31
29	Otorhinolaryngologists	11
30	Paediatric Surgeons	3
31	Paediatricians	38
32	Medical Oncologist	1
33	Neonatologist	1
34	Paediatric Cardiologists	4
35	Pulmonologists	3
36	Specialist in Critical Care	1
37	Pathologists (Anatomical)	19
38	Pathologist (Chemical)	1
39	Pathologists (Clinical)	6
40	Pathologists (Forensic)	2
41	Pathologists (Haematological)	6
42	Pathologists (Microbiological)	5
43	Physicians	43
44	Cardiologists	6

NO	DESIGNATION	REGISTERED PER DISCIPLINE
45	Clinical Haematologists	4
46	Endocrinologist	1
47	Nephrologists	3
48	Rheumatologist	1
49	Plastic and Reconstructive Surgeons	4
50	Psychiatrists	15
51	Radiation Oncologists	12
52	Specialists in Emergency Medicine	4
53	Specialists in Nuclear Medicine	6
54	Surgeons	50
55	Gastroenterologists	2
56	Vascular Surgeons	2
57	Urologists	17
58	Medical Students	675
59	Medical Students in Practical Training	267
60	Medical Scientists	3
61	Medical Scientist (Virology)	1
62	Ophthalmic Assistants	24
63	Oral Hygienists	33
TOTAL REGISTERED		3 512

Comment:

- Designations written in *italic* are sub-specialties of the specialists stated before them, such as anaesthesiologists, obstetricians and gynaecologists, paediatricians, physicians and surgeons in sequence.

3.7 Removal of Names from the Registers

Removal from the register can happen voluntarily or involuntarily.

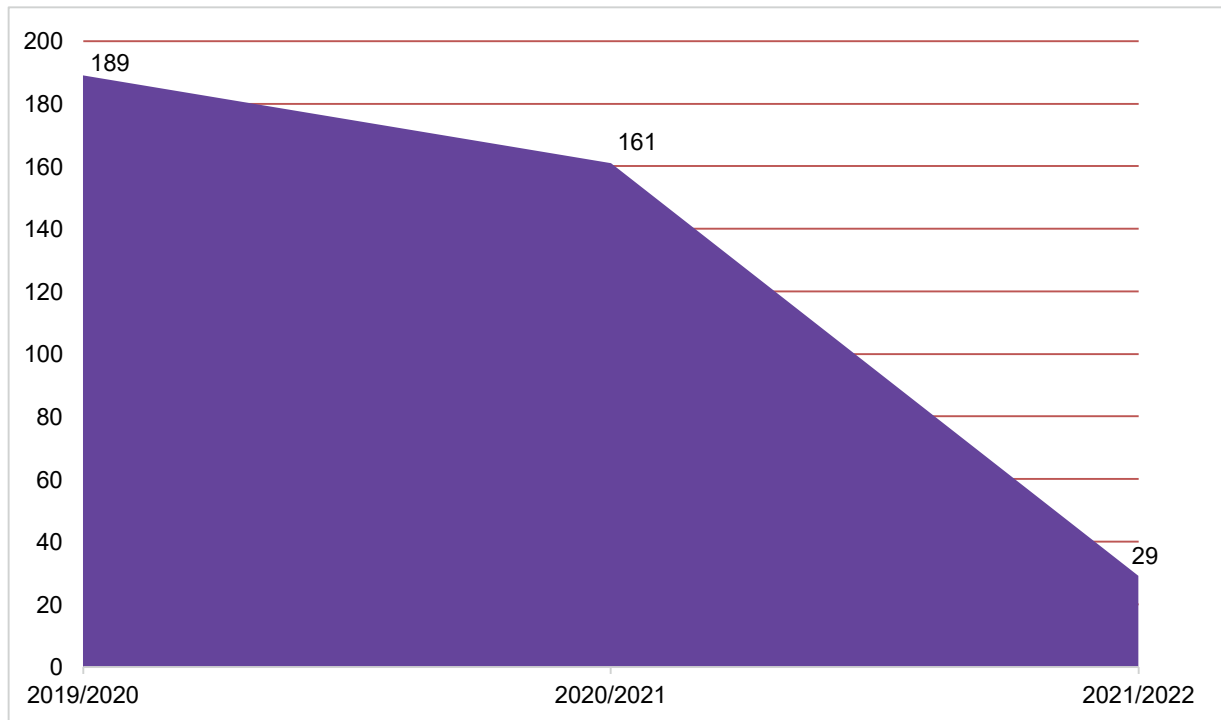
3.7.1 Voluntary Removal of Names from Registers

In terms of section 24 of the Act, the MDCNA may remove the name of any registered person from the register, who has requested in writing that his or her name be removed. During the year under review, the names of two (2) practitioners were voluntarily removed from the register of medical practitioners and dentists, as they were not longer residing in Namibia.

3.7.2 Involuntary Removal of Names from Registers

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 the concerned annual fees on or before the 31st of March of the year. The names of twenty-nine (29) practitioners were removed from the relevant registers due to non-payment of annual maintaining fees as illustrated in the Figure 3 below.

Figure 3: Removal of names from registers in 2021/22 compared to 2020/21 and 2019/20



Comments:

- More practitioners paid the annual fees on or before the 31st of March 2022 – and as such, only twenty-nine (29) names of practitioners were removed from the registers.

3.8 Applications for Registration

The Act²⁶ provides that no person is entitled to practice within Namibia the profession unless that person is registered in terms of the Act. Any person who wishes to be registered with the MDCNA must submit an application to the Registrar.²⁷ Table 26 below indicates the number of applications for registration received during the reporting period.

²⁶ Section 17

²⁷ Section 19

Table 26: Applications received per professional category and status of registration

NO.	DISCIPLINE	RECEIVED	REGISTERED	REJECTED/ CLOSED	PENDING
1	Anaesthesiologists	4	1	0	3
2	Cardiologists	2	1	1	0
3	Cardiothoracic Surgeon	1	1	0	0
4	Dental Student in practical training	11	0	0	11
5	Dentists	39	31	3	5
6	Dental Students	2	2	0	0
7	Dermatologists	2	2	0	0
8	Diagnostic Radiologists	2	2	0	0
9	Endocrinologist	1	1	0	0
10	Family Physicians	2	2	0	0
11	Physicians	4	3	0	1
12	Maxillofacial and Oral Surgeon	1	0	0	1
13	Medical Interns	108	0	0	108
14	Medical Physicist	1	1	0	0
15	Medical Practitioners	140	124	10	6
16	Medical Students in Practical Training	11	11	0	0
17	Medical Students	32	32	0	0
18	Neonatologist	1	1	0	0
19	Nephrologist	1	1	0	0
20	Neurologist	1	1	0	0
21	Neurosurgeon	1	0	0	1
22	Specialist in Nuclear Medicine	1	1	0	0
23	Obstetrician & Gynaecologists	6	6	0	0
24	Ophthalmologist	1	0	0	1
25	Oral Hygienists	2	0	0	2
26	Orthopaedic Surgeon	1	1	0	0
27	Paediatricians	3	2	0	1
28	Pathologist (Chemical)	1	1	0	0
29	Pathologist (Haematological)	1	1	0	0
30	Pathologist (Microbiological)	1	1	0	0
31	Plastic and Reconstructive Surgeon	1	1	0	0
32	Psychiatrist	1	0	1	0
33	Pulmonologist	1	1	0	0
34	Radiation Oncologist	1	0	1	0
35	Surgeon	1	1	0	0
36	Urologist	1	1	0	1
Total		391	234	16	141

Comments:

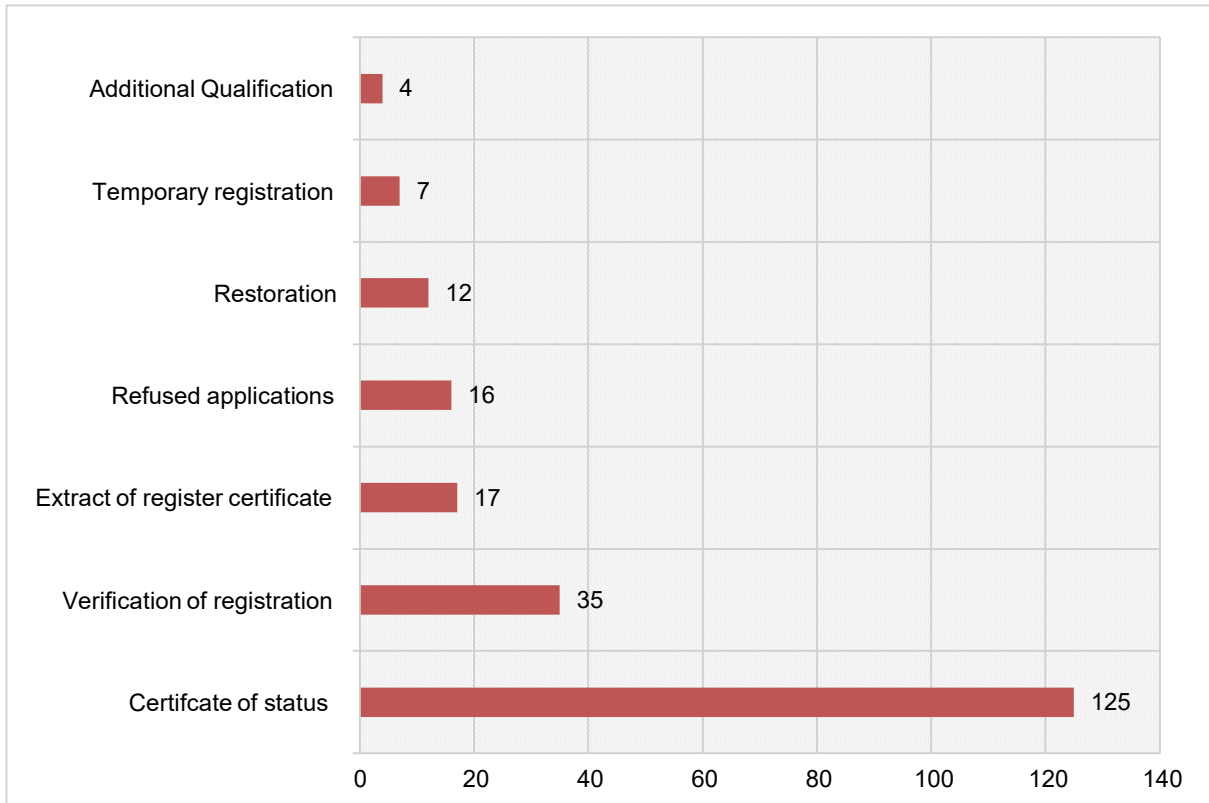
- One hundred and eight (108) applications for registration as medical interns were pending because applicants had to pass the pre-internship evaluation first; moreover, the approved training hospitals had limited training posts for successful candidates.
- The highest number of applications received were for registration as medical practitioners, amounting to one hundred and forty (140). This includes applications from practitioners who completed internship in Namibia.
- Sixteen (16) applications for registration were refused due to the failure to meet the prescribed minimum requirements for registration.
- One hundred and forty-one (141) applications were pending, as they were either incomplete or applicants had to pass an evaluation.

3.9 Other Applications Handled by the MDCNA

The following applications were also handled by the MDCNA:

- Applications for registration of additional qualifications in terms of section 31 of the Act.
- Applications for registration of temporary registration for purposes of education or training in terms of section 29 of the Act.
- Applications of restoration of names to the registers in terms of section 25 of the Act.
- Applications refused for not meeting the prescribed requirements in terms of section 20 of the Act.
- Applications for extract from the registers in terms of section 28 of the Act.
- Application for certificates of status in terms of section 28 of the Act.
- Applications for verification of registration.

Figure 4 below indicates other applications handled by the MDCNA.



Comments:

- Certificate of status were issued to practitioners going for further studies and registration outside Namibia.
- Verifications of registration status were issued to the ECFMG in the United States of America and to the Dataflow Group in the United Arab Emirates.
- A total of twelve (12) names of practitioners were restored to the registers after removal due to non-payment of the annual fees.
- Refused applications due to failure to meet the prescribed minimum requirements of study for registration.
- Extracts from the register were issued to practitioners who lost their original certificates of registration.

3.10 Practical Training

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 practical training for not more than twelve (12) months to equip themselves with knowledge and skills before taking the next evaluation.

Medical graduates who were successful signed off in all the five (5) evaluation domains of the practical training at the end of the training. They were allowed by the MDCNA to proceed into the medical internship programme, whilst those who failed any of the five (5) domains were advised to either pass the practical training or the pre-internship evaluation of the MDCNA in all domains before they could be registered as medical interns. A similar programme was approved by the MDCNA for foreign trained dental graduates.

3.11 Challenges

A shortage of approved internship training facilities for medical and dental interns resulted in a high number of medical and dental graduates, who passed the evaluation of the MDCNA, waiting for months to find space for internship training. This includes local and foreign trained graduates.

3.12 Conclusion

The aim of the MDCNA is to ensure 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 Act. MDCNA has meaningfully delivered on this mandate.

4. PHARMACY COUNCIL OF NAMIBIA

4.1 Introduction

The PCNA is established under the Pharmacy Act, 9 of 2004 (hereinafter referred to as ‘the Pharmacy Act’). The PCNA regulates the Pharmacy profession in Namibia, which encompasses pharmacists, pharmacist interns, pharmaceutical technicians, pharmacist assistants, student pharmacists, student pharmaceutical technicians and student pharmacist assistants. The PCNA also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under the Pharmacy Act. The functions of the PCNA include the registration of pharmaceutical healthcare practitioners and such practices, approval of training facilities and programmes, the setting of education and practice standards, as well as keeping the registers for persons and pharmaceutical practices²⁸.

4.2 PCNA Members

The following PCNA members were appointed for five (5) years as from the 4th October 2018:

Ms B. N. Coetzee²⁹
 Mr P. Williams³⁰
 Ms E. N Hango
 Mr J. Gaeseb
 Ms F. Nambahu
 Ms B. de Silva
 Mr N. Karuaihe-Upi
 Ms F. Shigwedha

4.3 Summary of Activities of the PCNA

4.3.1 PCNA Meetings

The Pharmacy Act³¹ stipulates that the PCNA must hold a minimum of two (2) meetings in each year – and it may hold, in addition thereto, such other meetings as the PCNA may determine from time to time. During the period under review, the Pharmacy Council held two (2) meetings as indicated in the Table 27.

Table 27: PCNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
24 September 2021	8	8	0
29 March 2022	8	8	0

28 Section 5 of the Pharmacy Act
 29 President
 30 Vice President
 31 Section 11 (4)

4.4 Committees within the PCNA

4.4.1 Executive Committee

The Pharmacy Act stipulates that the PCNA establishes an Exco³² to so exercise the powers and perform the duties of its functions. The PCNA may set aside or amend any Exco decision or act. During the period under review, Exco held two (2) meetings.

Table 28: Exco meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
09 July 2021	5	5	0
29 October 2021	5	5	0

4.4.2 Education Committee

The Pharmacy Act further stipulates that the PCNA must establish a standing Education Committee, consisting of such a number of persons, including those who are not members of the PCNA as it may determine and appoint to such committee. The Education Committee must advise the PCNA with regard, and to 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 the Pharmacy Act applies.

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

Table 30: Education Committee meeting

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
15 February 2022	3	3	0

4.4 Practice Committee

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 it may determine and appoint thereto in writing. In line with these provisions, the PCNA has established the Practice Committee.

The functions of the Practice Committee are to –

- (i) assess the manner in which practices in connection with pharmaceutical service and care are exercised by any person practising the profession and report to Council.
- (ii) review applications for registration of pharmaceutical practices and make recommendations to Council.
- (iii) conduct inspections of pharmaceutical practices and report findings to the Council.
- (iv) review applications for any additional categories or changes to the pharmaceutical practices, e.g. structural changes, relocation, change of ownership and/or name, or of a responsible pharmacist and make recommendations to Council.

32 Section 12 (1) (a)

- (v) regularly review pharmacy practice regulations, policies, procedures, processes and guidelines to be in line with new developments and make recommendations to Council.
- (vi) develop and review protocols and streamline interface between the Council and stakeholders.
- (vii) continuously develop standards and criteria of registration of pharmaceutical practices and make recommendations to the Council.

The Practice Committee held five (5) meetings during the period under review.

Table 29: Practice Committee meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
14 June 2021	6	5	1
06 August 2021	6	5	1
01 September 2021	6	3	3
15 October 2021	6	6	0
02 December 2021	5	3	2

4.5 Resignation and Appointment of New Members

Mr Piet Williams resigned from the Education Committee on the 11th of November 2021, whereas Dr Dan Kibuule resigned from the same committee in December 2021.

The following Pharmacists were appointed as members of the Education Committee on the 29th of March 2022:

Mr Bonifasius Singu
 Ms Anna Shimbulu
 Ms Frieda Shigwedha
 Dr Salvatory Magesa

4.6 Registration of Pharmacy Practices

The following facilities applied for registration as community pharmacies.

Table 31: Facilities registered as community pharmacies

PHARMACY NAME	DATE OF REGISTRATION
ACAMED Pharmacy	11 August 2021
Impala pharmacy CC	11 August 2021
ESPN Pharmacy	11 August 2021
Osona Pharmacy	11 August 2021
ORCA Pharmacy CC	07 December 2021
Tsandi Pharmacy	07 December 2021

4.7 Pharmacies Approved for Training of Pharmacist Interns, Student Pharmaceutical Technicians and Students Pharmacist Assistant

Table 32: Operational and training inspections of pharmaceutical practices

NAME OF FACILITY	REGION	INSPECTION DATE
Ocean Pharmacy CC T/A Katima Pharmacy	Zambezi	02 December 2021
WAP Pharmacare CC T/A Kavmed Pharmacy	Kavango	11 November 2021
Kavango Pharmacy	Kavango East	24 November 2021
Hardap Pharmacy CC	Hardap	23 November 2021
Keetmanshop Hospital Pharmacy	Kharas	24 November 2021
Lüderitz Hospital Pharmacy	Kharas	25 November 2021
Omuthiya Pharmacy CC T/A Omuthiya Pharmacy	Oshikoto	26 October 2021
Seize The Moment Inv No 22 Cc T/A Tsumeb Pharmacy	Oshikoto	24 January 2022
Wap Pharmacare CC T/A North Care Pharmacy	Oshana	01 November 2021
Oukolele Pharmacy CC T/A Oukolele Pharmacy	Oshana	01 November 2021
Oshakati Pharmacy CC T/A Cuvelai Pharmacy	Oshana	03 November 2021
Wap Pharmacare CC T/A Wap Pharmacy –Outapi	Omusati	20 January 2022
Lao Pharmaceuticals CC T/A – Okalongo Pharmacy	Oshana	05 November 2021
Ondangwa Private Hospital Pharmacy	Oshana	11 November 2021
Uukalinawa Pharmacy CC	Oshana	19 January 2022
Walvis Bay State Hospital Pharmacy	Erongo	08 November 2021
Erongo Medical Care Pty Ltd T/A Ocean View Chemist – Swakopmund	Erongo	27 November 2021
Erongo Medical Care (Pty) Ltd T/A Welwitschia Chemist – Walvis Bay	Erongo	19 January 2022
Nash Health Style CC T/A Mondesa Pharmacy	Erongo	27 November 2021
Heunis Pharma Company (Pty) Ltd T/A Eland Pharmacy	Khomas	30 November 2021
Medi Zone Pharmacy CC T/A Medi Zone Pharmacy	Khomas	10 January 2022
Pharmacy At Lady CC T/A Bergdoring Pharmacy	Khomas	10 January 2022
Wholehealth Pharmacy CC T/A Wholehealth Pharmacy	Khomas	15 January 2022
Luisen Apotheke- International Pharmacy	Khomas	21 January 2022
Wendjizuva Pharmacy (Pty) Ltd T/A Medi-Pill Pharmacy	Khomas	24 January 2022
Green-Light Pharmacy CC Trading T/A Okuryangava Pharmacy	Khomas	25 January 2022
Safmed Pharmacy CC	Khomas	19 January 2022
The Namibian Oncology Centre (Pty) Ltd T/A Oncology Pharmacy	Khomas	19 January 2022
Pionierspark Pharmacy CC T/A Pionierspark Pharmacy	Khomas	24 January 2022
Auas Valley Pharmacy CC T/A Auas Valley Pharmacy	Khomas	20 January 2022
Intermediate Katutura Hospital Pharmacy	Khomas	February 2022

4.8 PCNA Resolutions

The PCNA has taken the following resolutions during the reporting period; the execution of those resolutions are indicated in Table 33 below.

Table 33: PCNA Resolutions

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
91	87 (96%)	3 (3%)

Status for pending resolutions:

- The drafting of the regulations relating to the requirements for registration of a pharmaceutical practice as a sole owner is in progress.
- The drafting of the assessment framework for issuing the Section 31 (2) license is not yet finalised because it needs inputs from the Education Committee.
- The application for registration of the Rundu Private Hospital CC pharmacy is not finalised because the Practice Committee still needed to review the application.

4.9 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, 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 purposes.

4.9.1 Applications for Registration as Pharmacist Interns

Table 34: Facilities approved to train pharmacist interns

NAME OF THE FACILITY	NUMBER OF INTERNS
Badenhorst Pharmacy	2
City Pharmacy	1
Cospharm Investments (Pty) Ltd T/A M Plus Distributors	1
Dis-Chem Namibia (Pty) Ltd T/A Dis-Chem the Grove Mall Pharmacy	7
Freedom Pharmacy CC T/A Freedom Pharmacy Nkurenkuru	2
Greenwall Pharmacy CC T/A Greenwall Pharmacy	2
Independence Pharmacy	1
Integrated Pharmacy Enterprises Namibia CC T/A Riverside Pharmacy	1
Integrated Pharmacy Enterprises Namibia CC T/A Rundu Pharmacy	1
Intermediate Hospital Rundu	6

NAME OF THE FACILITY	NUMBER OF INTERNS
Jn Hyper Pharmacy CC T/A Jn Hyper Pharmacy	2
Khabuser Pharmacy	1
Lady Pohamba Priv Hosp (Pty) Ltd T/A Lady Pohamba Private Hosp Pharmacy	1
Litungale Investment CC T/A Kuisebmond Pharmacy	1
Luisen Apotheke	1
M Plus Pharmaceuticals CC T/A M Plus Pharmacy	1
Maihs Pharmacy	1
Medchem Pharmacy	1
Medicine World Lafrenz CC	2
Medicine World Windhoek CC T/A Bismarck Pharmacy	1
Medicine World Windhoek CC T/A Eros Apotheke	1
Natu Pharmaceuticals CC T/A Eenhana Pharmacy	1
Novocy Pharmacy	1
Okahandja Pharmacy	1
Onehealth Pharmacy CC T/A Onehealth Walvis Bay Pharmacy	1
Ongwediva Medipark (Pty) Ltd T/A Ongwediva Hospital Pharmacy	1
Otavi Mountain Investment CC T/A Otavita Pharmacy	3
Pharmacy At Lady CC T/A Pharmacy at Lady	4
Pionierspark Pharmacy CC T/A Pionierspark Pharmacy	2
Platz Am Meer Pharmacy (Pty) Ltd T/A Platz Am Meer Pharmacy	1
Puzzle Investments Number 38 CC T/A Waterberg Pharmacy	1
Roman Catholic Hospital Pharmacy	2
Swakopmund State Hospital Pharmacy	1
Victoria Pharmacy	1
Walvis Bay State Hospital Pharmacy	3
Wap Pharmacare CC T/A Northway Pharmacy	1
Windhoek Central Hospital Pharmacy	18
Zambezi Pharmacy CC T/A Katima Central Pharmacy	1
Total	80

During the period under review, a total of eighty (80) pharmacist interns were registered. Twenty-eight (28) are doing internship in the public sector, while fifty-two (52) interns are in the private sector.

