



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

Health Professions Councils of Namibia

Annual Report | 2023

THE CONSPECTUS OF OUR PERFORMANCE



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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	Welwitchia Health Training Centre

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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 (AHCNA), 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

2022/2023 was an exciting year for the HPCNA for many reasons, but the biggest is what this year's accomplishment meant for the future. If HPCNA's journey was a football match, I would describe it this way: "We have just completed the first half of the season and we are in great shape to be even better in the second half, so watch the space".

Professional Affairs

The HPCNA's Strategic Plan for 2021 – 2026 aimed at registering and enrolling 25 614 healthcare practitioners by the year 2023 / 2024. By the year under review, this target has been surpassed as the number of registered and enrolled healthcare practitioners stood at 28 694. The nursing and midwifery professions accounted for more healthcare practitioners on the registers / roll at 16 526, while the social work and psychology professions accounted for the least number of registered healthcare practitioners at 984.

Legal Services

A total of 72 cases of unprofessional conduct were reported for investigations, with the MDCNA having had more cases at 61% while the PCNA registered fewer cases at 8%. The total number of cases investigated stood at 157 of which 31% were closed, 56% remained under investigation, and 13% referred to professional conduct inquiries. The MDCNA held five professional conduct inquiries while the NCNA and the PCNA held one each. Three appeals were heard: the MDCNA had two and the PCNA had one. Two High Court matters were recorded of which one was finalised. More regulations were also gazetted: 67% were for the allied healthcare professions; the medical and dental professions had 22%; and 11% were for the social work and psychology professions.

Administration and Human Capital

The combined value of the fixed assets increased over the reporting period from N\$ 45 937 000.00 to N\$ 47 340 000.00. On the human capital, four new staff members were recruited: namely, an IT technician, two legal officers and a record management clerk. The HPCNA has a staff complement of 58 posts of which 41 (71%) were filled. The workforce is dominated by young staff members at 37% followed by middle-aged cadres at 27%.

Finance

The total revenue of the HPCNA improved by 9% during the reporting period, due to the upsurge in the number of newly registered healthcare practitioners. More interest was also generated from the investment accounts than in the previous financial year. The main source of income however remained the Government grant at 51% of the total revenue.

I am so proud of all that our team has accomplished this year and sincerely thank all our employees, Council members, Ministry of Health and Social Services, registrants, clients, and stakeholders for making the HPCNA what it is today. We would not be where we are today without every one of you. You should be proud of your efforts.

EXECUTIVE SUMMARY

Professional Affairs Department

The HPCNA share a common mandate of ensuring that all persons practicing health-related professions in Namibia are suitably qualified. Registration with the PCNA is thus a pre-requisite for professional practice, and it is also a legal requirement to keep up-to-date personal details of all registered healthcare practitioners. The target of the HPCNA as per the 5 year strategic plan 2021 - 2026, was to collectively register and enrol 25 614 healthcare practitioners by the 2023 / 2024 financial year. The HPCNA have surpassed this target by registering and enrolling a total of 28 694 healthcare practitioners. This number is distributed among HPCNA as follows.

- NCNA: 16 526 healthcare practitioners
- AHPCNA: 5 365 healthcare practitioners
- MDCNA: 4 074 healthcare practitioners
- PCNA: 1 745 healthcare practitioners
- SWPCNA: 984 healthcare practitioners.

The NCNA has more healthcare professionals on its registers and the rolls at 55% followed by the AHPCNA at 19%, the MDCNA at 14%, the PCNA at 6%, and the SWPCNA at 3%. The high number of nurses in the country is attributed to the mushrooming of nursing schools.

Legal Services Department

The department is responsible for processing all complaints against healthcare practitioners. It coordinates the activities of the PIC, the PCC, the Impaired Practitioners' Committees, the Appeals Committees, and conducts professional conduct inquiries. The department is further responsible for the preliminary legislative drafting of the regulations, rules and notices and conducts preliminary consultation with relevant professionals and stakeholders on the contents of such drafts.

Seventy-two (72) cases of unprofessional conduct were reported during this period; the majority of cases (61%) pertained to the medical and dental profession, whereas only 8% pertained to the pharmacy profession. The nursing, social work and psychology and allied health professions had a total of 14% each. Of the cases discussed by the PICs 157 31% were closed, 56% remain under investigation, and 13% were referred for professional conduct inquiry. The cases that are pending investigation have increased by 24%; there was a 15% increase in cases pending for professional conduct inquiry compared to the previous year.

The MDCNA held five (5) inquiries; the NCNA and PCNA each had one (1) inquiry. Three (3) appeals were heard during this period; MDCNA had two (2) appeals and PCNA had one (1) appeal. There are 46 pending professional conduct inquiries: MDCNA (28); NCNA (4); PCNA (3); SWPCNA (8); and AHPCNA (3). During this period the MDCNA recorded two (2) High Court matters; one (1) was finalised. A total of 67% of the gazetted regulations were for the AHPCNA. The MDCNA had 22% and SWPCNA had 11% of the gazetted regulations.

Finance Division

The funds generated by the HPCNA through prescribed fees constituted 49% of the total revenue. However, the annual grant from the central Government via the MoHSS constituted 51% of the total income. Globally and domestically, consumers of goods and services were still recovering from the economic challenges caused by the outbreak of Covid-19. Therefore, the fees payable to the HPCNA were not increased during the financial year under review.

Rental income from the two (2) properties leased by the HPCNA decreased by 28% from N\$ 339,959.60 generated in the 2021 / 2022 financial year to N\$ 243,900.00 generated during the reporting period. Office number 44 Schonlein Street was unoccupied for approximately 10 months which led to a significant reduction in revenue. The surplus funds generated by the HPCNA at year-end were kept in the investment accounts and generated a combined interest of N\$ 1,359,420.30. This sum was a 99% increase when matched to N\$ 682,062.10 interest earned during the 2021 / 2022 financial year.

Human Resource, Administration, and Information Technology Divisions

The HPCNA's staff establishment consists of 58 posts; 41 of them are filled. Four staff members were recruited during the reporting period. One employee was promoted to a middle-level management position. The workforce of the HPCNA is dominated by youth and middle-aged staff members at 37% and 27% respectively; 59% of the employees are female. As is the nature of the labour market, six (6) employees voluntarily terminated their employment with the HPCNA over the reporting period. Seven (7) employees attended the HPCNA-funded training to enhance their competencies. Two (2) disciplinary inquiries were conducted to maintain acceptable work ethics among employees. The basic conditions of service for employees were also improved to keep them on par with that of the public sector.

Repair and maintenance of the physical infrastructures were continuously done to preserve their lifespan and grow their value. The combined value of fixed properties increased to N\$47 340 000.00. A shortage of archiving space, due to the ever-growing number of registrants, was noted. As a result, the drafting of the records management policy has commenced paving the way for the procurement of an electronic filing system in the 2023 / 2024 financial year.

While some IT functions are still outsourced, the in-house IT team has gradually taken over most of the key functions from these external service providers to save on costs. The outdated data management system was successfully upgraded. The revamping of the website and the e-registers is expected to be completed during the first quarter of the 2023 / 24 financial year. In collaboration with the Windhoek City Police, CCTV cameras were installed along Schoenlein Street to monitor the movements of people to curb criminal activities around HPCNA premises.

PROFESSIONAL AFFAIRS DEPARTMENT

The background features a series of overlapping, angular geometric shapes in various shades of green, blue, and purple, creating a modern, abstract landscape effect.

SECTION ONE

ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

1. INTRODUCTION

The AHPANA 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,
- 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.¹

2. MEMBERS OF THE AHPANA

The AHPANA comprises fourteen (14) members appointed by the Minister under section 15 of the AHP Act as amended by the Allied Health Amendment Act No 8 of 2018. They are:

Dr. Christopher Mubita Likando² (President) – Medical Orthotist & Prosthetist.

Ms. Ronelle Isaacs³ - (Vice-President) – Physiotherapist.

Rev. Cornelia Nel – Public Member.

Ms. Luzanne Kalondo – Radiographer (Diagnostic).

Mr. Elvis Handura – Environmental Health Practitioner.

Ms. Antoinette de Almeida - Occupational Therapist.

Ms. Belinda Roselin Tsausus - Medical Technologist.

Ms. Cornelia Bauer - Paramedic Advance Life Support.

Mr. Johannes Henn - Dental Technician.

Ms. Dorttee Verrinder - Dietician.

Dr. Elga Drews - Chiropractor, Homeopath.

Ms. Nicolette Bloodstaan - Radiographer (Diagnostic).

Ms. Zelda Crous – Optometrist.

Ms. Irene Garthoff - Audiologist.

1 Section 5 of the AHP Act.

2 President.

3 Vice-President.

3. Summary of Activities

3.1 AHPCNA meetings

The AHPCNA held two (2) meetings on the 16th of September 2022 and the 24th of March 2023, respectively. Out of the sixty-five (65) resolutions taken by the AHPCNA, sixty-three (63) were fully implemented; two (2) were pending implementation. The resolutions pending implementations were the inspections of Anna Mart Kruger Physiotherapy in Swakopmund for the training of physiotherapy interns, and Three Sixty Emergency Services for the training of Emergency Care Practitioners – Intermediate.

3.2 Professional committees

The AHP Act⁴ provides for the establishment of professional committees whose function is *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. Eleven (11) professional committees were in existence comprising thirty-six (36) members. The following activities were carried out by the different committees.

- **Professional Committee for Emergency Care Professions**
 - The committee inspected the Namibia Defence Force Training Establishment for the training of student combat medics.
 - Evaluated the curriculum of EMED Rescue 24 and ThreeSixty Emergency Services to train student emergency care practitioners – intermediate.
- **Professional Committee for Physiotherapy and Related Professions**
 - Evaluated the curriculum for a Bachelor of Physiotherapy at Kamuzu University, Malawi.
 - Evaluated the revised curriculum for a Bachelor of Science in Physiotherapy (Honours) at the University of Namibia.
- **Professional Committee for Occupational Therapy and Related Professions**
 - The committee evaluated the revised curriculum for a Bachelor of Science in Occupational Therapy (Honours) at the University of Namibia.
- **Professional Committee for Optometry and Related Professions**
 - Evaluated the Bachelor of Science in Optometry and Vision Sciences of the University of Masinde Muliro University of Science and Technology, Kenya.
- **Professional Committee of Radiography and Related Professions**
 - Evaluated the revised curriculum for a Bachelor of Science in Radiography (Diagnostic) Honours of the University of Namibia.

4 Section 13(1)

3.3 Executive committee

The AHP Act stipulates that the AHPCNA must establish an Executive Committee (ExCom) to exercise the powers and perform the duties and functions of the AHPCNA between the AHPCNA's meetings. The AHPCNA may set aside or amend any decision or act of the ExCom made or performed. During the period under review, ExCom held two (2) meetings. Attendance of the meetings is provided in Table 1. Table 2 presents matters discussed at the meetings.

Table 1: Attendance of ExCom meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
22 July 2022	4	3	0
16 December 2022	4	4	0

Table 2: Matters discussed by ExCom

DATE	MATTER	STATUS
22 July 2022	Inspection report of the Namibia Institute of Pathology (NIP)-Oshakati to train Student Medical Laboratory Scientists and Intern Medical Technologists	Approved
22 July 2022	Inspection report of Namibia Radiology Services (NAMRAD) – Windhoek to train Student Diagnostic and Ultrasound Radiographers.	Approved
22 July 2022	Inspection report of Emergency Management and Specialist Services (EMTSS) -Windhoek for the training of Student Emergency Care Practitioners – Basic & Intermediate.	Approved
22 July 2022	Inspection report of OSH – MED International, Windhoek for the training of Student Emergency Care Practitioners – Basic & Intermediate.	Approved
22 July 2022	Inspection report of Osona Military School-Okahandja to train the student Combat Medics.	Approved
22 July 2022	The inspection of the report of Zenra Buys Physiotherapy Practice -Windhoek to train Intern Physiotherapists.	Not approved to train Intern Physiotherapists
22 July 2022	Evaluation report of the revised curriculum for the Bachelor of Science in Occupational Therapy (Honours) of the University of Namibia (UNAM).	Approved
22 July 2022	Curriculum evaluation report of the Certificate in Emergency Care Practitioner- Intermediate of Three Sixty Emergency Services.	Approved
22 July 2022	Curriculum evaluation report for a Certificate in Emergency Care – Intermediate of EMED - Rescue 24	Approved
22 July 2022	Evaluation report of the revised curriculum for a Bachelor of Science in Radiography (Diagnostic) Honours of UNAM.	Approved
22 July 2022	Evaluation report of the revised curriculum for a Bachelor of Science in Physiotherapy (Honours) of UNAM.	Approved
22 July 2022	Appointment of additional evaluators and inspectors for the physiotherapy profession.	Approved
22 July 2022	Ms Angel Meshack Kajelelo and Mr January Martin Biyay's applications for registration as Physiotherapists.	Applications refused

22 July 2022	Ms Kashiefa Dalvi's request for exemption from the internship in Occupational Therapy.	Approved.
16 December 2022	Inspection report of Yad Marpe Physiotherapy - Ongwediva to train Physiotherapy Interns.	Approved
16 December 2022	Inspection report of Namibia Institute of Pathology (NIP) – Onandjokwe to train student Medical Laboratory Scientists and Intern Medical Technologists.	Approved
16 December 2022	Inspection report of Proqual Medical Imaging – Windhoek to train Student Diagnostic Radiographers.	Approved
16 December 2022	Inspection report of Medical Imaging - Swakopmund Cottage Hospital to train Student Diagnostic and Ultrasound Radiographers.	Approved
16 December 2022	Inspection report of Walvisbay District Hospital to train Student Diagnostic and Ultrasound Radiographers.	Refused

4. CONTROL OVER EDUCATION, TUITION AND TRAINING

The AHP Act⁵ provides that any person or educational institution intending to offer education, tuition or training must apply to the AHPCNA in writing before offering such training. Tables 3 to 5 below indicate the training institutions and health facilities that applied for approval to train students or interns. Table 6 pertains to curriculum applications.

Table 3: Educational institutions applied for approval to train students

INSTITUTION	QUALIFICATION	INSPECTION DATE	REGION	STATUS
Emergency Management Training Specialist Services, Windhoek	Certificate in Emergency Care (Basic & Intermediate)	21 April 2022	Khomas	Approved
Namibia Defence Force Training Establishment	Certificate in Combat Medics	18 May 2022	Otjozondjupa	Approved
OSH – MED international Namibia, Ongwediva	Certificate in Emergency Care (Basic)	23 February 2023	Khomas	Approved

Table 4: Health facilities applied for approval to provide students

FACILITY	NATURE OF TRAINING	INSPECTION DATE	REGION	STATUS
Medical Imaging -Rhino Park Hospital (Windhoek)	Students in Diagnostic and Ultrasound Radiography	30 August 2022.	Khomas	Approved
Medical Imaging -Medi Clinic Hospital (Windhoek)	Students in Diagnostic and Ultrasound Radiography	30 August 2022.	Khomas	Approved
Imaging -Roman Catholic Hospital (Windhoek)	Students in Diagnostic and Ultrasound Radiography	18 August 2022.	Khomas	Approved
Intermediate Hospital Oshakati	Students in Diagnostic Radiography	18 August 2022	Oshana	Rejected

5 Section 17(2).

Table 5: Health facilities applied for approval to train interns

FACILITY	NATURE OF TRAINING	INSPECTION DATE	REGION	STATUS
Intermediate Hospital Katutura (Windhoek)	Internship in Occupational Therapy.	To be determined	Khomas	Pending inspection
Anna Mart Kruger Physiotherapist (Walvisbay)	Internship in Physiotherapy.	To be determined	Khomas	Pending inspection
Intermediate Hospital Rundu (Rundu).	Internship in Physiotherapy.	03 March 2023	Kavango East	Not approved
Intermediate Hospital Rundu (Rundu).	Internship in Occupational Therapy.	06 December 2022.	Kavango East	Not approved
Roland Physiotherapy (Windhoek)	Internship in Physiotherapy.	07 March 2023	Khomas	Approved
Physio @ hand (Windhoek)	Internship in Physiotherapy.	22 July 2022	Khomas	Approved
BRG Biokinetics -West Care (Windhoek)	Internship in Biokinetics.	23 February 2023	Khomas	Approved

Table 6: Curriculum received for approval

INSTITUTION	PROGRAMME/COURSE	CURRICULUM EVALUATION / STATUS
Three Sixty Emergency Services.	Certificate in Emergency Care (Intermediate).	Approved
Namibia Emed-24 Rescue Services	Certificate in Emergency Care (Intermediate).	Approved
UNAM	Bachelor of Science in Radiography (diagnostic) (Honours)	Approved
UNAM	Bachelor of Science in Physiotherapy (Honours)	- Approved
UNAM	Bachelor of Science in Occupational Therapy (Honours)	Approved

5. APPLICATIONS FOR REGISTRATION

The AHP Act provides that no person is entitled to practice within Namibia an allied healthcare profession unless registered under the AHP Act. Any person who wishes to be registered must apply to the AHPCNA. Registration applications received are indicated in Table 7 below.

Table 7: Number of applications received per profession

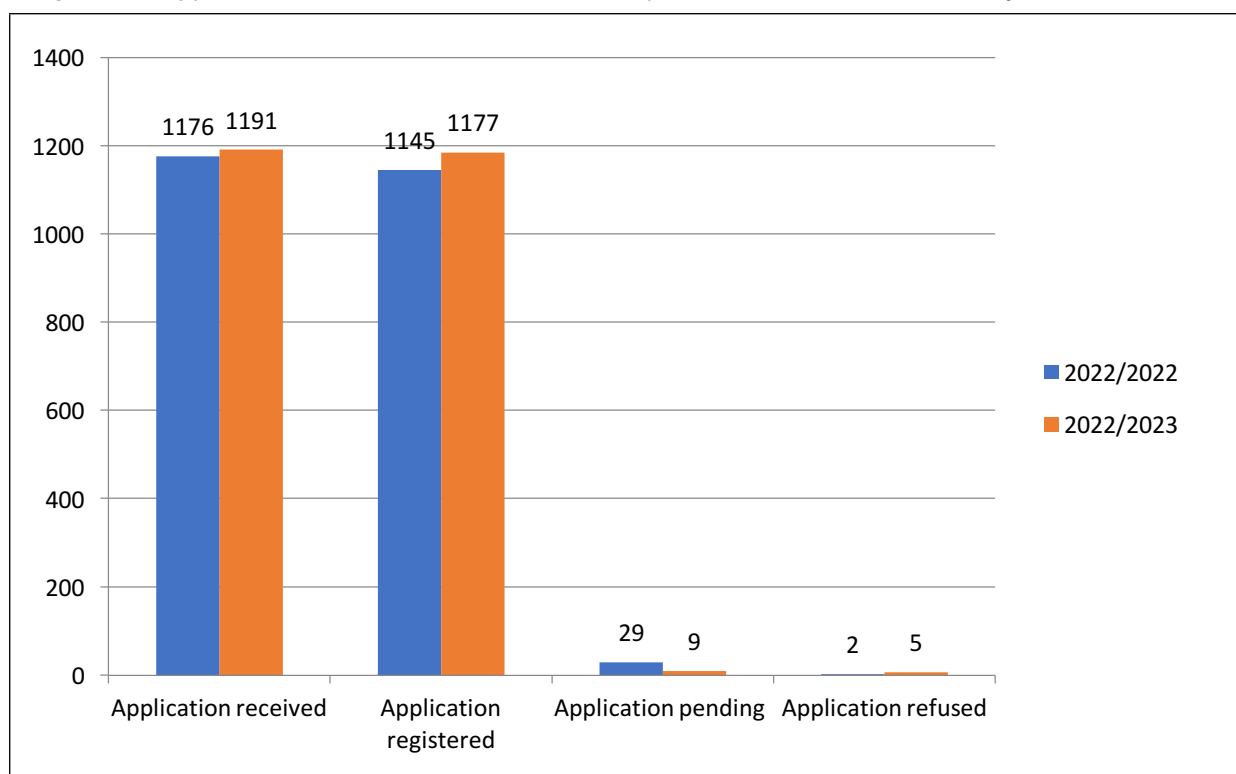
PROFESSIONAL DESIGNATION	NUMBER OF APPLICATIONS	APPROVED	PENDING	REFUSED
Biokineticists	5	2	2	1
Intern Biokineticists	2	2	0	0
Clinical Technologists (cardio-vascular perfusion)	2	2	0	0
Clinical Technologist (Critical care)	1	1	0	0

PROFESSIONAL DESIGNATION	NUMBER OF APPLICATIONS	APPROVED	PENDING	REFUSED
Clinical Technologist (Nephrology)	1	1	0	0
Clinical Technologist (Pulmonology)	1	1	0	0
Combat medics	10	10	0	0
Chiropractor	1	1	0	0
Dental Therapists	10	4	2	4
Dieticians	4	4	0	0
Emergency Care Technicians	27	27	0	0
Emergency Care Practitioners-Basic	596	596	0	0
Emergency Care Practitioners-Intermediate	44	44	0	0
Emergency Care Practitioner-Students Intermediate	27	27	0	0
Paramedics – ALS	21	21	0	0
Paramedic Students	22	22	0	0
Environment Health Practitioners	31	30	1	0
Environmental Health Practitioner Students	59	59	0	0
Environment Health Practitioner Assistants	16	16	0	0
Environmental Health Practitioner Assistant Students	23	23	0	0
Medical Laboratory Scientists (Clinical Pathology)	12	9	3	0
Student Medical Laboratory Scientists (clinical pathology)	43	43	0	0
Medical Laboratory Technicians (Clinical Pathology)	11	11	0	0
Medical Laboratory Scientist (Clinical pathology & Microbiology)	1	1	0	0
Medical Technologist (Histopathological Techniques)	1	1	0	0
Student Medical Laboratory Technicians (Clinical Pathology)	15	15	0	0
Medical Technologists (Clinical Pathology)	10	10	0	0
Medical Technologist (Cytotechnology)	1	1	0	0
Medical Technologist (Histopathological Techniques)	1	1	0	0
Medical Orthotics and Prosthetists Technologists	5	5	0	0
Medical Orthotics & Prosthetist Assistant	1	1	0	0
Nutritionist	23	23	0	0
Nutritionist Students	15	15	0	0
Occupational Therapists	2	2	0	0
Occupational Therapist Students	20	20	0	0
Intern Occupation Therapists	6	6	0	0
Optometrists	8	7	1	0
Phlebotomy Technician Students	4	4	0	0
Phlebotomy Technicians	9	9	0	0
Physiotherapists	14	14	0	0

PROFESSIONAL DESIGNATION	NUMBER OF APPLICATIONS	APPROVED	PENDING	REFUSED
Physiotherapy Interns	11	11	0	0
Student Physiotherapists	16	16	0	0
Therapeutic Masseur	1	1	0	0
Therapeutic Aromatherapists	2	2	0	0
Diagnostic Radiographer Assistants	1	1	0	0
Diagnostic Radiographers	16	16	0	0
Therapeutic Radiographers	7	7	0	0
Diagnostic Radiographer Students	18	18	0	0
Ultrasound Radiographers	13	13	0	0
Student Ultrasound Radiographer	1	1	0	0
TOTAL	1191	1177 (99%)	9 (0,6%)	5 (0.4%)

One thousand one hundred and ninety-one (1191) persons applied for registration. Out of this number, one thousand one hundred and seventy-seven (1177) applicants were successfully registered. Nine (9) applications were pending either due to missing documents or pending evaluations. The highest number of refused applications was for dental therapists who failed the evaluation. Comparative data for applications is presented in Graph 1.

Graph 1: Applications received in 2021 / 2022 compared to 2022 / 2023 financial year



The graph shows that there was an increase in the number of registered practitioners over the reporting period compared to 2021.

5.1 Trends in the registration of health practitioners

The figures below show the trend in registration of practitioners between the period of 2018 / 2019 to 2022 / 2023. The registration of practitioners has been on the increase from 2018 (571) to 2022 (1177). Between the 2019 and 2020 period, registrations increased by 14.36%; by 18.22% during 2020 to 2021; and between the period of 2021 to 2022 registration increased by 32.58%. Between the year 2021 / 2022 and 2022 / 2023, registrations of new practitioners increased by 2.79 % only. Trends of registrations from 2018 to 2023 are presented in Table 8.

Table 8: A five (5) year trend of registration of health practitioners since 2018 / 2019

YEAR	2018 / 2019	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 2023
Number of Registered Practitioners	571	653	772	1145	1177

6. 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 falling under the AHPCNA. The cumulative numbers of registered persons per profession are indicated in Table 9 below.