4.9.2 Pharmacies Approved for Training of Student Pharmacist and Assistants

Table 35: Applications for registration as students

EDUCATIONAL INSTITUTION	NATURE OF TRAINING	NUMBER OF APPLICATIONS
International University of Management, Windhoek	Student Pharmacist's Assistants	32
Welwitchia Health Training Centre, Windhoek	Student Pharmacist's Assistants	91
University of Namibia	Student Pharmacists	78
Total		201

4.9.3 Curricula Submitted to PCNA for Approval

Table 36: Curriculum assessed

INSTITUTION	CURRICULUM	STATUS
Jagadguru Sri Shivarathreeshwara (JSS) University, India	Two (2) year Diploma in Pharmacy	The curriculum met the requirements for registration.
University of Vienna, Austria	Three (3) year Bachelor of Science in Pharmacy and two (2) year Master's Degree in Pharmacy	The two curriculums conjointly met the requirements for registration.
Africa Medical College, Ethiopia	Three (3) year Diploma in Pharmacy	The curriculum does not meet the requirements for registration as pharmaceutical technician. Graduates from this programme may register as pharmacist's Assistant.
Jawaharlal Nehru Technological University, India	Four (4) year Bachelor of Science in Pharmacy	The curriculum does not meet the requirements for registration as pharmacist.
University of Ibadan, Nigeria	Four (4) years Bachelor of Pharmacy	The curriculum does not meet the requirements for registration as pharmacist.
Hubei University Technology, Wuhan, China	Four (4) years Bachelor of Engineering Pharmaceutical Engineering	The curriculum does not meet the requirements for registration as pharmacist.
Ivan Horbachevsky Ternopil, Ukraine	Four (4) years Bachelor of Pharmacy	The curriculum does not meet the requirements for registration as pharmacist.
Sanskriti University Institute of Pharmaceutical Sciences, India	Four (4) years Bachelor of Pharmacy	
Jagadguru Sri Shivarathreeshwara (JSS) College of Pharmacy Mysuru, India (Re-vised)	Four (4) years Bachelor of Pharmacy	The curriculum meets the requirements for registration as pharmacist.

4.9.4 Remedial Education and Training

Eighteen (18) foreign-trained pharmacy graduates who did not meet the prescribed minimum requirements of study for registration in Namibia were advised to enrol for remedial education and training at the University of Namibia or any other recognised educational institution of their choice. Sixteen (16) pharmacy graduates were from Sechenov University, Russia; one (1) from the University of Zambia and one (1) from the China Pharmaceutical University, China.

4.9.5 Applications for Registration as Student and Pharmacist Interns

Table 37: Pharmaceutical facilities approved to train students and pharmacist interns

NAME OF PRACTICE	REGION	DATE INSPECTED	REGISTRATION DATE
Onehealth Pharmacy CC T/A Walvis Bay Pharmacy	Erongo	28 October 2020	18 August 2021
ABC Pharmacy CC	Erongo	18 December 2020	18 August 2021
Dunes Walvis Bay Pharmacy (PTY) LTD T/A Dunes Walvis Bay Pharmacy	Erongo	28 July 2020	18 August 2021
Platz Am Meer Pharmacy (PTY) LTD T/A Platz Am Meer Pharmacy	Erongo	29 April 2021	29 April 2021
Ongwari Pharmacy CC T/A Ongwari Pharmacy	Erongo	16 August 2020	18 August 2021
Litungale Investment CC T/A Kuisebmond Pharmacy	Erongo	08 September 2020	18 August 2021
M Plus Pharmaceuticals CC T/A Dorado Valley Pharmacy	Khomas	16 July 2021	01 November 2021
Medicine World Windhoek CC T/A Eros Apotheke	Khomas	16 July 2021	01 November 2021
Healthrite Pharmaceutical CC T/A Access Care - B1 Pharmacy	Khomas	16 July 2021	24 September 2021
Medchem Pharmacy, Pionierspark	Khomas	31 August 2021	01 November 2021
Integrated Pharmacy Enterprises Namibia CC T/A Kunene Pharmacy	Kunene	19 August 2021	02 November 2021

4.9.6 Pre-Registration Evaluation

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 for³³.

33 Section 22 (3) (a) of the Pharmacy Act.

Table 38: Summary of pre-registration evaluation conducted

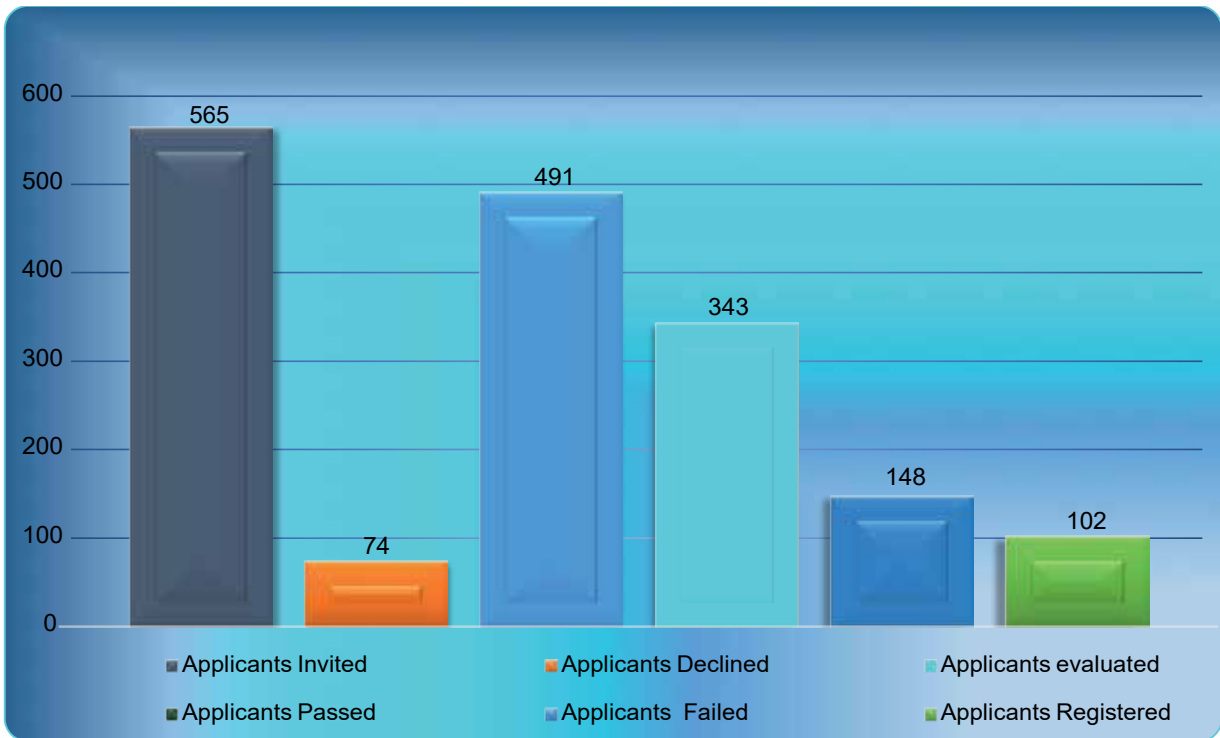
DOMAIN AND NATURE OF EVALUATION	EVALUATION DATE	APPLICANTS INVITED	APPLICANT DECLINED INVITATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED	APPLICANTS REGISTERED
Pharmacists							
Competency	17 March 2022	3	2	1	0	1	0
Calculations	17 March 2022	3	2	1	0	1	0
Legal	18 March 2022	3	2	1	1	0	0
Total		9	6	3	1	2	0
Pharmacist Interns							
Calculations	12 August 2021	39	4	35	29	6	29
Legal	13 August 2021	22	1	21	20	1	0
OSCE'S	14 August 2021	37	0	37	27	10	0
Calculations	11 Nov 2021	16	2	14	0	14	31
Legal	12 Nov 2021	13	2	11	10	1	0
OSCE'S	13 Nov 2021	48	0	48	37	11	0
Calculations	17 March 2022	19	3	16	6	10	6
Legal	18 March 2022	5	1	4	3	1	0
OSCE'S	19 March 2022	11	0	11	5	6	0
Total		210	13	197	137	60	66
Pharmaceutical Technicians							
Calculations	12 August 2021	13	7	6	2	4	1
Legal	13 August 2021	6	0	6	5	1	0
OSCE'S	14 August 2021	6	0	6	6	0	0
Calculations	11 Nov 2021	3	1	2	0	2	0
Legal	12 Nov 2021	4	0	4	4	0	0

DOMAIN AND NATURE OF EVALUATION	EVALUATION DATE	APPLICANTS INVITED	APPLICANT DECLINED INVITATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED	APPLICANTS REGISTERED
OSCE'S	13 Nov 2021	4	0	4	4	0	0
Calculations	17 March 2022	12	5	7	2	5	0
Legal	18 March 2022	9	3	6	6	0	0
OSCE'S	19 March 2022	6	0	6	6	0	0
Total		63	16	47	35	12	1
Pharmacist Assistants							
Competency	12-August-21	42	12	30	27	3	23
35 Calculations	12-August-21	41	0	41	22	19	0
Legal	13-August-21	42	10	32	29	3	0
Competency	11-Nov-21	7	1	6	6	0	3
Calculations	11-Nov-21	24	10	14	6	8	0
Legal	12-Nov-21	8	1	7	6	1	0
Competency	17-March-22	38	0	38	33	5	9
Calculations	17-March-22	43	5	38	9	29	0
Legal	18-March-22	38	0	38	32	6	0
Total		283	39	244	170	74	35
Grand Total		565	74	491	343	148	102

Comment:

- To be eligible for registration, candidates should pass calculation with 80% and all other domains with 50%; this is attributed to a smaller number of registered practitioners, compared to the number of evaluated candidates.
- The Covid-19 pandemic had a significant impact on the evaluation process of the practitioners due to Covid-19 protocols and travelling restrictions.
- Pharmacist interns must have completed six (6) months of internship training to be invited for mid-term evaluations in Calculations and Legal papers.
- Pharmacist interns must have completed twelve (12) months of internship training to be invited for OSCE.

Graph 4: Applicants for evaluation



4.10 Registration of Wholesale Pharmacists

Table 39: Number of wholesale pharmacists registered

NATURE OF PHARMACEUTICAL PRACTICE	APPLICATIONS RECEIVED	PRACTICES REGISTERED
Wholesaler Pharmacists	4	4
Total	4	4

4.11 Registers Kept

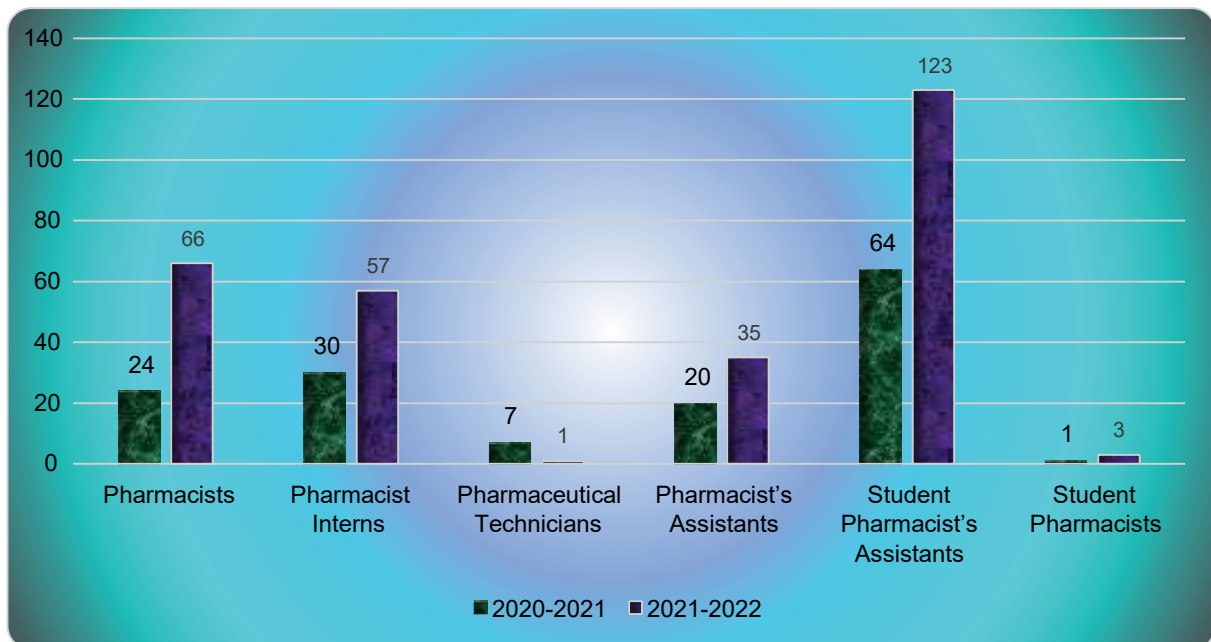
4.11.1 Registers of Pharmacy Practitioners

Admission to the register as provided for under the Pharmacy Act is strictly controlled. The Act also contains important provisions pertaining to the method of admission of practitioners to the register³⁴, the maintenance of registration of practitioners³⁵, the removal (section 26) or restoration of a name of a practitioner to the register³⁶, continuing professional development³⁷ and pharmaceutical practices conducting business as a pharmacist³⁸. The register lies open during ordinary hours at the office of the Registrar for inspection by any interested member of the public.

Table 40: Practitioners registered during the period under review

PROFESSIONAL DESIGNATION	NUMBER REGISTERED
Pharmacists	66
Pharmacist Interns	57
Pharmaceutical Technicians	1
Pharmacist's Assistants	35
Student Pharmacist Assistants	123
Student Pharmacists	3
Total	285

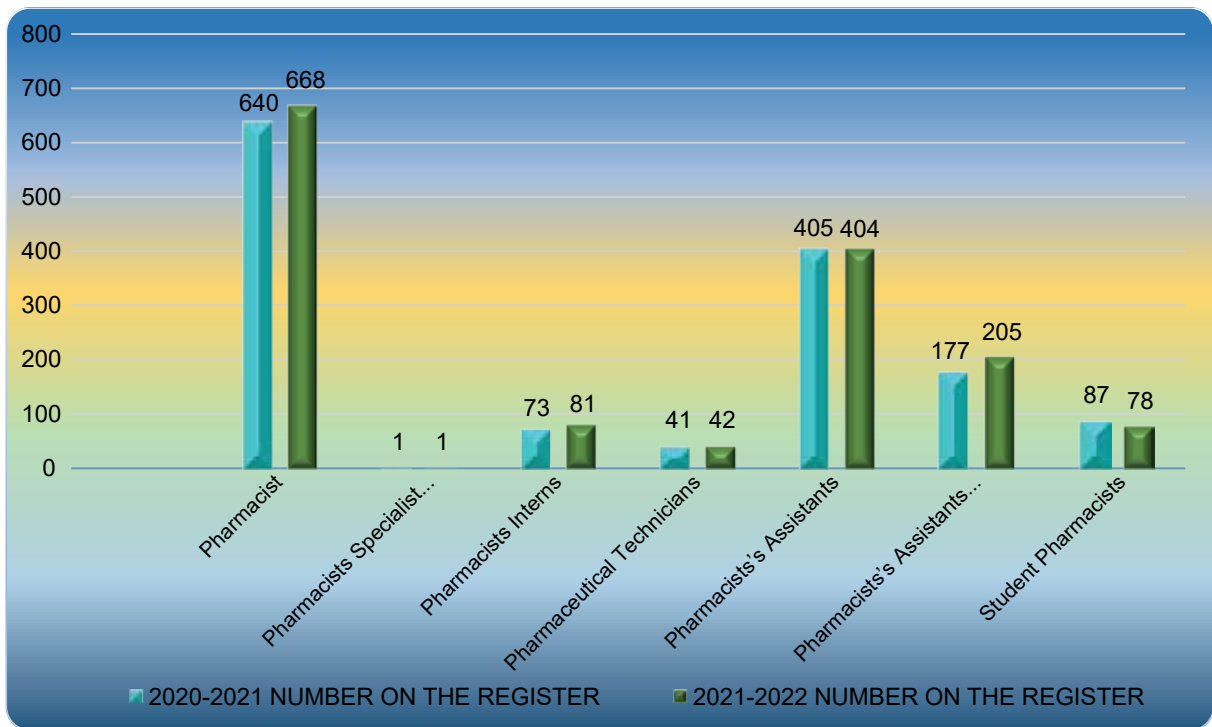
Graph 5: Comparative graph for practitioners registered in 2020-2021 and 2021-2022



34 Section 22
 35 Section 25
 36 Section 27
 37 Section 32
 38 Section 35-37

Table 41: Number of Practitioners on the registers

DESIGNATION	NUMBER ON THE REGISTERS
Pharmacists	668
Pharmacists Specialist (Clinical Pharmacokineticist)	1
Pharmacist Interns	81
Pharmaceutical Technicians	42
Pharmacist's Assistants	404
Pharmacist's Assistant students	205
Student Pharmacists	78
Total	1 479

Graph 6: Practitioners on register by 31 March 2021 compared to 31 March 2022**Table 42:** Pharmaceutical practices on the register by 31 March 2022

NATURE OF PHARMACEUTICAL PRACTICES	NUMBER ON THE REGISTER
Community Pharmacy	261
Wholesale Pharmacists	46
Manufacturing Pharmacy	5
Hospital Pharmacy	11
Total	323

4.12 Other Services Rendered

Table 43: Practitioner-related services provided

NATURE OF SERVICE	PHARMACIST	PHARMACEUTICAL TECHNICIAN	PHARMACIST'S ASSISTANT	INTERNS/ STUDENTS	TOTAL
Certificate of status	15	0	0	0	15
Voluntary removal of name from register	1	0	0	0	1
Involuntary removals of names from register	25	0	43	0	68
Restoration	3		2	0	5
Cession of contract	0	0	0	4	4
Remarking of evaluation paper	0	0	0	4	4
Extract of register	3	0	0	0	3
Total	47	0	45	0	100

Table 44: Pharmaceutical practice related services provided

NATURE OF SERVICE	COMMUNITY PHARMACY	WHOLESALE	HOSPITAL PHARMACY	TOTAL
Change of ownership	5	1	1	7
Change of name of pharmaceutical practice	1	0	1	2
Change of pharmacy layout/ restructuring	3	0	0	3
Relocation	6	1	0	7
Resignation of managing director or member	2	0	0	2
Registration of managing director or member	2	1	1	4
Registration of responsible pharmacist	12	1	1	14
Resignation of responsible pharmacist	1	0	1	2
Notification of closure of practice	2	1	0	3
Total number of applications	34	5	5	44

4.13 Stakeholder Engagements

One of the strategic objectives of the PCNA is to improve stakeholder engagements on matters relating to the registration of interns, students, tutors and all registrable practitioners. The PCNA has engaged the following stakeholders:

4.14 The Pharmaceutical Society of Namibia

The PCNA was consulted by the PSN on the following matters:

- Registration of tutors and interns in private sectors.
- CPD points for pharmacists who act as tutors.
- The current ratio and forecast of the training of pharmacists, pharmacist assistants and pharmaceutical technicians in Namibia against immediate and future demands.
- The grading of pharmaceutical practices in accordance with the inspection findings.
- Self-assessment tool to streamline the inspection process.
- Survey on practitioners who qualify and are willing to be registered as tutors.

4.15 Orientation of Interns

The PCNA engaged pharmacist interns on matters relating to registration, education, training and ethical conduct.

4.16 Training of Pharmacists in the Regions as Inspectors

To expedite the inspection of training facilities in the regions, twenty-six (26) registered pharmacists across the country were trained on how to conduct practice and training inspections. As a result, all facilities that applied to train pharmacist interns were inspected.

4.17 Conclusion

The training of inspectors in the regions expedited the inspection of training facilities and helped to fast-track the registration of pharmacist interns. The PCNA inspected thirty-three (33) pharmaceutical practices across the country.

5. SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA

5.1 Introduction

The SWPCNA is established under the Social Work & Psychology Act, Act No 6 of 2004 (the Act). The SWPCNA regulates the practice of social workers, student social workers, social auxiliary workers, student social auxiliary workers, clinical psychologists, educational psychologists, psychological counsellors, psychometrists, intern 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 Act³⁹.

5.2 Members of the SWPCNA

Ms René Adriana Adams⁴⁰
 Dr Manfred Janik⁴¹
 Ms Emilige van Zyl
 Ms Sanmari Steenkamp
 Ms Verona Zephora Zuleika du Preez
 Adv. Hettie Garbers – Kirsten
 Fr. Linus Ngenomesho

5.3 Resignation and Appointment of New Members

Dr Jürgen Hoffmann resigned as the president and member of the SWPCNA as from the 16th of April 2021. Ms René Adriana Adams, who served as the vice president, was elected as the new president. Furthermore, Dr Manfred Janik was elected as vice president of the SWPCNA on the 17th September 2021 in line with the provisions of the Act⁴².

5.4 Summary of SWPCNA activities

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

39	Section 5
40	President
41	Vice President
42	Section 10 (6) (a)

5.4.1 Meetings

Table 45: SWPCNA and Committee meetings

MEETINGS	NUMBER OF MEETINGS	MEETING DATES
SWPCNA Meeting	2	17th of September 2021
		18th of March 2022
Education Committee for Psychology	2	04th of June 2021
		05th of November 2021
Education Committee for Social Work	3	20th of August 2021
		22nd of October 2021
		04th of February 2022

Table 46: Resolutions by SWPCNA

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED
29	29

5.5 Registration of Social Work and Psychology Professionals

Admission to the registers, as provided for under the Act, is strictly controlled. The Act also contains important provisions pertaining to the method of admission to the registers⁴³, the removal of names from the registers, 44 the restoration of names to the registers⁴⁵, as well as the maintenance of registration⁴⁶. These registers lie open during ordinary hours at the offices of the SWPCNA for inspection by any interested member of the public.

5.6 Registration of Students

The SWPCNA is mandated to ensure registration of all students with any approved educational institution in the country to study social work or psychology. This exercise is normally done at the beginning of the year. The number of students registered during the reporting period is presented in Table 47.

Table 47: Registered students

DESIGNATION	EDUCATIONAL INSTITUTION	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Student Social Worker	UNAM ⁴⁷	63	63
Student Psychologist (MA Clinical)	UNAM	6	6
Student Psychologist (MA Educational)	UNAM	4	4
Student Psychologist (BPsych)	UNAM	13	13

43 Section 25

44 Section 26

45 Section 27

46 Section 28

47 University of Namibia

5.7 Registration of Interns

Table 48: Registered interns

DESIGNATION	APPLICATIONS RECEIVED	REGISTERED APPLICANTS	TRAINING FACILITIES
Intern Psychological Counsellors	1	1	Private School Swakopmund
	2	2	Uni-Health Consulting and Management Solution (PTY) LTD
	1	1	Sinkala Psychology
	1	1	Ministry of Labour Industrial Relations and Employment Creation
Intern Clinical Psychologists	3	3	Ministry of Health and Social Services
	1	1	Uni-Health Consulting and Management Solution (PTY) LTD
Intern Educational Psychologists	1	1	Sandra Van Schalkwyk Educational Psychologist
	1	1	Tanya Beyer Educational Psychologist
	1	1	Let's Talk CC
	1	1	Ministry of Education, Arts and Culture (Diagnostic and Advisory Services)

5.8 Registration of Social Workers and Psychologists

The numbers of applications received from professionals seeking registrations with the SWPCNA and registered practitioners during the reporting period are presented in the Table 49 below.

Table 49: Applications received

PROFESSION	APPLICATIONS RECEIVED	APPLICANTS REGISTERED	PENDING/ REJECTED
Social Workers	49	45	4
Psychological Counsellors	8	8	0
Clinical Psychologists	10	10	0
Educational Psychologists	2	2	0

Comments:

Rejected applications for registration as Social Workers are from Namibians who completed training at the Cavendish University in Zambia, and whose curriculum was found not meeting the minimum requirements of study for registration in Namibia. Their applications are kept in abeyance for two (2) years to allow them time to remedy the deficits in their training.

5.9 Pre-registration Evaluation

To ensure an applicant possesses adequate professional knowledge, skills and competency in the profession for which registration is sought, SWPCNA conducted evaluations as indicated in Table 50.

Table 50: Pre-registration evaluation for the SWPCNA

PROFESSIONS	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Social Workers	6	2	4	33%	67%
Intern Psychological Counsellors	2	0	2	0%	100%
Psychological Counsellors	10	10	0	100%	0%
Intern Clinical Psychologists	7	5	2	71%	29%
Clinical Psychologist	10	10	0	100%	0%
Intern Educational Psychologists	2	2	0	100%	0%
Educational Psychologists	2	2	0	100%	0%

5.10 Keeping of Registers

The Act provides that the SWPCNA must establish and keep separate registers in respect of the persons registered in terms of the Act to practice social work and psychology professions. The number of practitioners on the registers for 2020/2021 versus 2021/2022 are presented in Table 51 below.

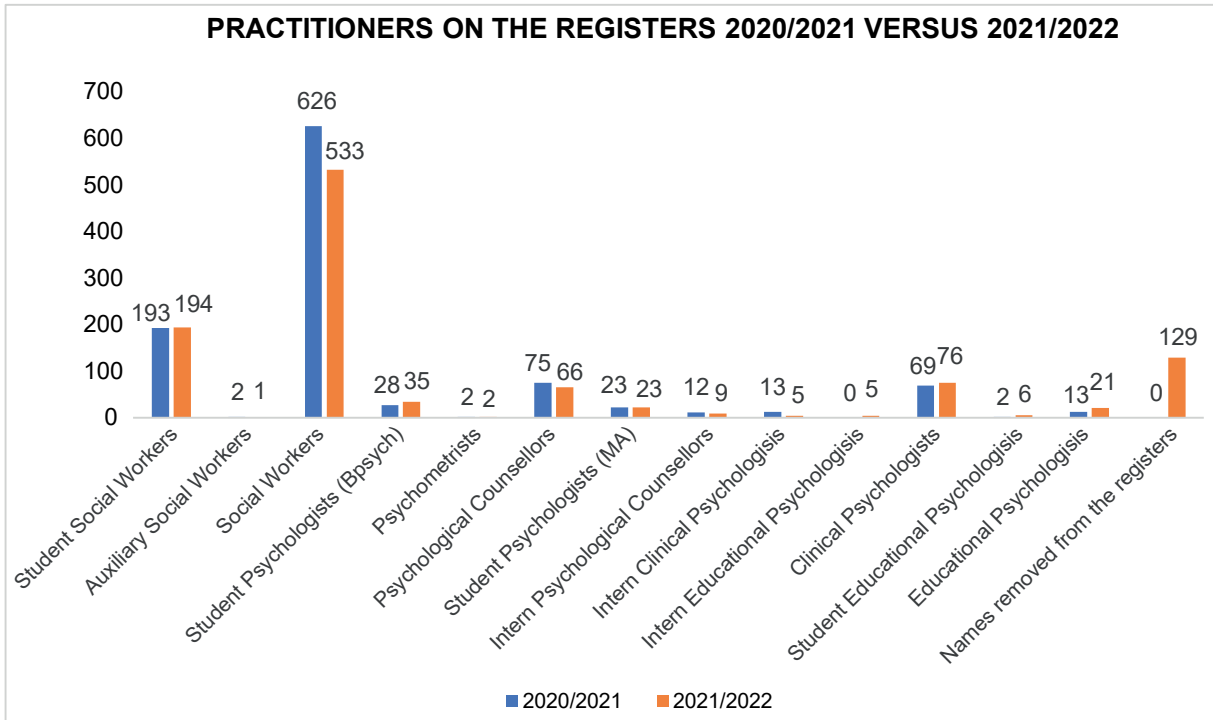
Table 51: Number of practitioners on the registers

PROFESSIONAL CATEGORY	TOTAL 2020/2021	TOTAL 2021/2022
Student Social Workers	193	194
Auxiliary Social Worker	2	1
Social Workers	626	533
Bachelor's in Psychology Students	28	35
Psychometrists	2	2
Psychological Counsellors	75	66
Student Psychologists (MA)	23	23
Intern Psychological Counsellors	12	9
Intern Clinical Psychologists	13	5
Intern Educational Psychologist	0	5
Clinical Psychologists	69	76
Student Educational Psychologists	2	6
Educational Psychologists	13	21
Names Removed from the Registers	0	129
Total	1 058	976

Comments:

There is a decline in the number of practitioners on the registers as a result of the removal of names due to the non-payment of annual fees.

Graph 7: Number of practitioners on the registers for 2020/2021 versus 2021/2022



Comments:

When compared to the register for psychologists, there is a high number of social work practitioners on the register, followed by student social workers.

5.11 Curricula Received for Approval

One of the mandates of the SWPCNA is to approve curricula for training in the healthcare professions that are registrable under the Act. The curricula listed in Table 52 below were received for approval.

Table 52: Curricula received for approval

INSTITUTION	NATURE OF PROGRAMME	STATUS
Triumphant College	Four (4) year Bachelor’s Degree in Psychology	Approved
University of Namibia	Three (3) year Bachelor’s Degree in Psychology	Approved
University of Namibia	One (1) year Bachelor’s Degree in Psychology (Honours).	Approved
Welwitchia Health Training Centre	Bachelor of Clinical Psychology	Not yet approved
University of Namibia	Bachelor of Arts in Social Work	Not yet approved
Welwitchia Health Training Centre	Bachelor’s Degree in Social Work	Not yet approved
River Higher Institute of Technology	Bachelor of Arts in Social Work	Not yet approved
Eureka Medical Institute	Certificate in Auxiliary Social Work	Not yet approved

5.12 Applications to Train Interns

The following facilities applied to train interns in psychology:

Table 53: Applicants to train interns in psychology

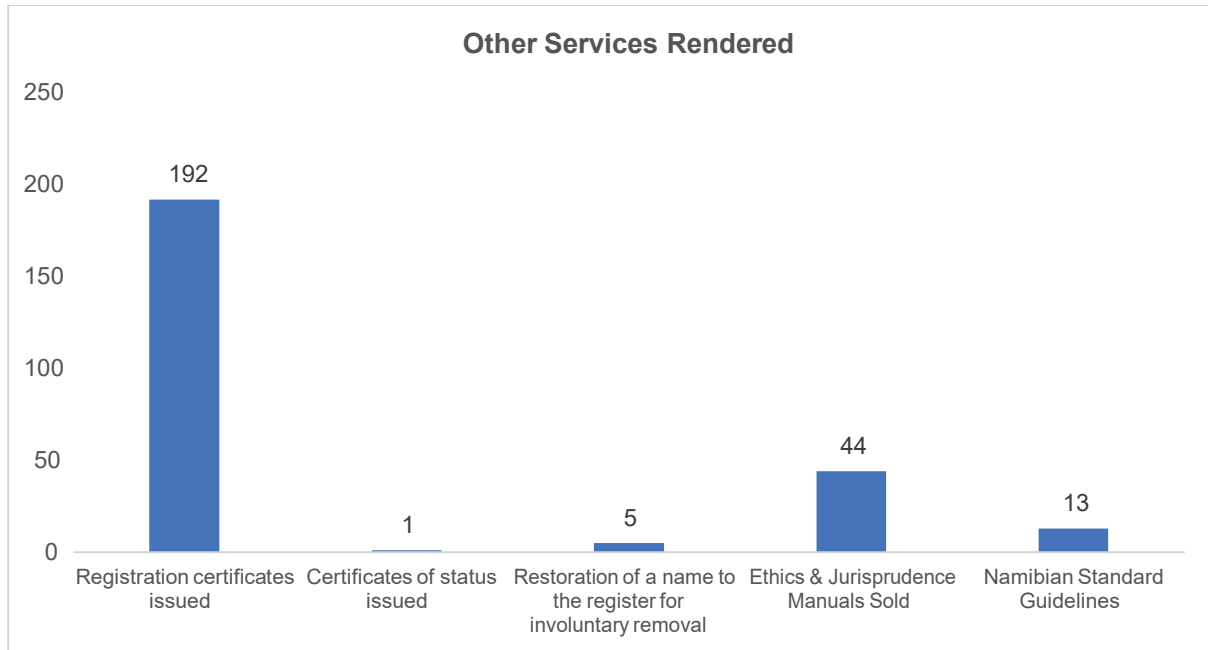
REGION	NAME OF FACILITIES APPLIED FOR INSPECTION	TYPE OF FACILITY (PUBLIC/ PRIVATE)	CATEGORIES OF INTERNS	DATE OF INSPECTION	REMARK
Khomas Region	Let's Talk Psychology cc	Private	Intern Clinical Psychologists	23/08/2021	Approved for three (3) years
	Uni-Health Consulting and Management (PTY) LTD	Private	Intern Psychologists and Psychological Counsellors	01/02/2022	Approved for three (3) years
	Tanya Beyer Educational Psychologist	Private	Intern Educational Psychologists	23/08/2021	Approved for three (3) years
Erongo Region	Private School Swakopmund	Private	Intern Psychologists and Psychological Counsellors	12/10/2021	Approved for three (3) years

5.13 Other Services Rendered

The SWPCNA rendered other services as indicated in the Table 54 below.

Table 54: Other services rendered

SERVICES RENDERED	TOTAL
Registration certificates issued	192
Certificates of status issued	1
Restoration of a name to the register for involuntary removal	5
Ethics & Jurisprudence Manuals issued	44
Namibian Standard Guidelines issued	13

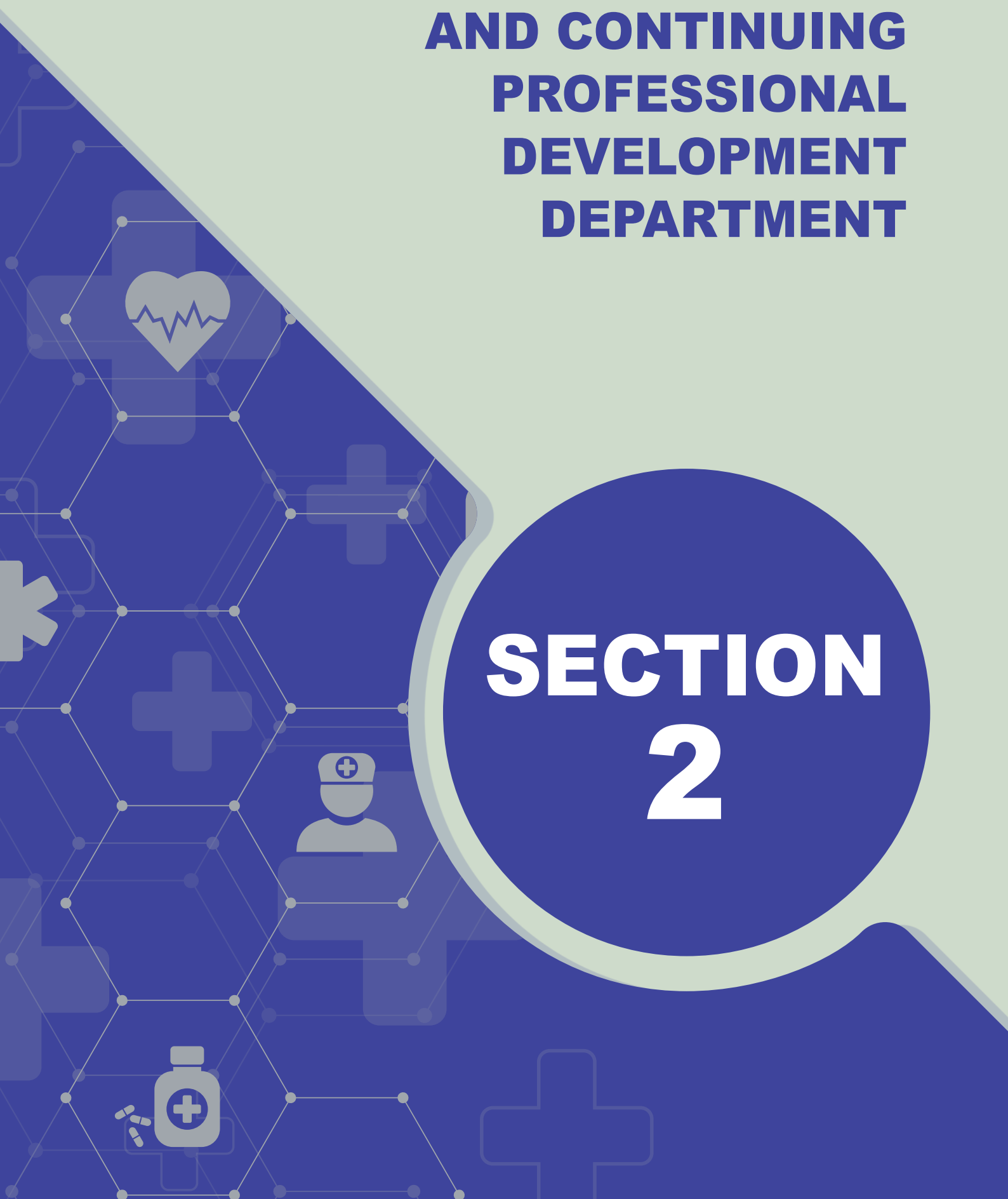
Graph 8: Other services rendered

5.14 Conclusion

The SWPCNA aimed at ensuring all persons aspiring to practise social work and psychology in Namibia have acquired and maintained the required professional knowledge, skills and competence. This was done through the education regulation and practice of all professions under the Act. The SWPCNA has significantly delivered on this mandate.

**EDUCATION AND TRAINING
QUALITY ASSURANCE
AND CONTINUING
PROFESSIONAL
DEVELOPMENT
DEPARTMENT**

**SECTION
2**



1. EDUCATION AND TRAINING QUALITY ASSURANCE DIVISION

1.1 Introduction

One of the core responsibilities of regulatory bodies is to ensure healthcare practitioners are qualified and competent to render services that are responsive to the changing needs, developments, priorities and expectations in health and healthcare. This principle is specifically articulated in the legislation that governs all healthcare professions in Namibia. It is against this background that mechanisms for monitoring practitioner competency, which includes the review of standards of practice and codes of ethics of practitioners, have been put in place.

To achieve the abovementioned, the ETQA section has been established to focus on:

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

For the reporting period 2021/2022, ETQA assisted Councils in performing the following strategic objectives:

- To regulate the practice of professions and ensure all persons practising the professions are suitably qualified, able to practice the professions concerned and registered.
- To promote and control standards of training of persons for registration to practise a profession.
- To ensure compliance with the legislation on continuing professional development.
- To control and exercise authority in respect of all matters affecting the education and training of all healthcare professionals and how they practise their professions.

1.2 Strategic Objective

To regulate the practice of professions, ensure they are suitably qualified and able to practise the professions concerned, and that they are registered.

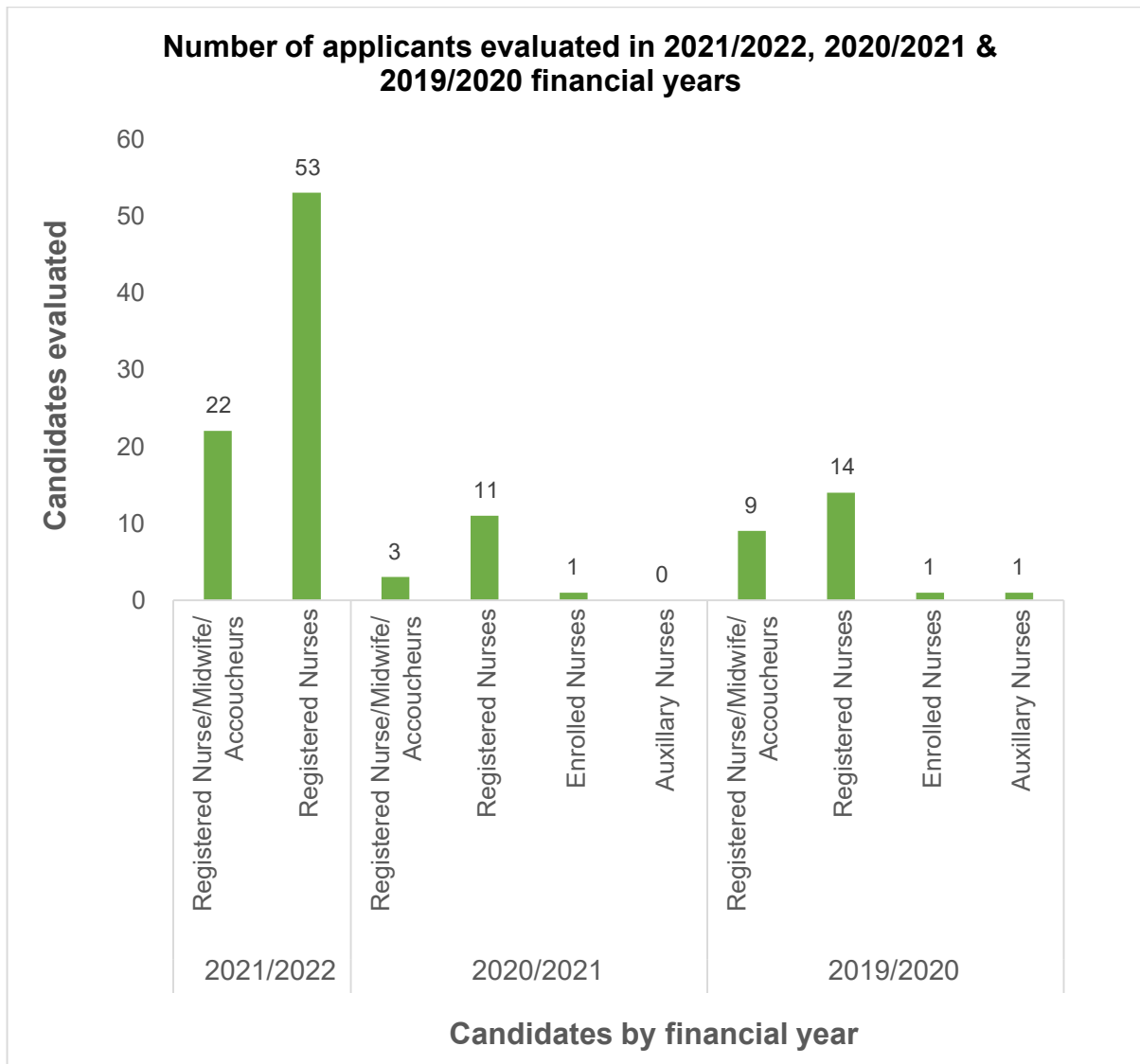
The ETQA section assisted the NCNA, AHPCNA and SWPCNA in conducting pre-registration evaluations as indicated in tables 1, 2, 3 and 4 below. These activities were conducted within the provisions of Section 20 (3) (b) of the Nursing Act 2004 (Act No. 8 of 2004), Section 20 (3) (a) of the Allied Health Professions Act 2004 (Act No. 7 of 2004), Section 20 (3) (a) of the Social Work and Psychology Act 2004 (Act No. 6 of 2004) and Section 20 (3) (a) of the Medical and Dental Council Act 2004 (Act 10 of 2004). These Acts provide that an applicant has to pass an evaluation to the satisfaction of the Council 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 55: Pre-registration evaluations for the NCNA

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	15	22	19	3	86%	14%
Registered Nurses		53	44	9	83%	17%

The pass rate displayed Table 55 indicates a majority of the candidates were found to be competent to practice and register with the Nursing Council. The average pass rate is 85%, which is lower than the pass rate of the 2020/21 reporting period, which was 96%.