Table 9: Total number of practitioners on the register per profession

PROFESSION	NUMBER OF PRACTITIONERS	
	2021 / 2022	2022 / 2023
Art Therapist	1	1
Audiologist	6	6
Biokineticist	78	86
Chinese Medicine Practitioner and Acupuncturist	3	6
Chiropractor	10	13
Clinical Technologist	31	29
Combat Medic	0	10
Dental Technician	28	28
Dental Technologist	9	10
Dental Therapist	51	55
Dietician	34	38
Dispensing Optician	10	11
Emergency Care Practitioner (Basic)	1432	1790

PROFESSION	NUMBER OF PRACTITIONERS	
	2021 / 2022	2022 / 2023
Emergency Care Practitioner (Intermediate)	274	372
Emergency Care Technician	51	44
Environmental Health Practitioner	289	317
Environmental Health Practitioner Assistant	67	126
Hearing Aid Acoustician	8	8
Homoeopath	6	8
Intern Biokineticist	7	10
Intern Medical Technologist	2	1
Intern Occupational Therapist	8	9
Intern Physiotherapist	32	43
Medical Laboratory Scientist	122	142
Medical Laboratory Technician	318	144
Medical Orthotics and Prosthetics Technologist	10	11
Medical Orthotist and Prosthetist	18	18
Medical Rehabilitation Worker	14	15
Medical Technologist	189	198
Music Therapist	1	2
Naturopath	4	4
Nutritionist	4	17
Occupational Therapist	84	90
Ocularist	1	1
Operational Emergency Care Orderly	2	2
Optometrist	98	108
Orthopaedic Technician	3	5
Orthopaedic Technologist	5	5
Osteopath	1	1
Paramedic (Advanced Life Support)	83	104
Phlebotomy Technician	24	30
Physiotherapist	139	160
Phytotherapist	1	3
Podiatrist	1	1
Pupil Radiography Assistant	3	3
Radiographer	0	6
Radiographer (Diagnostic)	196	237
Radiographer (Nuclear Medicine)	5	8

PROFESSION	NUMBER OF PRACTITIONERS	
	2021 / 2022	2022 / 2023
Radiographer (Therapeutic)	18	18
Radiographer (Ultrasound)	18	25
Radiographer Diagnostic and Therapeutic	1	2
Radiographer Diagnostic and Ultrasound	1	1
Radiography Assistant	50	57
Speech Therapist	11	12
Speech Therapist and Audiologist	10	10
Student Combat Medic	18	8
Student Emergency Care Practitioner (Intermediate)	32	69
Student Emergency Care Technician	0	15
Student Environmental Health Practitioner	79	146
Student Environmental Health Practitioner Assistant	50	72
Student Medical Laboratory Scientist	104	182
Student Medical Laboratory Technician	32	43
Student Medical Technologist	0	12
Student Nutritionist	58	70
Student Occupational Therapist	52	53
Student Paramedic (ALS)	73	110
Student Phlebotomy Technician	7	7
Student Physiotherapist	18	30
Student Radiographer (Diagnostic)	35	69
Student Radiographer (Ultrasound)	2	0
Therapeutic Aromatherapist	5	7
Therapeutic Masseur	2	0
Therapeutic Reflexologist	7	8
Unani Tibb Practitioner	1	1
Total	4340	5365

The respective number of practitioners on the register in 2021 / 2022 was 4340 and 5365 in the 2022 / 2023 financial year. There has been an increase of one thousand and twenty-five (1025) in the number of practitioners on the register in 2022 / 2023 compared to the previous year due to the practitioners who were removed and failed to restore their names to the registers during the year under review.

7. REMOVAL OF NAMES FROM THE REGISTER

7.1 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.⁶ During the year under review, the names of seven (7) practitioners were removed from the relevant registers voluntarily as indicated in Table 10 below.

Table 10: Number of practitioners voluntarily removed from the register per register

PROFESSION	NUMBER OF PRACTITIONERS
Emergency Care Practitioner - Basic	3
Occupational Therapist	1
Environmental health practitioner	1
Medical Orthotics and Prosthetics	1
Diagnostic Radiographer	1
TOTAL	7

7.2 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 annual fees on or before the 31st of March of the financial year. As shown in Table 11 below six hundred and forty practitioners (640) were removed from the registers in the 2022 / 2023 financial year.

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 2022 / 2023 is much higher than the 448 removed in the 2021 / 2022 financial year. As shown in Table 12 one hundred and twenty-six (126) practitioners out of the 640 in Table 11 applied for restorations of their names to relevant registers.

Table 11: Number of practitioners involuntarily removed from the register per register

PROFESSIONAL DESIGNATIONS	NUMBER OF PRACTITIONERS
Biokineticist	4
Chiropractor C Chiropractor	1
Clinical Technologist	3
Dietician	5
Dental Technologist	2

6 Section 25.

PROFESSIONAL DESIGNATIONS	NUMBER OF PRACTITIONERS
Dental Technician	2
Emergency Care Practitioner (Basic)	396
Emergency Care Practitioner (Intermediate)	34
Emergency Care Technician	5
Environmental Health Practitioner Assistant	27
Environmental Health Practitioner	46
Medical Laboratory Scientist	7
Student Medical Laboratory Technician	1
Medical Laboratory Technician	15
Medical Orthotist and Prosthetist	2
Medical Orthotics and Prosthetics Technologist	3
Medical Rehabilitation Worker	3
Medical Technologist	16
Optometrist	7
Occupational Therapist	10
Physiotherapist	6
Phlebotomy Technician	1
Paramedic (ALS)	11
Phytotherapist	2
Radiography Assistant	6
Radiographer (Diagnostic)	13
Radiographer (Nuclear Medicine)	1
Radiographer	2
Radiographer (Therapeutic)	4
Speech Therapist & Audiologist	1
Speech Therapist	1
Therapeutic Masseur	1
Therapeutic Reflexologist	2
TOTAL	640

8. RESTORATION OF NAMES TO THE REGISTER

Restoration of names to the register is presented in Table 12.

Table 12: Number of practitioners per profession restored to the registers

PROFESSION	NUMBER OF PRACTITIONERS
Biokineticist	2
Chinese Medicine Practitioner and Acupuncturist	1
Chiropractor	1
Dietician	1
Emergency Care Practitioner (Basic)	68
Emergency Care Practitioner (Intermediate)	2
Emergency Care Technician	2
Environmental Health Practitioner	10
Environmental Health Practitioner Assistant	7
Medical Laboratory Scientist	1
Medical Laboratory Technician (clinical pathology)	6
Medical laboratory technician (phlebotomy)	1
Medical laboratory technician (Histopathological techniques)	1
Medical Rehabilitation Worker	1
Medical Technologist	2
Nutritionist	1
Occupational Therapist	2
Optometrist	1
Paramedic (ALS)	2
Physiotherapist	5
Radiographer (Diagnostic)	8
Radiographer (diagnostic and therapeutic)	1
Therapeutic Reflexologist	1
TOTAL	126

9. OTHER SERVICES

9.1 Certificate of status

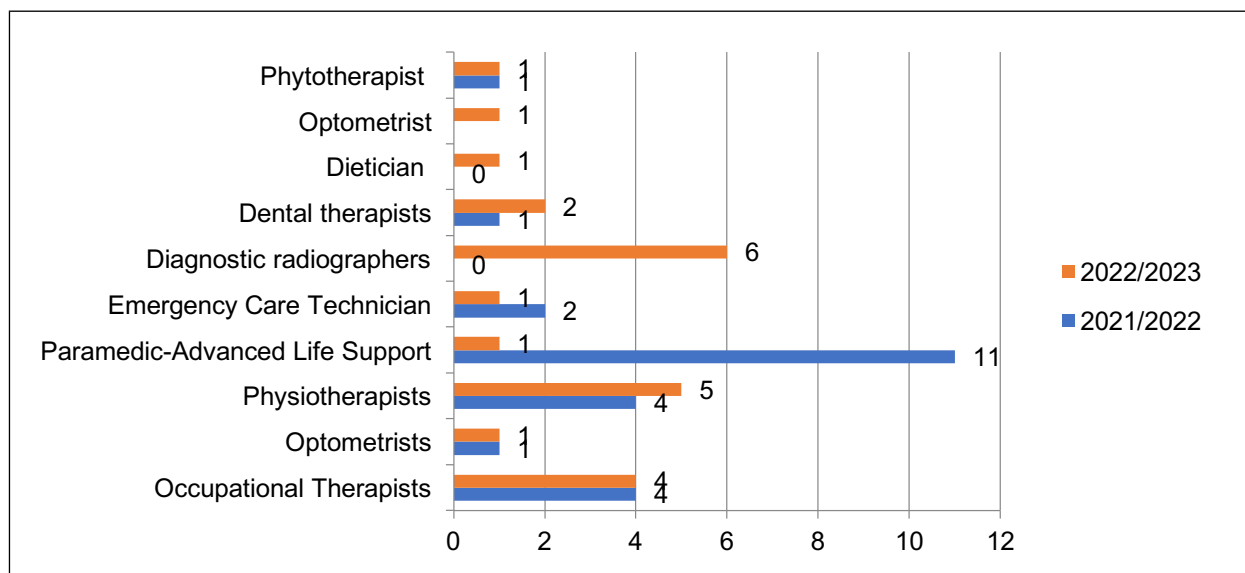
The AHP Act provides that a registered person may apply to the Registrar for a certificate of status⁷. The number and reasons for such applications are indicated in Table 13 below. Comparative data are presented in Graph 2.

⁷ Section 29.

Table 13: 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	1	Seeking registration with the Health Professions Council of South Africa
Physiotherapists	5	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 Technician	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Diagnostic Radiographers	6	Seeking registration with the Health and Care Professions Council of the United Kingdom
Dental Therapists	2	Seeking registration with the Health and Care Professions Council of the United Kingdom
Dietician	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Optometrist	1	Seeking registration with the Health and Care Professions Council of the United Kingdom
Phytotherapist	1	Seeking registration with the Health and Care Professions Council of the United Kingdom

Graph 2: Comparison of the number of applications for certificates of status between 2021 / 2022 and 2022 / 2023



Compared to 2021 / 2022, there has been a decrease in the number of applications for certificate of status over the reporting period as shown Graph 2.

10. STAKEHOLDER ENGAGEMENTS

10.1 Namibia University of Science and Technology (NUST)

The AHPCNA addressed the first-year students pursuing studies in environmental health sciences, medical laboratory sciences, human nutritionist, and emergency medical care, on the importance of registration with the AHPCNA.

The AHPCNA guided NUST and Boitekanelo College of Botswana on the requirements for registration in Namibia for Emergency Medical Care and Clinical Technology students on exchange programmes between the two institutions.

10.2 UNAM

The AHPCNA addressed the final (4th) year students for the Bachelor of Radiography on the AHP Act, regulations, registration, the scope of practice, and the professional conduct rules.

11. ENVIRONMENTAL HEALTH ASSOCIATION OF NAMIBIA

The AHPCNA held discussions with representatives from the Environmental Health Association of Namibia on matters pertaining to the payment of annual maintenance fees and the duties and functions of the AHPCNA versus the Association.

12. CONCLUSION

The AHPCNA ensured that all persons practising in Namibia have acquired and maintained the required professional knowledge, skills, and competence in the professions falling under the AHP Act.

MEDICAL AND DENTAL COUNCIL OF NAMIBIA

1. INTRODUCTION

The Medical and Dental Council of Namibia (MDCNA) is established in terms of the Medical and Dental Act,⁸ (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.

2. MDCNA MEMBERS

The MDCNA is comprised of 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. Benjamin⁹

Dr Johann Archer¹⁰

Dr Adolf R. Kaura

Dr Akutu A. Munyika

Dr Dean Kock

Dr Elliot Newaka

Dr Nguundja Uamburu

Dr Silvio Suardi

Mr Ngamane Karuaihe-Upi

Ms Grace Mugaviri

Prof. Filemon Amaambo

8 Act 10 of 2004.

9 President.

10 Vice-President.

3. Summary of MDCNA Activities

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

3.1 MDCNA meetings

The MDCNA meetings are presented in Table 14, and resolutions adopted are listed in Table 15.

Table 14: MDCNA meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Eleven (11)	25 June 2022	11	0
	10 September 2022	10	1
	3 December 2022	10	1
	20 February 2023	9	2
	25 March 2023	10	1

Table 15: Resolutions taken and implemented

NUMBER OF RESOLUTIONS	NUMBER OF RESOLUTIONS IMPLEMENTED
140	139 (99%)

Comment

- The pending resolution relates to the appointment of viewers of the observed structured clinical evaluation (OSCE) for dental graduates undergoing the Orientation Programme. The OSCE could not take place.

3.2 Education Committee

The Education Committee advises the MDCNA on any matter relating to, any requirement or qualification pertaining to the registration, education or training of persons or relating to the professions to which the Act applies. The Committee held two (2) meetings during the reporting period as listed in Table 16.

Table 16: Education committee meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Eight (8)	15 June 2022	6	2
	9 November 2022	6	2

4. Control over education and training

The Act¹¹ provides that any person or educational institution intending to offer 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 the training of medical and dental interns/students in terms of the Act.¹²

4.1 Inspection of training hospitals and health facilities

The MDCNA appointed health professionals to inspect hospitals and health facilities for training of medical and dental interns in terms of the Act. The inspectors for the dental profession inspected one (1) private facility for the training of dental interns. See Table 17 below. The inspectors for the medical profession inspected five (5) hospitals for the training of medical interns (see Table 18 below).

Table 17: Private health facility inspected to train dental interns

FACILITY NAME	INSPECTION DATE	REGION	OUTCOME
Integrated Dental Holdings Practice	8 July 2022	Khomas	The facility can continue to train dental interns

Comments

- This was a renewal of the training status as the practice was initially approved on the 10th of April 2019.
- Approval was granted for the period of three (3) years to train five (5) dental interns.
- The facility offers minor oral surgery, prosthodontics, preventative orthodontics, restorative dentistry and periodontics training.
- The facility is to ensure interns do rotations in community dentistry and maxillofacial at approved training facilities.

Table 18: State hospitals inspected to train medical interns

FACILITY NAME	INSPECTION DATE	REGION	OUTCOME
Swakopmund and Walvis Bay District Hospital Complex	17 May 2022	Erongo	The hospital was approved to train 40 Medical Interns.
Intermediate Hospital Rundu	17-18 May 2022	Kavango East	The hospital was approved to train 40 Medical Interns.
Intermediate Hospital Oshakati	8 August 2022	Oshana	Intake capacity increased from 90 to 132 Interns per year.
Onandjokwe Intermediate Hospital	8 August 2023	Oshikoto	Intake capacity increased from 40 to 98 Interns per year.
Windhoek Central Hospital & Intermediate Katutura Hospital	9 August 2022	Khomas	Intake capacity increased from 200 to 300 Interns per year.

11 Section 16 (2).

12 Section 55(1).

Comments

- Intermediate Hospital Rundu and Swakopmund and Walvis Bay District Hospitals Complex were inspected for the first time and approved to commence internship training.
- These new training platforms were requested to address the shortcomings identified during the inspection and provide quarterly feedback to the MDCNA on measures they have taken to resolve the shortcomings. Feedback has been received from Swakopmund and Walvis Bay Hospitals Complex.
- Intermediate Hospital Oshakati, Onandjokwe Intermediate Hospital and Windhoek Complex were inspected for the renewal of their training status.

5. Applications for Registration

The Act¹³ 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 apply to the Registrar.¹⁴ Table 19 below indicates the number of applications for registration received.

Table 19: Applications received per professional category

NO.	DISCIPLINE	RECEIVED	PENDING	FINALIZED
1	Anaesthesiologists	20	5	15
2	Biomedical Engineer	1	1	0
3	Cardiologists	2	0	2
4	Clinical Officers	2	0	2
5	Dental Interns	76	0	76
6	Dental Students in practical training	26	0	26
7	Dental Students	2	0	2
8	Dentists	29	0	29
9	Dermatologists	2	0	2
10	Diagnostic Radiologists	9	1	8
11	Family Physicians	4	1	3
12	Medical Biological Scientists	2	0	2
13	Medical Interns	175	0	175
14	Medical Practitioners	343	2	341
15	Medical Scientist	1	1	0
16	Medical Students	19	0	19
17	Medical Students in Practical Training	35	0	35
18	Nephrologist	1	0	1
19	Neurosurgeons	2	0	2

13 Section 17.

14 Section 19

NO.	DISCIPLINE	RECEIVED	PENDING	FINALIZED
20	Obstetricians & Gynaecologists	21	0	21
21	Ophthalmic Assistants	7	0	7
22	Oral Hygienists	4	1	3
23	Oral Medicine and Periodontist	1	1	0
24	Orthopaedic Surgeons	10	0	10
25	Otorhinolaryngologist	1	0	1
26	Paediatric Cardiologist	1	0	1
27	Paediatric Surgeons	2	0	2
28	Paediatricians	8	0	8
29	Pathologists (Anatomical)	2	0	2
30	Physicians	16	0	16
31	Plastic and Reconstructive Surgeon	1	0	1
32	Prosthodontist	1	0	1
33	Radiation Oncologist	1	0	1
34	Specialist in Emergency Medicine	1	0	1
35	Specialist in Nuclear Medicine	1	0	1
36	Surgeons	16	3	13
37	Urologists	3	0	3
Total		848	16	832

Comments

- Eight hundred and forty-eight (848) applications were received consisting of applications for registration, restorations, certificates of status, temporary registrations, additional qualifications, and extracts from the registers.
- Applications finalised were either registered, names restored to the register, approved for evaluation, declined due to non-compliance and/or certificate of status and extract from the register issued.
- Sixteen (16) applications were pending as they were incomplete.
- The highest number of applications received were for registration as medical practitioners was three hundred and forty-three (343). This includes applications from practitioners who completed an internship in Namibia.
- One hundred and seven (107) applications were refused due to failure to meet the prescribed relating to study and qualification prescribed and failure to pass the pre-registration evaluation.

6. Registers Kept

The Act requires the MDCNA to keep the registers of registered persons.¹⁵ The MDCNA must also continue to keep the registers, which were kept before the commencement date in terms of the provisions of any law repealed by section 65, and which registers relate to the persons required to be registered to practice certain professions in terms of 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 very important provisions pertaining to the method of admission to the register, the maintenance of registration¹⁶ and the removal¹⁷ and restoration of a name to the register.¹⁸ These registers lie open during ordinary hours at the office of the MDCNA for inspection by any interested member of the public.

6.1 Registered practitioners

Table 20 below indicates the number of practitioners registered during the period under review.

Table 20: Total number of registered practitioners per discipline

NO	DESIGNATION	REGISTERED
1	Dental Interns	15
2	Dental Students	21
3	Dental Students in Practical Training	27
4	Dentists	37
5	Medical Assistant	1
6	Medical Biological Scientist	1
7	Medical Interns	315
8	Medical Practitioners	186
9	Medical Practitioner and Anaesthesiologists	23
10	Medical Practitioner and Dermatologists	2
11	Medical Practitioner and Diagnostic Radiologists	6
12	Medical Practitioner and Family Physicians	3
13	Medical Practitioner and Neurosurgeons	2
14	Medical Practitioner and Obstetricians and Gynaecologists	14
15	Medical Practitioner and Ophthalmologists	2
16	Medical Practitioner and Orthopaedic Surgeons	4
17	Medical Practitioner and Otorhinolaryngologists	2

15 Section 23.

16 Section 26.

17 Section 24.

18 Section 25

18	Medical Practitioner and Paediatric Surgeon	1
19	Medical Practitioner and Paediatricians	15
20	Medical Practitioner and Pathologists (Anatomical)	3
21	Medical Practitioner and Pathologist (Clinical)	1
22	Medical Practitioner and Physicians	9
23	Medical Practitioner and Plastic and Reconstructive Surgeons	2
24	Medical Practitioner and Psychiatrists	2
25	Medical Practitioner and Radiation Oncologists	2
26	Medical Practitioner and Specialists in Emergency Medicine	2
27	Medical Practitioner and Specialists in Nuclear Medicine	2
28	Medical Practitioner and Surgeons	11
29	Medical Practitioner and Urologists	3
30	Medical Students	102
31	Medical Students in Practical Training	16
32	Oral Hygienists	5
Grand Total		837

Pie chart below illustrates the percentages of the highest five (5) disciplines registered during the period under review.

Pie chart 1: Percentage of the highest five (5) disciplines registered.

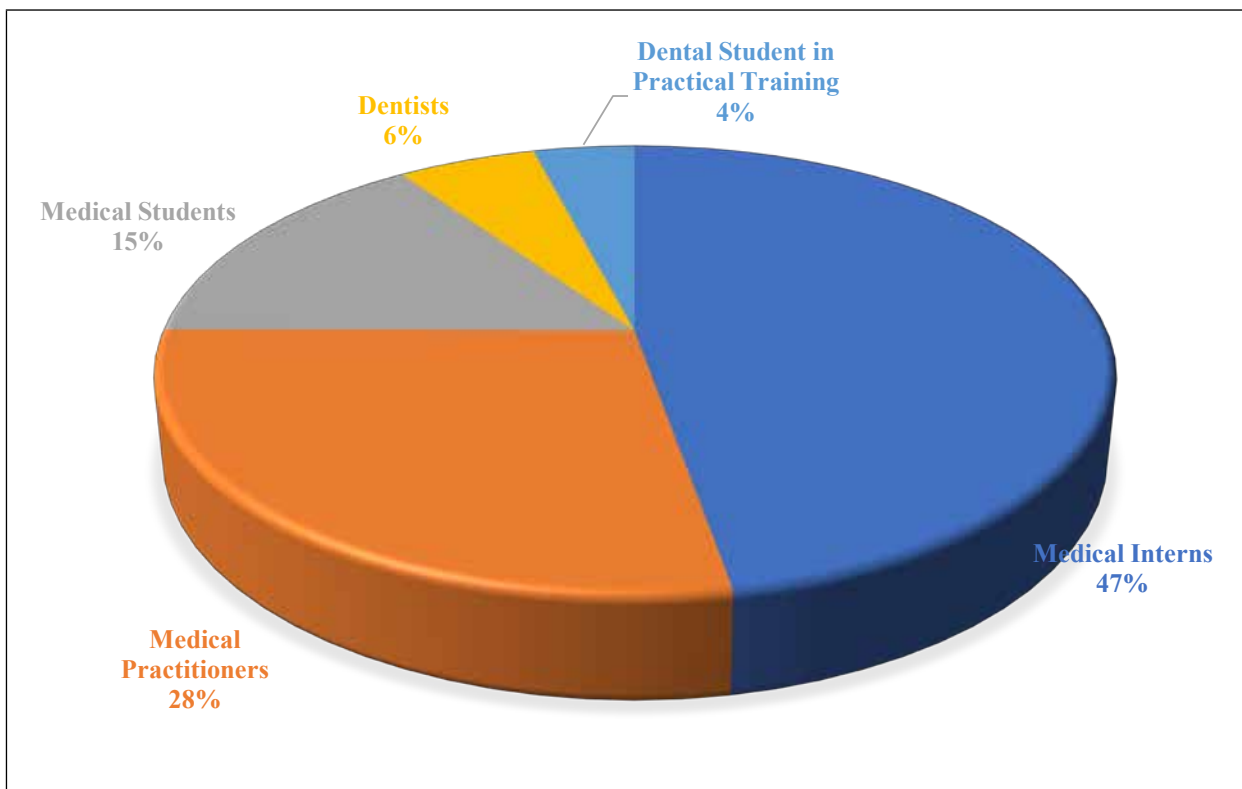
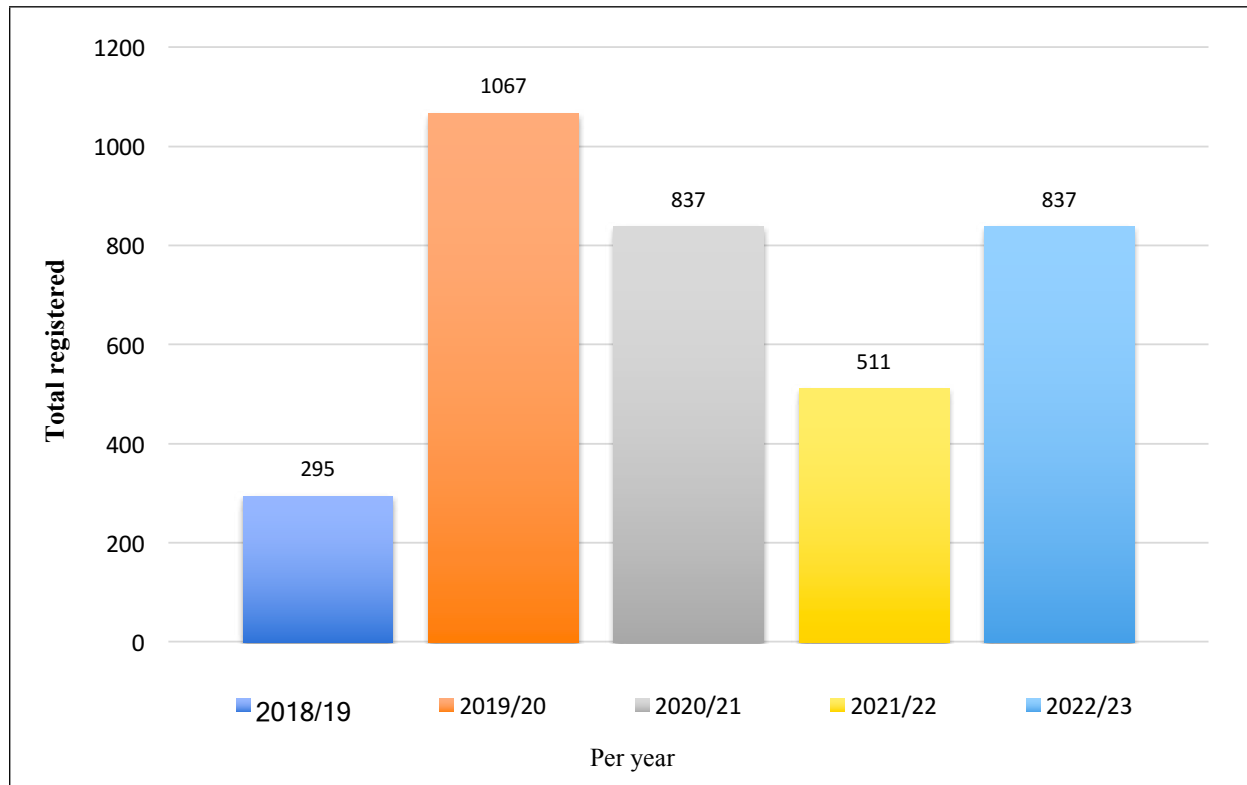


Figure 1 below presents the number registered from 2018 to 2023.

Comments

- 47% of medical interns were registered, representing a total of three hundred and fifteen (315) interns.
- 28% of medical practitioners and 6% of dentists were registered. This number includes medical practitioners and dentists who underwent an evaluation and those who were exempted from the evaluations because they completed an internship in Namibia.

Figure 1: Practitioners registered during the past five (5) years.



Comment

- There is an increase in the number of registered practitioners in 2022 / 2023 compared to 2021 / 2022. This may be due to the removal of the COVID-19-related travelling restriction and ultimately free global movement.

Table 21 below shows the number of practitioners on the register per discipline by the end of March 2023.

Table 21: Number of practitioners on the registers

NO.	DESIGNATION	REGISTERED
1	Dental Interns	43
2	Dental Students	100
3	Dental Students in Practical Training	33

4	Dentists	292
5	Dentist and Specialists	13
6	Medical Assistants	6
7	Medical Biological Scientists	9
8	Medical Interns	635
9	Medical Physicists	5
10	Medical Practitioners	1441
11	Medical Practitioner and Anaesthesiologists	78
12	Medical Practitioner and Cardiothoracic Surgeons	7
13	Medical Practitioner and Dermatologists	16
14	Medical Practitioner and Diagnostic Radiologists	52
15	Medical Practitioner and Family Physicians	34
16	Medical Practitioner and Neurologists	6
17	Medical Practitioner and Neurosurgeons	14
18	Medical Practitioner and Obstetricians and Gynaecologists	73
19	Medical Practitioner and Ophthalmologists	20
20	Medical Practitioner and Orthopaedic Surgeons	38
21	Medical Practitioner and Otorhinolaryngologists	12
22	Medical Practitioner and Paediatric Surgeons	4
23	Medical Practitioner and Paediatricians	58
24	Medical Practitioner and Pathologists (Anatomical)	21
25	Medical Practitioner and Pathologist (Chemical)	1
26	Medical Practitioner and Pathologists (Clinical)	7
27	Medical Practitioner and Pathologists (Forensic)	2
28	Medical Practitioner and Pathologists (Haematological)	6
29	Medical Practitioner and Pathologists (Microbiological)	5
30	Medical Practitioner and Physicians	67
31	Medical Practitioner and Plastic and Reconstructive Surgeons	5
32	Medical Practitioner and Psychiatrists	18
33	Medical Practitioner and Radiation Oncologists	13
34	Medical Practitioner and Specialists in Emergency Medicine	6
35	Medical Practitioner and Specialists in Nuclear Medicine	7
36	Medical Practitioner and Surgeons	66
37	Medical Practitioner and Urologists	20
38	Medical Scientists	4
39	Medical Students	679
40	Medical Students in Practical Training	91

41	Ophthalmic Assistants	25
42	Oral Hygienists	40
43	Rural Medical Aids	2
Grand Total		4074

6.2 Removal of names from the registers

The removal of names from the register can be voluntarily or involuntarily.

6.2.1 Voluntary removal

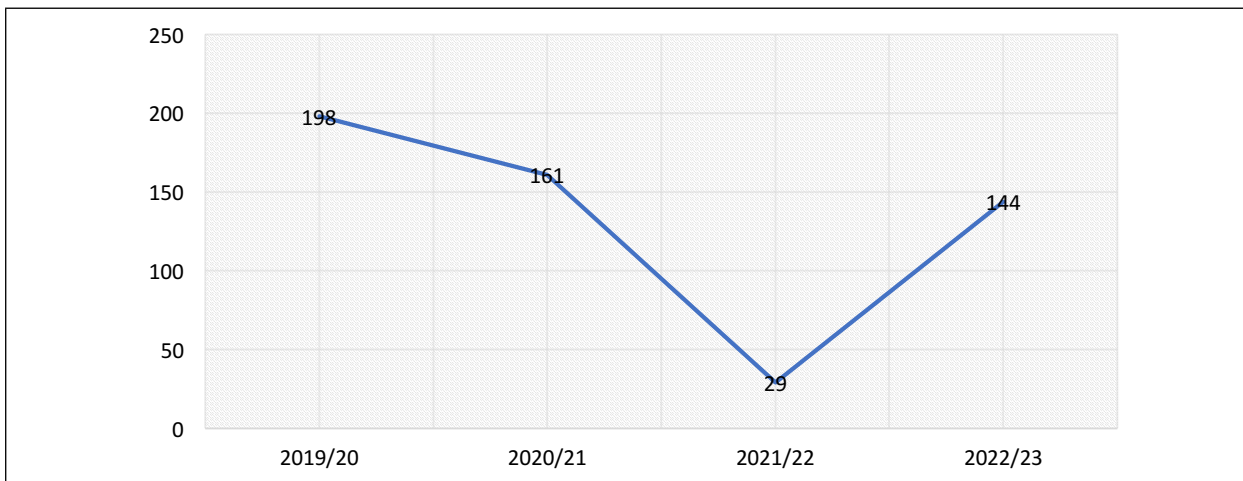
Section 24 of the Act, the MDCNA may remove from the register the name of any registered person who has requested in writing that his or her name be removed from the register. No name of any practitioner was voluntarily removed from the relevant register during the year under review.

6.2.2 Involuntary removal of names from the 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 annual fees to the MDCNA on or before the 31st of March of the year the concerned. The names of hundred and forty-four (144) practitioners were removed from the relevant registers due to non-payment of annual maintenance fees.

Figure 2 illustrates the total number of names removed from the relevant register in 2022/23 compared to the past three (3) years.

Figure 2: Removal of names from registers in 2022/23 compared to the past three (3) years.



Comment

- More names of practitioners were involuntarily removed from the registers during the 2022/23 reporting year when compared to 2021/22.

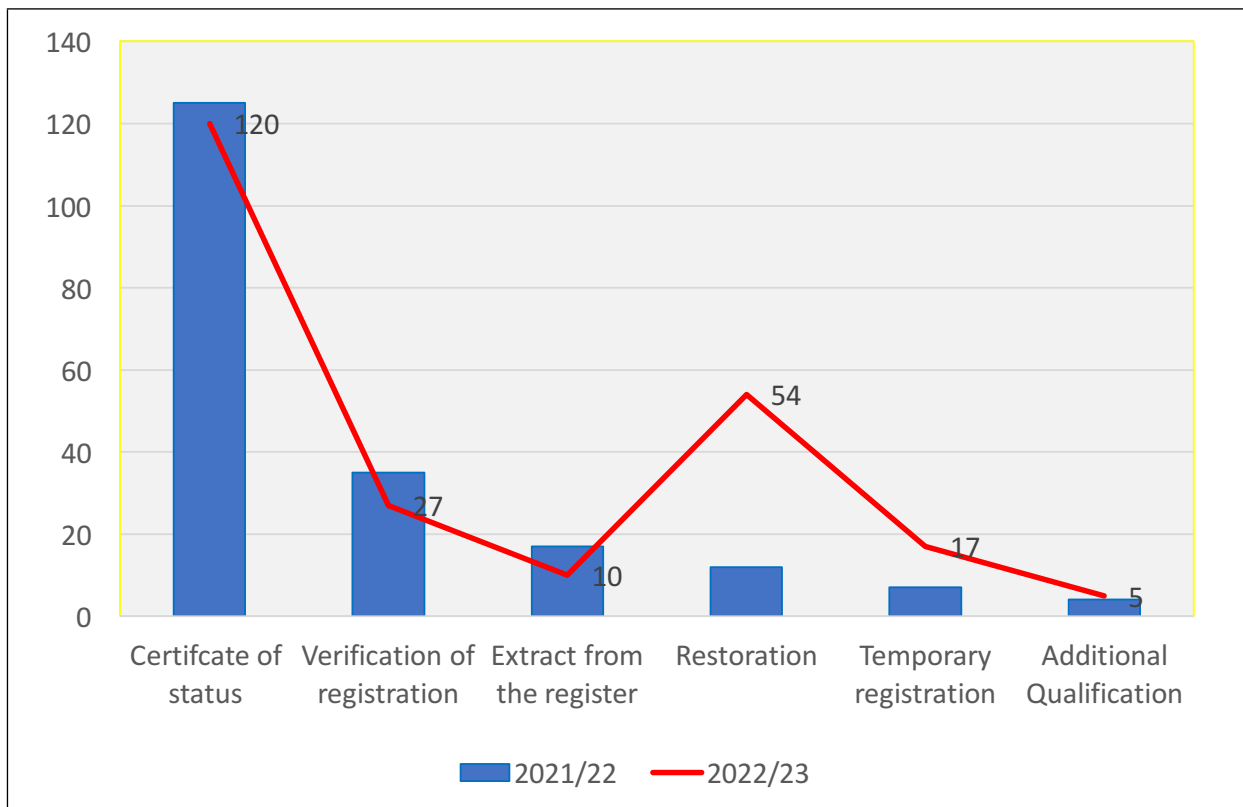
7. Other Applications Handled by the MDCNA

The following applications were also handled by the MDCNA.

- Registration of additional qualifications in terms of section 31 of the Act.
- Temporary registration for purposes of education or training in terms of section 29 of the Act.
- Restoration of names to the registers in terms of section 25 of the Act.
- Extract from the registers in terms of section 28 of the Act.
- Certificate of status in terms of section 28 of the Act.
- Verification of registration.

Figure 3 below indicates the other applications handled by the MDCNA.

Figure 3: Other applications handled by the MDCNA.



Comments

- Certificates of status were issued to practitioners pursuing further studies and for registration outside Namibia.
- Verifications of registration status were made at the request of the Educational Commission for Foreign Medical Graduates in the United States of America.
- Fifty-four (54) names of practitioners were restored to the registers after removal due to non-payment of the annual fees.

- Extracts from the register were issued to practitioners who lost their original certificates of registration.
- Temporary registration for purposes of promoting education or training by persons not permanently resident in Namibia.

8. Challenges

A shortage of approved internship training facilities for medical and dental interns is ongoing which has, resulted in many medical and dental graduates, who are eligible for internships, waiting for months to find space for internship training. This includes both local and foreign-trained graduates.

9. Conclusion

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

NURSING COUNCIL OF NAMIBIA

1. INTRODUCTION

The Nursing Council of Namibia (NCNA) is established in terms of the Nursing Act, 8 of 2004 (Nursing Act). The NCNA regulates the practising of five (5) professional categories of nurses and midwives/accoucheurs: namely, registered nurse and midwife/accoucheur, registered nurse, registered midwife/accoucheur, enrolled nurse and midwife/accoucheur and nursing auxiliary¹⁹ by ensuring that all persons who applied for registration to practice such professions are suitably qualified before they get registered or enrolled. NCNA also controls and exercises authority in respect of all matters affecting the education and training of persons to be registered and enrolled under this Act.

1.1 NCNA members

The NCNA comprises eight (8) members.

- Ms. Fransina MN Tjituka²⁰
- Mr. Gebhardo S Timotheus²¹
- Prof Louise Pretorius
- Dr Lusia N Pinehas
- Ms. Hilma I Shikwambi
- Mr. Eliud M Shiwayu
- Ms. Cheryl Isaacs
- Mr. Tomas Nekongo

2. Summary Of NCNA Activities

2.1 NCNA meetings

NCNA held two (2) meetings during the period under review on the 09th of September 2022 and the 10th of March 2023 respectively. All the members attended the meetings. Resolutions are presented in Table 22.

Table 22: NCNA resolutions

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
49	49	0

19 Section 17 of the Nursing Act.

20 President.

21 Vice-President.

2.1.1 Education Committee

The Education Committee²² advises the NCNA on any matter relating to, any requirement or qualification pertaining to the registration, education or training of persons or relating to the professions to which the Nursing Act applies. As shown in Table 23, the Committee held five (5) meetings during the reporting period.

Table 23: Education committee meetings

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
7 members	04 th of July 2022	5	2
	28 th of July 2022	6	1
	11 th of November 2022	6	1
	17 th January 2023	5	2
	06 th of March 2023	5	2

3. Registers / Rolls Kept

Admission to the register/roll as provided for under the Nursing Act, is strictly controlled. The Nursing Act also contains very important provisions pertaining to the method of admission to the register/ roll and 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 public²³.

3.1 Register and roll for nursing and midwifery practitioners

Data of registered and enrolled practitioners from 2020 to 2023 are presented in Table 24 and also in Graph 3 below.

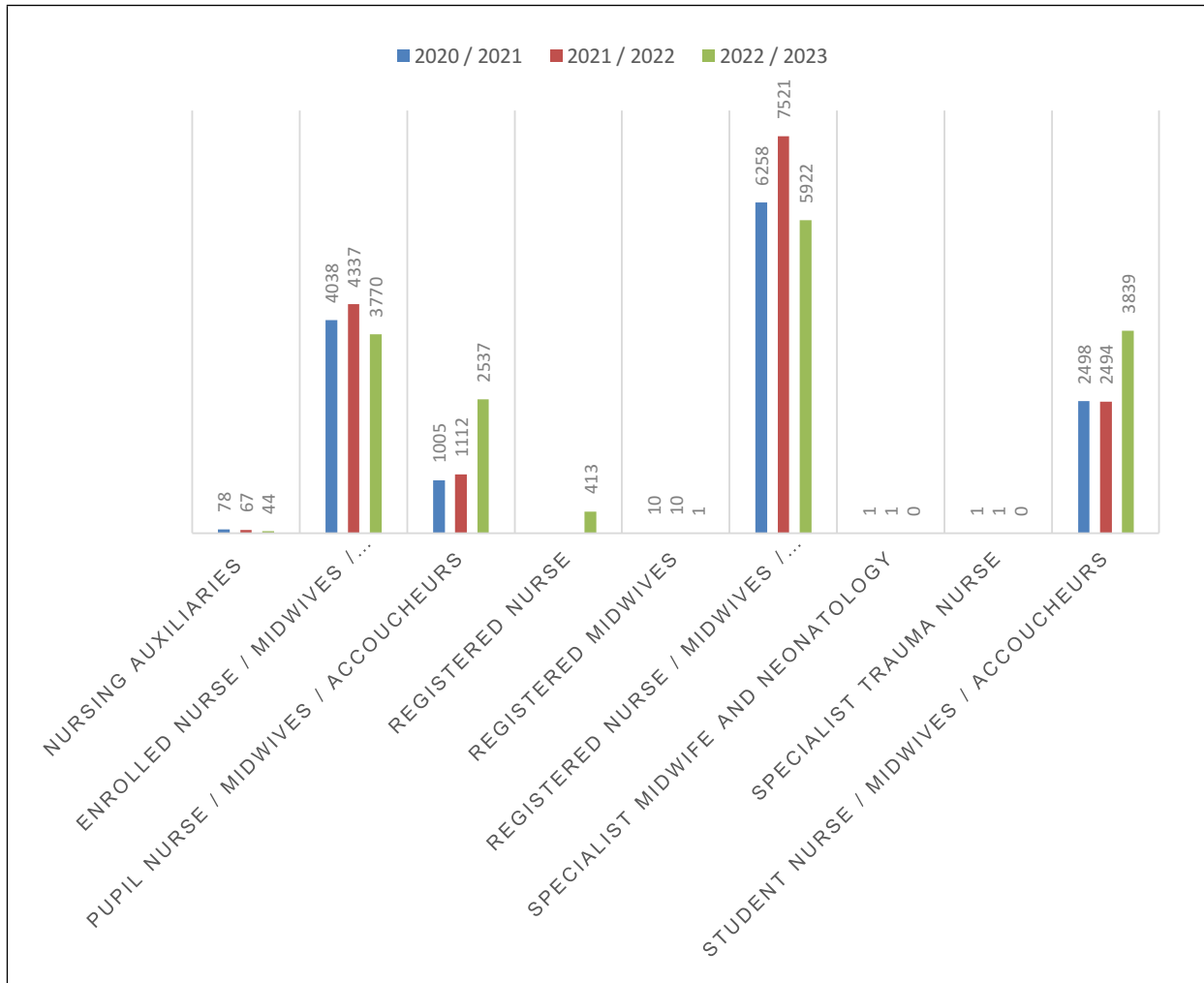
Table 24: Practitioners registered and enrolled in the past four (4) years

CATEGORY	2020 / 2021	2021 / 2022	2022 / 2023
Nursing Auxiliaries	78	67	44
Enrolled Nurses / Midwives / Accoucheurs	4038	4337	3770
Pupil Nurses / Midwives / Accoucheurs	1005	1112	2537
Registered Nurses			413
Registered Midwives	10	10	1
Registered Nurses / Midwives / Accoucheurs	6258	7521	5922
Specialist Midwife and Neonatology	1	1	0
Specialist Trauma Nurse	1	1	0
Student Nurses / Midwives / Accoucheurs	2498	2494	3839
TOTAL	13 890	14 431	16526

22 Section 12(4)

23 Section 25 of the Nursing Act

Graph 3: Comparative graph for the number of registrants on the register/roll for 2020 / 2021, 2021 / 2022, 2022 / 2023



4. CONTROL OVER EDUCATION, TUITION AND TRAINING

The Nursing 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 training²⁴. Tables 25 to 30 pertain to education and training, such as educational institutions, hospitals and health facilities that applied for approval to train pupil and student midwives/accoucheurs enrolled/registered nurses.

4.1 Enrollment and registration of pupils and students

Every person, upon the commencing or resuming of education, tuition or training in nursing or midwifery, must be registered as a student or enrolled as a pupil with the NCNA within three (3) months after enrollment at the educational institution²⁵.

24 Section 16(2)

25 Section 21(2).

Table 25: Students and pupils registered or enrolled per educational institution

EDUCATIONAL INSTITUTION	PROGRAMME	NUMBER OF PUPILS OR STUDENTS
Alba Chipamba (Rundu Campus)	Certificate in Enrolled Nursing and Midwifery Science	150
Alba Chipamba (Rundu Campus)	Bachelor's degree in Nursing and Midwifery Science	34
Alba Chipamba (Oshikango Campus)	Certificate in Enrolled Nursing and Midwifery Science	310
Alba Chipamba (Walvisbay Campus)	Certificate in Enrolled Nursing and Midwifery Science	114
I – Care Health Institute (Windhoek Campus)	Certificate Enrolled Nurse & Midwifery Science	270
I – Care Health Institute (Ondangwa Campus)	Certificate Enrolled Nurse & Midwifery Science	301
I – Care Health Institute (Swakopmund Campus)	Certificate Enrolled Nurse & Midwifery Science	299
IUM	Bachelor's degree in Nursing and Midwifery Science	100
PMT Health Care Institution	Diploma in Enrolled Nurse and Midwifery Science	68
Shiramed Medical Institute (Katima Mulilo Campus)	Certificate Enrolled Nurse & Midwife / Accoucheur	100
	Diploma in Nursing and Midwifery Science	86
UNAM (Main Campus)	Diploma in Nursing and Midwifery Science	Phased out 2022
	Bachelor's degree in Nursing and Midwifery Science	177
UNAM (Oshakati Campus)	Bachelor's degree in Nursing and Midwifery Science	109
UNAM (Rundu Campus)	Bachelor's degree in Nursing and Midwifery Science	93
UNAM (Southern Campus)	Bachelor's degree in Nursing and Midwifery Science	47
Welwitchia Health Training Centre. (Main Campus)	Certificate Enrolled Nurse & Midwifery Science	229
	Bachelor's degree in Nursing and Midwifery Science	201
Welwitchia Health Training Centre (Lady Pohamba Campus)	Certificate Enrolled Nurse & Midwifery Science	101
Welwitchia Health Training Centre (City Campus)	Certificate Enrolled Nurse & Midwifery Science	170
	Bachelor's degree in Nursing and Midwifery Science	119
Welwitchia Health Training Centre (Nkurenkuru Campus)	Certificate Enrolled Nurse & Midwifery Science	194
	Bachelor's Degree in General Nursing and Midwifery Science	169
Welwitchia Health Training Centre (Katima Mulilo Campus)	Certificate Enrolled Nurse & Midwifery Science	174
	Bachelor's Degree in General Nursing and Midwifery Science	165
Welwitchia Health Training Centre (Outapi Campus)	Certificate Enrolled Nurse & Midwifery Science	233
Welwitchia Health Training Centre (Kombat Campus)	Certificate Enrolled Nurse & Midwifery Science	166
	Bachelor's Degree in General Nursing and Midwifery Science	130
Welwitchia Health Training Centre. (Walvisbay Campus)	Certificate Enrolled Nurse & Midwifery Science	196
	Bachelor's Degree in General Nursing and Midwifery Science	150
TOTAL		4655

4.2 Graduates from training institutions in Namibia

Table 26: Certificate in nursing and midwifery science

EDUCATIONAL INSTITUTION	TRAINING COMPLETION CONFIRMED	APPLICANTS ENROLLED
Alba Chipamba Health Training Centre (Rundu Campus)	63	63
I – Care Health Institute (Lafrenz Campus)	150	150
I – Care Health Institute (Ondangwa Campus)	80	80
I – Care Health Institute (Swakopmund Campus)	33	33
Welwitchia Health Training Centre (Lafrenz Campus)	75	75
Welwitchia Health Training Centre (Lady Pohamba Campus)	35	35
Welwitchia Health Training Centre (Nkurenkuru Campus)	76	76
Welwitchia Health Training Centre (Kombat Campus)	67	67
Welwitchia Health Training Centre (Walvisbay Campus)	50	50
Shiramed Medical Institution	52	52
Total Enrolled Nurses / Midwives/Accoucheurs	681	681

Table 27: Diploma / bachelor in nursing and midwifery science

EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETIONS RECEIVED	APPLICANTS REGISTERED
IUM	44	44
UNAM (Main Campus)	123	123
UNAM (Southern Campus)	23	23
UNAM (Rundu Campus)	50	50
UNAM (Oshakati Campus)	55	55
Welwitchia Health Training Centre (Lafrenz Campus)	105	105
Welwitchia Health Training Centre (Nkurenkuru Campus)	40	40
Welwitchia Health Training Centre (Kombat Campus)	50	50
Total Registered Nurses and Midwives/ Accoucheurs	490	490

Table 28: Educational Institutions approved for training nursing and midwifery professions

REGION	NAME OF FACILITY	PROGRAMME	APPROVAL GRADE
Oshana (Oshakati)	Atlantic Training Institute	Certificate Enrolled Nurse and Midwifery	Grade B26
Zambezi (Katima Mulilo)	Eureka Medical Institute	Diploma Enrolled Nurse and Midwifery	Grade B
Khomas (Windhoek)	Atlantic Training Institute	Certificate Enrolled Nurse and Midwifery	Grade B
Khomas (Windhoek)	D 'Expert	Certificate Enrolled Nurse and Midwifery	Grade B
Otjondjupa (Okahandja)	Symanek Training Academy	Certificate Nursing Auxilliary	Grade B
Kavango East (Rundu)	D 'Expert Health Care Institute	Certificate Enrolled Nurse and Midwifery Science	Grade B
Kavango East (Rundu)	PMT	Diploma in Enrolled Nurse and Midwifery Science	Grade B

Table 29: Approved training hospitals and health facilities

REGION	NAME	OWNERSHIP	APPROVAL GRADE
Otjondjupa Region	Ondangwa Private Hospital	Private	Grade B
Khomas Region	Rhino Park Hospital	Private	Grade B
	Intermediate Hospital Katutura	Public	Grade B

Table 30: Curricula received for approval

NO.	EDUCATIONAL INSTITUTION	QUALIFICATION	STATUS
1.	Atlantic Training Institute	Certificate in Enrolled Nursing and Midwifery Science	Approved
2.	D' Expert Health Care Institute	Certificate in Nursing Auxilliary	Approved
3.	Eureka Medical Institute	Certificate Nursing Auxilliary	Approved
		Diploma in Enrolled Nursing and Midwifery Science	Approved
4.	Nursing Training Institute of Technology	Certificate in Enrolled Nurse and Midwifery / Accoucheur	Approved
5.	Shiramed Medical Institute	Bachelor's in Nursing and Midwifery Science	Approved
6.	Symanek Training Academy	Certificate in Nursing Auxilliary	Approved
7.	Welwitschia Health Training Centre	Certificate in Enrolled Nurse and Midwifery Science	Approved

26 Grade A – 80% - 100% means slight shortcomings were identified and the cycle for inspection is five (5) years. Grade B – 60% - 79% means minor 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 critical shortcomings were identified and the institution should not be approved to train.