Graph 9: Pre-registration evaluations for the NCNA



Graph 9 is a comparison of the number of candidates evaluated during the reporting periods 2019/2020, 2020/21 and 2021/22. A total of seventy-five (75) candidates were evaluated in the 2021/22 reporting period as opposed to fifteen (15), who were evaluated in the 2020/21 reporting period. This number translates to an increase of sixty (60) more candidates evaluated. The increase can be attributed to the ability of foreign nationals, especially from Zimbabwe, who are now able to travel, since the Covid-19 travel restrictions have been lifted.

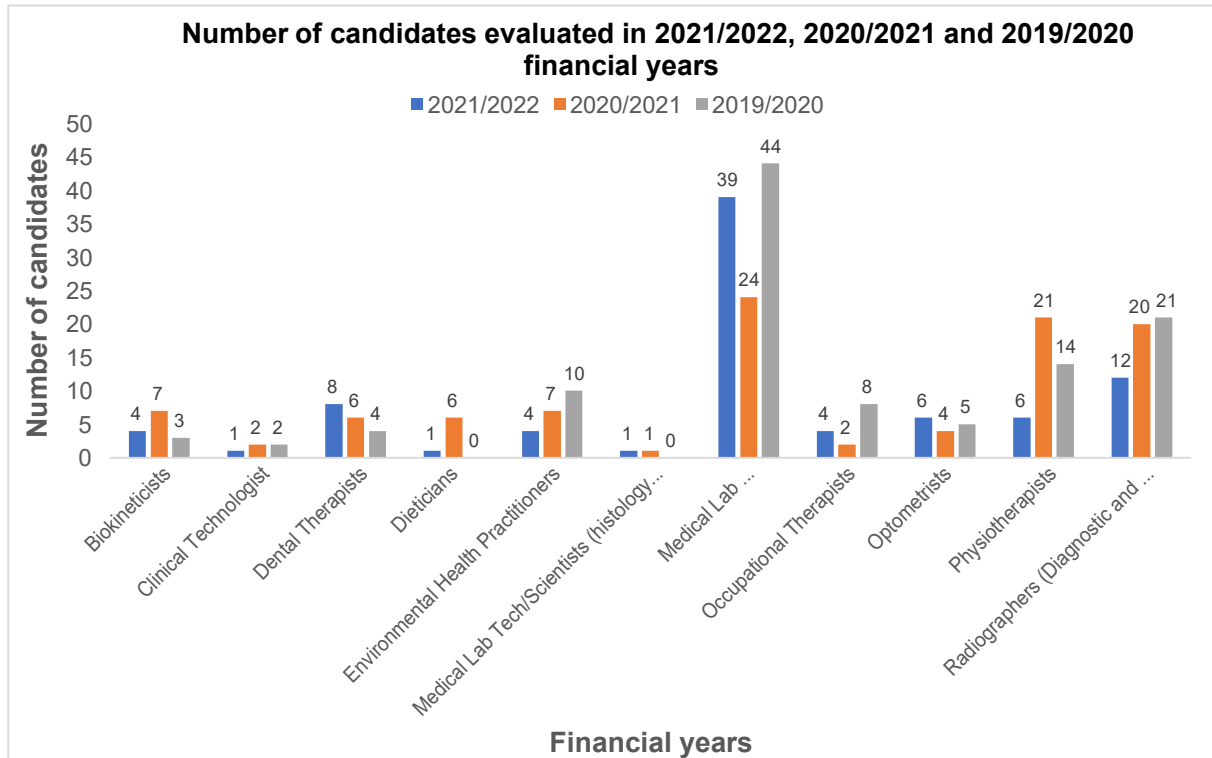
Table 56: Pre-registration evaluations for Allied Health Professions

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Audiologist	1	1	1	0	100%	0%
Aromatherapy	1	1	1	0	100%	0%
Biokineticists	1	4	4	0	100%	0%
Chiropractor	1	1	1	0	100%	0%
Clinical Technologist	1	1	1	0	100%	0%
Dental Therapists	2	8	4	4	50%	50%
Dieticians	1	1	1	0	100%	0%
Emergency Care Practitioners	2	4	3	1	75%	25%
Environmental Health Practitioners	2	4	2	2	50%	50%
Medical Lab Tech/ Scientists (histology and Cytology)	1	1	1	0	100%	0%
Medical Lab Scientists/ Technologist/ Technicians	2	39	12	27	31%	69%
Occupational Therapists	2	4	4	0	100%	0%
Optometrists	2	6	6	0	100%	0%
Physiotherapists	1	6	2	4	33%	67%
Radiographers (Diagnostic and Therapeutic)	3	12	12	0	100%	0%
Therapeutic Aromatherapists	1	1	1	0	100%	0%

Table 56 indicates that during the 2021/22 reporting period, applicants from sixteen (16) professions registrable under the Allied Health Professions Council, totalling ninety-four (94) practitioners, were evaluated. Out of this number, fifty-seven (57) candidates passed the evaluations and could register with the Allied Health Professions Council as practitioners, whilst thirty-seven (37) failed the evaluations. The

professions that performed poorly are the medical laboratory scientists/technologist/technicians, with a 69% failure rate, and physiotherapists, with a 67% failure rate.

Graph 10: Pre-registration evaluations for the Allied Health Profession



Graph 10 provides a comparison of three (3) reporting periods: 2019/2020, 2020//2021 and 2021/22. There is a slight drop in the number of allied health professionals who were evaluated during the 2021/22 reporting period – ninety-four (94) – as opposed to the one hundred and nine (109) evaluated during the 2020/21 reporting period.

Table 57: Pre-registration evaluations for MDCNA

PROFESSIONAL DESIGNATION	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE	FAILURE RATE	SUPPLEMENTARY PASSED	SUPPLEMENTARY FAILED	SUPPLEMENTARY PASS RATE	SUPPLEMENTARY FAILURE RATE
Medical graduates	2 (full exam) 2 (supplementary)	188 52	91	97	48%	52%	52%	28 wrote	13	54%	46%
Dental graduates	3 (OSCE) 2 (MCQ)	35 10	20 4	15 3 (supp)	57%	43%	43%	3	-	100%	-
Dentists	2	4	3	1	75%	25%	25%	-	-	-	-
Medical Practitioners	3	8	3	5	38%	62%	62%	-	-	-	-
Psychiatrist	1	1	1	0	100%	0%	0%	-	-	-	-
Dermatologist	1	2	1	1	50%	50%	50%	-	-	-	-
Surgeon	1	1	1	0	100%	0%	0%	-	-	-	-
Obstetricians and Gynaecologists	2	3	1	2	33%	67%	67%	-	-	-	-
Orthopaedic Surgeon	1	1	1	0	100%	0%	0%	-	-	-	-
Neurosurgeon	1	1	1	0	100%	0%	0%	-	-	-	-
Paediatricians	1	2	1	1	50%	50%	50%	-	-	-	-
Physicians	2	4	4	0	100%	0%	0%	-	-	-	-
Radiologists	1	2	1	1	50%	50%	50%	-	-	-	-
Urologists	1	2	2	0	100%	0%	0%	-	-	-	-

From the table above, it can be seen that the obstetrics and gynaecology recorded the highest failure rate of 67%, followed by medical practitioners with 62% and medical graduates with 52%.

Graph 11: Pre-registration evaluations for Medical and Dental Council

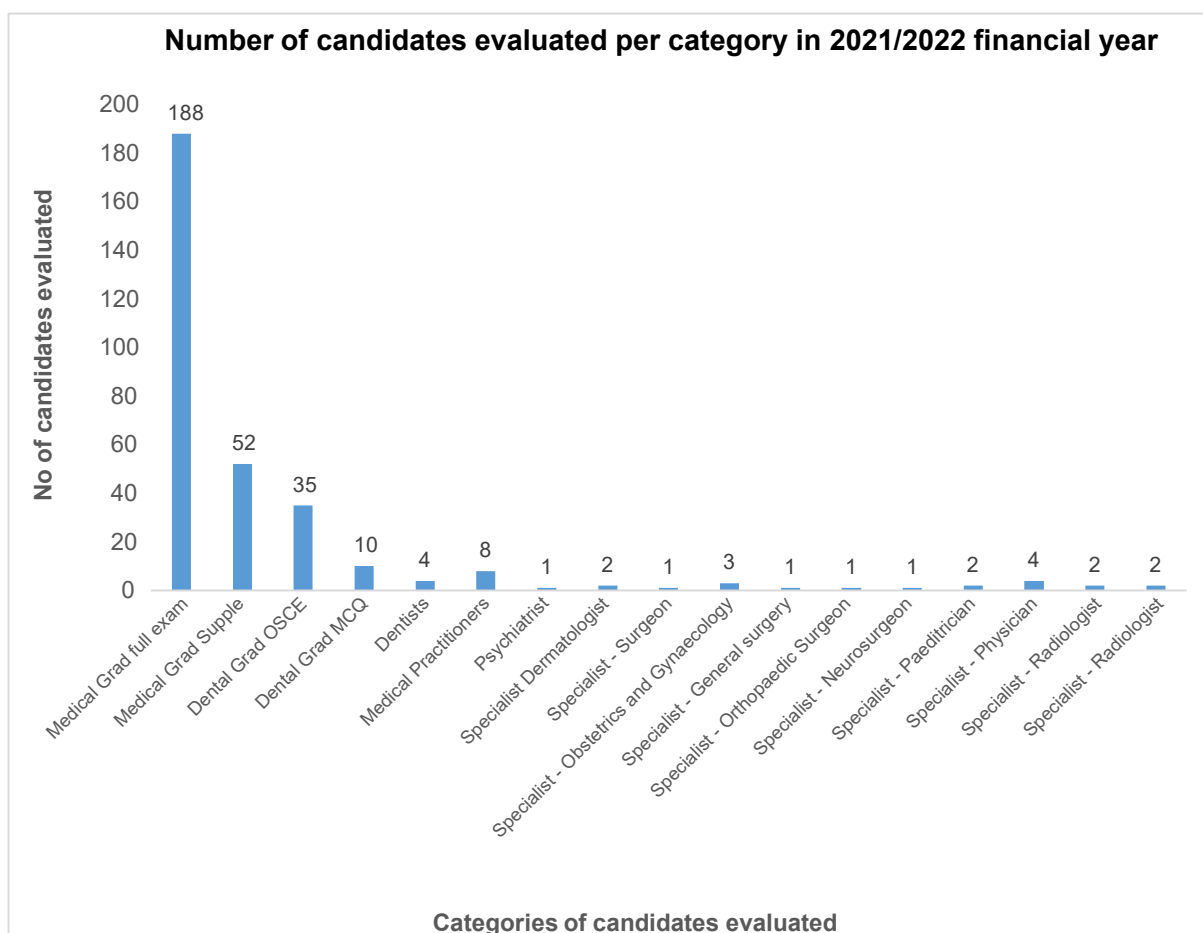
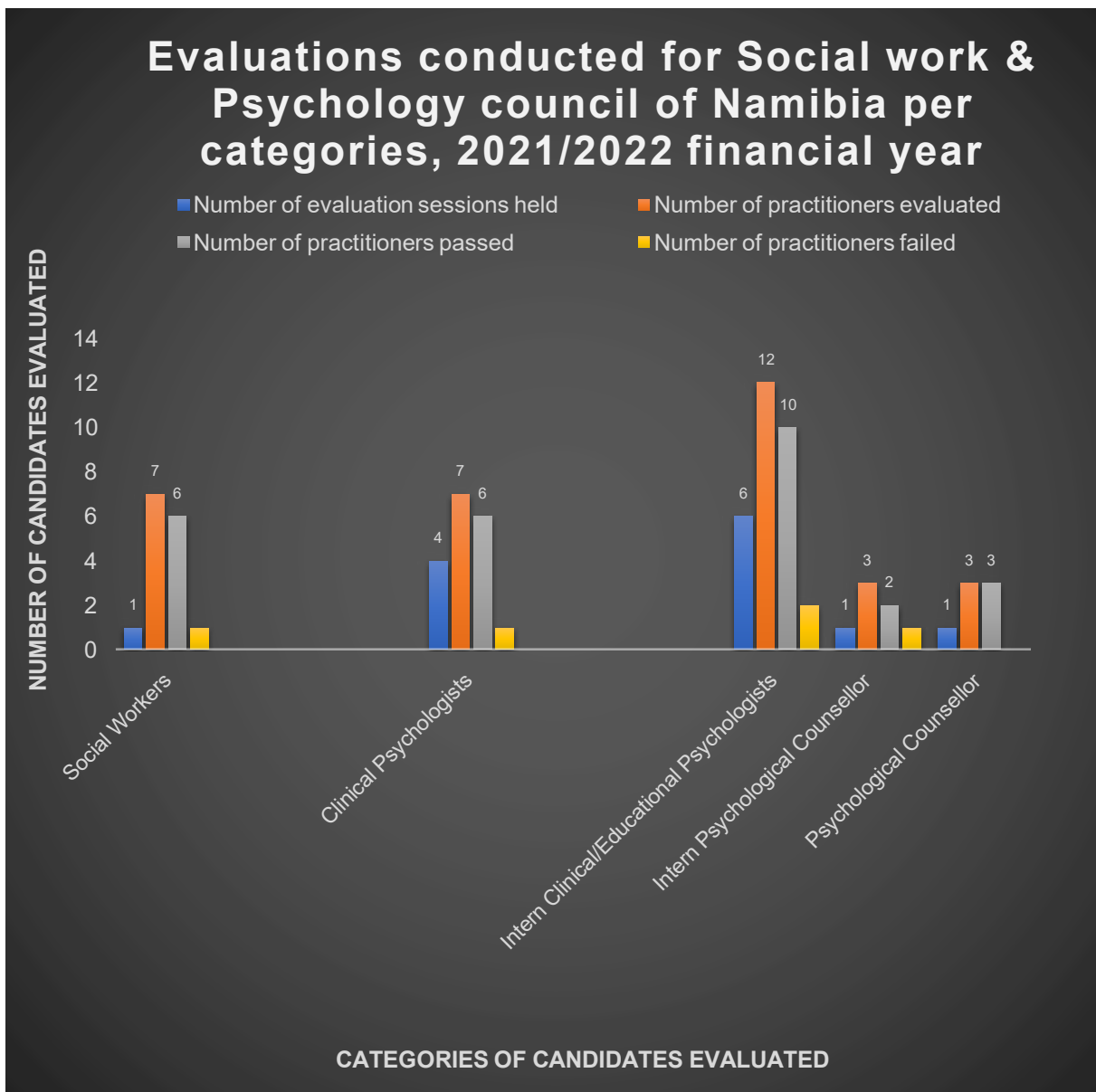


Table 58: Pre-registration evaluations for SWPCNA

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	7	6	1	86%	14%
Clinical Psychologists	4	7	6	1	86%	14%
Intern Clinical/Educational Psychologists	6	12	10	2	83%	17%
Intern Psychological Counsellors	1	3	2	1	67%	33%
Psychological Counsellors	1	3	3	0	100%	0%

This table illustrates that the overall performance of the candidates was good, with an average pass rate of 84% and a 16% failure rate.

Graph 12: Number of practitioners evaluated during 2020/2021 and 2021/22



This graph indicates an increase in the number of clinical psychologists, intern clinical psychologists and social workers evaluated in the 2021/22 reporting period as opposed to those evaluated in 2020/21. There is a notable decline in the number of psychological counsellors who were evaluated and passed in 2021/22 as opposed to those who were evaluated and passed in 2020/21.

1.3 Jurisprudence Multiple Choice Questionnaires

All persons who go through the evaluation process are required to complete the jurisprudence multiple choice questionnaire – and upon successful completion thereof, they obtain their first CPD points in professional ethics. During the 2021/2022 reporting period, a total number of two hundred and seventy-two (272) jurisprudence multiple choice questionnaires were received and marked as opposed to the two hundred and sixteen (216) that were received and marked in the 2020/2021 reporting period.

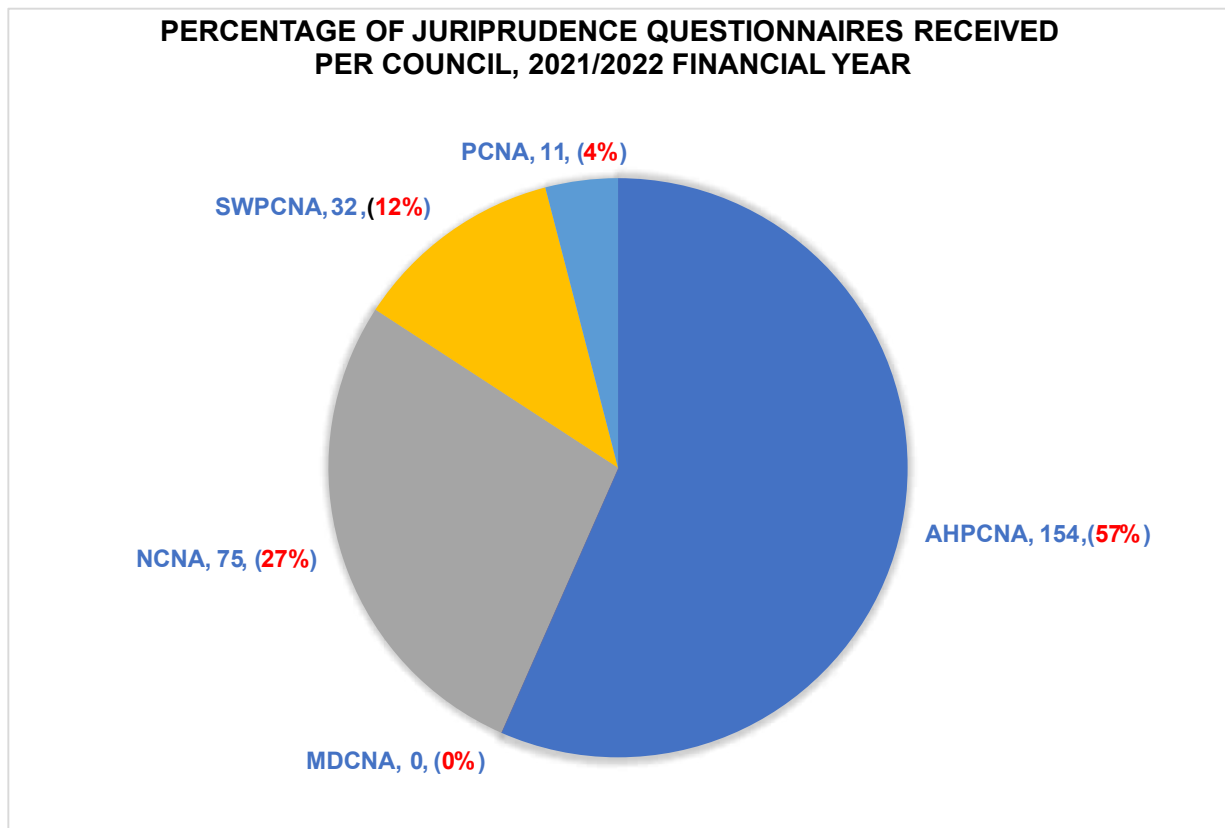


Table 59: Jurisprudence multiple choice questionnaires

COUNCIL	TOTAL RECEIVED	TOTAL PASS	TOTAL FAIL	PASS RATE	FAILURE RATE
AHPCNA	154	121	33	79%	21%
MDCNA	0	0	0	-	-
NCNA	75	46	29	61%	39%
SWPCNA	32	27	5	84%	16%
PCNA	11	11	0	100%	0
Total	272	205	67		

Table 59 reveals that out of the two hundred and two (272) questionnaires received from practitioners, two hundred and five (205) practitioners passed, whereas sixty-seven (67) practitioners failed the questionnaires. It can also be observed that no questionnaires were received from the medical and dental practitioners.

Graph 13: Jurisprudence questionnaires per council for 2021/22



Graph 13 shows that most jurisprudence questionnaires were received from the AHPCNA registrants, followed by the NCNA registrants. Other Councils seem to be lagging behind.

1.4 Strategic Objective

To promote and control standards of training of persons for registration to practise 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, private practices as well as accreditations of educational training institutions. Below are the lists of the institutions inspected between April 2020 and March 2021.

Table 60: Educational institutions inspected to train allied healthcare professionals

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
Khomas	Namibia University of Science & Technology	Bachelor of Emergency Medical Care & Bachelor of Emergency Medical Care	Provisional approval granted for twelve (12) months; and to submit six (6) monthly reports

Table 61: Educational institution for allied healthcare professions inspected

REGION	FACILITY	CATEGORY	OUTCOME
Khomas Region	BRG Biokinetics	Intern Biokineticists	Approved for three (3) years for the placement of intern Biokineticists.
	Nashenda Physiotherapy	Intern Physiotherapists	Approved for three (3) years for placement of intern physiotherapists.
	Wellington Physiotherapy Dorado Park	Intern Physiotherapists	Approved for three (3) years for placement of intern physiotherapists.
	Windhoek Central Hospital – Civil Psychiatry and Forensic Psychiatry	Intern Occupational Therapists	Approved for three (3) years for placement of intern occupational therapists.
	Path Care – Windhoek	Intern Medical Technologists, Student Medical Laboratory Technicians and Phlebotomy Technicians	<ul style="list-style-type: none"> • Approved for three (3) years to train: <ul style="list-style-type: none"> - Intern Medical Technologists: - Clinical Pathology • Medical Technologists <ul style="list-style-type: none"> - Haematology - Chemical Pathology - Microbiology • Medical Laboratory Technicians: <ul style="list-style-type: none"> - Clinical Pathology - Haematology - Microbiology - Histological - Cytological Techniques - Chemical Pathology • Phlebotomy Technician
	Ronelle Isaacs Physiotherapy – Windhoek	Intern Physiotherapists	Approved for three (3) years for placement of intern occupational therapists.
Erongo Region	Kuisebmond Physiotherapy	Intern Physiotherapists	Approved for three (3) years for placement of intern occupational therapists.

Table 61 indicates the facilities and practices that were inspected for the placement of students and interns under the AHPCNA. All of the seven (7) facilities that were inspected were approved for three (3) years.