5. Other Services Rendered

Such services are presented in Table 31.

Table 31: Other services

SERVICE RENDERED	TOTAL
Certificates of registration/enrolment issued	1662
Certificates issued to Students and Pupils	2024
Certificates of Status issued	156
Extracts from the Register / Roll issued	38
Names involuntarily removed from the Register / Roll	437
Names voluntarily removed from the Register / Roll	15
Names involuntarily removed from the Register / Roll	756
Names restored to the Register / Roll	277
Ethics and Jurisprudence Manuals issued	850
Namibian Standard Treatment Guidelines issued	1165
Epauettes issued	2186
Badges issued	2042
Green Bars issued	985
Yellow Bars issued	774
Black Bars issued	61
White Bars issued	56
Silver Bars issued	40

6. CONCLUSION

The NCNA ensured that all persons practicing nursing and midwifery in Namibia have acquired and maintained the required professional knowledge, skills and competence. This was done through the enforcement of continuing professional development and by regulating the education, training and practice of all professions falling under the Nursing Act.

PHARMACY COUNCIL OF NAMIBIA

1. INTRODUCTION

The Pharmacy Council of Namibia (PCNA) is established under the Pharmacy Act, 9 of 2004 (hereinafter referred to as “the Pharmacy Act”). The PCNA regulates the pharmacy profession and pharmaceutical practices in Namibia. The pharmacy profession is composed of pharmacists, pharmacist interns, pharmaceutical technicians, pharmacist’s assistants, student pharmacists, student pharmaceutical technicians and student pharmacist’s assistants.

The pharmaceutical practices are composed of community pharmacies, private hospital pharmacies and wholesale pharmacists. The PCNA also control and exercise authority in respect of all matters affecting the education and training of persons to be registered under the Pharmacy Act.

The registration of pharmaceutical practitioners and pharmaceutical practices, approval of training facilities and programmes, setting of education and practice standards, as well as keeping the registers for persons and pharmaceutical practices are part of the functions of the PCNA²⁷.

2. PCNA MEMBERS

Members of the PCNA are presented below.

Ms. Bernardina Nora Coetzee²⁸

Mr. Piet Williams²⁹

Ms. Ester Ndapandula Hango

Mr. Johannes Gaeseb

Ms. Fransina Nambahu

Ms. Bonita de Silva

Mr. Ngamane Karuaihe-Upi

Ms. Frieda Shigwedha

Mr. Johannes Gaeseb relinquished his *ex-officio* membership to the PCNA on the 01st of July 2022 after vacating the position of Registrar of the Namibia Medicine Regulatory Council (NMRC). Mr. Gaeseb was replaced by Ms Fransina Nambahu as an *ex-officio* member of the PCNA by her appointment as the substantive Registrar of the NMRC. The vacancy left by Ms Nambahu on the PCNA is yet to be filled.

27 Section 5 of the Pharmacy Act.

28 President.

29 Vice-President

3. Summary of Activities of The PCNA

3.1 PCNA meetings

The Pharmacy Act³⁰ stipulates that the PCNA must hold not less than two (2) meetings each year, and may hold, in addition thereto, such other meetings as the PCNA may determine from time to time. During the period under review, the PCNA held two (2) meetings as indicated in Table 32 below.

Table 32: PCNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
23 September 2022	7	4	3
03 March 2023	7	7	0

3.2. Executive committee (EXCO)

Pharmacy Act stipulates that the PCNA must establish an EXCO³¹ of the PCNA to so exercise the powers and perform the duties of functions of the PCNA. The PCNA may set aside or amend any decision or act of the EXCO made or performed. During the period under review, the EXCO held four (4) meetings as listed in Table 33.

Table 33: EXCO meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
13 April 2022	5	5	0
12 July 2022	5	4	1
24 November 2022	5	5	0
02 December 2022	5	5	0

3.3 Education committee

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

In terms of the provision of the Act, the PCNA has established the Education Committee whose functions are to –

- i. Formulate minimum requirements of study for registration.
- ii. Assess whether the foreign qualifications meet the minimum requirements of study for registration in Namibia.
- iii. Evaluate training programmes relating to the professions to which the Act applies.
- iv. Streamline the interface between the PCNA and its stakeholders.

30 Section 11 (4).

31 Section 12 (1) (a) .

- v. Identify areas that need transformation in the training industry, facilitate adequate discussions of such matters and make appropriate recommendations to the PCNA for consideration.
- vi. Recommend policies to the PCNA relating to the work or scope of the Committee.

The Education Committee held three (3) meetings as shown in Table 34

Table 34: Education committee meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
08 June 2022	7	5	2
10 November 2022	7	7	0
09 February 2023	7	7	0

3.4 Practice committee

The Pharmacy Act, further states that the PCNA may establish from time to time one or more committees, consisting of several people, including persons who are not members of the PCNA, as the PCNA may determine and appoint thereto in writing. In line with these provisions, the PCNA has established the Practice Committee. The Practice Committee held seven (7) meetings during the period under review as shown in Table 35.

Table 35: Practice committee meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
08 April 2022	5	3	2
20 July 2022	5	5	0
19 September 2022	5	3	2
31 October 2022	5	5	0
16 November 2022	5	5	0
09 December 2022	5	5	0
15 February 2023	5	4	1

4. PCNA Resolutions

The PCNA adopted the following number of resolutions during the reporting period and the execution of those resolutions as indicated in Table 36 below.

Table 36: PCNA resolutions

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED	NUMBER OF RESOLUTIONS PENDING
141	139(98%)	2(2%)

Reasons for the pending resolutions.

1. The review of the inspection tool for pharmacy practices to align it with the grading system is yet to be finalised.
2. The drafting of the regulations relating to the registration of sole ownership of pharmacy practices is still in progress.

5. Registration of Pharmacy Practices

The following community pharmacies, as listed in Table 37, were registered.

Table 37: Facilities registered as community pharmacies

PHARMACEUTICAL PRACTICE NAME	DATE OF REGISTRATION
Aloe Pharmacy CC	28 November 2022
Centmed Pharmacy CC	26 April 2023
City Plaza Pharmacy CC t/a City Plaza Pharmacy	30 November 2022
JN Hyper Pharmacy CC	13 September 2022
Elite Pharmaceuticals (Pty) Ltd t/a Elite Pharmacy	29 November 2022
Gowell Pharmacy CC	16 December 2022
Greenlight Eenhana Pharmacy	03 June 2022
Golden Pharmacy CC t/a Leenamed Pharmacy	29 November 2022
Nossob Pharmacy	29 November 2022
Medchem Pharmacy	28 November 2022
Family Pharmacy CC	28 November 2022
Panda Pharmacy CC	28 November 2022
G-L Eenhana Pharmacy	08 June 2022
Kita Pharmaceuticals CC t/a Edapa Pharmacy	07 March 2023
Oshakati Pharmacy CC t/a Ekuku Pharmacy	13 September 2022
Uukalinawa Pharmacy CC t/a Olunkono Pharmacy	30 November 2022
Rophi Pharmacy CC	29 November 2022
Litungale Investments CC t/a Ours Pharmacy	28 November 2022
New Health Pharmaceuticals CC t/a Windhoek West Pharmacy	29 November 2022
New Health Pharmaceuticals CC t/a One Health Walvis Pharmacy	29 November 2022
New Health Pharmaceuticals CC t/a New Health Pharmacy	28 November 2022
Kita Pharmaceuticals CC t/a Uukwambi Pharmacy	30 November 2022
Tinsel Pharmacy CC t/a Khomas Grove Pharmacy	07 March 2023
Rocky Crest Pharmacy CC	30 November 2022
WAP Pharmacare CC t/a WAP Central Pharmacy	29 November 2022

Table 38 provides details of the wholesale pharmacists that were registered.

Table 38: Facilities registered as wholesale pharmacists

WHOLESALE-PHARMACIST NAME	DATE OF REGISTRATION
Arrow Medical Supplies (Pty) Ltd	13 September 2022
Beyond Pharmaceuticals (Pty) Ltd.	27 September 2022
CAPO Pharmaceutical (Pty) Ltd	29 November 2022
Corances Investments (Pty) Ltd	28 November 2022
Deopharma (Pty) Ltd	29 November 2022
DBP Pharmaceuticals (Pty) Ltd	13 September 2022
Element Medical Suppliers (Pty) Ltd	05 May 2022
FITO Medical Supplies (Pty) Ltd	29 November 2022
GenMed Enterprise (Pty) Ltd	16 December 2022
Hoodia Pharmacy (Pty) Ltd	05 May 2022
Innova Healthcare Distributors and Warehousing (Pty) Ltd	05 May 2022
Pharmafro Health Products (Pty) Ltd	05 May 2022
Royal Allianz Medical Supplies (Pty) Ltd	27 September 2022
Noble Pharmaceuticals (Pty) Ltd	13 September 2022
Newmed Pharmaceutical Wholesalers (Pty) Ltd	23 September 2022
Okaale Pharmaceutical (Pty) Ltd	27 September 2022
Swapharm Pharmaceuticals (Pty) Ltd	13 September 2022
SS Premier Medical Supplies (Pty) Ltd	28 November 2022
Westmed Pharmaceutical Wholesalers (Pty) Ltd	13 September 2022

Table 39 provides the details of the private hospital pharmacy that was registered.

Table 39: Facility registered as a private hospital pharmacy

PRIVATE HOSPITAL PHARMACY NAME	DATE OF REGISTRATION
Enkehaus Private Hospital CC t/a Enkehaus Private Hospital Pharmacy	06 June 2022

6. Control Over Education and Training

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

6.1 Inspections of pharmaceutical practices for training purposes

The Pharmacy Act provides that any person or educational institution intending to offer education, tuition or training must apply, before offering such education, tuition, or training, to the Council in writing for the written approval of the PCNA. Table 40 presents the information of facilities inspected.

Table 40: Facilities inspected to train pharmacist interns, student pharmaceutical technicians and student pharmacist assistants

NAME OF TRAINING FACILITY	REGION	INSPECTION DATE	STATUS
Acamed Pharmacy t/a Academia Pharmacy	Khomas	05 October 2022	Approved
Santa Clara Pharmacy Oshikango CC	Oshana	08 February 2022	Approved
Highlands Pharmacy CC t/a Highland Pharmacy	Khomas	13 May 2022	Approved
Novecy Pharmacy CC	Khomas	16 May 2022	Approved
Continental Pharmacy CC	Khomas	19 May 2022	Approved
Beulah Pharmacy CC t/a Beulah Pharmacy	Khomas	20 May 2022	Approved
Klein Windhoek Pharmacy	Khomas	20 May 2022	Approved
Osona Pharmacy	Otjondjupa	28 May 2022	Approved
Medi-Mart Pharmacy	Hardap	10 June 2022	Approved
WAP Pharmacare CC t/a Zambezi Pharmacy	Zambezi	03 June 2022	Approved
Otjoroka Trading Enterprises CC t/a Otjinene Pharmacy	Omaheke	14 June 2022	Approved
Freedom Pharmacy CC t/a Freedom Pharmacy	Kavango	26 July 2022	Approved
Lite Med Pharmacy CC	Oshana	12 August 2022	Approved
Nawa Pharmacy CC t/a Nawa Pharmacy	Oshana	12 August 2022	Approved
Corner Pharmacy	Khomas	01 September 2022	Approved
Nampharm (PTY) LTD	Khomas	03 October 2022	Approved
Medfam Marketing (PTY) LTD t/a Rhino Park Pharmacy	Khomas	03 October 2022	Approved
SJ Vermeulen t/a Kalahari Pharmacy CC	Khomas	06 October 2022	Approved
Geka Pharma (Pty) Ltd	Khomas	08 November 2022	Approved
Dis-Chem Pharmacy t/a Groove Mall	Khomas	08 November 2022	Approved
Tee Kay Pharmacy	Khomas	11 November 2022	Approved
Cece Otjo Pharmacy	Khomas	29 November 2022	Approved
Luisen Apotheke	Khomas	29 November 2022	Approved
Living waters Pharmacy	Khomas	14 November 2022	Approved
Puzzle Investments Sixty-Eight t/a Family Care Pharmacy	Khomas	20 December 2022	Approved
Natu Pharmaceutical CC t/a Oshana Pharmacy	Oshikoto	17 November 2022	Approved
Pro Park t/a Fy Pharmacy	Erongo	19 November 2022	Approved
Wernhil Pharmacy (Pty) Ltd t/a Wernhil Pharmacy	Khomas	19 January 2023	Approved
Health at Village-Omeya	Khomas	18 January 2023	Approved
Motjari Pharmacy	Otjondjupa	20 January 2023	Approved

NAME OF TRAINING FACILITY	REGION	INSPECTION DATE	STATUS
Natu Pharmaceutical t/a Eenhana Pharmacy	Ohangwena	February 2023	Approved
Victoria Pharmacy	Khomas	20 December 2022	Approved
Wanaheda Pharmacy and CBD Pharmacy t/a Wanaheda Pharmacy CC	Khomas	11 November 2022	Approved
WAP Pharmacare CC t/a Northmed Pharmacy	Oshana	24 November 2022	Approved
WAP Pharmacare CC t/a BomDia Pharmacy	Oshana	12 August 2022	Approved
Zavi-Med Pharmacy CC t/a Zavi -Med Pharmacy	Khomas	07 October 2022	Approved

During the period under review, thirty-six (36) pharmaceutical practices were inspected for training purposes. Three (3) facilities: namely, Medi-Mart Pharmacy, Corner Pharmacy, and Otjoroka Trading Enterprises CC t/a Otjinene Pharmacy were found not suitable for training.

6.2 Applications for registration as pharmacist interns

The Pharmacy Act provides that no person who has obtained a qualification prescribed in terms of the Act may be registered as a pharmacist, unless that person has completed as a pharmacist intern, to the satisfaction of the PCNA and subject to such conditions as may be prescribed, for a period of not less than one year or periods of not less than one year in the aggregate, the prescribed practical training in Namibia under the supervision of a tutor pharmacist.

During the period under review, eighty-one (81) pharmacist interns were registered. Forty-seven (47) are doing internships in the public sector, and thirty-four (34) interns are in the private sector.

6.3 Curricula submitted for approval

The Pharmacy Act provides that any person or educational institution intending to offer the education, tuition or training must apply, before offering such education, tuition, or training, to the PCNA in writing and in such form and manner as the PCNA may determine from time to time, for the written approval of the PCNA in terms of the Act.

6.3.1 Curricula from local education institutions

The list of curricula that were assessed is presented in Table 41.

Table 41: Local curricula assessed

INSTITUTION	CURRICULUM	STATUS
Welwitschia Health Training Centre	Three (3) year Diploma in Pharmacy	Not approved
North-East School of Health Technology, Rundu	Two (2) year Certificate in Pharmacy	Not approved
I-Care Health Training Institute, Windhoek	Two (2) year Certificate in Pharmacy	Not approved
RKAY School of Nursing and Health Sciences	Two (2) year Certificate in Pharmacy	Not approved
Adex Imperial Training Institute	Two (2) year Certificate in Pharmacy	Not approved
River Higher Institute of Technology, Windhoek	Four (4) year Bachelor of Science in Pharmacy	Not approved

6.3.2 Curricula from education institutions outside Namibia

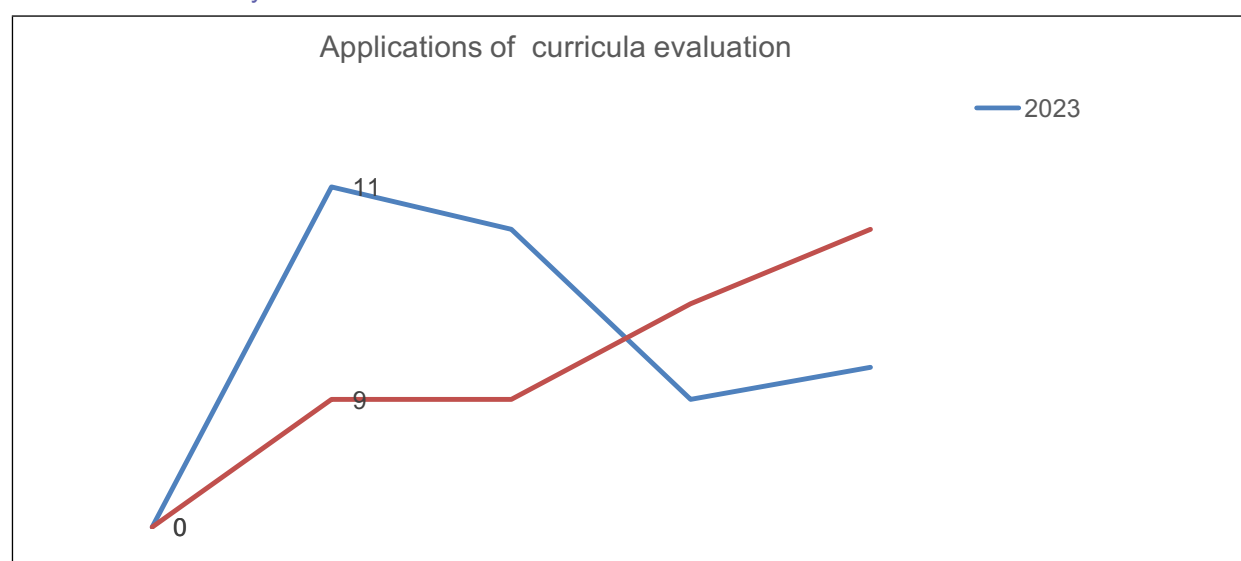
Information of foreign curricula that were assessed is presented in Table 42.

Table 42: Foreign curricula assessed

INSTITUTION	CURRICULUM	STATUS
Sanskriti University, India.	Two (2) year Diploma in Pharmacy	The curriculum met the requirements for approval.
Wenzhou Medical University, China	Four (4) year Bachelor of Pharmacy	The curriculum did not meet the requirements for approval.
National University of Lesotho	Four (4) year Bachelor of Pharmacy (Honours)	The curriculum did not meet the requirements for approval.
University of Benin, Nigeria	Four (4) year Bachelor of Pharmacy	The curriculum did not meet the requirements for approval.
Levy Mwanawasa Medical University, Zambia	Four (4) year Bachelor of Pharmacy	The curriculum did not meet the requirements for approval.
Eden University, Zambia	Five (5) year Bachelor of Pharmacy	The curriculum met the requirements for approval.
National Pirogov Memorial Medical University, Vinnytsya-Ukraine	Four (4) year Bachelor of Pharmacy	The curriculum did not meet the requirements for approval.
The People's democratic republic of Algeria.	Four (4) year Bachelor of Pharmacy	The curriculum did not meet the requirements for approval.
The Philippine Women's University, Philippine	Four (4) year Bachelor of Pharmacy	The curriculum met the requirements for approval.
University of Gondar, Ethiopia	Four (4) year Bachelor of Pharmacy	The curriculum did not meet the requirements for approval.
The Central University College, Ethiopia	Four (4) year Bachelor of Pharmacy	The curriculum met the requirements for approval.

Graph 4 is a comparison of the number of applications received in the 2021 / 2022 and 2022/203 financial years.

Graph 4: Comparison of applications for curricula evaluation received between 2021/2022 and 2022/2023 financial years



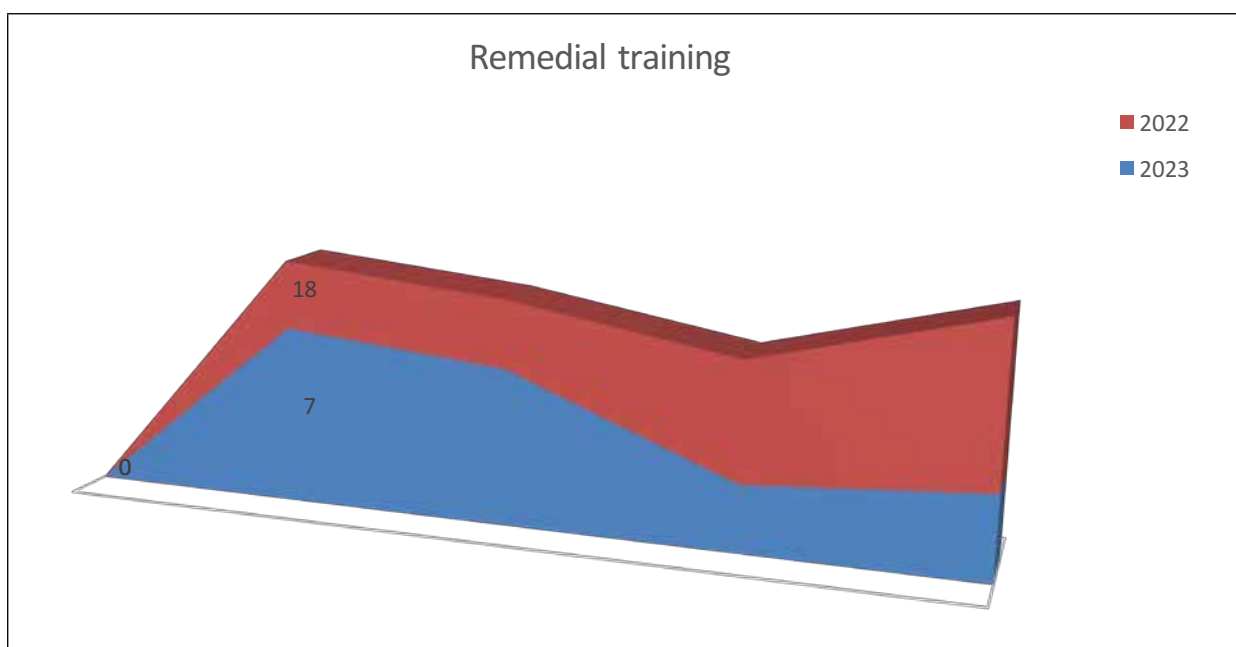
Compared to the 2021 / 2022 reporting year, a significant increase in the number of applications for curricula evaluation was noted. Amongst the eleven (11) curricula assessed, four (4) met the requirements for approval; seven (7) did not.

7. Remedial Education and Training

Seven (7) 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 UNAM or any other recognised educational institution of their choice. Of the seven (7) graduates three (3) obtained their qualifications from Hubei University Technology, Wuhan, China, three (3) from Wenzhou Medical University, China and one (1) from Ivan Horbachevsky Ternopil National Medical University, Ukraine.

Graph 5 below depicts the comparison of the number of applications received in the 2021/2022 reporting year and the current reporting year.

Graph 5: Comparison of applications for curriculum evaluation received between 2021/2022 and 2022/2023



Compared to the 2021 / 22 reporting year, a significant decrease in the number of applications for curricula evaluation from pharmacy graduates who studied in China, Russia and Ukraine was noted.

8. PRE-REGISTRATION EVALUATION

The PCNA requires an applicant to pass to its satisfaction a pre-registration evaluation to ascertain whether he or she possesses sufficient professional knowledge, skills, and competence in the profession for which registration has been applied³².

Table 43 presents a summary of evaluations that were conducted.

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

Table 43: Summary of evaluations conducted.

DOMAIN AND NATURE OF EVALUATION	EVALUATION DATE	APPLICANTS INVITED	APPLICANT DECLINED INVITATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED	APPLICANTS REGISTERED
PHARMACISTS							
Calculations	16-June-22	2	0	2	2	0	2
Legal	17-June-22	2	0	2	2	0	2
Competency	18-June-22	2	0	2	2	0	2
Legal	01-Feb-23	4	0	4	4	0	1
Calculations	02-Feb-23	4	0	4	2	2	1
Competency	03-Feb-23	4	0	4	2	2	1
TOTAL		18	0	18	14	4	9
PHARMACIST INTERNS: MIDTERM / WRITTEN COMPETENCY EVALUATION							
Calculations	16-June-22	41	0	41	24	17	7
Legal	17-June-22	30	0	30	30	0	0
OSCE	18-June-22	19	0	19	7	12	7
Calculations	01-Dec-22	6	0	6	5	1	5
Competency	02-Dec-22	20	0	20	6	14	6
Legal	01-Feb-23	72	0	72	67	5	0
Calculations	02-Feb-23	83	1	82	44	39	12
Competency	03-Feb-23	49	1	48	17	32	17
TOTAL		320	2	318	200	120	54
PHARMACEUTICAL TECHNICIANS:							
Calculations	16-June-22	10	0	10	1	9	1

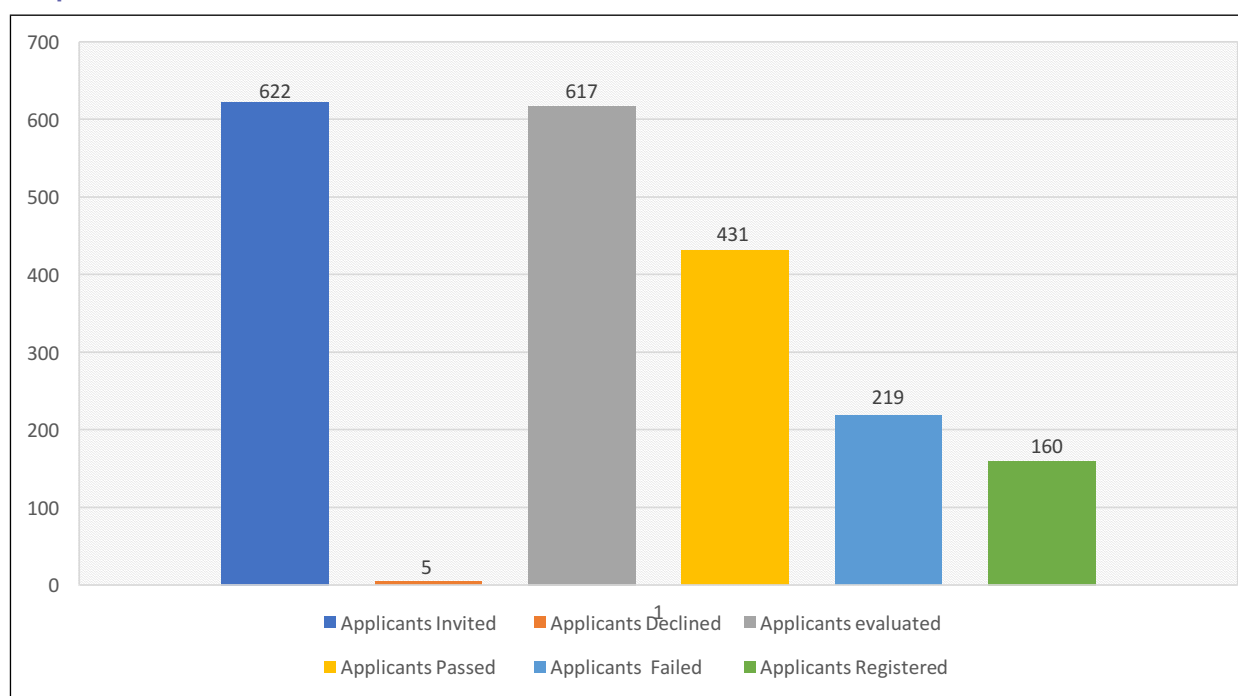
Legal	17-June-22	5	0	5	5	0	5	0	5
OSCE	18-June-22	5	0	5	5	0	5	0	5
Legal	01-Feb-23	2	0	2	2	0	2	0	2
Calculations	02-Feb-23	4	0	4	3	1	3	1	3
Competency	03-Feb-23	2	0	2	2	0	2	0	2
TOTAL		28	0	28	46	10	28	46	18
PHARMACIST'S ASSISTANTS									
Calculations	16-June-22	34	0	34	26	8	34	26	8
Legal	17-June-22	11	0	11	0	11	11	0	11
Competency	18-June-22	9	0	9	1	8	9	1	8
Legal	01-Feb-23	65	1	64	57	8	64	57	8
Calculations	02-Feb-23	73	1	72	29	44	72	29	22
Competency	03-Feb-23	64	1	63	58	6	63	58	22
TOTAL		256	3	253	171	85	253	171	79
GRAND TOTAL		622	5	617	431	219	617	431	160

Comment

- The policy that requires applicants to pass the calculation with a minimum of 80%, as opposed to 50% in other domains, contributed significantly to the low number of applicants who passed the evaluation.

Evaluation indicators are presented in Graph 6.

Graph 6: Evaluation indicators



9. Registers Kept

9.1 Registers of pharmacy practitioners

Admission to the register, as provided for under the Pharmacy Act, is strictly controlled. The Act also contains very important provisions pertaining to the method of admission of practitioners to the register³³, the maintenance of registration of practitioners³⁴, the removal or restoration of a name of a practitioner to the register³⁵, continuing professional development³⁶ and pharmaceutical practices conducting business as a pharmacist³⁷. The register lies open during ordinary hours at the office of the Registrar for inspection by any interested member of the public.

Tables 44 to 46 provide data pertaining to practitioners registered. Graphs 7 and 8 depict comparative data.

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

Table 44: Practitioners registered during the period under review

PROFESSIONAL DESIGNATION	NUMBER REGISTERED
Pharmacists	51
Pharmacist Interns	81
Pharmaceutical Technicians	6
Pharmacist's Assistants	44
Student Pharmacist's Assistants	111
Student Pharmacists	101
TOTAL	394

Graph 7: Comparative graph for practitioners registered in 2021-2022 and 2022-2023

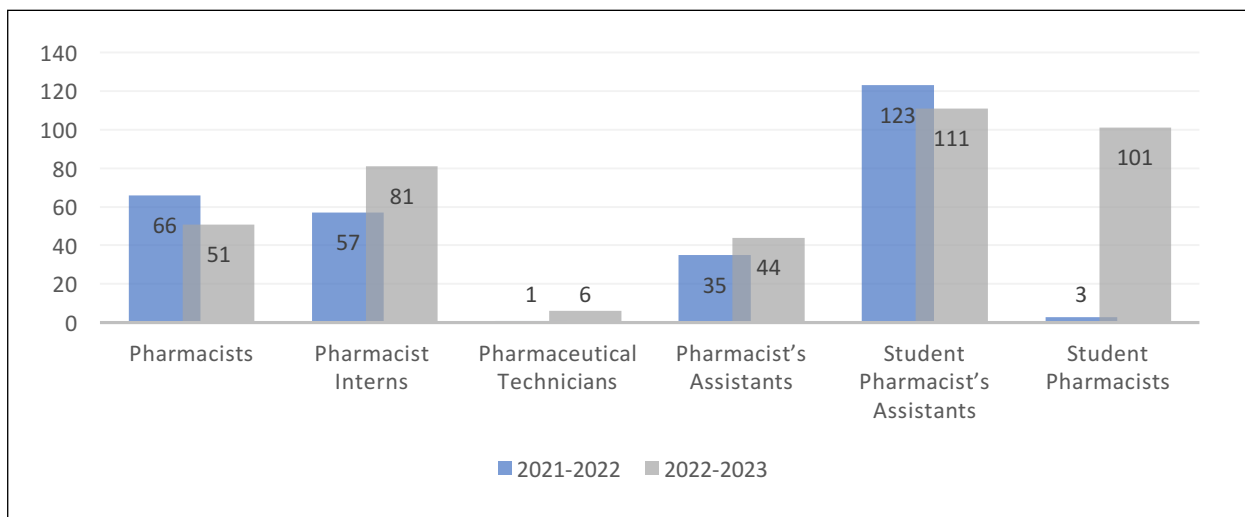


Table 45: Number of practitioners on the registers

DESIGNATION	NUMBER ON THE REGISTERS
Pharmacists	700
Pharmacists Specialist (Clinical Pharmacokinetics)	1
Pharmacist Interns	117
Pharmaceutical Technicians	40
Pharmaceutical Technicians students	11
Pharmacist's Assistants	403
Pharmacist's Assistant students	283
Student Pharmacists	190
TOTAL	1745

Graph 8: Practitioners on the register by 31 March 2022 compared to 31 March 2023

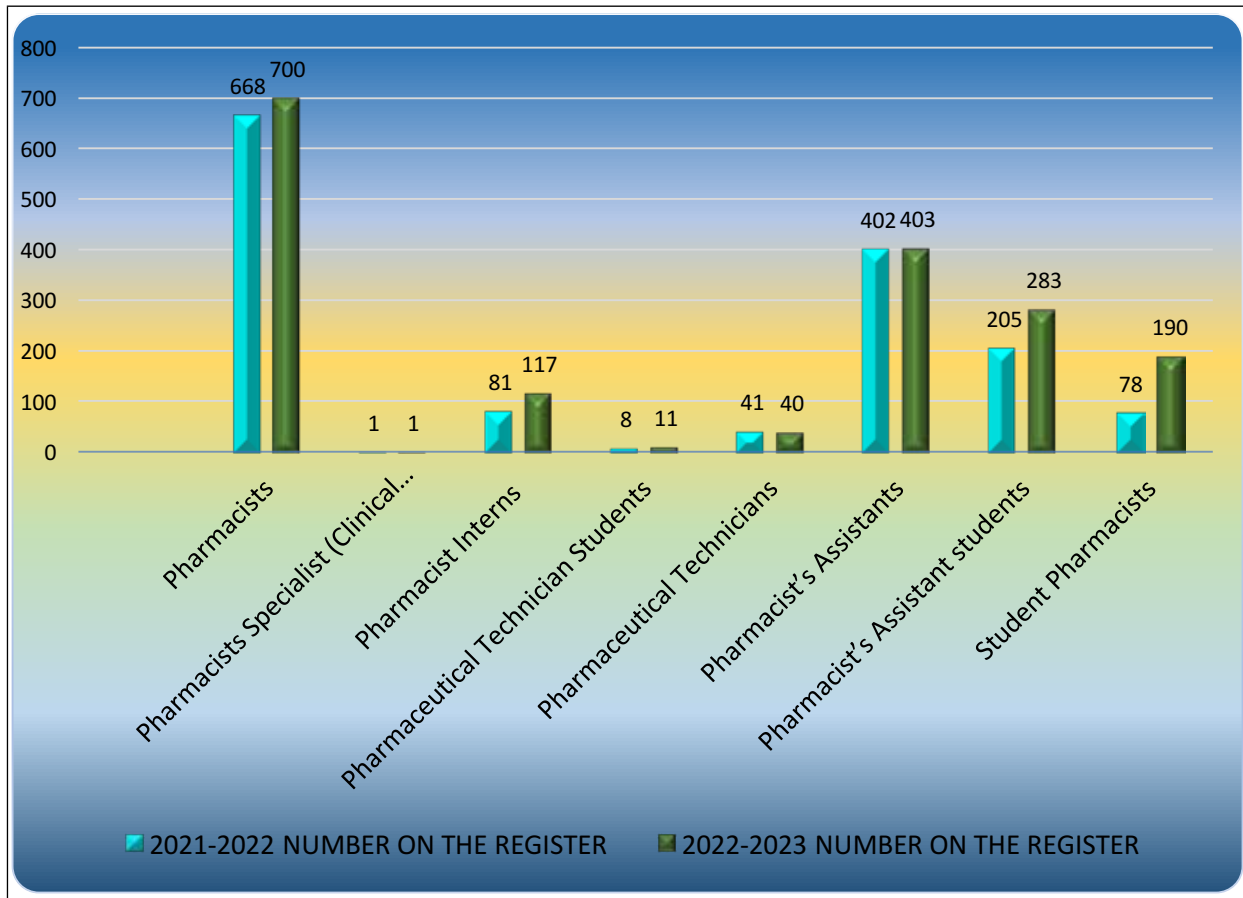


Table 46: Pharmaceutical practices on the register by 31 March 2023

NATURE OF PHARMACEUTICAL PRACTICES	NUMBER ON THE REGISTER
Community Pharmacy	505
Wholesale Pharmacists	114
Manufacturing Pharmacy	5
Private Hospital Pharmacy	12
TOTAL	636

10. Other Services

Data of other services are presented in Tables 47 and 48.

Table 47: Practitioner-related activities

NATURE OF SERVICE	PHARMACIST	PHARMACEUTICAL TECHNICIAN	PHARMACIST'S ASSISTANT	INTERNS/ STUDENTS	TOTAL
Certificate of status.	14	0	0	0	14
Involuntary removals of names from the register.	30	4	36	0	70
Restoration of names to the register.	14	0	3	0	17
Cession of Contract.	0	0	0	1	1
Total number of activities	58	4	39	1	102

Table 48: Pharmaceutical practice-related activities

NATURE OF SERVICE	COMMUNITY PHARMACY	WHOLESALER	HOSPITAL PHARMACY	TOTAL
Change of ownership.	8	1	0	9
Change of Name of a Pharmaceutical Practice.	3	4	0	7
Change of Pharmacy Layout / Restructuring	4	1	0	5
Relocation.	12	0	0	12
Resignation of Managing Director or Member.	0	3	0	3
Registration of Managing Director or Member.	1	3	0	4
Registration of Responsible Pharmacist.	8	1	1	10
Resignation of Responsible Pharmacist.	6	0	0	6
Notification of opening of practice.	1	0	1	2
Notification of closure of the practice.	2	0	0	2
Total number of activities	45	13	2	60

11. Stakeholder Engagements

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

11.1 The Pharmaceutical Society of Namibia

The following matter was discussed.

- Registration of student pharmacists.

11.2 University of Namibia

The matter discussed was the registration of students and the pending applications of registration for the 2018 and 2019 intakes.

12. Conclusion

The approval of pharmaceutical facilities for the training of pharmacist interns in the regions diminished the delays in the registration of pharmacist interns. The PCNA has executed ninety- eight percent (98%) of adopted resolutions.

SOCIAL WORK AND PSYCHOLOGY COUNCIL (SWPCNA)

1. INTRODUCTION

The SWPCNA is established in terms of the Social Work & Psychology Act, Act No 6 of 2004 (SWP Act). The SWPCNA regulates the practicing of six (6) professional categories; namely, social workers, social auxiliary workers, clinical psychologists, educational psychologists, psychological counsellors, and psychometrists, by ensuring that all persons who applied for registration to practice these professions are suitably qualified before they get registered. The SWPCNA also control and exercise authority in respect of all matters affecting the education and training of persons to be registered under the SWP Act³⁸.

2. SWPCNA MEMBERS

Ms René Adriana Adams³⁹

Dr Manfred Janik ⁴⁰

Ms Emilige van Zyl

Ms Sanmari Steenkamp

Ms Ronel Bosch

Ms Verona Zephora Zuleika du Preez

Adv. Hettie Garbers – Kirsten

Fr. Linus Ngenomesho

3. SUMMARY OF ACTIVITIES

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

3.1 Meetings

Details of meetings are presented in Table 49, and resolutions adopted in Table 50.

38 Section 5.

39 President.

40 Vice President.

Table 49: SWPCNA and committee meetings

MEETINGS	NUMBER OF MEETINGS	MEETING DATES
SWPCNA	2	30 th of September 2022
		02 nd of March 2023
Education Committee (Psychology)	2	08 th of July 2022
		17 th February 2023
Interns Training Committee	2	01 st of December 2022
		09 th February 2023
Education Committee (Social Work)	2	15 th of July 2022
		16 th of February 2023

Table 50: SWPCNA resolutions

NUMBER OF RESOLUTIONS MADE	NUMBER OF RESOLUTIONS IMPLEMENTED
28	28

4. KEEPING OF REGISTERS

The SWP Act provides that the SWPCNA must establish, and keep in respect of the persons registered in terms of the SWP Act to practice social work and psychology professions, separate registers. Admission to the register as provided for under the SWP Act is strictly controlled.

The SWP Act also contains very important provisions about the method of admission to the register⁴¹, the removal of names from the register⁴² or restoration of a name to the register⁴³, and the maintenance of registration⁴⁴. These registers lie open during ordinary hours at the offices of the SWPCNA for inspection by any interested member of the public.

The number of practitioners on the registers for 2021 / 2022 versus 2022 / 2023 is presented in Table 51; Graph 9 depicts a comparison of registrations for these two reporting periods.

Table 51: Number of practitioners on the registers

PROFESSIONAL CATEGORY	TOTAL 2021/2022	TOTAL 2022/2023
Student Social Workers	194	214
Auxiliary Social Worker	1	1
Social Workers	533	488
Social Workers and Specialists	0	7
Student Psychologists (Bachelor in Psychology)	35	41
Psychometrists	2	2

41 Section 25

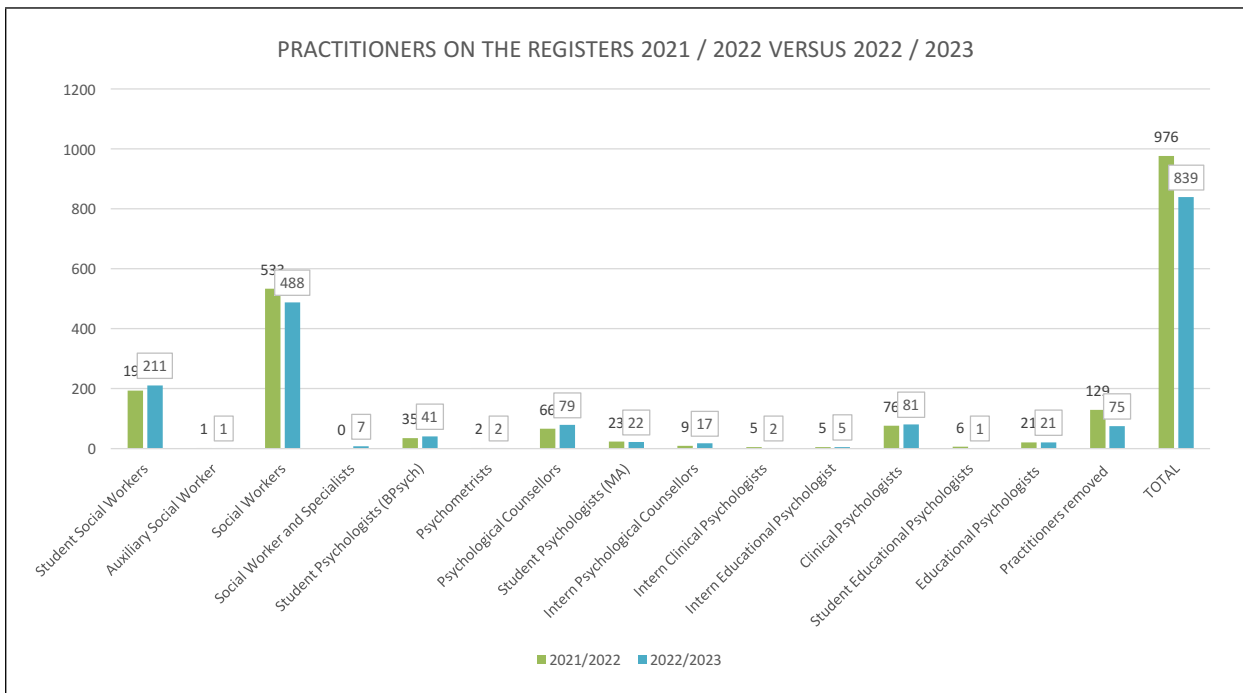
42 Section 26

43 Section 27

44 Section 28

Psychological Counsellors	66	79
Student Psychologists (Master in Clinical Psychology)	23	23
Intern Psychological Counsellors	9	17
Intern Clinical Psychologists	5	2
Intern Educational Psychologist (Master in Educational Psychology)	5	5
Clinical Psychologists	76	81
Clinical Psychologists and Specialists	2	2
Student Educational Psychologists	6	1
Educational Psychologists	21	21
TOTAL	978	984

Graph 9: This SWPCNA's register is characterised by a high number of social work practitioners followed by student social workers



5. APPLICATIONS FOR REGISTRATION

Table 52 shows the number of applications received from professionals seeking registrations with the SWPCNA during the reporting period.

Table 52: Applications for registration received

DESIGNATION	NUMBER RECEIVED	APPLICANTS REGISTERED	PENDING / REFUSED
Social Worker	64	64	0
Psychological Counsellor (Bachelor in Psychology)	16	16	0
Intern Psychological Counsellor	13	13	0
Clinical Psychologist (MA Clinical) Psychology)	8	8	0
Clinical Psychologist Intern	3	3	0
Educational Psychologist (MA Educational Psychology)	5	5	0
Intern Educational Psychologist	1	1	0
TOTAL	110	110	0

6. PRE-REGISTRATION EVALUATION

To ensure that an applicant possesses adequate professional knowledge, skills, and competency in the profession for which registration has been applied, SWPCNA conducted evaluations, which are listed in Table 53.

Table 53: Pre-registration evaluation conducted

DESIGNATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED	PASS RATE	FAILURE RATE
Social Worker	3	3	0	100%	0%
Intern Psychological Counsellor	12	11	1	99%	1%
Psychological Counsellor	10	10	0	100%	0%
Intern Clinical Psychologists	6	6	6	100%	100%
Clinical Psychologist	8	8	0	100%	0%
Intern Educational Psychologist	1	1	0	100%	0%
Educational Psychologists	4	4	0	100%	0%

7. CONTROL OVER EDUCATION, TUITION, AND TRAINING

The SWP Act provides that any person or educational institution intending to offer education, tuition or training must apply to the SWPCNA in writing before offering such training⁴⁵.

45 Section 16(2)

7.1 Registration of students

The SWPCNA is mandated to ensure that all students who are enrolled with any approved educational institution in the country to study social work or psychology are registered. This exercise is normally done at the beginning of the year. The number of students registered during the reporting period is shown in Table 54.

Table 54: Registered students

DESIGNATION	EDUCATIONAL INSTITUTION	APPLICATIONS RECEIVED	APPLICANTS REGISTERED
Student Social Worker	University of Namibia	38	38
Student Psychologist (BPsych)	University of Namibia	10	10
Student Psychologist (MA Clinical)	University of Namibia	2	2

7.2 Internship training

All psychology graduates are expected to complete a prescribed period of internship before registration as psychologists or psychological counsellors. Tables 55 and 56, respectively, present the number of registered interns per training facility, and the facilities re-inspected to train interns.

Table 55: Registered interns per training facility

DESIGNATION	APPLICATIONS RECEIVED	APPLICANTS REGISTERED	TRAINING FACILITY
Intern Psychological Counsellor	3	3	Uni-Health Consulting and Management Solution (PTY) LTD
	3	3	Ministry of Labour Industrial Relations and Employment Creation
	1	1	Ministry of Education, Arts & Culture (Diagnostic and Advisory and Training Services)
	2	2	Sandra Van Schalkwyk Educational Psychology
	1	1	Let's Talk
	1	1	Okonguarri Therapeutic Centre
Intern Clinical Psychologists	3	3	Ministry of Health and Social Services
	2	2	Let's Talk Psychologists CC

Table 56: Facilities re-inspected to train interns

INSTITUTION	NATURE OF TRAINING	REGION	DATE OF INSPECTION	APPROVED PERIOD
Ministry of Labor Industrial Relations and Employment Creation	Intern Psychological Counsellors	Khomas region	21 /09/2022	3 years
Ministry of Health and Social Services (Psychiatric Unit)	Intern Clinical Psychologists		15/12/2022	3 years
Sandra Van Schalkwyk Educational Psychology	Intern Psychological Counsellors & Intern Educational Psychologists		10/02/2023	3 years
Okonguarri Therapeutic Centre	Intern Psychological Counsellors & Intern Clinical Psychologists	Otjozondjupa Region	24 /03/2023	3 years

8. OTHER SERVICES RENDERED

The SWPCNA rendered other services, which are presented in Table 57.

Table 57: Other services rendered

SERVICES RENDERED	TOTAL
Certificates of status issued	7
Names restored to the register	58
Ethics & Jurisprudence Manuals issued	41
Namibian Standard Guidelines issued	16

9. CONCLUSION

The SWPCNA succeeded in ensuring that all persons who practice SWP professions in Namibia have acquired and maintained the required professional knowledge, skills, and competence. This was achieved through the enforcement of continuing professional development and by regulating the education and practice of all professions falling under the SWP Act.



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

SECTION TWO

EDUCATION AND TRAINING QUALITY ASSURANCE (ETQA) SECTION

1. INTRODUCTION

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

This principle is specifically articulated in the legislation which governs all the 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 following areas:

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

For the reporting period 2022 / 2023, the ETQA assisted HPCNA in performing the following strategic objectives.