Table 62: Health facilities inspected for clinical placement of students and pupil nurses

REGION	NAME OF FACILITY	OUTCOME
Khomas Region	Paramount Step Down Health Facility	Approval granted for five (5) years – Grade A
	Lady Pohamba	Approval granted for five (5) years – Grade A
	Oncology Centre	Approval granted for five (5) years – Grade A
Otjozondjupa Region	Okahandja Hospital	Approval granted for three (3) years – Grade B
	Nau-Aib Clinic	Approval granted for one (1) year – Grade C
	Grootfontein Hospital	Approval granted for three (3) years – Grade B
	Grootfontein PHC clinic	Approval granted for three (3) years – Grade B
	Otjiwarongo Hospital	Approval granted for three (3) years – Grade B
	Orwetoveni Clinic	Approval granted for three (3) years – Grade B
	Okakarara Hospital	Approval granted for three (3) years – Grade B
	Okakarara PHC Clinic	Approval granted for three (3) years – Grade B
	Altersheim Old Age Home	Approval granted for three (3) years – Grade B
Zambezi Region	Katima Mulilo Hospital	Approval granted for three (3) years – Grade B
	Katima Mulilo Clinic	Approval granted for three (3) years – Grade B
	Mavuluma Clinic	Approval granted for three (3) years – Grade B
	Bukalo Health Centre	Approval granted for three (3) years – Grade B
	Sangwali Health Centre	Approval granted for three (3) years – Grade B
	Sibbinda Health Centre	Approval granted for three (3) years – Grade B
	Ngweze Clinic	Approval granted for three (3) years – Grade B
Kavango East & West Regions	Andara Hospital	Approval granted for three (3) years – Grade B
	Nyangana Hospital	Approval granted for three (3) years – Grade B
	Bagani Clinic	Approval granted for three (3) years – Grade B
	Divundu Clinic	Approval granted for three (3) years – Grade B
	Shadikorongo Clinic	Approval granted for three (3) years – Grade B
	Nkarapamwe Health Centre	Approval granted for three (3) years – Grade B
	Sauyemwa Clinic	Approval granted for three (3) years – Grade B
	Ndama clinic	Approval granted for three (3) years – Grade B
	Kaisosi clinic	Approval granted for three (3) years – Grade B
	Sambyu Health Centre	Approval granted for five (5) years – Grade A
	Rundu Hospital	Approval granted for three (3) years – Grade B
	Rundu Clinic	Approval granted for five (5) years – Grade A
	Nankudu Hospital	Approval granted for three (3) years – Grade B
	Nankudu PHC clinic	Approval granted for three (3) years – Grade B
	Tondoro Health Centre	Approval granted for three (3) years – Grade B
	Rupara Health Centre	Approval granted for three (3) years – Grade B
	Bunya Health Centre	Approval granted for five (5) years – Grade A
	Mupini Health Centre	Approval granted for three (3) years – Grade B
Mpungu Health Centre	Approval granted for three (3) years – Grade B	
Nkurenkuru Health Centre	The facility was rated as ungraded, and no students should be placed at the facility.	

In total, thirty-nine (39) health facilities in five (5) regions were inspected during the 2021/22 reporting period as opposed to the seventeen (17) that were inspected in the 2020/21 reporting period. This shows an increase of twenty-two (22) health facilities that have been inspected and approved for the placement of student nurses/midwives/accoucheurs during their clinical rotations. Six (6) facilities were approved for five (5) years at Grade A, thirty-one (31) facilities were approved for three (3) years at Grade B, one (1) was approved for one (1) year at Grade C and one (1) was ungraded – where no students may be placed at the facility. The increase in the approved health facilities will alleviate the pressure experienced by the health facilities with the huge numbers of students rotating in the facilities during their clinical attachment. The grading system used by the Nursing Council is explained below.

Facility grading system used by the Nursing Council

GRADING	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 63: Number of health facilities inspected per region during the 2020/2021

CATEGORY	KHOMAS	OTJOZONDJUPA	KAVANGO EAST & WEST	ZAMBEZI
Hospital	3	4	4	1
Health Centre	-	-	8	3
Clinic	-	4	8	3
Old Age Home	-	1	-	-

Table 64: Educational Institutions inspected for the training of nursing and midwifery professions

REGION	NAME OF FACILITY	PROGRAMME	OUTCOME
Khomas Region	D'Expert Health Care (Katutura campus)	Certificate in Enrolled Nursing and Midwifery	Approval granted for one (1) year – Grade C
	PMT Training Centre (Windhoek West Campus)	Certificate in Enrolled Nursing and Midwifery	Approval granted for three (3) years – Grade B
Kavango Region	Welwitchia Health Training Centre (Nkurenkuru Campus)	B – Degree in Nursing and Midwifery	Approval granted for a period of one (1) year – Grade B
Erongo Region	I – Care Health Training Centre (Swakopmund Campus)	Certificate in Enrolled Nursing and Midwifery	Approval granted for three (3) years – Grade B
	Alba Chipamba Nursing School (Walvis Bay campus)	Certificate in Enrolled Nursing and Midwifery	Approval granted for five (5) years – Grade A
	Welwitchia Health Training Centre (Walvis Bay campus)	B – Degree in Nursing and Midwifery Certificate in Enrolled Nursing and Midwifery	Approved for a period of five (5) years – Grade A
Oshana Region	Alba Chipamba Nursing School (Oshikango campus)	Certificate in Enrolled Nursing and Midwifery	Approval granted for three (3) years – Grade B
Oshana Region	I – Care Health Training Centre (Ondangwa Campus)	Certificate in Enrolled Nursing and Midwifery	Approval granted for three (3) years – Grade B

Table 64 shows that eight (8) educational institutions were inspected and two (2) were granted Grade A, five (5) granted Grade B, and one (1) was granted Grade C.

Table 65: Number of training completion records received from educational institutions for verification

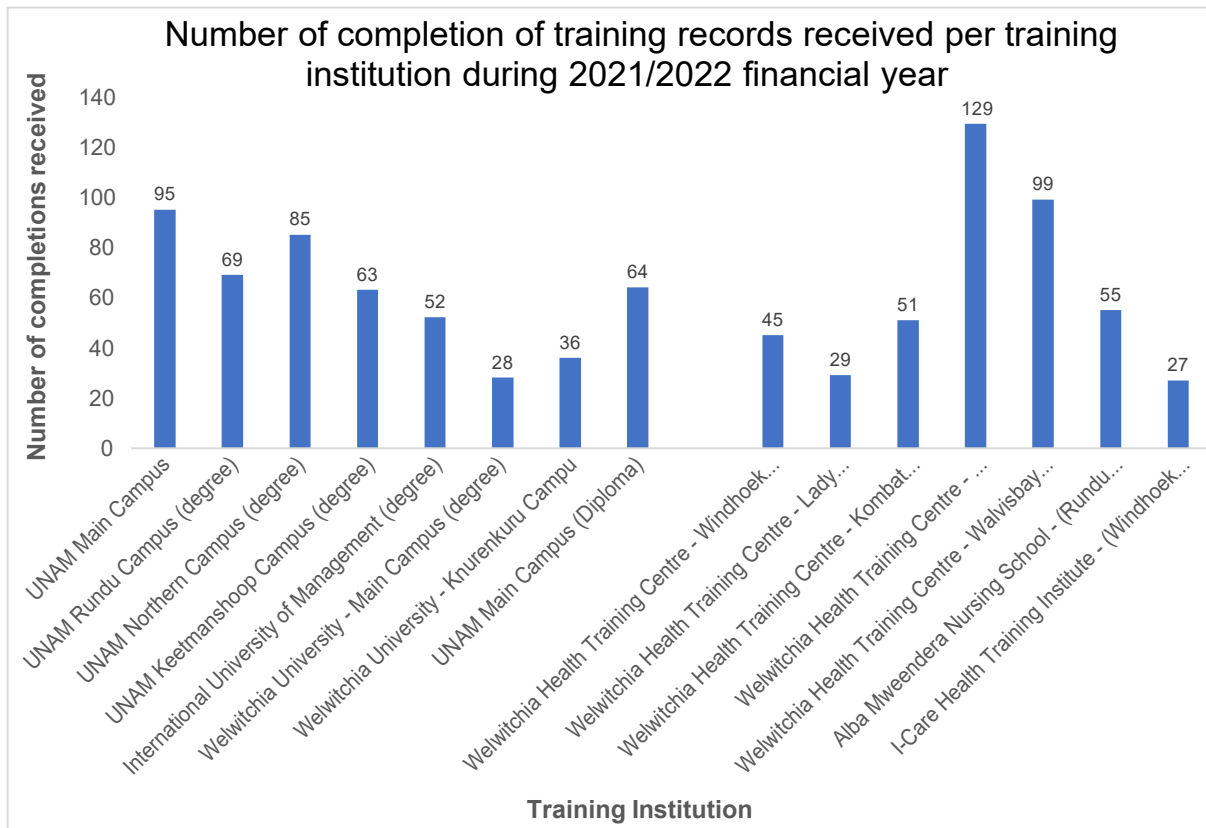
DESIGNATION	EDUCATIONAL INSTITUTION	NUMBER OF RECORDS RECEIVED	NUMBER OF RECORDS VERIFIED
Enrolled Nurse Midwife/ Accoucheur	Welwitchia Health Training Centre – Windhoek campus	45	45
	Welwitchia Health Training Centre – Lady Pohamba campus	29	29
	Welwitchia Health Training Centre Kombat campus	51	51
	Welwitchia Health Training Centre Nkurenkuru campus	129	129
	Welwitchia Health Training Centre Walvis Bay campus	99	99
	Alba Mweendera Nursing School Rundu campus	55	55
	I-Care Health Training Institute Windhoek campus)	27	27
Total Number of Completion Records Verified		435	435

Table 66: Number of training completion records received from educational institutions for verification

DESIGNATION	EDUCATIONAL INSTITUTION	NUMBER OF RECORDS RECEIVED	NUMBER OF RECORDS VERIFIED
Registered Nurse/Midwife/ Accoucheur (B degree)	UNAM – Main Campus	95	95
	UNAM – Rundu Campus	69	69
	UNAM – Northern Campus	85	85
	UNAM – Keetmanshoop Campus	63	63
	International University of Management	52	52
	Welwitchia University – Main Campus	28	28
	Welwitchia University – Nkurenkuru Campus	36	36
Total Number Of Records Verified (B – Degree)		428	428
Registered Nurse/Midwife/ Accoucheur (Diploma)	UNAM – Main Campus	64	64
Total Number of Records Verified (Diploma)		64	64

In total, nine hundred and twenty-seven (927) training completions records were received and verified during the reporting period as opposed to the seven hundred and fifty-six (756) verified during the 2020/21 reporting period. This indicates that nine hundred and twenty-seven (927) practitioners complied with the prescribed minimum requirements of study for registration and enrolment and can join the job market. There is an increase of one hundred and seventy-one (171) nurses who completed their training in the 2021/22 reporting period. This increase can be ascribed to the new educational institutions that have opened up.

Graph 14: Number of nursing students and pupils who completed training



Graph 14 above shows that UNAM produced most registered nurses/midwives/accoucheurs, followed by the Welwitchia Health Training Centre in the 2021/22 reporting period, whereas Welwitchia Health Training Centre produced more enrolled nurse midwives/accoucheurs in the same reporting period.

2. CONTINUING PROFESSIONAL DEVELOPMENT DIVISION

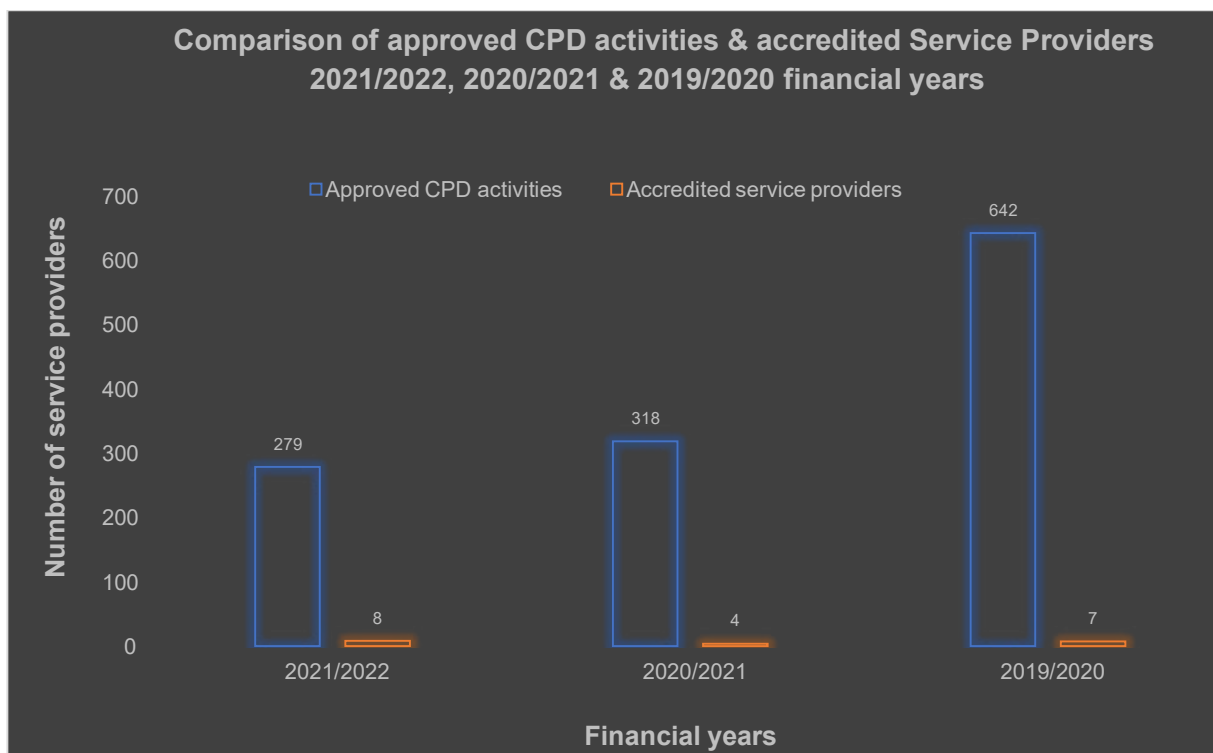
Healthcare practitioners have a responsibility to continually update their professional knowledge and skills for the end benefit of the patient or client. To this end, the Councils have jointly implemented a Continuing Professional Development programme. Practitioners are required to accumulate (CEUs per twelve (12) month period, including the areas of professional ethics, human rights and medical law. Each CEU is valid for twenty-four (24) months from the date the activity took place.

The main objective of the CPD section is to conduct mandatory random audits to ensure compliance. Once a practitioner’s name is drawn, he or she is required to submit a CPD portfolio to the respective Council. A non-compliant practitioner is given six (6) months to comply. After the period of six (6) months, the name of the practitioner is again drawn – and if there is still non-compliance, the Council considers taking an appropriate punitive action. To promote compliance to CPD requirements, the CPD Committee has approved several CPD activities and accredited various service providers as set out below.

Table 67: Number of approved CPD activities and accredited Service Providers

ACTIVITY	NUMBER SUBMITTED	NUMBER APPROVED	NUMBER NOT APPROVED
Approved CPD activities	279	277	2
Accredited service providers	8	8	0

Graph 15: Comparison of approved CPD activities and accredited service providers





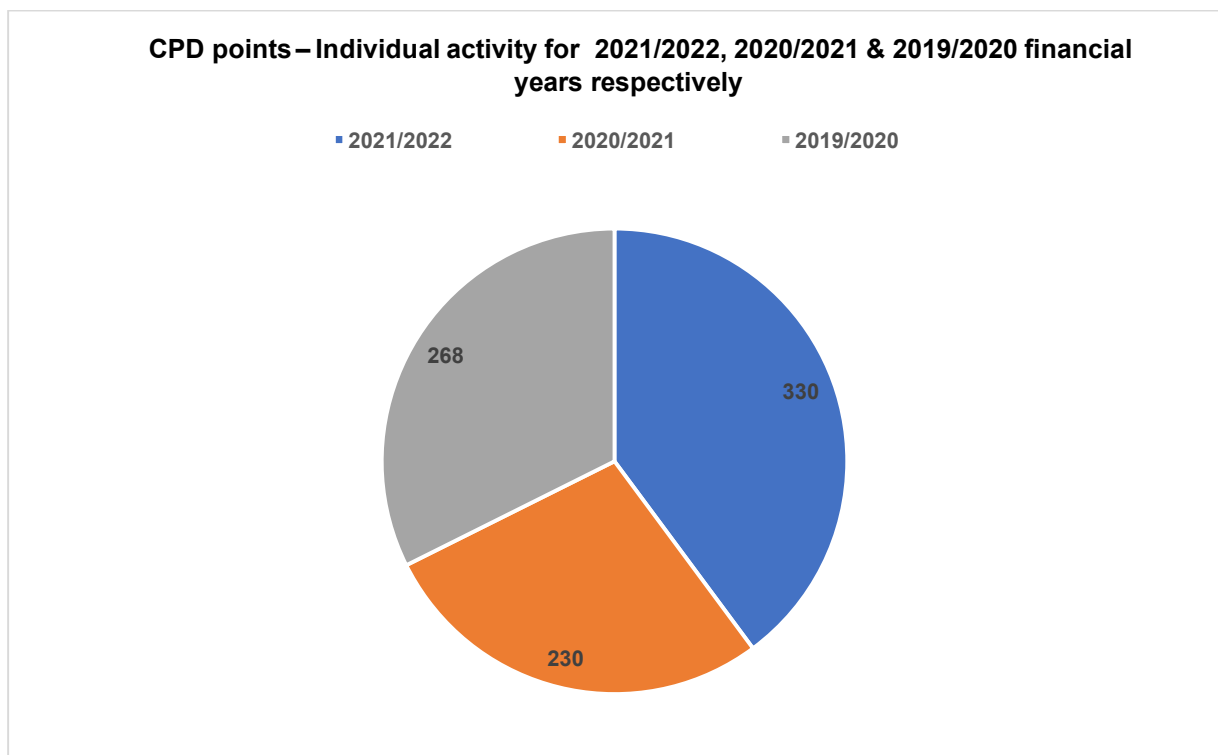
There has been a decrease in the number of approved CPD activities during the 2021/2022 reporting period as compared to the 2020/21 reporting period. The decrease can be ascribed to the continued Covid-19 situations in the country where fewer activities were conducted. However, the number of service providers slightly increased by a total of four (4). In addition to processing applications for the approval of CPD activities and service providers, the section is required to capture all individual activity records received from random selected practitioners who were audited. During this reporting period, the following were captured.

Table 68: Number of CPD points captured for 2021/22 reporting period

ITEM RECEIVED	NUMBER OF CPD POINTS CAPTURED
CPD points – Individual activity records	330

Table 68 gives an indication that three hundred and thirty (330) individual activity records/certificates were received from practitioners during the 2021/2022 reporting period. This is an increase by one hundred (100) activity records.

Pie Chart 1: Comparison of CPD captured between 2019/20, 2020/21 and 2021/22



As can be seen from Pie Chart 1, there was an increase in the number of individual activity records/certificates received and captured in 2021/22.

2.1 Strategic Objective

To ensure compliance with the legislation on continuing professional development.

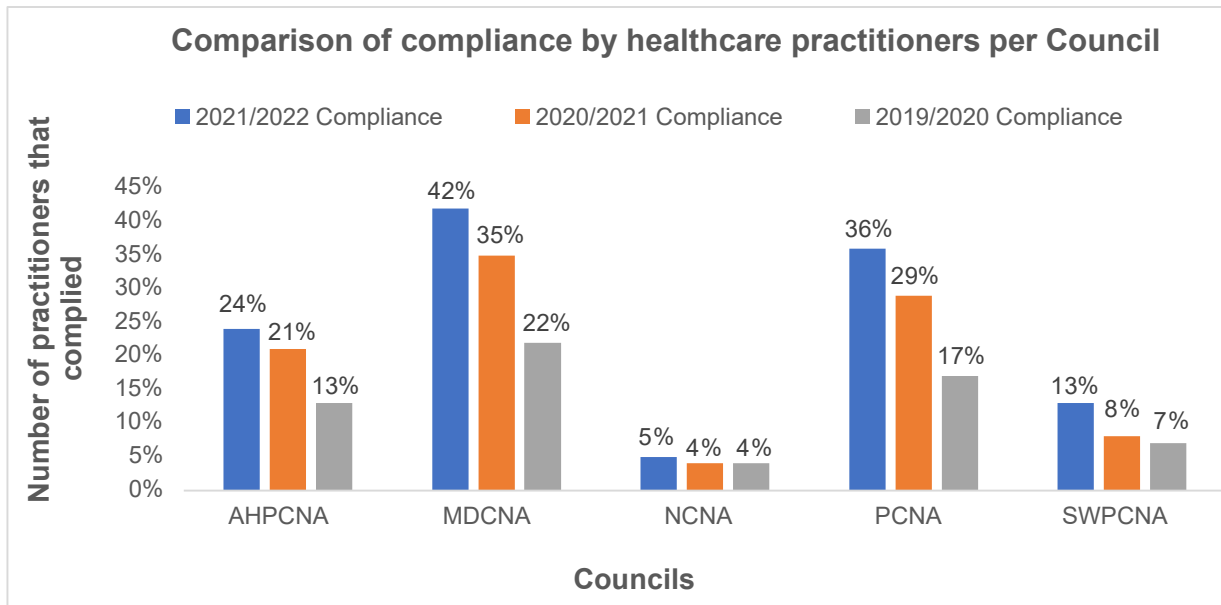
The CPD section conducted a 10% random selection of names of professionals from each Council. A total of 1 696 of practitioners from the five (5) Councils were randomly selected during the reporting period with the following are the compliance results:

Table 69: Number of randomly selected practitioners per Council for 2020/2021

PROFESSION	NO. SELECTED	NO. COMPLIED	COMPLIANCE%
Allied Health Professions	344	83	24%
Medical & Dental	204	86	42%
Nursing	978	53	5%
Pharmacy	102	37	36%
Social Work & Psychology	68	9	13%

It is evident that the Nursing Council has the highest number of registrants; therefore, the 10% selection of practitioners from this Council is the highest, compared to the other Councils. Table 14 shows that the compliance rates of all the council were low, with the Nursing, as well as the Social Work and Psychology councils having recorded the lowest rate. The Medical and Dental Council was rated the highest.

Graph 16: Comparison of compliance between 2019/20, 2020/21 and 2021/22



Graph 16 shows there is an increase in CPD compliance by healthcare professionals from the Medical and Dental Council, followed by the Pharmacy Council and then the Allied Health Professions Council, whereas the Social Work and Psychology Council, as well as the Nursing Council were lagging behind.