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

2. STRATEGIC OBJECTIVE

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

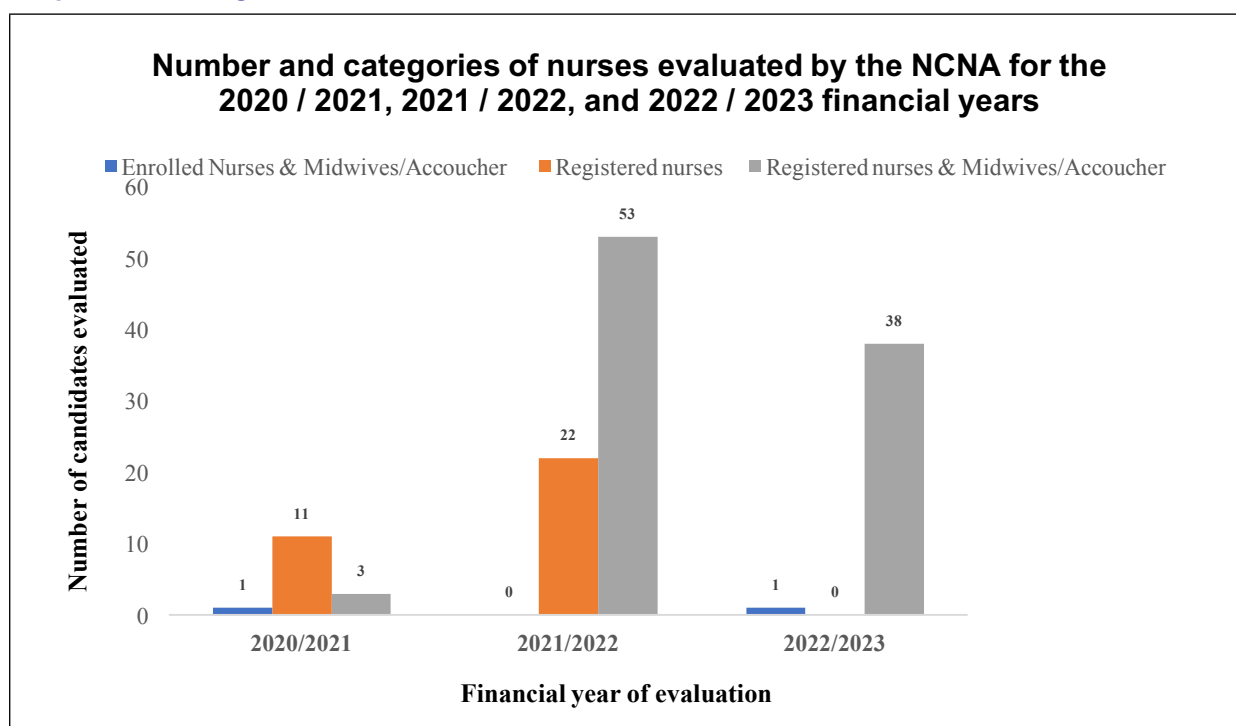
The ETQA section assisted the NCNA, the AHPCNA, the MDCNA and SWPCNA, in conducting pre-registration evaluations as indicated in Tables 58 to 61 below. These activities were conducted within the provisions of Section 20 (3) (a) of the Nursing Act 2004 (Act No. 8 of 2004), the Allied Health Professions Act 2004 (Act No. 7 of 2004), the Social Work and Psychology Act 2004 (Act No. 6 of 2004), and the Medical and Dental Council Act 2004 (Act 10 of 2004). In terms of these Acts, an applicant has to pass to the satisfaction of the Council, an evaluation to determine whether or not he or she possesses adequate professional knowledge, skills, and competence in the profession for which registration has been applied. Graphs 10 to 13 present comparative data.

Table 58: Pre-registration evaluations for the NCNA

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS WHO PASSED	NUMBER OF PRACTITIONERS WHO FAILED	PASS RATE	FAILURE RATE
Registered Nurse / Midwife / Accoucheurs	5	38	32	6	84%	16%
Enrolled Nurses	1	1	1	0	100%	-

The pass rate displayed in Table 58 indicates that the majority of the candidates were found to be competent to practice and register with the NCNA. The average pass rate was 92%. This was higher than the pass rate of 85% in the 2021 / 2022 reporting period.

Graph 10: Pre-registration evaluations for the NCNA



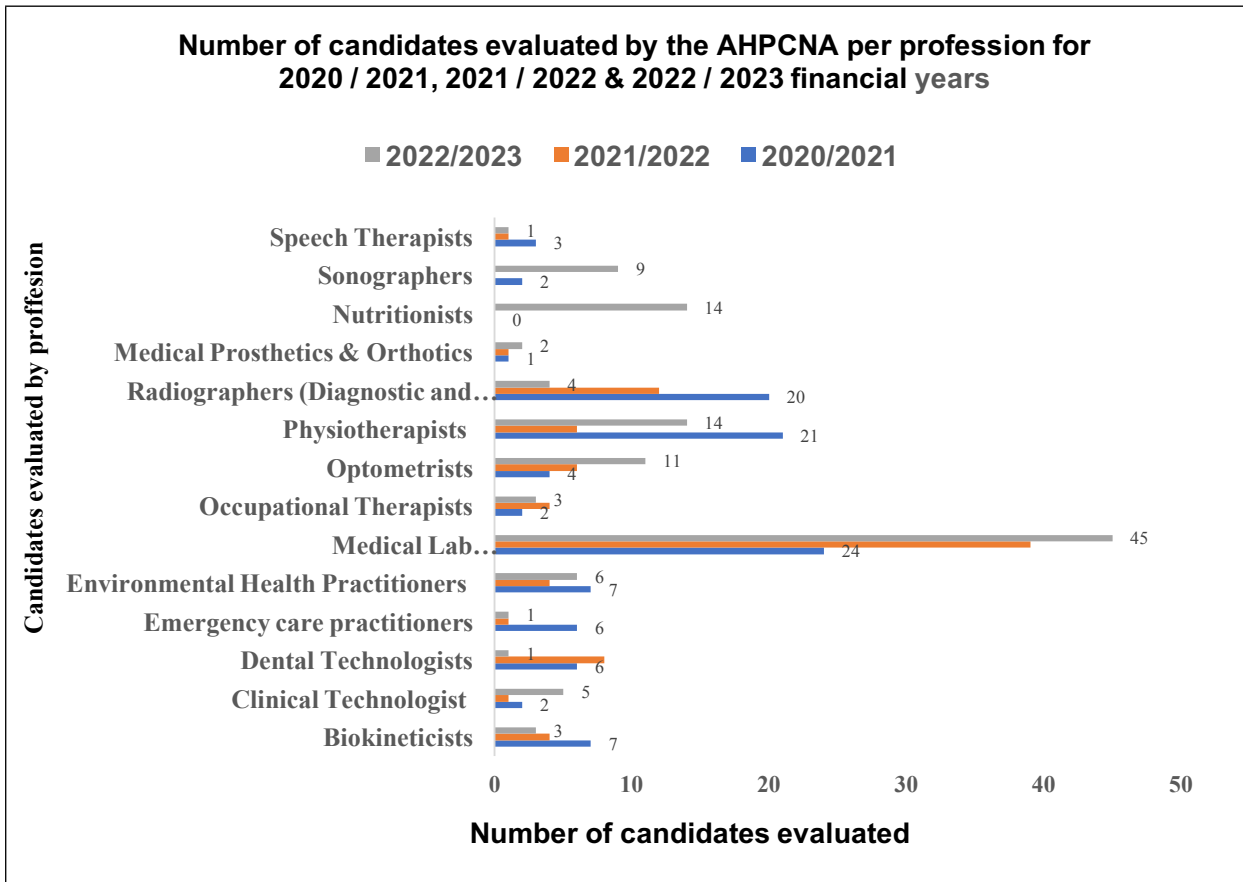
Graph 10 is a comparison of the number of candidates evaluated during the reporting periods, 2020 / 2021, 2021 / 2022 and 2022 / 2023. Seventy-five (75) candidates were evaluated in the 2021 / 2022 reporting period compared to thirty-nine (39) in the 2022 / 2023 reporting period. This translates to a decrease of thirty-six (36) candidates evaluated. It is assumed that the decrease is because Zimbabwe, from where most candidates were from for pre-registration evaluation, has put measures in place which made it difficult to almost impossible for the candidates to get certificates of good standing from their regulatory authority. This was also compounded by the long waiting period for verification of their qualifications by the Namibia Qualifications Authority.

Table 59: Pre-registration evaluations for AHPCNA

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS WHO FAILED	PASS RATE	FAILURE RATE
Biokineticists.	4	4	3	1	75%	25%
Clinical Technologist.	3	5	5	0	100%	0%
Dental Technologists	1	1	0	1	-	100%
Emergency Care Practitioners.	1	1	1	0	100%	-
Environmental Health Practitioners.	4	6	6	0	100%	-
Medical Lab Scientists/ Technologists / Technicians.	5	45	16	29	36%	64%
Medical Prosthetics & Orthotics	2	2	2	0	100%	-
Nutritionists	2	14	14	-	100%	-
Occupational Therapists.	2	3	1	2	100%	0%
Optometrists.	5	11	6	5	100%	0%
Physiotherapists.	2	14	5	9	36%	64%
Radiographers (Diagnostic and Therapeutic).	2	4	4	0	100%	0%
Sonographers	2	9	7	2	78%	22%
Speech Therapists	1	1	1	0	100%	-

Table 59 indicates that during the 2022 / 2023 reporting period, applicants from fourteen (14) professions registrable under the AHPCNA totalling hundred and twenty (120) were evaluated. Seventy-one (71) candidates passed the evaluations and could register with the AHPCNA as practitioners; forty-nine (49) failed the evaluations. The professions which performed poorly were: dental technology with a 100% failure rate; and medical laboratory science / technology / technicians and physiotherapy with a 64% failure rate.

Graph 11: Pre-registration evaluations for allied health professions



Graph 11 gives a comparison of three (3) reporting periods: 2020 / 2021; 2021 / 2022; and 2022 / 2023. There was an increase in the number of applicants evaluated during the 2022 / 2023 reporting period: one hundred and twenty (120) compared to ninety-four (94) in the 2021 / 2022 reporting period

Table 60: Pre-registration evaluations for MDCNA

PROFESSIONAL DESIGNATION	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS PASSED	NUMBER OF PRACTITIONERS WHO FAILED	PASS RATE	FAILURE RATE	NUMBER OF PRACTITIONERS WHO WROTE SUPPLEMENTARY (SUPP) EVALUATION	SUPP PASSED	SUPP FAILED	SUPP PASS RATE	SUPP FAILURE RATE
Medical graduate	2 (full exam) 2(supp)	115	17	98 (51 for supp)	15%	41%	44% 51 – 38 wrote	29	9	76%	24%
Dental graduate	3 (OSCE) 2 (MCQ)	68 OSCE 15 MCQ	38 8	30 6 (for supp)	56%	44%	6	6	-	100%	-
Dentist	2	8	7	1	75%	25%	-	-	-	-	-
Medical Practitioner	3	8	5	3	62%	38%	-	-	-	-	-
Psychiatrist	1	1	1	0	100%	0%	-	-	-	-	-
Dermatologist	1	1	1	0	100%	0%	-	-	-	-	-
General Surgeon	1	3	1	2	33%	67%	-	-	-	-	-
Orthopaedic Surgeon	1	3	3	0	100%	0%	-	-	-	-	-
Paediatrician	1	3	3	0	100%	0%	-	-	-	-	-
Physician	2	3	3	0	100%	0%	-	-	-	-	-
Anaesthesiologist	2	4	4	0	100%	0%	-	-	-	-	-
Specialist in Emergency Medicine	1	1	1	0	100%	0%	-	-	-	-	-
Oral Hygienist	1	3	3	0	100%	0%	-	-	-	-	-

As shown in Table 60 general surgeons recorded the highest failure rate of 67%, followed by dental graduates OSCE with 44%, and medical graduates with 41%

Graph 12: Pre-registration evaluations for MDCNA

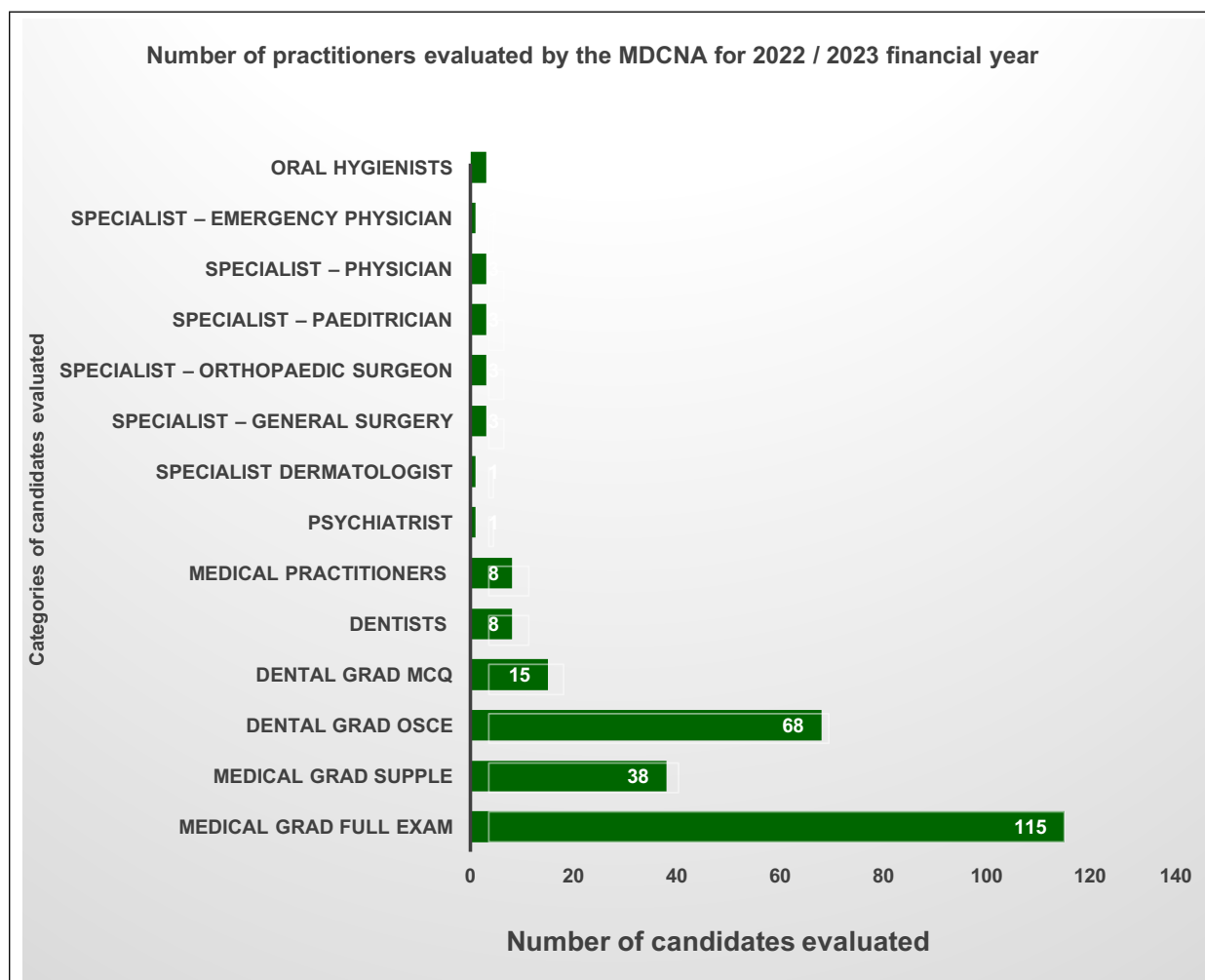
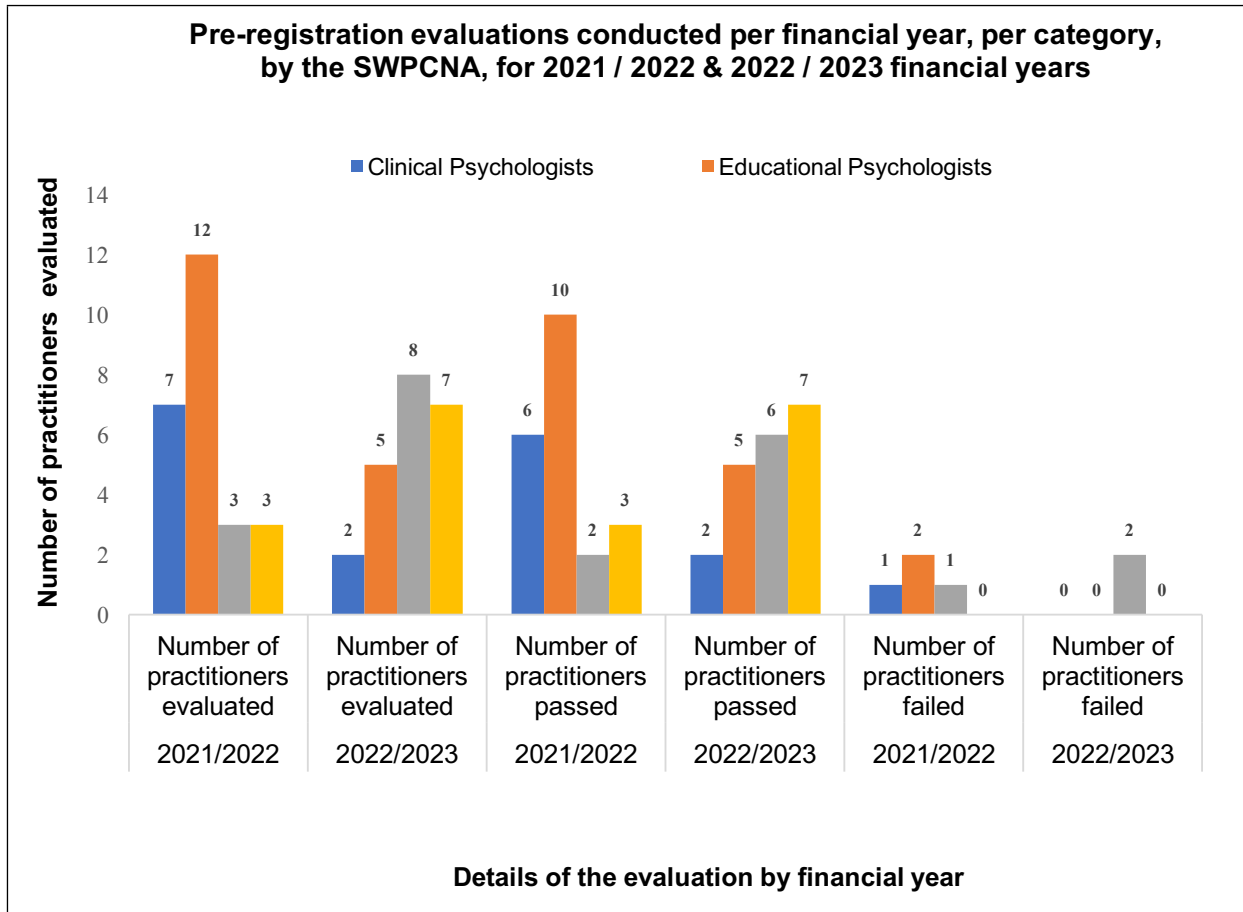


Table 61: Pre-registration evaluations for SWPCNA

PROFESSIONAL DESIGNATIONS	NUMBER OF EVALUATION SESSIONS HELD	NUMBER OF PRACTITIONERS EVALUATED	NUMBER OF PRACTITIONERS WHO PASSED	NUMBER OF PRACTITIONERS WHO FAILED	PASS RATE	FAILURE RATE
Clinical Psychologist	4	2	2	-	100%	-
Educational Psychologist	2	5	5	-	100%	-
Psychological Counsellor	4	8	6	2	75%	25%
Psychological intern	0	7	7	-	100%	-

Table 61 illustrates that the overall performance of the candidates was good: average pass rate of 94%; and a failure rate of 6%.

Graph 13: Illustrates the number of practitioners under the SWPCNA evaluated during the 2021 / 2022 and 2022 / 2023 reporting periods



Graph 13 indicates an increase in the number of psychological counsellors who were evaluated and passed in the 2022 / 2023 reporting period compared to those that were evaluated and passed in the 2021 / 2022 reporting period. There was a decline in the number of clinical psychologists evaluated in the 2022 / 2023 reporting period compared to those evaluated in the 2021 / 2022 reporting period.

3. JURISPRUDENCE MULTIPLE CHOICE QUESTIONNAIRES

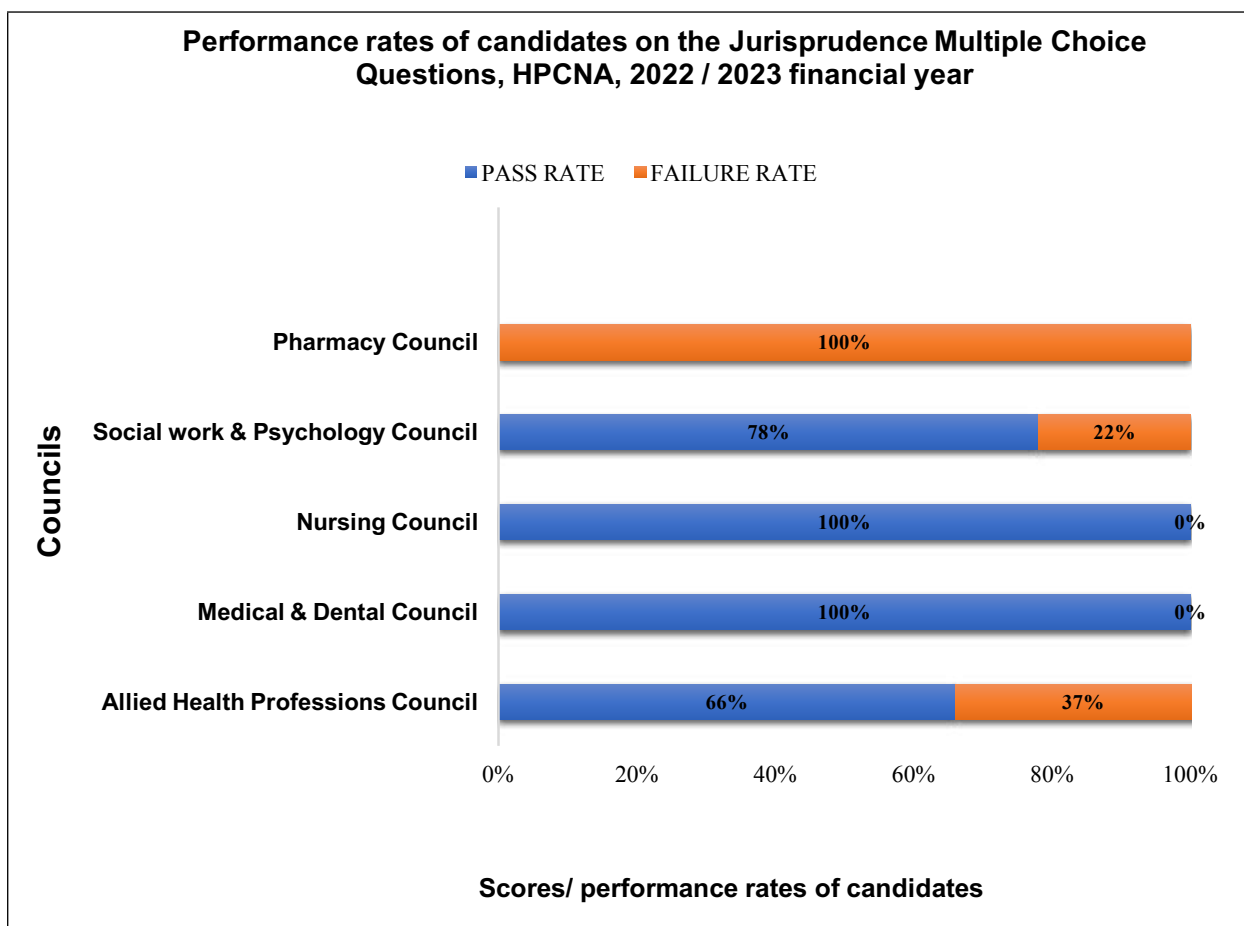
All persons who went through the evaluation process were required to complete the jurisprudence multiple choice questionnaire (MCQ) and on successful completion thereof they obtained their first CPD points in professional ethics. As shown in Table 62 one hundred and forty (140) questionnaires were received and marked; whereas two hundred and seventy-two (272) questionnaires were received and marked during the 2021 / 2022 reporting period. This shows a 49% decline in the questionnaires received. Graph 14 depicts the performance rates of the MCQs per Council for the 2022 / 2023 recording period.