2.2 Strategic Objective

Control and exercise authority in respect of all matters affecting the education and training of all professionals and how they practise their profession.

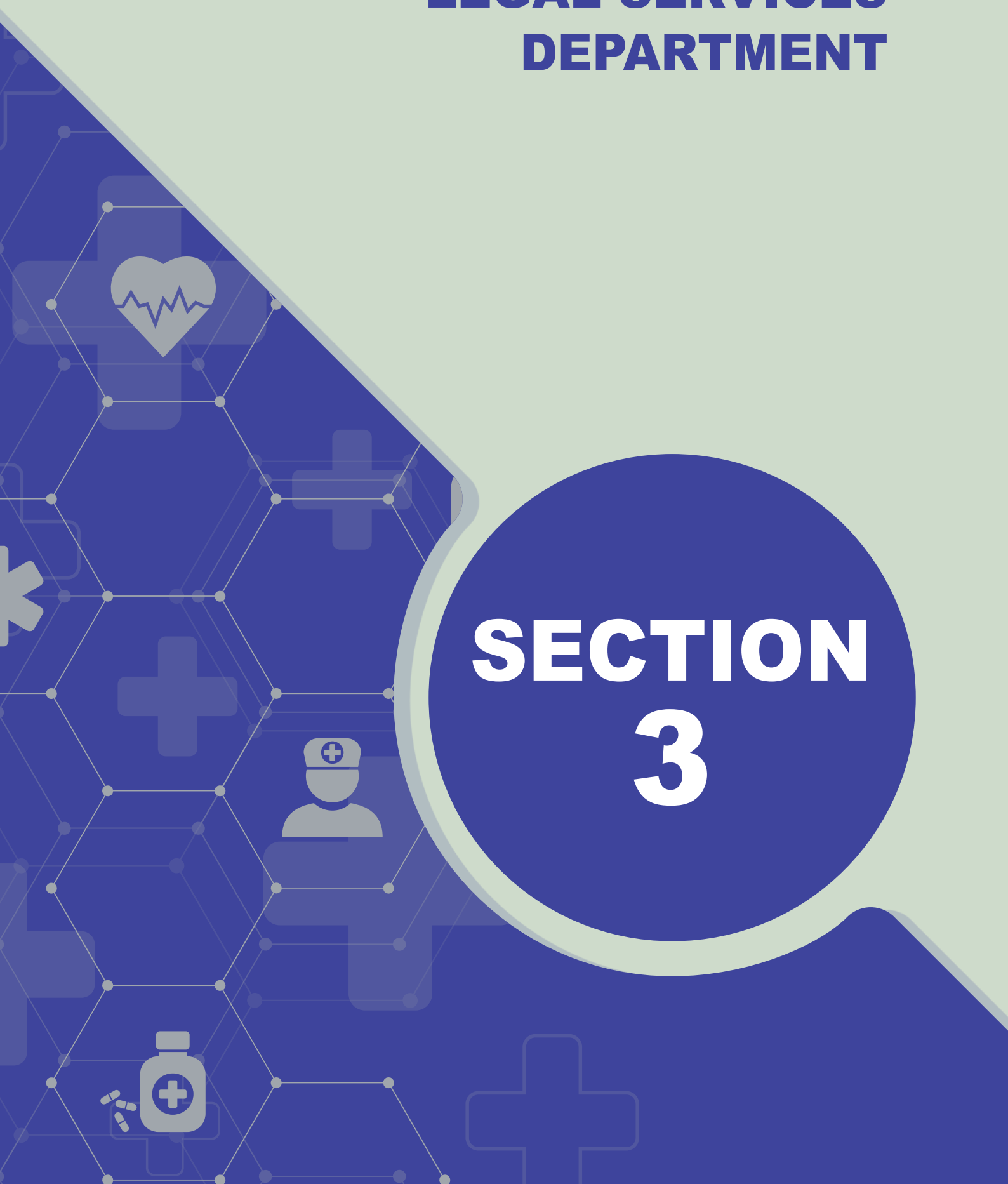
During the period under review, the CPD Committee held two (2) meetings as required. The CPD had also started with the revision of the CPD guidelines, and the exercise is expected to be finalised by the end of the 2021/2022 financial year.

2.3 Conclusion

The ETQA and CPD Department managed to carry out all the planned activities for 2021/22.

LEGAL SERVICES DEPARTMENT

SECTION 3



1 Introduction

The Legal Services Department of the HPCNA is tasked with facilitating investigations of complaints against health practitioners and the preliminary drafting of legislations. The department coordinates, among others, activities of the preliminary investigation committees, professional conduct committees, appeal committees and the health assessment committee. The department is also responsible for legislative support to draft, oversee, assist and ensure relevant Acts, Regulations and Rules of all councils are in place. Such activities are undertaken with constant consultations with all stakeholders, as well as the Health and Justice ministries. The department further advises the councils, management and staff on legal matters, administrative decisions and actions, the drafting/reviewing legal documents and contracts, as well as overseeing the litigation processes instituted by and against the councils.

2 Personnel

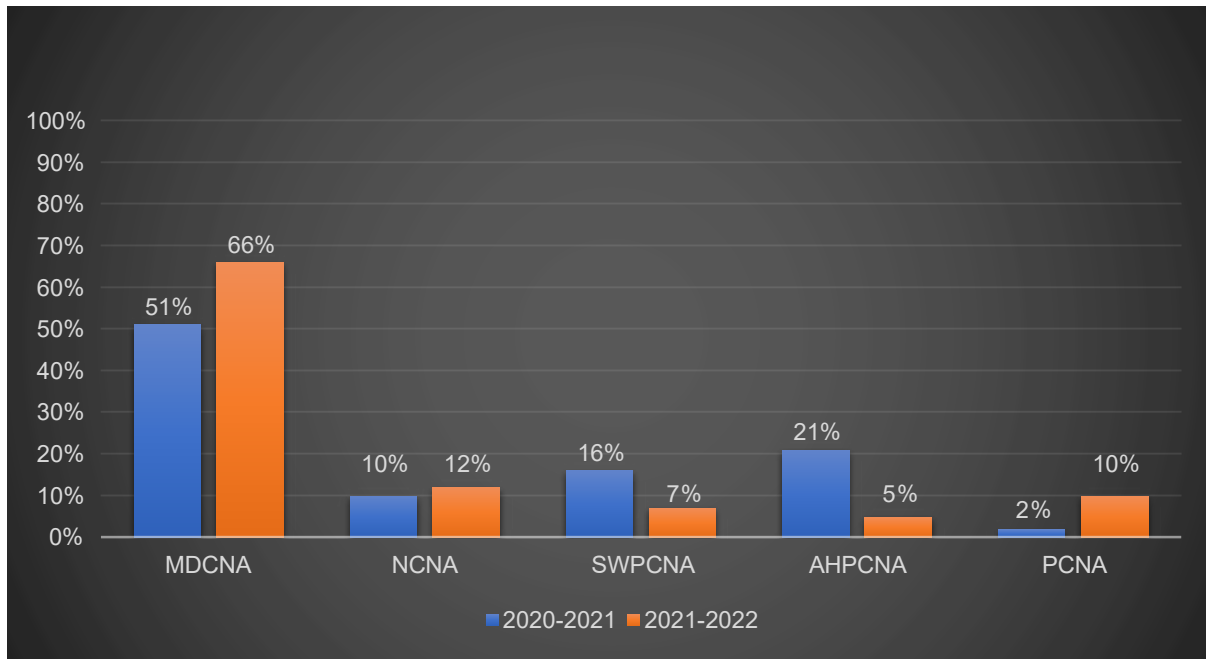
The Legal Services Department has a staff compliment of six (6): Ms Johanna Nghishekwa as chief legal officer; Ms Charne Visser as senior legal officer: legislative drafting; Ms Quine Fenyeho as legal officer: professional conduct; Ms Luchandre Zimmer as a legal officer: professional conduct; Mr Johannes Burger as senior administrative officer: legislative support, and Ms Elizabeth Matomola as a senior administrative officer: professional conduct.

3 Professional Conduct Division

4 Complaints Recorded

Table 70: Monthly records of number of complaints reported to Councils

MONTH	MDCNA	NCNA	SWPCNA	AHPCNA	PCNA	TOTAL
April 2021	2	3	1	1	0	7
May 2021	5	0	1	0	0	6
June 2021	6	1	0	0	0	7
July 2021	5	2	0	0	0	7
August 2021	3	0	1	1	1	6
September 2021	5	0	0	0	1	6
October 2021	3	1	0	0	1	5
November 2021	5	0	0	0	3	8
December 2021	4	1	1	0	0	6
January 2022	1	0	0	0	1	2
February 2022	5	0	1	2	0	8
March 2022	4	1	0	0	0	5
Total	48	9	5	4	7	73

Graph 17: Comparison of reported cases per Council during 2019/2021 and 2021/2022 financial years

- The MDCNA has in 2021/2022 financial year received 15% more complaints, compared to the previous year. There has been a notable constant increase of complaints investigated by the Council for the past four (4) periods of reporting. Similar to the previous period, complaints relating to general medicine remain high, compared to other fields of medicine, such as obstetrics and gynaecology, paediatric, general dentistry, surgery, orthodontic and the anaesthetics fields, which recorded very low complaints during this period. Over the number of years of reporting, there has been no complaint relating to the practice of medical science. This can perhaps be attributed to the fact that there are few registrants in the profession.
- The complaints against medical practitioners keep dominating, compared to those against dental practitioners. The complaints received by the NCNA increased with 2%, compared to the previous year. Complaints relating to general nursing dominated during 2021/2022 period, followed by complaints related to midwifery. The insignificant increase in complaints from the 2019/2020 and 2020/2021 periods may be attributed to the general improved conduct of the nurses towards patients.
- During 2021/2022 period, the SWPCNA received 9% less complaints, compared to 2019/2021 period. The nature of complaints relates to biasness in report writing after investigations.
- There was a significant decline in complaints received by the AHPCNA in comparison to the previous period, with 16% less complaints. During this period complaints against dental therapists dominated the figures with matters relating to substandard after care.
- The PCNA received 8% more complaints in comparison to the previous period. Complaints relating to lack of communication or miscommunication when dispensing medication dominated the figures.
- It remains a concern that a significant number of complaints emanate from the Khomas region, followed by Erongo region. All other regions represent a minimal number of complaints, and no complaint was received from the //Karas and Kavango East regions. The trend of this demographic representation continues, and it can reasonably be attributed to the lack of awareness of patients' right to lodge complaints with the Councils.

5 Committees

5.1 Preliminary Investigation Committees

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

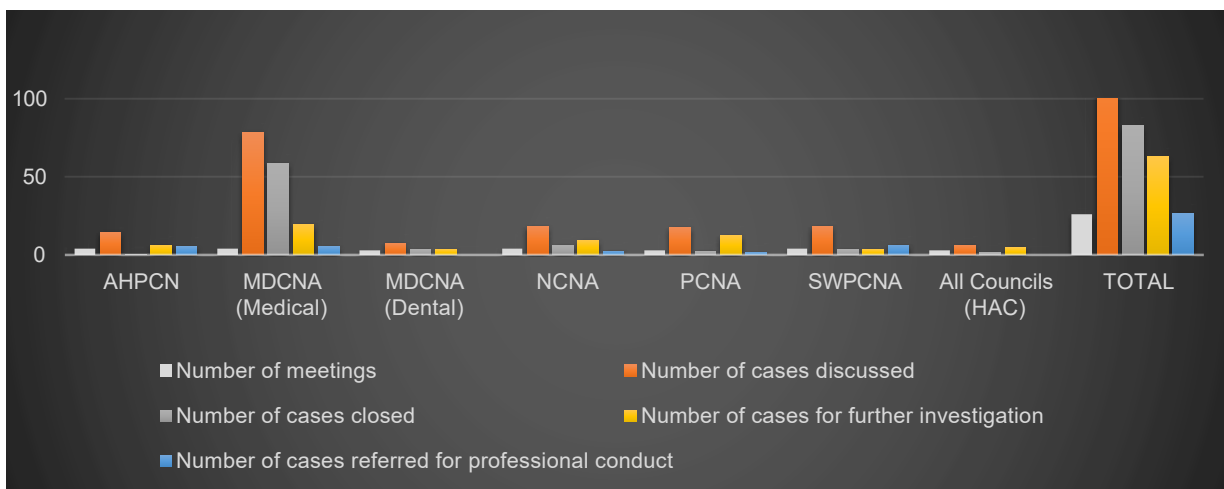
5.1.1 Meetings held by Committees

Different Committees held meetings for purposes of conducting preliminary investigations into matters reported to the relevant Councils as envisaged by the relevant legislations. The table below show the activities of the Committees during this period:

Table 71: Number of meetings and status of cases

COUNCIL	NUMBER OF MEETINGS	NUMBER OF CASES DISCUSSED	NUMBER OF CASES CLOSED	NUMBER OF CASES FOR FURTHER INVESTIGATION	NUMBER OF CASES REFERRED FOR PROFESSIONAL CONDUCT
MDCNA (Medical)	4	79	59	20	9
MDCNA (Dental)	3	8	4	4	0
NCNA	4	19	7	10	3
PCNA	3	18	3	13	2
SWPCNA	4	19	7	4	7
AHPCNA	4	15	1	7	6
Health Assessment Committee	3	7	2	5	0
Total	25	165	83	63	27

Graph 18: Number of meeting and status of cases



- The cases are closed when there is insufficient evidence to prove the claim of unprofessional conduct and committee recommend to Councils to close such cases.
- A case remains under investigation when a committee intends to obtain further information, such as further explanations from parties involved, an expert opinion or a legal opinion.
- Once a case is referred for professional conduct inquiry, a legal opinion on the prospect of success against a practitioner is obtained first before the case is presented to Council for a decision. If a legal opinion does not find prospects on evidential aspects, a committee then recommends to the relevant council to close the case.

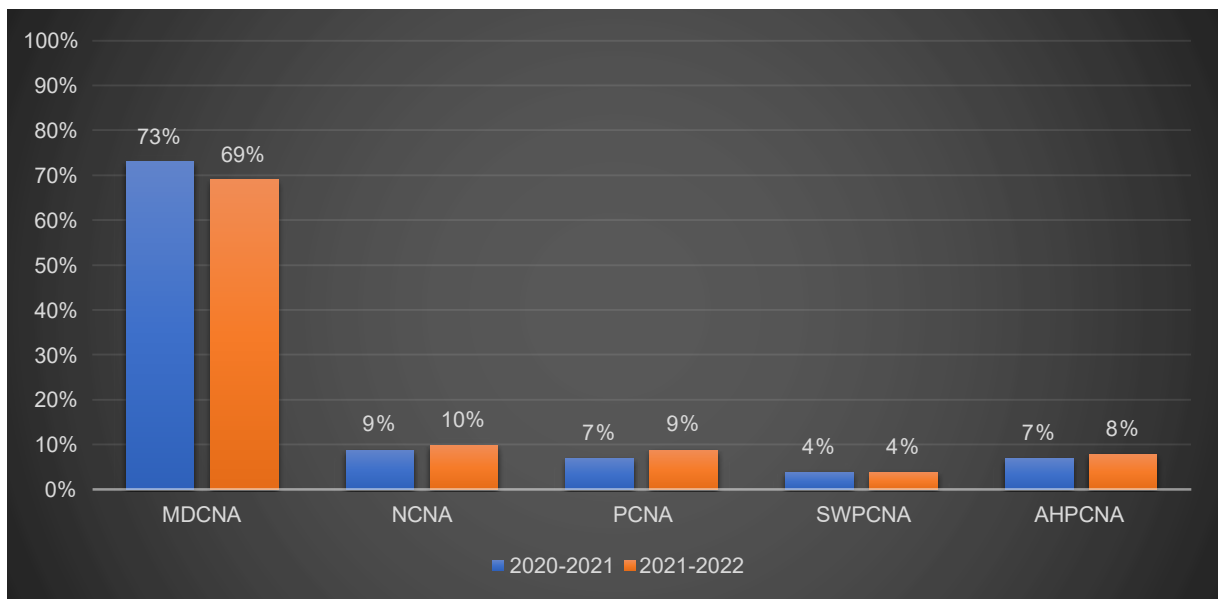
5.1.2 Pending cases for Preliminary Investigation Committee

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

Table 72: Pending cases per Council compared to 2019/2021 financial year

COUNCIL	2020/2021	2021/2022
MDCNA	191	175
NCNA	23	25
PCNA	20	22
SWPCNA	11	9
AHPCNA	19	21
Total	264	252

Graph 19: Pending cases per council in 2020-2021 compared to 2021-2022



- The MDCNA remains dominant in the number of pending cases. The decrease of 4% can be attributed only to the fact that a significant number of cases were finalised during this period, but such decrease was met by the high number of cases reported.
- The finalisation of MDCNA cases by the PIC was as a result of local experts who have stepped in to assist in providing expert opinions, and it has expedited the investigation process.
- A significant improvement was noted during this period in relation to the provision of medical records by the MoHSS; there has been prompt responses. This has also contributed to the finalisation of a number of cases within a reasonable time. The Office of the Executive Director has committed to continue rendering the necessary support.

5.1.3 Professional Conduct committees

Professional Conduct Committees are tasked to conduct professional conduct inquiries on behalf of Councils and make recommendations on its findings to Councils for ratification.

5.1.4 Medical and Dental Professional Conduct Committee

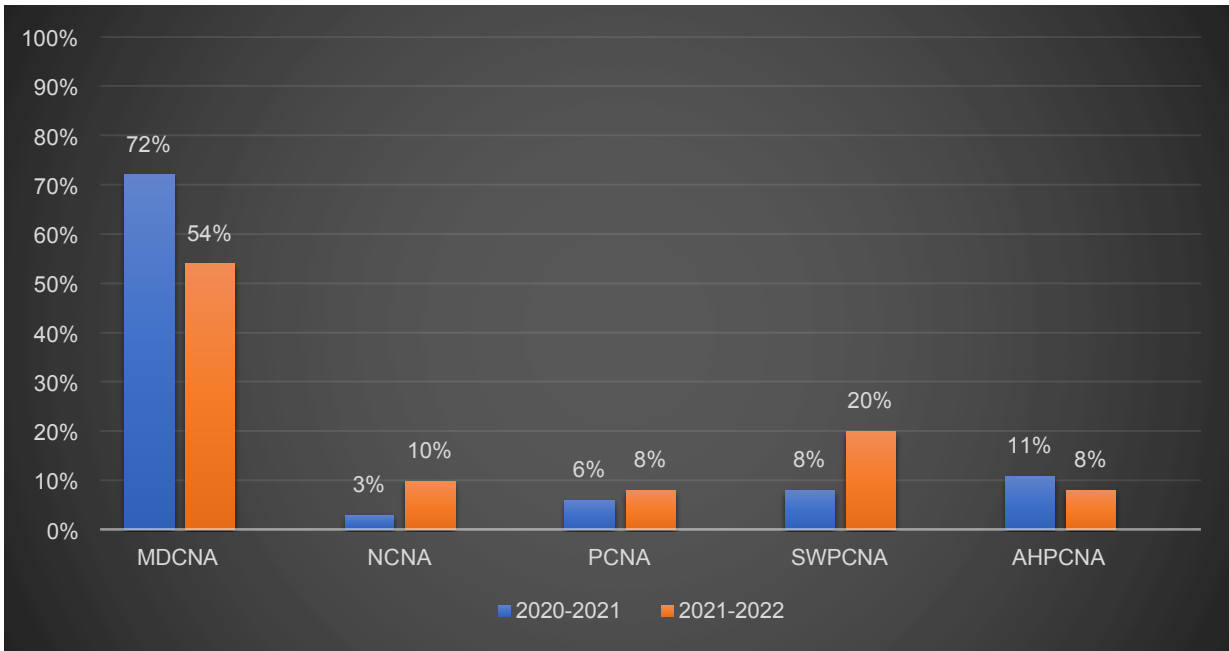
The MDCNA has appointed additional members to the committee in replication of the members required in term of Section 12 (2) of the Medical and Dental Act, 10 of 2004. The appointment is aimed at increasing the number of inquiries to be conducted by the committee by alternating members, given that most of the members are engaged in full-time medical or dental practice, and it is impractical that a member is away from his/her practice for an extended period of time. The following members were appointed:

1. Dr Christoff Coetzee – Medical practitioner
2. Dr Marita Schünemann-Maartens – Dentist
3. Dr Kwasi Oforu Yeboah – Medical Practitioner and General Surgeon
4. Mr Willem Greyling – Legal Practitioner
5. Mr Esron Kapolo – Reverend/Pastor

Table 73: Pending cases for professional conduct inquiry compared to the previous year

COUNCIL	2020-2021	2021-2022
MDCNA	26	21
NCNA	1	4
PCNA	2	3
SWPCNA	3	8
AHPCNA	4	3
Total	36	39

Graph 20: Pending cases for professional conduct inquiry compared to the previous year



- The MDCNA remain to occupy the highest rank in outstanding cases mainly due to the fact that more new cases were added as the number of complaints raises from year to year. Another factor is the availability of the committee members to attend to inquiries, given that they are full-time practitioners. It is expected that the appointment of additional members to the committee will make a difference, as more cases can be heard by two (2) alternate sets of members.
- The SWPCNA has a notable increase in cases for inquiry, which can be attributed to the increase in complaints reported during this period.
- Lack of sufficient funds to cater for related expenses, such as costs for venue, transportation and accommodation of witnesses, experts and committee members; fees for committee members, witnesses and experts; catering, as well as fees for legal practitioners in the event where private legal practitioners are involved, remain a challenge.
- The in-house legal practitioners have embarked on conducting inquiries, which will gradually culminate into a cost-saving exercise. The impact will, however, manifest in the years to come.

Table 74: Professional Conduct Inquires conducted

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
MDCNA	22 April 2021 and 4 June 2021	Dr Jeremy Nel	Charge 1: Anastomosing the distal segment branches to the proximal oesophagus despite being inadequately trained or experienced to conduct the operation. Charge 2: Failure to properly assess/manage the patient during and after the operation.	The Defendant was found guilty, and the following penalties were imposed: Dr Nel was suspended from practising as a medical practitioner/ surgeon for a period of one (1) year, which was suspended for a period of three (3) years on condition that he is not found guilty of the similar offence. He was given a fine of N\$ 50 000.

	4-7 October 2021	Dr Barend Viljoen	Charge 1: Failure to exercise reasonable care and skill in the administration of anaesthesia. Charge 2: Failure to establish that the patient was not ventilating properly. Charge 3: Abandoned the patient under his care to attend to his cellular phone.	The defendant was found guilty, and the following penalties were imposed: He was suspended from conducting any forms of anaesthesia in procedures and administering general anaesthesia in hospital theatres for five (5) years. He was given a fine of N\$ 26 000, payable in a monthly instalment of N\$ 2000 until the amount is liquidated.
SWPC	27-28 April 2021	Ms Ndeutila Nekongo	Charge: Making use of psychotherapeutic procedures on a patient while not assisting a clinical or educational psychologist, thereby acting outside her scope of practice.	The defendant was found guilty, and the following penalties were imposed: Suspended from practising for three (3) months, which period was suspended for two (2) years on the condition she is not found guilty of a similar offence. She was given a fine in the amount of N\$ 30 000, payable within a period of six (6) months from 17 September 2021.

5.2 Appeals Committees

The Appeal Committee is mandated to deal with the appeals against decisions made by a Professional Conduct Committee or a council, or failure to make a decision by a Council.

5.2.1 Appeal Hearings

The following appeal hearings took place.

Table 75: Appeals

COUNCIL	DATE OF HEARING	APPELLANT	PARTICULARS OF APPEAL	OUTCOME
AHPCNA	27 May 2021	Mr Marine Kimaro	Appellant appeals against the Council's decision to cancel his conditional registration.	The proceedings were halted, as one of the members were involved in the assessment of the application for registration. The hearing of the matter was postponed sine die.
MDCNA	28 May 2021	Dr Amemuene Shaende	The appellant challenged the decision of the Council to refuse her application for extension of medical internship period.	Appeal was dismissed.
	28 May 2021	Dr Helen Shishiveni	The appellant challenged the Council's decision to refuse her application for the extension of her medical internship period.	Appeal was dismissed.

	17 March 2022	Ms Ludmilla Doeses	The appellant is challenging the Council's decision to close the case of a complainant, relating to unprofessional conduct on the basis of lack of evidence.	The matter was removed from the roll, pending confirmation of legal representation for the appellant and payment of the Council's costs of the postponement by the appellant.
PCNA	26 May, 7 July & 23 July 2021	Sechenove Graduates	The appellants challenged the recommendations to the Council that required them to undertake additional training at the University of Namibia before registration as pharmacist interns.	The appeal was dismissed on the basis that no decision was made by the Council at the time of appeal – the appeal was premature.

6 High Court Matters

Table 76: High Court cases lodged against the Councils

APPLICANT/ PLAINTIFF	RESPONDENT/ DEFENDANT	CLAIM	PROGRESS
Pharmaceutical Society of Namibia	PCNA and 11 others	The applicant challenges the Council's decision to not deregister Dis-chem Groove Mall Pharmacy, Dis-chem Swakopmund, Dis-chem Walvis Bay, Platz Am Meer Pharmacy and Wernhill Pharmacy claiming, they were registered in error and are part of Dis-chem 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 & MoHSS	The plaintiff lodged an action against the defendants for N\$ 670 000 in special and general damages for failure to register her as an intern between January 2018 to July 2019 in violation of her constitutional rights. The matter was heard on 20-22 September 2021.	The matter was settled between the parties.

7 Legislative Support Division

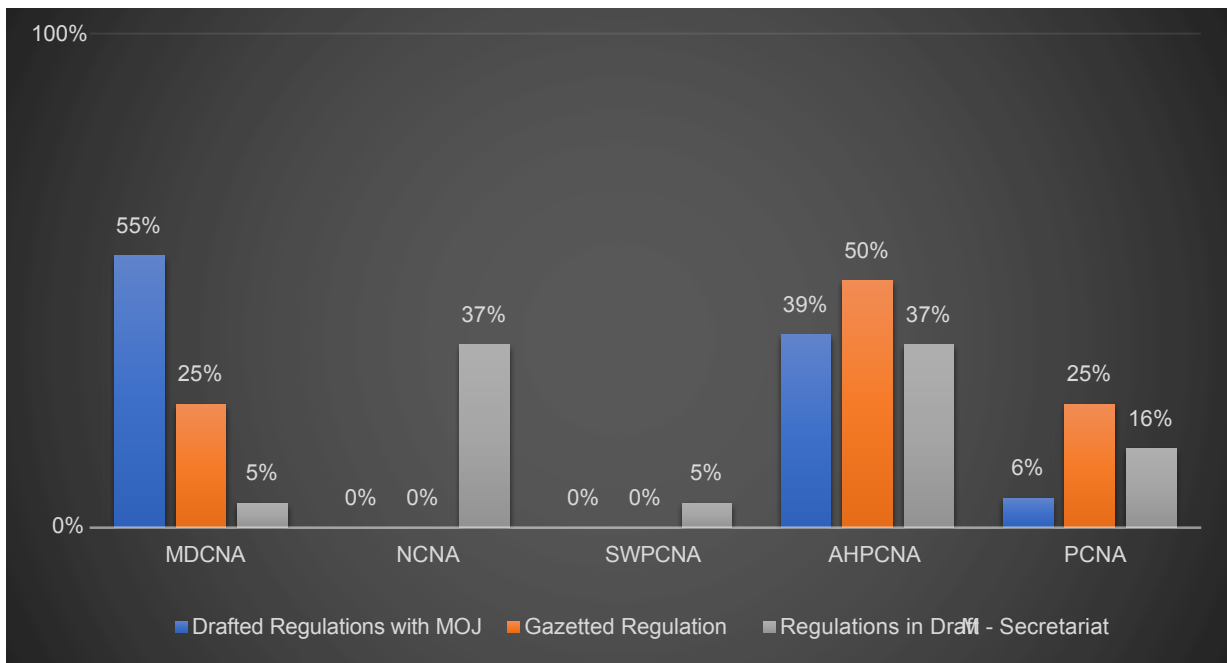
The Councils are empowered in terms of their respective Acts to recommend to the Minister of Health and Social Services to make regulations to guide the practice of the professions. The division undertakes the initial drafting of regulations. The process adopted in drafting regulations involves the initial 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 Ministry of Justice for scrutiny and further handling.

8 Rules and Regulations

Table 77: Sets of regulations and rules per council drafted and gazette

COUNCIL	DRAFT REGULATIONS WITH MINISTRY OF JUSTICE	GAZETTED REGULATIONS	REGULATION IN DRAFT PROCESS – SECRETARIAT
MDCNA	10	1	1
NCNA	0	0	7
SWPCNA	0	0	1
AHPCNA	7	2	7
PCNA	1	1	3
Total	18	4	19

Graph 21: Draft regulation with the Ministry of Justice, gazetted regulation and regulations in the drafting process with the secretariat



- During this period, there was a number of amendments to regulations for medical and dental professions.
- A number of regulations relating to the scopes of practices and minimum requirements under the AHPCNA were gazetted during this period.
- The department remains committed to ensuring all professions are fully regulated.

9 Challenges

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

- The lack of co-operation from practitioners when the PIC are investigating complaints remains a challenge.
- In many instances, practitioners cannot be traced to provide information due to outdated contact details on the Councils' register. Even though it is the responsibility of each practitioner to update his/her details upon changes thereto, practitioners fail to do so.
- The department has received reports of untraceable medical records at various state hospitals/facilities, leading to a closure of several cases due to the lack of information, as medical records bear significant information for the investigation of complaints.

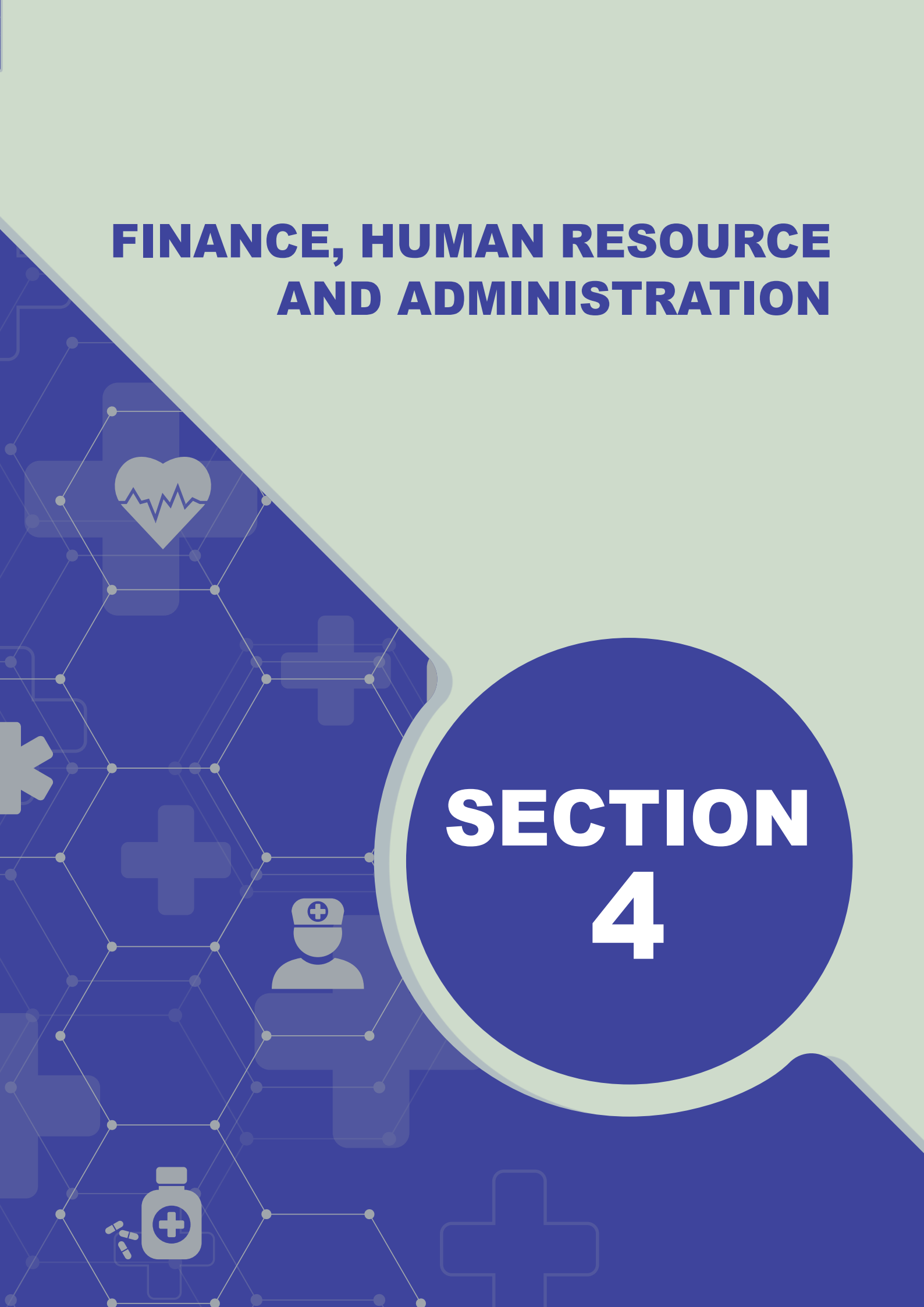
10 Conclusion

5.1 The rights of aggrieved individuals to complain against healthcare practitioners is better served when the Councils act promptly in adjudicating complaints. It is recognised that the prompt reaction of the Councils highly depends on the support and cooperation of stakeholders. The department continuously strives to strengthen the relationship with the stakeholders.

5.2 Despite the challenges highlighted, which can negatively affect service delivery, the department has received immense support from the Health and Justice ministries, particularly legal drafters.

FINANCE, HUMAN RESOURCE AND ADMINISTRATION

SECTION 4



1. DIVISION: FINANCE

1.1 Introduction

The Finance division focuses on the following strategic objectives:

- Financial conservatism and risk management in line with the best practices.
- Financial invariability and perseverance.

a) Budget commentary

Budget allotment and implementation was analysed through the use of variance analysis as a cost management technique, which resulted in the production of reports that were disseminated to the respective departments in the Secretariat, together with their stakeholders, for their perusal, review and corrective action. This propagated adherence to International Financial Reporting Standards, internal reporting requirements, better decision-making as well as fostering transparency and accountability.

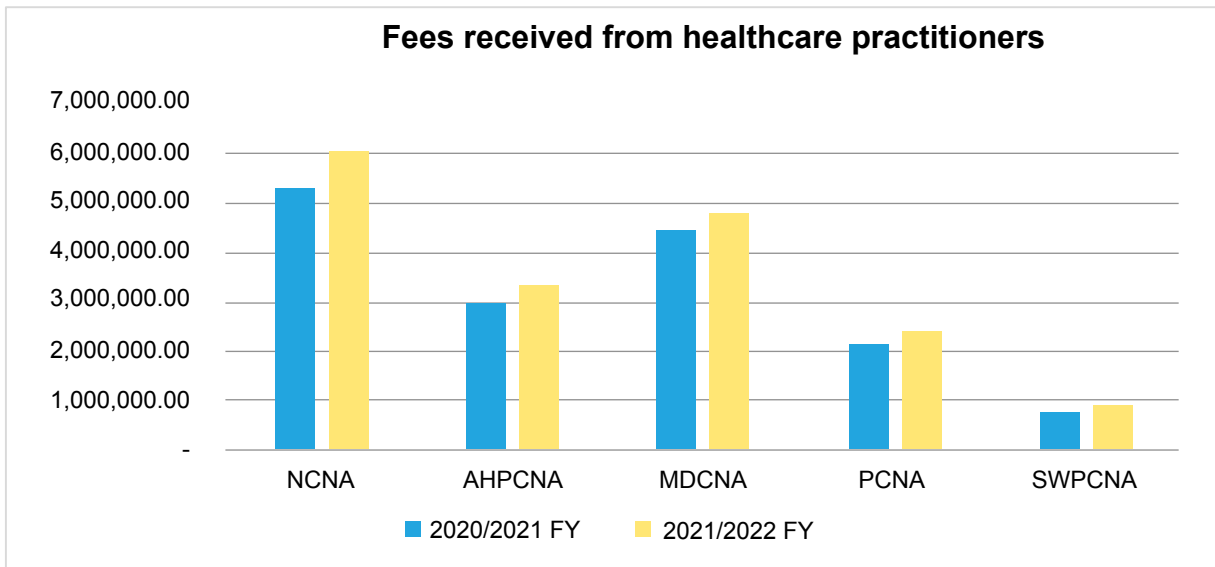
b) Revenue

The MDCNA, AHPCNA, PCNA, NCNA and the SWPCNA (Councils) had a comprehensive annual revenue of N\$ 17 598 889.50 that was 12.14% higher than that of the 2020/21 financial period at N\$ 15 693 112. The income of the Councils comprises the government grant of N\$ 20 000 000, which made up 53% of the annual revenue. The government grant was remitted to Councils from treasury through the Ministry of Health and Social Services as appropriated by Parliament for the sole purpose of meeting expenses incurred by the Councils in the execution of their mandates.

In the financial year under review, there was no increase on fees payable to the Councils. However, for financial sustainability, the Councils continued to lease two (2) of their properties, from which they generated an amalgamated income of N\$ 339 959.60. This amount was nevertheless 2.9% lower than the amount generated during the preceding financial period, which stood at N\$ 350 000. The decrease in income was attributed to the liquidity crisis that befell the country during the period under review, resulting specifically in the reduction of rental payments for Office number 40. The comparative total income for the Councils is presented by Table 78 and Graph 22 below.

Table 78: Revenue for 2021/2022 compared to 2020/2021 per council

COUNCIL	2020/2021 FY	2021/2022 FY	% INCREASE
NCNA	N\$ 5 305 720	N\$ 6 084 980	12%
AHPCNA	N\$ 2 990 246	N\$ 3 340 997	10%
MDCNA	N\$ 4 447 692	N\$ 4 800 945	7.3%
PCNA	N\$ 2 157 467	N\$ 2 463 105	12%
SWPCNA	N\$ 791 987	N\$ 908 861	13%
Total	N\$ 15 693 112	N\$ 17 598 889	11%

Graph 22: Graphic presentation of revenue

Total revenue improved by 11% due to an increase in the number of registered healthcare practitioners.

c) Investments

The surplus funds generated by the Councils was kept in the call and unit trust investment accounts, and it accumulated a combined interest of N\$ 682 062.10. This sum represents a 15% increase when compared to N\$ 576 415.24 interest earned during the 2020/2021 financial year.

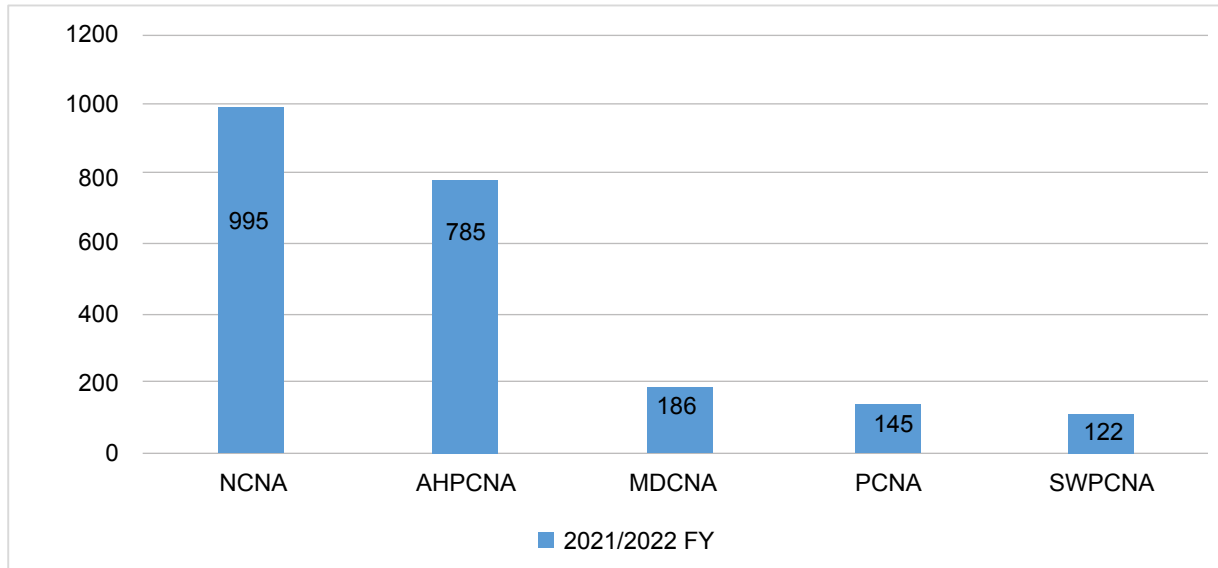
d) Involuntary Removal of Names from Registers or Rolls

According to relevant laws, the Councils may remove from the registers or rolls the names of healthcare practitioners who did not pay maintenance fees before the end of 31 March 2022. The number of healthcare practitioners who were removed from the registers or rolls of various Councils are presented in Table 79 and Graph 23 below.

Table 79: Number of healthcare practitioners removed from registers or rolls

COUNCIL	NUMBER
NCNA	995
AHPCNA	785
MDCNA	186
PCNA	145
SWPCNA	122
Total	2 233

Graph 23: Numbers of healthcare practitioners removed from registers or rolls



Graph 23 indicates the total number of healthcare practitioners removed from the registers: 10% were from the registers or rolls of the NCNA, 23% from the registers of the AHPCNA, 9% from the registers of the MDCNA, 14% from the registers of the PCNA and 19% from the registers of the SWPCNA.

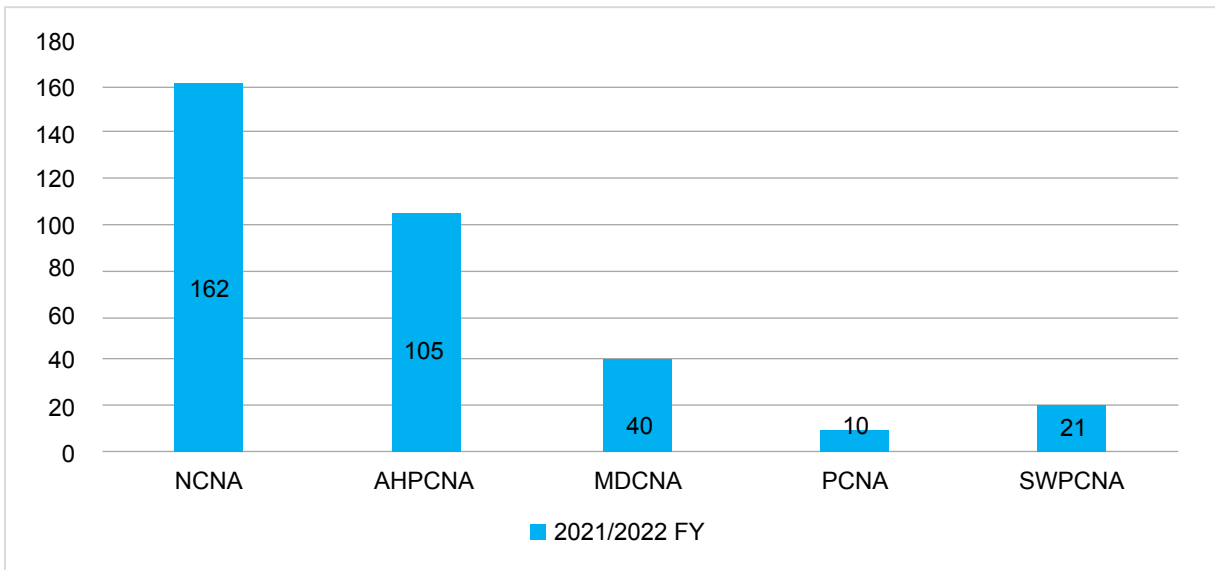
The Councils have consistently adopted vigorous debt collection measures to ensure that money owed to them by healthcare practitioners is recovered. In this respect, the Councils implemented various strategies to remind and compel healthcare practitioners to fulfil their financial obligations. This included sending text messages to defaulting healthcare practitioners, sending letters to employers of healthcare practitioners, issuing notices in local newspapers and posting reminders on Councils’ websites. These initiatives have proved to be effective in collecting the outstanding fees from healthcare practitioners, and those who paid their dues had their names restored in the respective registers or rolls as the case maybe.

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

The applicable Acts require the person, whose name was removed from the register or roll, to apply to the relevant Council for the restoration of his or her name to the register or roll after payment of a prescribed fee. Table 80 and Graph 24 below indicates the number of healthcare practitioners whose names were restored to the registers or rolls of the respective Councils.