Table 62: Multiple-choice questionnaires

COUNCIL	QUESTIONNAIRES RECEIVED	TOTAL PASS	TOTAL FAIL	PASS RATE	FAILURE RATE
AHPCNA	122	81	41	66%	34%
MDCNA	1	1	-	100%	-
NCNA	7	7	-	100%	-
SWPCNA	9	7	2	78%	22%
PCNA	1	0	1	-	100%
TOTAL	140	96	44	69%	31%

As evident in Table 62 out of the hundred and forty (140) questionnaires received from practitioners, ninety-six (96) practitioners passed, and forty-four (44) practitioners failed. The allied health professionals submitted the most questionnaires. The medical and dental practitioners and pharmacy professionals submitted the least.

Graph 14: Performance rates of registrants per Council for the 2022 / 2023 reporting periods



4. STRATEGIC OBJECTIVE

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

To ensure that minimum educational and training standards are in line with the relevant legislation, the ETQA section has the responsibility of facilitating the inspections of hospitals, health centres, clinics, and private practices as well as accreditations of educational training institutions. Tables 63, 64, 66, 67 and 68 present data of the institutions which were inspected during the 2022 / 2023 reporting period. The grading system used is presented in Table 65.

Table 63: Educational institution inspected to train allied healthcare professionals

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
Oshana	ATA (Oshakati)	ECP Basic & Intermediate	Pending approval
	Osh-Med International (Ongwediva)	ECP Basic & Intermediate	Approved
	Atlantic Training Institution (Oshakati)	ECP Basic & Intermediate	Approved
Khomas	EMTSS	ECP Basic & Intermediate	Approved
	Three Sixty Emergency Services (Windhoek)	ECP – Intermediate	Not approved

Table 64: Institutions inspected to train students and physiotherapy interns, biokinetics interns, and occupational therapy interns

REGION	FACILITY	CATEGORY	OUTCOME
Kavango East	Intermediate Hospital Rundu	Occupational Therapy Interns	Pending approval
	Intermediate Hospital Rundu	Physiotherapy Interns	Pending approval
Khomas	Roland Physio	Physiotherapy Interns	Approved
	Megan Physio	Physiotherapy Interns	Pending approval
	Physio @ Hand	Physiotherapy Interns	Approved
	Wellington Physiotherapy	Physiotherapy Interns	Pending Approval
	BRG Biokinetics – West Care	Physiotherapy Interns	Approved
	Intermediate Hospital Katutura	Physiotherapy Interns	Pending approval
	Medical Imaging (Rhino Park Hospital)	Radiography Interns	Approved
	Medical Imaging (Roman Catholic Hospital)	Radiography Interns	Approved
	NAMRAD	Radiography Interns	Approved
	De Klerk Biokinetics	Physiotherapy Interns	Pending approval
Erongo	Marieke Kirchner Physiotherapy	Physiotherapy Interns	Pending approval
	Medical Imaging (Cottage Hospital)	Radiography Interns	Approved
Oshana	Medical Imaging (Ongwediva Hospital)	Radiography Interns	Approved
	Intermediate Hospital Oshakati	Radiography Interns	Pending approval

Table 64 indicates that eight (8) facilities were approved to train interns for a period of three (3) years and eight (8) were pending approval.

Table 65: Facility grading system used by the NCNA

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 the set criteria	Critical deficiencies / shortcomings	Below 0%	-	No approval

Table 66: Hospitals inspected for clinical placement of student and pupil nurses

REGION	NAME OF FACILITY	OUTCOME
Oshana region	Ondangwa Private Hospital	Approved at Grade B for a period of three (3) years.
Khomas region	Intermediate Hospital Katutura	Approved at Grade B for a period of three (3) years.
	Rhino Park Private Hospital	Approved at Grade B for a period of three (3) years.

During the 2022 / 2023 reporting period, only three (3) health facilities were inspected as opposed to the thirty-nine (39) health facilities which were inspected during the 2021 / 2022 reporting period. All three (3) facilities were approved for three (3) years at **Grade B**.

Table 67: Number of health facilities inspected per region during the 2022 / 2023 reporting period

CATEGORY	KHOMAS	OSHANA
Hospital	2	1
Health Centre	-	-
Clinic	-	-

Table 68: Educational institutions inspected to train nurses and midwives

REGION	NAME OF FACILITY	PROGRAMME	OUTCOME
Oshikoto	Higher Ground Health Care Institute	Certificate: Enrolled Nursing and Midwifery	Pending approval
		Bachelor of Nursing and Midwifery Science	Pending approval
Oshana	Atlantic Training Institute (Oshakati Campus)	Certificate: Enrolled Nursing and Midwifery	Approved at Grade B
	Essence Training Academy	Certificate: Enrolled Nursing and Midwifery	Pending approval
	Oswin Kampala College	Certificate: Enrolled Nursing and Midwifery	Not approved
Zambezi	Eureka Medical Institute	Diploma: Enrolled Nursing and Midwifery Certificate: Nursing Auxilliary	Approved at Grade B
Khomas	Atlantic Training Institute (Windhoek Campus)	Certificate: Enrolled Nursing and Midwifery	Approved at Grade B
	D'Expert (Windhoek Campus)	Certificate: Enrolled Nursing and Midwifery	Approved at Grade B
Otjozondjupa	Symanek Training Academy	Certificate: Nursing Auxilliary	Approved at Grade B
Kavango East	D'Expert (Rundu campus)	Certificate: Enrolled Nursing and Midwifery	Approved at Grade B
	PMT (Rundu campus)	Diploma: Enrolled Nursing and Midwifery	Approved at Grade B

Table 68 shows that ten (10) educational institutions were inspected. Seven (7) were approved with a Grade B rating; two (2) are pending approval; and one (1) was not approved.

Tables 69 and 70 show training completion data. Graphs 15 and 16 provide details of completed training.

Table 69: Training completion records received for the certificate programmes

QUALIFICATION	EDUCATIONAL INSTITUTION	NUMBER OF RECORDS RECEIVED	NUMBER OF RECORDS VERIFIED
Certificate Enrolled Nurse Midwife/ Accoucheur	Welwitchia Health Training Centre (Windhoek campus)	75	75
	Welwitchia Health Training Centre (Kombat campus)	67	67
	Welwitchia Health Training Centre (Nkurenkuru campus)	76	76
	Welwitchia Health Training Centre (Walvisbay campus)	50	50
	Welwitchia Health Training Centre (Lady Pohamba campus)	35	35
	Alba Mweendera Nursing School (Rundu campus)	63	63
	I – Care Health Training Institute (Windhoek campus)	150	150
	I – Care Health Training Institute (Ondangwa campus)	80	80
	I - Care Health Training Institute (Swakopmund campus)	33	33
	Shiramed Medical Institution	52	52
TOTAL NUMBER OF COMPLETION RECORDS VERIFIED		681	681

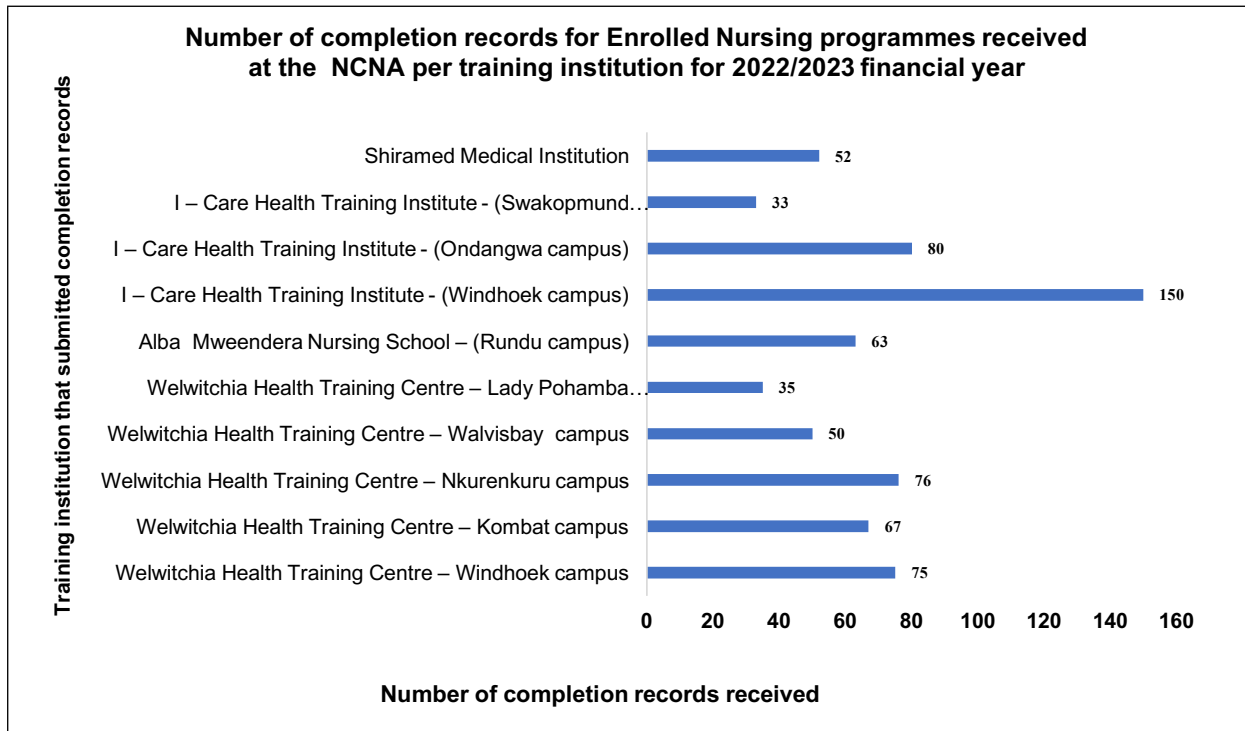
Table 70: Training completion records received for diploma and degree programmes

QUALIFICATION	EDUCATIONAL INSTITUTION	NUMBER OF RECORDS RECEIVED	NUMBER OF RECORDS VERIFIED
Bachelor's degree in Nursing and Midwifery	UNAM (Main Campus)	68	68
	UNAM (Rundu Campus)	50	50
	UNAM (Northern Campus)	55	55
	UNAM (Southern Campus)	23	23
	IUM	44	44
	Welwitchia University (Main Campus)	105	105
	Welwitchia University (Kombat Campus)	50	50
	Welwitchia University (Nkurenkuru campus)	40	40
TOTAL NUMBER OF RECORDS VERIFIED (DEGREE)		435	435
Diploma in Nursing and Midwifery	UNAM (Main Campus)	55	55
TOTAL NUMBER OF RECORDS VERIFIED (DIPLOMA)		55	55

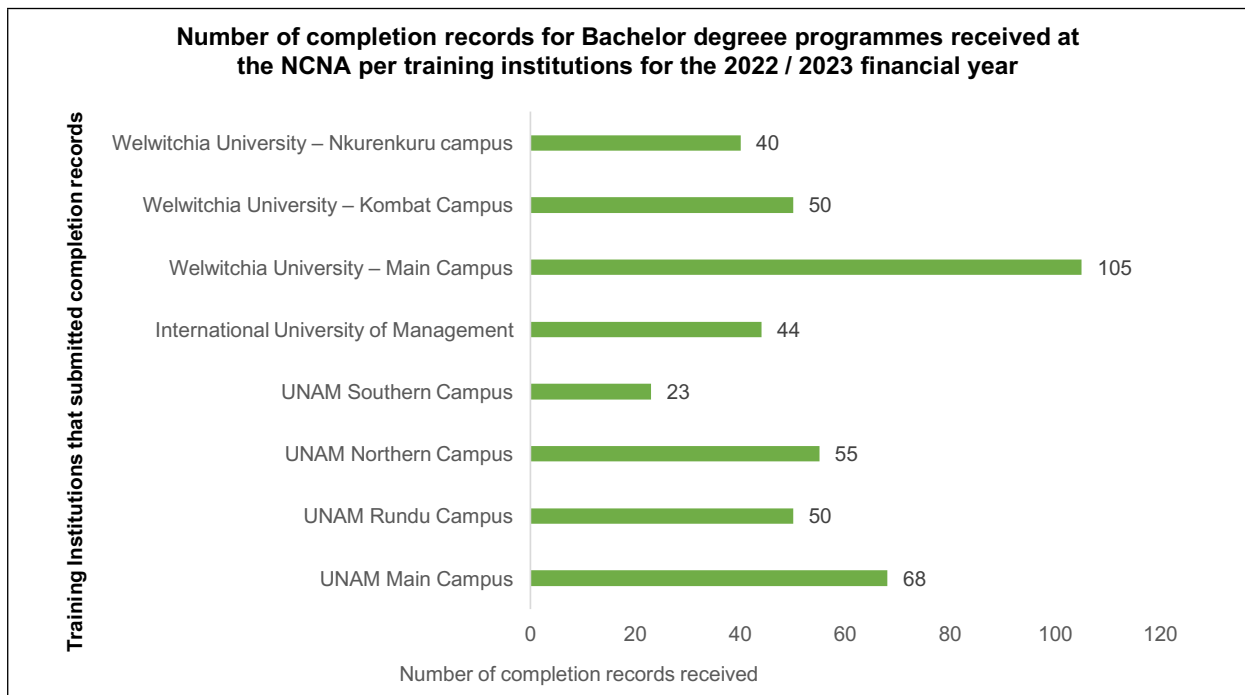
One thousand and seventy-one (1171) training completion records were received and verified during the reporting period, whereas nine hundred and twenty-seven (927) were verified during the 2021 / 2022

reporting period. This indicates that one thousand and ninety-three (1171) practitioners complied with the prescribed minimum requirements of study for registration and enrolment and could join the job market. There was an increase of two hundred and forty-four (244) nurses who completed their training in the 2022 / 2023 reporting period.

Graph 15: The number of nursing students and pupils who completed training



Graph 16: Completion of bachelor degree programmes for the 2022 / 2023 financial year



The Welwitchia Health Training Centre produced the most enrolled nurse-midwives / accoucheurs as well as registered nurse midwives/accoucheurs in the 2022 / 2023 reporting period.

5. CONTINUING PROFESSIONAL DEVELOPMENT (CPD) SECTION

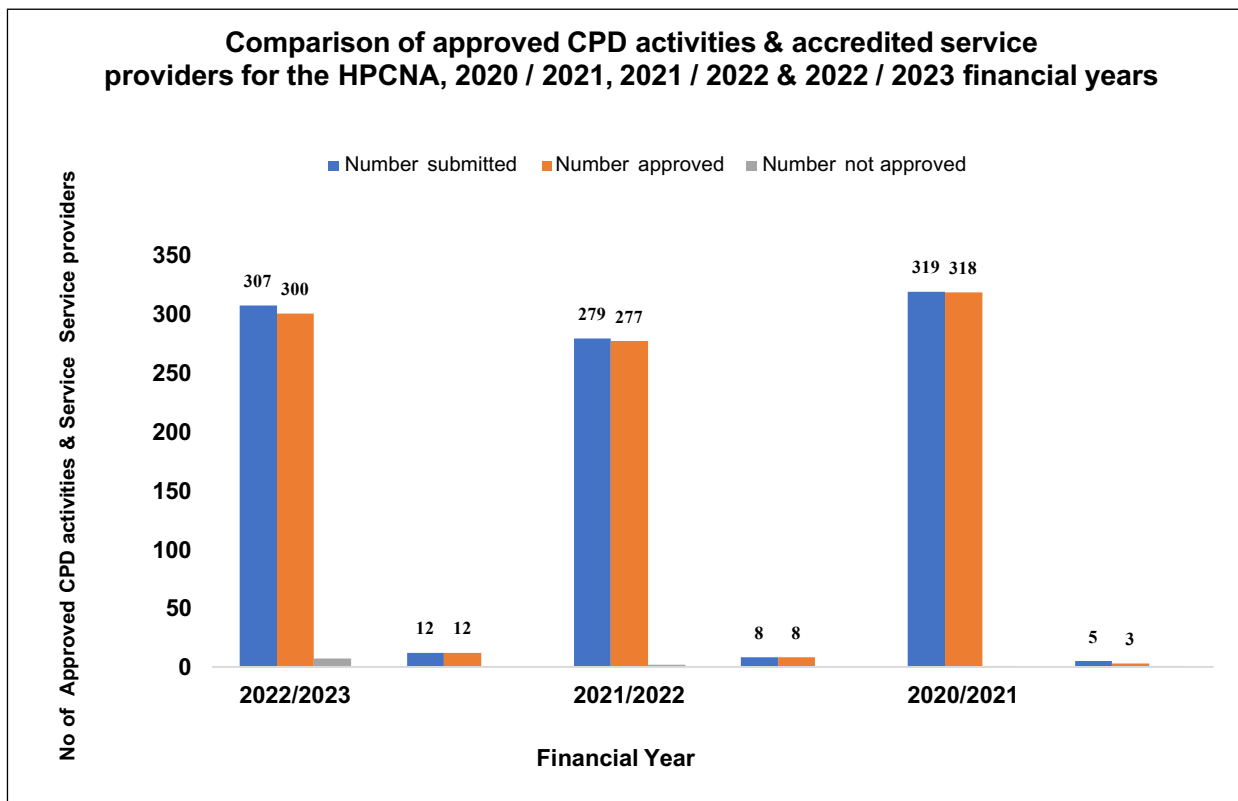
Healthcare practitioners are responsible for continually updating their professional knowledge and skills for the end benefit of the patient or client. To this end, the Councils have jointly implemented a continuing professional development (CPD) programme. Practitioners are required to accumulate continuing education units (CEUs) per twelve (12) months, including professional ethics, human rights, and medical law. Each CEU is valid for twenty-four (24) months from the activity's date.

The main objective of the CPD section is to conduct mandatory random audits to ensure compliance. If a practitioner's name is drawn, he or she is required to submit a CPD portfolio to the respective Council. The 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 do consider taking appropriate punitive action. To promote compliance with CPD requirements, the CPD Committee has approved several CPD activities and accredited various service providers as set out in Table 71. A comparison of CPD activities and accredited service providers is presented in Graph 17.

Table 71: Number of approved CPD activities and accredited service providers

ACTIVITY	NUMBER SUBMITTED	NUMBER APPROVED	NUMBER NOT APPROVED
Approved CPD activities	307	300	7
Accredited service providers	12	12	0

Graph 17: Comparison of approved CPD activities and accredited service providers



There was an increase in the number of approved CPD activities during the reporting period 2022 /2023 totalling three hundred and seven (307) as compared to the reporting period 2021 / 2022 of two hundred and seventy-nine (279). The number of service providers also increased; namely, four (4) from eight (8) to twelve (12).

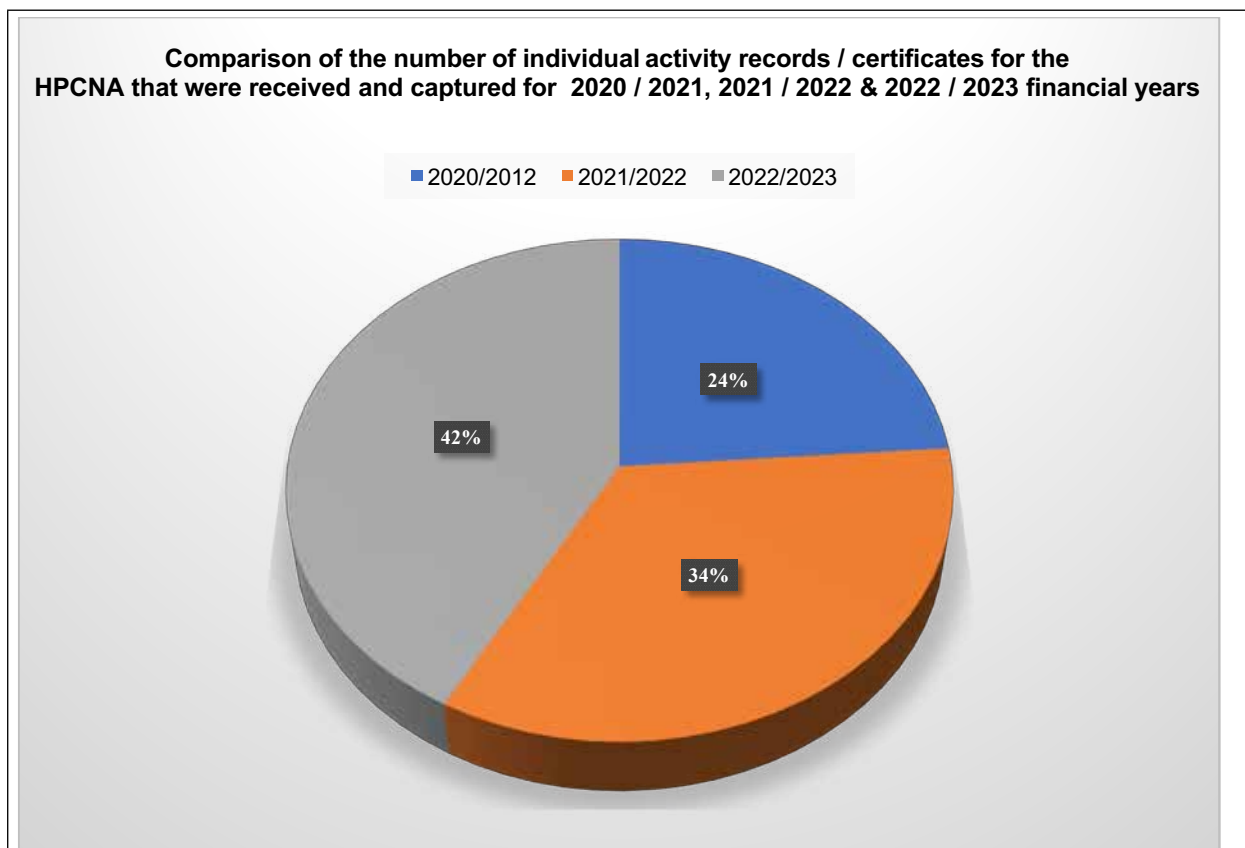
In addition to processing applications for approval of CPD activities and service providers, the section is required to capture all individual activity records received from randomly selected practitioners who were audited. Table 72 presents the reporting period data. Graph 18 provides comparative data.

Table 72: Number of individual activity records/certificates received and CPD points captured for the 2022 / 2023 reporting period

ITEM RECEIVED	NUMBER OF CPD POINTS CAPTURED
CPD points – Individual activity records	405

Table 72 indicates that four hundred and five (405) individual activity records/certificates were received from practitioners during the 2022 / 2023 reporting period whereas three hundred and thirty (330) were received during the 2021 / 2022 reporting period. This is an increase of seventy-five (75) activity records.

Pie Chart 2: Comparison of several individual activity records/certificates received and captured between 2020 / 2021 and 2021 / 2022 and 2022 / 2023 financial years



As can be seen in Pie chart 2, there was an increase in the number of individual activity records/certificates received and captured in 2022 / 2023.

6. CPD: STRATEGIC OBJECTIVE

To ensure compliance with the legislation on continuing professional development.

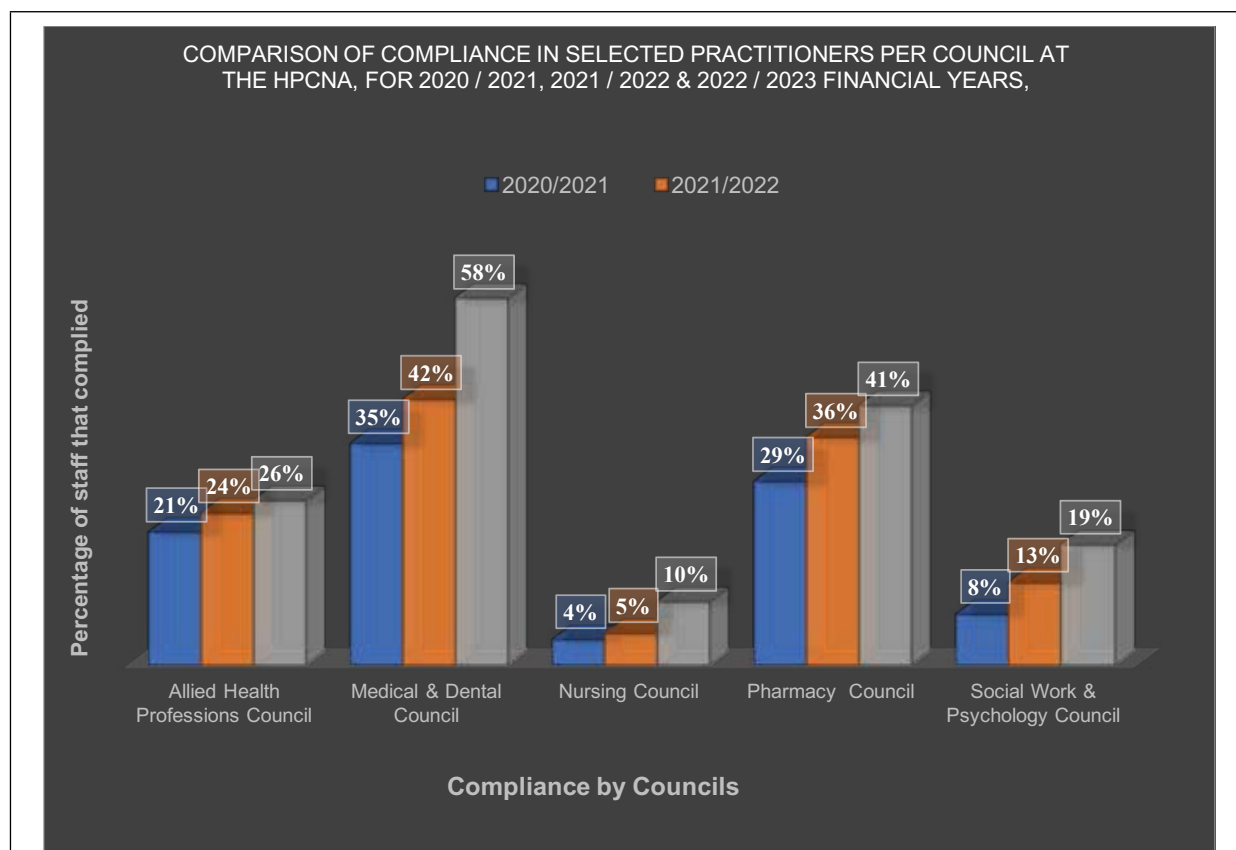
The CPD section conducted a 10% random selection of names of professionals from each Council. One thousand eight hundred and fifty-four (1854) practitioners from the five (5) Councils were randomly selected during the reporting period. Table 73 presents the compliance results and Graph 18 comparative data.