Table 80: Numbers of healthcare practitioners restored to the registers or rolls

COUNCIL	NUMBER
NCNA	162
AHPCNA	105
MDCNA	40
PCNA	10
SWPCNA	21
Total	338

Graph 24: Numbers of healthcare practitioners restored to the registers or rolls

The Councils managed to restore a total of three hundred and thirty-three (338) names of healthcare practitioners to relevant registers or rolls. This number represents 27% of the total number of registrants, whose names were removed from the registers or rolls during the 2021/2022 financial period. The restoration of names to registers or rolls generated extra revenue for the Councils to the tune of N\$ 271 160.

f) Audited Financial Statement

The accounting records of the Councils were audited by external auditors from Saunderson & Co, who found that 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 2022. All Councils obtained an unqualified audit opinion. The audited financial statements are presented separately as annexures to this report.

2 Division: Human Resources

2.1 Introduction

Based on the HPCNA's strategic plan 2021-2026, the HR division is charged to perform the following strategic objectives.

- To enhance human capital to meet internal and external customer requirements.
- To ensure the availability of required skills and knowledge in different areas to achieve Councils' strategic objectives.
- To improve staff relations.
- To revise human resources policies.
- To strengthen internal payroll capacity and infrastructure.
- To provide adequate information technology solutions to support operations.
- To provide adequate data management and record management solutions to support operations.

2.2 Staff Establishment

The Councils are administered by a joint secretariat, consisting of a staff establishment of fifty-eight (58) posts, out of which forty-three (43) are currently filled. This translates into 74% of the total staff establishment. The vacant posts will be filled based on service demands and financial sustainability. The staff establishment has been continuously reviewed by the Recruitment, Promotion and Remuneration Review Committee for alignment with the Councils' mandate and needs for service delivery.

2.3 Staff Recruitment and Promotions

During the reporting period, the Councils have recruited two (2) staff members in the following categories: finance officer and driver. One (1) employee has been promoted to the position of records management clerk, whereas two (2) employees voluntarily terminated their employment with the Councils during the reporting period.

In addition to these developments, four (4) employees were horizontally transferred to other divisions during the period under review. This internal re-arrangement was necessitated by the need to effectively utilise the available human resources.

Table 81: Employees per gender and occupational level

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top Management	2 (40%)	3 (60%)	5 (100%)
Managers	5 (71%)	2 (29%)	7 (100%)
Assistant Managers	3 (33%)	6 (67%)	9 (100%)
Others	8 (36%)	14 (64%)	22 (100%)
Total	18 (42%)	25 (58%)	43 (100%)

Graph 25: Graphical presentation of employees per gender and occupational level

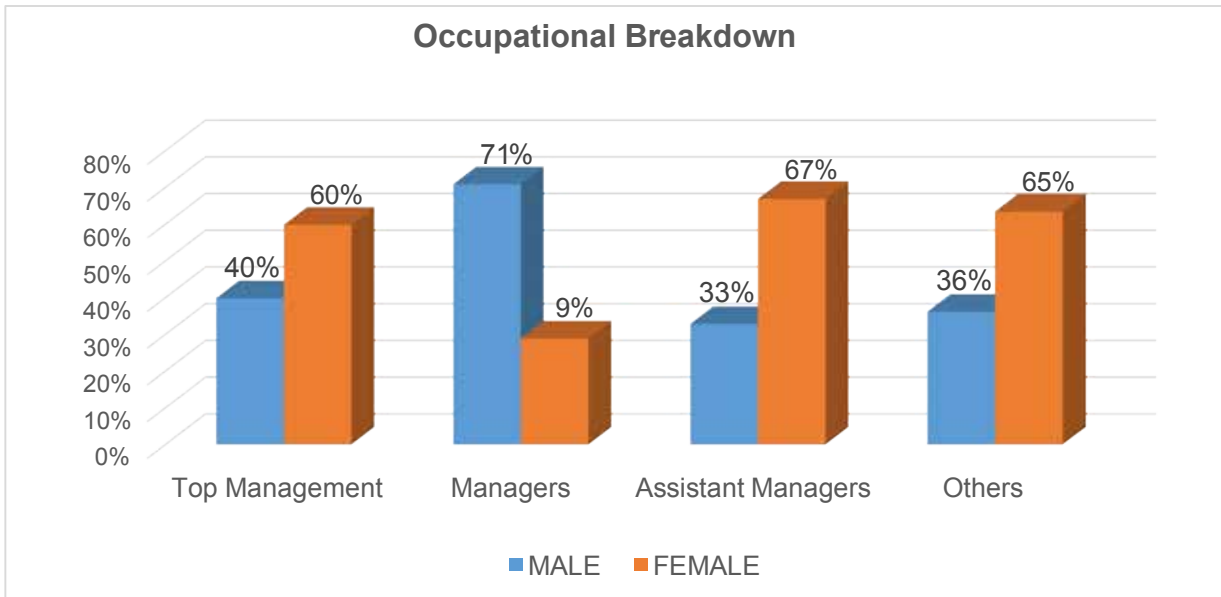


Table 81 and Graph 25 show that from the total of 43 employees, 18 (42%) are males and 25 (58%) are females. In comparison to the previous reporting period, the executive management category is still dominated by females at 60%, while 40% are male employees. The male-female demographics at managerial category stands at 71% males and 29%. The female dominance was also maintained at the assistant managerial level, with 67% being female employees, while 33% are male.

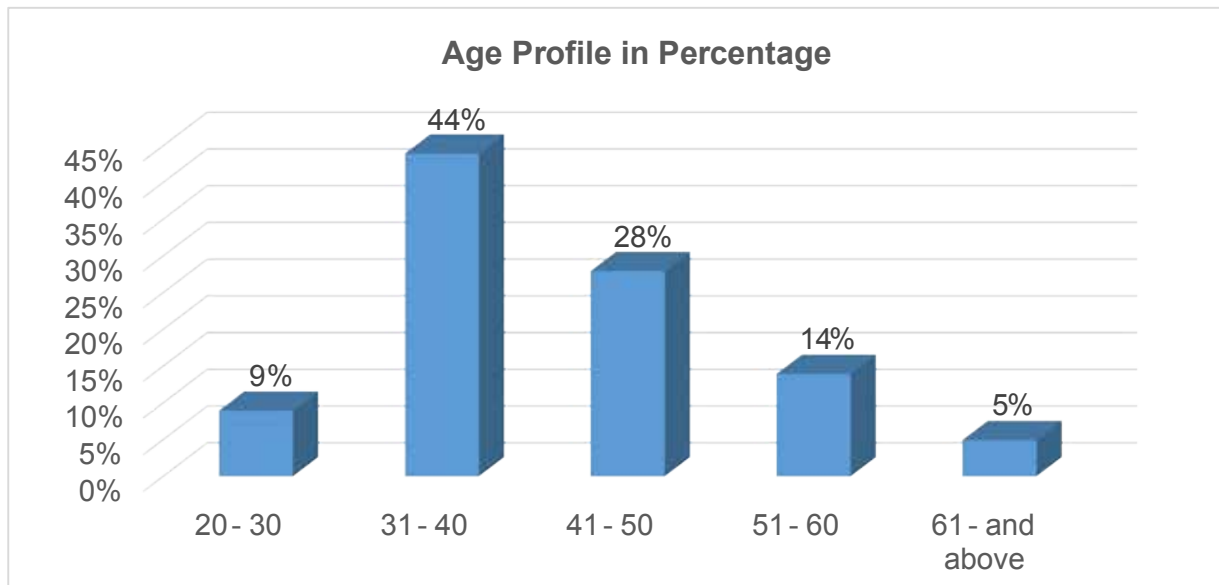
Overall, the Councils have embraced the concept of woman empowerment by significantly increasing the representation of female employees in decision-making, while 64% of employees in low-level category are also females.

2.4 Employees Age Profile

The Councils’ Human Resources Policy provides for the employees’ retirement age to be at 65 years, reckoned from the last day of the month in which an employee turns 65 years old. The retiree may be re-employed on a renewable twelve-(12) month contract, depending on the employee’s performance, the scarcity of skills, experience and good health. The age demographics of employees are presented in Table 82 and Graph 26.

Table 82: Employees per age groups

AGE GROUP	NUMBER	PERCENTAGE
20-30	4	9%
31-40	19	44%
41-50	12	28%
51-60	6	14%
61 and above	2	5%
Total	43	100%

Graph 26: Age profile of employees

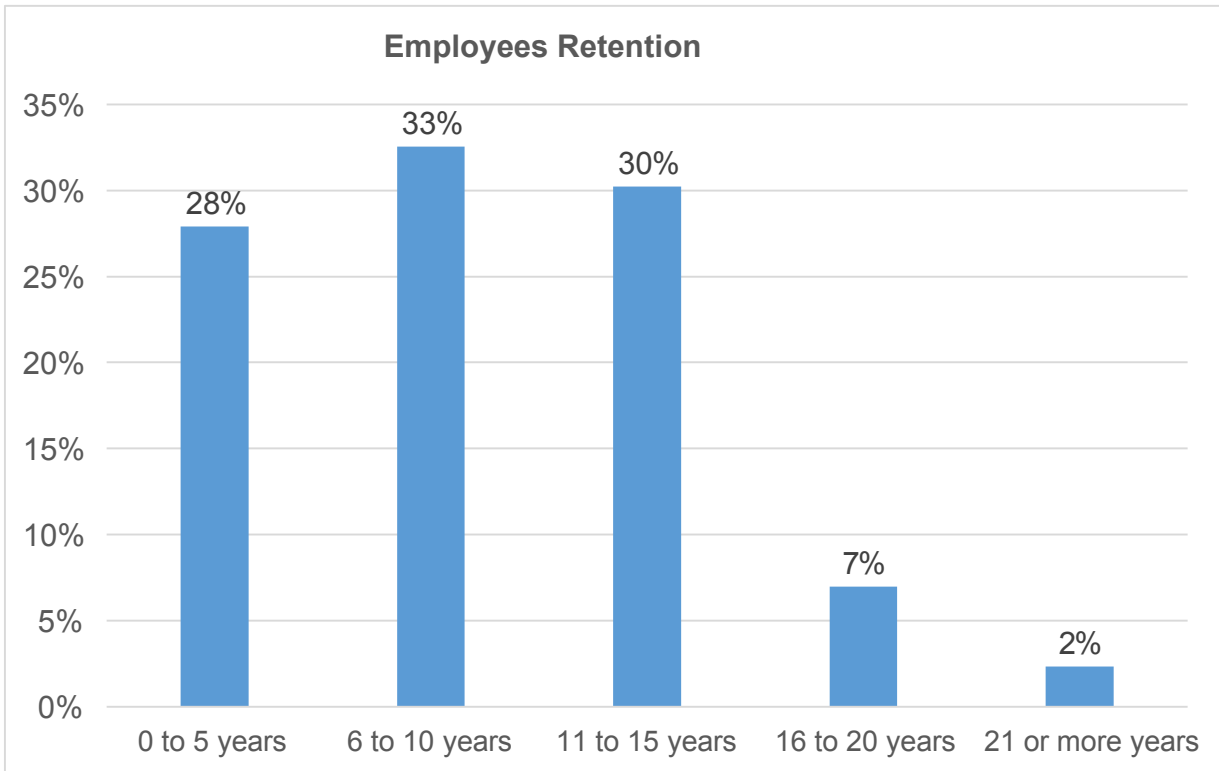
As presented in Table 82 and Graph 26, the Councils' workforce is dominated by the youth at 44%, followed by the middle age at 28%. The age demographics of the employees shows the Councils' commitment to recruiting and retaining competent youths for continuity and succession planning.

2.5 Staff Retention

The staff retention profile for the period under review is presented in Table 83 and Graph 27.

Table 83: Number of employees per years of service

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGES
0 to 5 years	12	28%
6 to 10 years	14	33%
11 to 15 years	13	30%
16 to 20 years	3	7%
21 or more years	1	2%
Total	43	100%

Graph 27: Number of employees per years of service

A successful organisation needs consistency in all critical aspects, including employees. In comparison to the previous reporting periods, the Councils continued to maintain a high staff retention rate. Over thirty percent (30%) of the workforce has been in the employ of the Councils for more than ten (10) years, while seven percent (7%) have been employed for more than sixteen (16) years. This is attributable to the Councils' conducive working environment in all job categories and demonstrates that employees feel valued. Apart from the retention of existing employees, the high response rate to externally advertised vacancies as well as requests for re-employment from former employees of the Councils suggests that the Councils remain the preferred employers of choice to many.

2.6 Long Service Awards

The human resources policy provided for the certificated recognition and monetary rewards of employees who rendered uninterrupted services to Councils for 5, 10, 15, 20, 25 years and longer, or upon retirement. The ultimate aim of this policy is to appreciate staff members' persistent contributions to the realisation of the Councils' mission and vision, and also to help them further increase their sense of engagement and loyalty to the Councils. 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	6
15-Year Awards	1
Total Awards	10

2.7 Negotiation on Basic Conditions of Service

The NAPWU, which is recognised by the Councils as an exclusive bargaining agent for employees, made a proposal to have the employees' basic salary and other fringe benefits increased during 2021/2022 the financial year. The proposal was to cost the Councils N\$3 341 031.35 per annum. The Joint Presidents Committee of the Councils resolved on the 27th of May 2021 that the proposed salary increment was unaffordable due to the economic uncertainties caused by the impact of Covid-19 and the financial position of the Councils.

In response, NAPWU was not impressed, and threatened to declare a dispute. This resulted into a discussion between the parties on the 3rd of December 2021. At this meeting, NAPWU indicated that its proposal was mostly driven by price increases and housing costs, which negatively affected the financial status of its members. However, the union conceded it had no knowledge and made no effort to understand the financial position and sources of funding of the Councils to justify its proposal. The Councils' activities and sources of funding were explained in detail to NAPWU. The meeting ended with a mutual understanding that the demand cannot be realised.

2.8 Termination of the Recognition and Procedural Agreement

During the reporting period, the Councils had thirty-six (36) employees, who were eligible to be under the bargaining unit as per the recognition and procedural agreement with NAPWU. However, only fourteen (14) employees were paid up members of NAPWU, which represents thirty-nine percent (39%) of the eligible staff members.

In terms of section 64 (11) of the Labour Act (Act No. 11 of 2007) as well as clause 4 and 7 of the recognition and procedural agreement, NAPWU was issued with a notice on the 7th of December 2021 to attain majority representation of the employees on or before the 6th of March 2022. NAPWU did not acquire the majority representation within the stipulated period – and as a result, the union was issued a termination of the recognition and procedural agreement in accordance with Section 64 (11) (b) of the Labour Act.

2.9 Staff Disciplinary Matters

As a practice, the Councils continued to religiously promote acceptable operation values at all levels of employment. The leadership adopted a culture of timely correcting unpalatable behaviours and poor performance through empowerment strategies than punishment. Such strategies have been successful in maintaining an acceptable standard of work ethics as opposed to costly and time-consuming punitive procedures. As a result, there has been no formal disciplinary processes undertaken against any staff member during the reporting period.

2.10 Staff Wellness

The impact of the Covid-19 did not spare the Councils' workforce and activities. During the period under review, service deliveries at the Councils have been occasionally interrupted due to office closures for fumigation after several employees tested positive of Covid-19. Furthermore, a number of employees were asked to self-isolate – and where possible, work from home after suspected exposure to the virus. This was done to break the chain of the possible transmission of the virus. The fight against the Covid-19 pandemic was reinforced by health information dissemination and the distribution of personal protective equipment to the staff members. The annual voluntary health assessment services were also provided to

employees on Councils' premises and at no additional cost to the employer, as all employees are provided with medical aid benefits. These include:

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

2.11 Leave Management

During the reporting period, the staff wellness was not only limited to on-the-job wellness programmes and breaking the chain of the Covid-19 transmission but allowing staff members to take time off from work to rest and recharge remained another key priority of the Councils' leadership. In line with section 23 (2) of the Labour Act, No 11 of 2007, all employees were allowed to go on holiday.

3 Division: Administration

During the period under review, the administrative division has been striving to achieve the following strategic objectives:

- Enhance procurement and property management activities
- Effective and efficient fleet management
- Effective and efficient communication
- Enhancement of service delivery culture

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

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

3.1 Physical Facility Management

To ensure the durability of physical infrastructure is preserved as well as the growth in assets value, several repairs and maintenance activities were undertaken during period under review. The Councils continued leasing properties, situated at Erf 4169 and Erf 417 to supplement the income streams of the Councils. Details on lease agreements are provided in Table 91 below.

3.2 Property Valuation

Every year, the five (5) fixed properties of the Councils are assessed to determine their market value. This does not only help the Councils to know the monetary value of their properties, but to also have them adequately insured. The value of the five (5) properties has increased from N\$41 913 000 during the 2020/2021 reporting year to N\$45 937 000 during the 2021//2022 reporting year, representing an annual growth of 9%.

3.3 Transport Management

Effective fleet management is critical to ensure uninterrupted transport services. During the period under review, the Councils sold a 2006 model Toyota Fortuner due to overdue lifespan and high maintenance costs. Currently, the fleet consists of two (2) serviceable vehicles, which is well maintained. No accident was reported during the reporting period.

3.4 General Support Services

Administrative and logistic services were provided to all other departments of the Councils, and regular communication with external stakeholders was maintained. The service provided includes the management of incoming and outgoing mails, as well as the management of supplies, deliveries, repairs and maintenance, services accounts management and procurement.

3.5 Contract Management

Regular meetings were held with service providers to discuss matters relating to the implementation of contracts. The following contracts are in place.

Table 85: Contracts

SERVICE PROVIDER	SERVICE PROVIDED	CONTRACT DURATION
Acunam Technology Group	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
Roha Investment CC	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	PROPERTY	DURATION
Mwandingi Attorneys	Erf 4168	2 years
Twenty First Century Radical Publishing CC t/a Radical Books	Erf 4171	2 years

3.6 Procurement

During the reporting period, the cleaning service contract expired on the 30th of November 2021 – and in line with the Public Procurement Act, No 15 of 2015, public bids were invited, whereby Roha Investment CC was the successful bidder and was appointed to provide cleaning services for a period of thirty-six (36) months.

4 Division: Record Management

In recent years, the Councils recorded an ever-growing number of registrants, and the archiving space was becoming limited. During the reporting period, additional filing space for client records was found, and new shelves were installed. The procurement process for an electronic filing system was commenced, and it is expected to be finalised during the 2022/2023 financial year.

During the reporting period, many requests for information on registered and enrolled healthcare practitioners were received from various stakeholders. Efforts were, therefore, made to ensure the electronic record management system is populated with accurate, retrievable information.

5 Division: Information Technology

The IT infrastructure, such as office 365, as well as data management and Pastel accounting systems were still functional and supported the administrative activities of the Councils. The day-to-day IT support works, limited maintenance, information updates, report generation and troubleshooting are carried out by an in-house IT staff member. However, major maintenance functions of the database system are still outsourced to Cube IT CC, while the hosting of e-mails on cloud, the provision of office 365 licenses, ESET antivirus, backups as well as the maintenance of servers have been outsourced to Acunam Technology Group. This is the most cost-effective approach in terms of human capital and resources, instead of acquiring a capital-intensive IT infrastructure and a number of IT specialists.

5.1 Data Management System

The data management system was developed in 2007 at which time the practitioners, organisation departments and staff were few. Since the system was designed to cater for a smaller population of practitioners and staff, it started experiencing problems when the numbers of staff members and practitioners increased. During the period under review, Cube IT was appointed to upgrade the system to improve administrative efficiency, perfect the Electronic Registers (E-registers), enable practitioners to renew their registrations online, allow practitioners to update their personal particulars online, enable practitioners to submit their CPD points online and facilitate the sending of annual reminders to practitioners via short message with a pdf invoice attachment. Phase one (1) of the upgrading process was completed during the last quarter of the reporting period, and the entire project will be completed within the second quarter of the 2022/ 2023 financial year.

5.2 Website and E-registers

The hosting and maintenance work of the website and E-registers are outsourced to Vtech Information Service. The E-register is updated twice a week on Tuesdays and Thursdays. Healthcare practitioners who are not registered with the Councils do not appear on the E-register, and they are not allowed to practice in terms of the relevant Acts. The E-registers are linked to the website and provide information on registered and enrolled healthcare practitioners. The E-registers are accessible to members of public online. During

the reporting period, the in-house IT technician was trained to update the required information on the website and E-registers, and this has reduced dependency on an external service provider.

5.3 Antivirus

The ESSET antivirus license that runs on twelve (12) months subscription was procured to monitor and protect the network and its peripheral devices from malware attack. The antivirus has been installed in all electronic devices.

5.4 Rental of Printers

Three (3) multifunctional printing machines are being rented from Konica Minolta to provide printing, copying, scanning and faxing services from one device. Each office block of the Councils was allocated a multifunctional printing machine. The rental agreement with Konica Minolta will expire on the 1st of May 2023.

5.5 Installation of Closed-Circuit Television Cameras

Despite the presence of security guards, employees have reported attempt and sometimes successful breaking into cars and mugging of clients at the parking bays along Schonlein Street. In collaboration with the City Police, a decision was taken to have CCTV cameras installed for the smart tracking of the movements of people along the same street. This installation is expected to be done in the first quarter of the 2022/ 2023 financial year. After the installation of the CCTV cameras and connection to the base station, City Police will take the sole responsibility of monitoring and maintaining the cameras.

5.6 Obsolete Electronic Appliances

During the reporting period, a number of obsolete electronic appliances were auctioned externally after the first option was given to the staff members. The obsolete electronic appliances include printers, laptops, desktop computers, telephone headsets and keyboards.

5.7 Communication

During the period under review, internal and external stakeholders were engaged through consultative meetings, circulars, letters, telephone calls and e-mails. Registered and enrolled healthcare practitioners were especially reminded through text messages about outstanding annual maintenance fees, and invoices were emailed to them.

Invoices were also made accessible to healthcare practitioners through text messages on their mobile communication devices. This mode of communication assisted in addressing the challenges experienced by some of the registered and enrolled healthcare practitioners in receiving their invoices via emails or postal services, and it has improved the response time. The method also had significant improvement on the collection of annual maintenance fees.

5.8 Conclusion

The department: Human Resources, Administration, Data & Records Management, and Information Technology was successful in ensuring efficient and timely support to other offices of the Councils.