Table 73: Number of randomly selected practitioners per Council

PROFESSION	NO. SELECTED	NO. COMPLIED	COMPLIANCE%
Allied Health Professions	378	100	26%
Medical & Dental	224	132	58%
Nursing	1056	110	10%
Pharmacy	120	50	41%
Social Work & Psychology	76	15	19%

As shown in Table 73 the compliance rate of the MDCNA registrants was the highest (58%); nursing was the lowest at 10%.

Graph 18: Comparison of compliance between years 2019 / 2020, 2020 / 2021, 2021 / 2022



As can be seen in Graph 18 there is an increase in CPD compliance by healthcare professionals from the MDCNA, followed by the PCNA and then AHPCNA whereas the SWPCNA and the NCNA are lagging.

7. ETQA: STRATEGIC OBJECTIVE

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

During the period under review, the CPD Committee only held one (1) meeting instead of two (2) because there were no agenda points that necessitated convening a second meeting.

8. CONCLUSION

In conclusion, the ETQA and CPD department managed to carry out all the planned activities for the year 2022 / 2023 and look forward to a busy 2023 / 2024 financial year.

LEGAL SERVICES DEPARTMENT

SECTION THREE

LEGAL SERVICES DEPARTMENT

1. INTRODUCTION

The Legal Services Department (“the department”) of the HPCNA is tasked with facilitating investigations of complaints against health practitioners and the preliminary drafting of legislation. The department coordinates, among others, activities of the preliminary investigation committees, professional conduct committees, appeal committees and health assessment committee.

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

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

2. PERSONNEL

The department has a staff complement of six (6).

- Ms. Johanna Nghishekwa as the Chief Legal Officer
- Ms. Charne Visser as the Senior Legal Officer: Legislative Drafting
- Ms. Luchandre Zimmer as the Senior Legal Officer: Professional Conduct
- Ms. Surprise Nzwala as the Legal Officer: Professional Conduct
- Ms. Lineekela Haimbili as the Legal Officer: Professional Conduct
- Mr. Johannes Burger as the Senior Administrative Officer: Legislative Support
- Ms. Elizabeth Matomola as the Senior Administrative Officer: Professional Conduct

3. PROFESSIONAL CONDUCT DIVISION

3.1 Complaints recorded

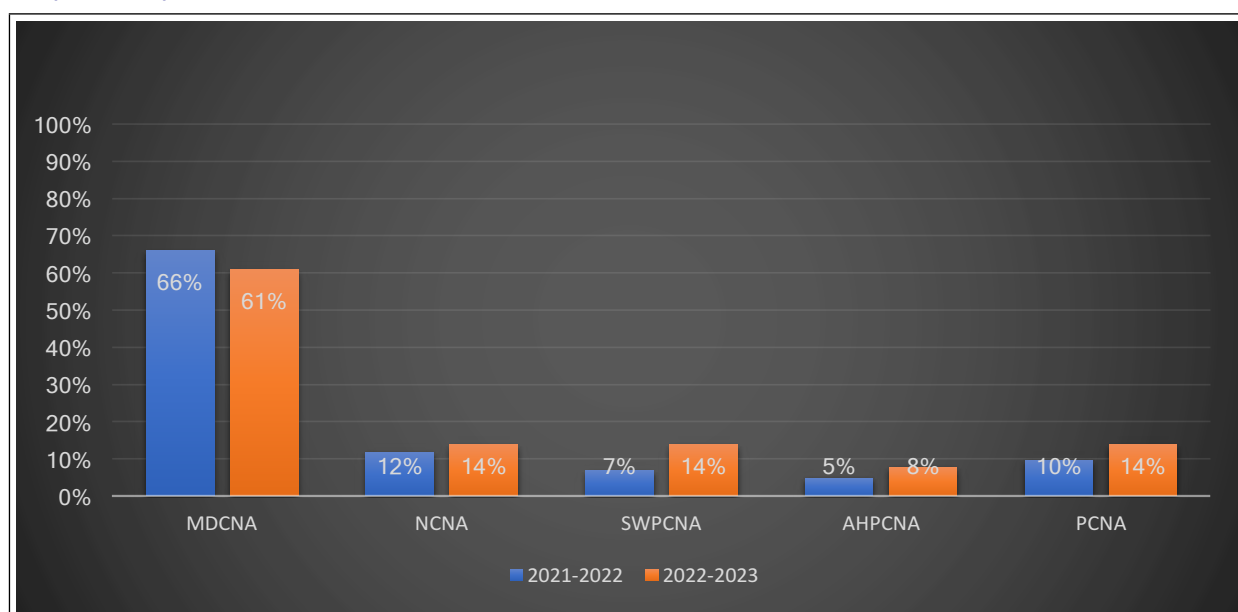
Monthly records are presented in Table 74. Comparative data are presented in Graph 20.

Table 74: Monthly records of the number of complaints reported to HPCNA

MONTH	MDCNA	NCNA	SWPCNA	AHPCNA	PCNA	TOTAL
April 2022	3	1	0	1	0	5
May 2022	0	1	0	1	0	2
June 2022	4	1	0	2	2	9
July 2022	5	0	0	0	1	6

August 2022	4	1	0	1	0	6
September 2022	3	1	2	0	2	8
October 2022	7	0	0	1	0	8
November 2022	5	0	0	0	3	8
December 2022	3	0	0	0	0	3
January 2023	4	3	0	0	1	8
February 2023	2	1	0	0	0	3
March 2023	4	1	0	0	1	6
TOTAL	44	10	2	6	10	72

Graph 19: Graphical presentation of a comparison of reported cases per HPCNA during this period and the previous period



- The MDCNA recorded a drop of 5% in complaints reported in comparison to the previous year. A high number of complaints was recorded for general medicine followed by obstetrics and gynaecology. A negligible number of complaints were recorded in the orthopaedics, surgery and paediatrics fields. There was no anaesthetic-related case recorded during this period. Dentistry remains with a very low record of complaints reported. Several complaints originate from the Khomas region followed by the Ohangwena Region.
- The complaints received by the NCNA increased by 4% in comparison to the previous year. Similar to the previous year, the complaints relating to general nursing are still dominating followed by maternal deaths. Over the past three (3) years, complaints relating to maternal deaths have significantly decreased. The complaints emanated from across the country, except the Kavango East and West Regions and Zambezi Region.

- An increase of 7% in complaints has been noted in SWPCNA in comparison to the previous period. The complaints relate to issues regarding insufficient psychological services and conduct of social workers in custody and control of minor children.
- A slight increase in complaints received by the AHPCNA was recorded at 3% in comparison to the previous period. Complaints relating to the provision of quality services dominated during this period.
- The PCNA recorded an increase of 4% in the number of complaints received during this period, with the majority of complaints relating to adherence to regulations relating to the registration of community pharmacies and theft of scheduled medicines.
- There has been a notable increase in complaints across the board. The MDCNA dominated all other HPCNA in receipt of complaints.

4. COMMITTEES

4.1 Preliminary Investigation Committees (PIC)

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

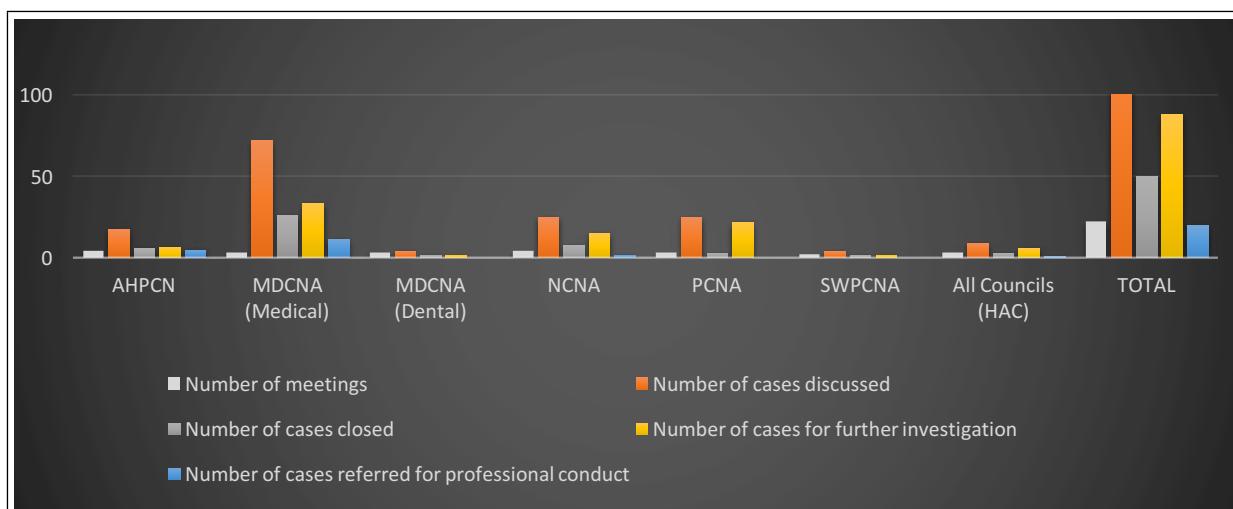
4.2 Meetings held by committees

Different committees held meetings to conduct preliminary investigations into matters reported to the relevant HPCNA as envisaged by the relevant legislation. Table 75 presents the activities of the committees during this period. Graph 21 presents comparative information.

Table 75: 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)	3	72	26	34	12
MDCNA (Dental)	3	4	2	2	0
NCNA	4	25	8	15	2
PCNA	3	25	3	22	0
SWPCNA	2	4	2	2	0
AHPCNA	4	18	6	7	5
Health Assessment Committee	3	9	3	6	1
TOTAL	22	157	50	88	20

Graph 20: Number of meetings and status of cases



- Cases are closed when there is insufficient evidence to prove the claim of unprofessional conduct and the committee recommends to HPCNA to close such cases.
- A case remains under investigation when a committee intends to obtain further information, such as further explanations from the parties involved, an expert opinion or a legal opinion.
- When a case is referred for a professional conduct inquiry, a legal opinion on the prospect of success against a practitioner is obtained first before the case is presented to the HPCNA for a decision. If a legal opinion finds no prospects of success on evidential aspects, a committee then recommends the relevant HPCNA to close the case.

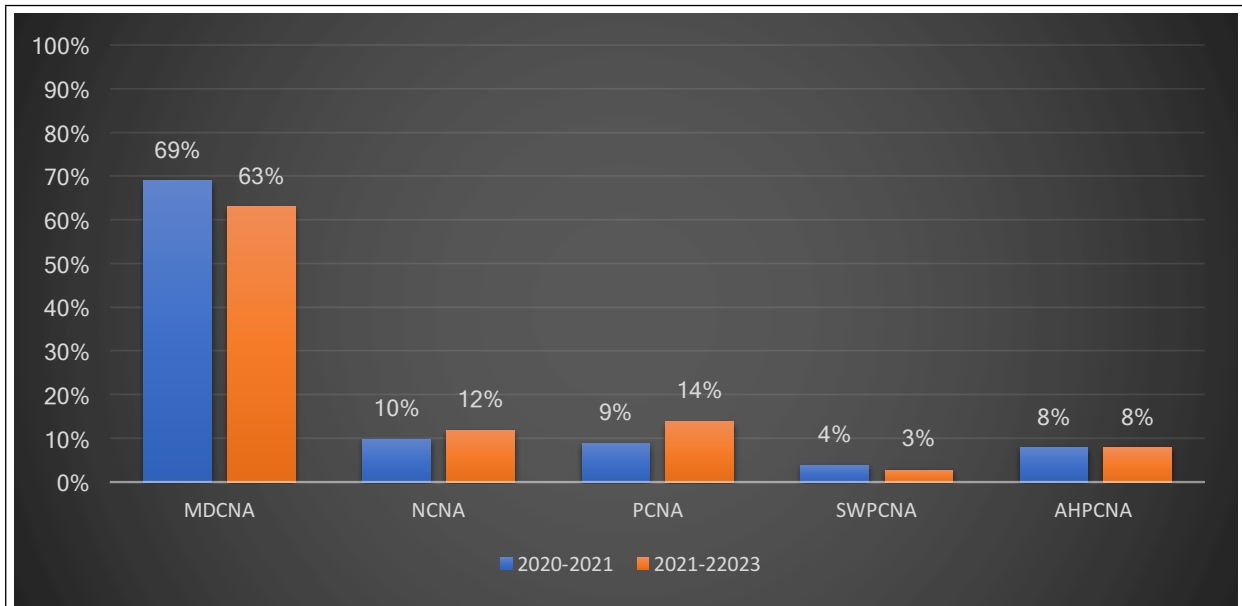
4.2.1 Pending cases for PIC

Pending cases are those cases under investigation, including cases from previous years by the PIC, awaiting information from the complainant and/or accused and/or health institutions and/or expert opinions and/or legal opinions. Pending cases' information is presented in Table 76 and Graph 21.

Table 76: Pending cases per council in comparison to the previous year

COUNCIL	2021/2022	2022-2023
MDCNA	175	211
NCNA	25	40
PCNA	22	44
SWPCNA	9	11
AHPCNA	21	28
TOTAL	252	334

Graph 21: Graphic presentation of pending cases per HPCNA during 2021 / 2022 in comparison to 2022 / 2023



- MDCNA remains dominant in the number of cases that are pending; there is however 6% decrease from the previous year. The decrease in the least number of complaints reported during this period, and the finalisation of cases by the PIC, are directly contributing factors to such a decrease.
- A harmonious relationship with the MoHSS on the provision of information necessary for the investigation of cases has a positive impact on the shortening of the investigation period of complaints.

4.3 Professional Conduct Committees (PCCs)

PCCs are tasked to conduct professional conduct inquiries on behalf of the HPCNA and to make recommendations on their findings to HPCNA for ratification.

4.3.1 Medical and Dental Professional Conduct Committee (MDCNA)

The MDCNA appointed additional members to the Committee, in replication of the members required in terms of Section 12 (2) of the Medical and Dental Act, 10 of 2004. The aim of appointment is 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.

(a) The following members were appointed

- i. Dr. Niel Collin van Wyk
- ii. Dr. Connie de Villiers
- iii. Dr. Byron Taswell Bailey
- iv. Dr. Shiwana Amesho

(b) The following member resigned

Dr. Christoff Coetzee

A comparison of the current and previous year of pending cases is presented in Table 77 and Graph 22.

Table 77: Pending cases for professional conduct inquiry in comparison with the previous year

HPCNA	2021-2022	2022-2023
MDCNA	21	28
NCNA	4	4
PCNA	3	3
SWPCNA	8	8
AHPCNA	3	3
TOTAL	39	46

Graph 22: Graphic presentation of pending cases for professional conduct inquiry in comparison with the previous year

- The MDCNA conducted five (5) professional conduct inquiries during this period which reduced the number of outstanding cases significantly. The number, however, did increase due to new cases that were added during this period. The appointment of a pool of PCC members played a role in disposing of a large number of inquiries during this period.
- There is an overall decrease in the number of pending inquiries in all other HPCNA because few or no cases were added during this period and inquiries were conducted. The numbers are expected to decrease more in the coming years as most inquiries will be conducted in-house.
- Lack of sufficient funds to cater for related expenses such as venue, transportation and accommodation of witnesses, experts and committee members, fees for committee members, witnesses and experts, catering, and fees for legal practitioners, in the event where private legal practitioners are involved, continue to pose a challenge in clearing the backlog.

Table 78 presents information regarding professional conduct inquiries.

Table 78: Professional conduct inquiries

HPCNA	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
MDCNA	8-12 August 2022	Dr. Nicholas Komu	<p>Charge 1 - Failure to monitor the fetal condition of the unborn baby which resulted in a stillbirth.</p> <p>Charge 2 - Failure to refer the patient for hospitalization, who had an existing pre-eclampsia and the risk of intra-uterine death, to lower her blood pressure and reasonably prevent intra-uterine death.</p>	Suspended from practising the profession which suspension is suspended for a period of five years on condition that he is not found guilty of a similar offence. Payment of the fine in the amount of N\$ 320 000.00 of which N\$120 000.00 is suspended on condition that he is not found guilty of a similar offence in the period of five years.

HPCNA	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
			<p>Charge 3 - Failure to correctly diagnose the patient who was suffering from HELLP (haemolysis, elevated liver enzymes and low platelets)</p> <p>Charge 4 – Having prescribed Carbetline for the suppression of breast milk well-knowing that the patient had hypertension.</p>	<p>Training: undergo training at a facility that has an Obstetrics and Gynaecology department under the supervision of a registered Obstetrician and Gynecologist or for a period of 24 months.</p> <p>the training should take place for a period of 24 months under the attachment of such an Obstetrician Gynecologist or, at his costs and also as determined by the Council.</p> <p>that quarterly reports be submitted to the Council depicting the progress made during these training sessions as well as that they keep a logbook in accordance with the requirements determined by the Council.</p> <p>that a final assessment be conducted after the twenty-four (24) month period to determine the progress made and the knowledge, skill, and ability that he has acquired during this process.</p>
	18- 21 July 2022, 31 August – 2 September 2022, 14-16 March 2023	Dr. Tarek Mohamed Gouda	<p>Charge 1 - Failure to act with reasonable care and skill in the general management and/or anaesthetic management of the patient by reasonably accepted medical practice, by failing to obtain pre-anaesthetic informed consent from the patient.</p> <p>Alternative to Charge 1 - Failure to act with reasonable care and skill in the general management of the patient by accepted reasonable medical practice, by failing to keep a record of any pre-anaesthetic informed consent.</p> <p>Charge 2 - Failure to refer the patient for the necessary treatment to a practitioner who is adequately qualified, trained and sufficiently experienced, by reasonably accepted medical practice.</p> <p>Charge 3- Failure to act with reasonable care and skill in the emergency medical management and care of the patient by reasonably accepted medical practice.</p>	The matter is not finalised.

HPCNA	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
	25-29 July 2022	Prof. Kazadi Kaluile Ntenga Kalangu - First Defendant Dr. Tshali lithete - Second Defendant Dr. Tembinkosi Makombe-Third Defendant	<p>FOR FIRST DEFENDANT</p> <p>Charge 1 – Operated on the patient without consent in that the patient consented to an operation for an L4/ L5 discectomy but performed an operation for an L4/5 laminectomy.</p> <p>Charge 2 - Failure to fully document the spinal surgery performed on the patient.</p> <p>Charge 3- Failure to fully document the debridement of the septic wound on the patient.</p> <p>Charge 4 - Performed a spinal operation on the patient whilst such surgery was not necessary or justified.</p> <p>Charge 5 – Abandoned the patient after a complex operation without ensuring that the patient was properly supervised and monitored or leaving proper instructions on post-operative management.</p> <p>Charge 6 - Failure to do an MRI scan on the patient to properly assess, monitor and evaluate the patient's condition, pre-and post-operatively.</p>	The matter is yet to be finalised.
			<p>FOR SECOND DEFENDANT</p> <p>Charge 1- Failure to monitor the patient properly and to determine and/ or manage the onset of sepsis.</p> <p>Charge 2 - Failure to realise that the patient's high stepping gait was indicative of a complication and to manage same.</p> <p>FOR THIRD DEFENDANT</p> <p>Charge 1 - Failure to monitor the patient properly to determine and/or manage the onset of sepsis in that patient.</p> <p>Charge 2 - Failure to realise that the patient's high stepping gait was indicative of a complication and to manage same.</p>	The matter is yet to be finalised.

HPCNA	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
	19-23 September 2022, December 2022, 30 March 2023	Dr. Sebotse Thandi Charmaine Thobejane	<p>Charge 1 – Failure to refer the patient who needed neurosurgical surgery to a specialist anaesthetist or to another hospital when the requisite anaesthesia (procedure) was beyond her scope of practice.</p> <p>Charge 2 – Infused the patient for neurosurgical surgery excessive anaesthetic fluid, to wit 700 ml of Plasma-Lyte, 200ml of half Dextrose Darrow's, 200 ml of saline and 350ml of packed cells, which excess fluids resulted or could have resulted in the death of the patient.</p> <p>Charge 3 – Performed a neurosurgical surgery (and in the absence of any emergency) whilst inadequately trained or insufficiently experienced to wit: the giving of anaesthesia to the patient, which action triggered cardiac arrest in the patient, who later died.</p>	
	13-15 December 2022	Dr. Evans Mabaya	<p>Charge 1 - Failure to keep clear and accurate records of all actions taken in respect of the patient.</p> <p>Charge 2 - Failure to do proper and complete pre-operative evaluations on the patient with hypertension.</p> <p>Charge 3 – Failure to correctly set the ventilation for the patient leading to hyperventilation in the patient.</p> <p>Charge 4- Failure to do timeous and regular observations of the vital signs.</p> <p>Charge 6 - Administered excessive dose of Ringer's lactate (4000ml) as intravenous fluid for the duration of the surgery to the patient leading to brain oedema post-operatively.</p> <p>Charge 7 - Failure to timeously and/or correctly manage the patient's hypotension which potentially led to brain damage.</p>	The matter is yet to be finalised.
NCNA	21-23 November 2022	E/N Sebastian Ndjizera	<p>Charge 1- Failure to render adequate nursing care by leaving the patient unattended at the back of the ambulance en route to a referral Hospital.</p> <p>Charge 2- Failure to monitor the patient adequately or at all while the patient was en route to a referral hospital.</p> <p>Charge 3- Failure to promote the physical comfort and emotional well-being of the patient</p>	<p>Payment of the fine in the amount of N\$ 30 000.00.</p> <p>Suspended from practicing the profession as an enrolled nurse for a period of 2 years of which one year is suspended on condition that he is not found guilty of similar offences.</p> <p>That he undergoes training in nursing ethics during the period of suspension.</p> <p>That he provides the Council with proof of completion of the training at the end of one year.</p>

HPCNA	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
PCNA		Mr. Nickson Muriwa	<p>Charge 1- Having employed a pharmacist assistant whose name had been removed from the register.</p> <p>Charge 2- Failure to exercise proper and reasonable care and control over the dispensing and sale of medicines by allowing the pharmacist assistant whose name was removed from the register to dispense medicines.</p>	Payment of the fine in the amount of N\$ 160 000.00. Suspension from practising the profession as a pharmacist for a period of one year.

4.3.2 Appeals Committee

The Appeal Committee is mandated to deal with the appeals against decisions taken by a PCC or a HPCNA or failure to make decisions by HPCNA.

4.3.2.1 Appeal hearings

Table 79 presents details of appeal hearings that took place.

Table 79: Appeals

HPCNA	DATE OF HEARING	APPELLANT	PARTICULARS OF APPEAL	OUTCOME
MDCNA	11-12 August 2022	Dr. Jeremy Nel	The appellant appealed against the findings of guilt and penalties imposed by the Council. The charges emanated from him having had anastomosed the distal segment branches to the proximal oesophagus of a premature baby despite being inadequately trained and or inexperienced.	The appeal was dismissed.
	13-14 October 2022	Dr. Patrick Bwalya & Dr. Kabowo Kabunda	The appellants appealed against the decision of the Council to dismiss their application for the withdrawal of the charges.	The appeal was dismissed.
PCNA	7 February 2023	Mr. Nickson Muriwa	The appellant appealed against the decision of the Professional Conduct Committee after he was found guilty and suspended from practising for a period of one year for having employed a person as a pharmacist assistant while such person has been removed from the register.	The verdict is not yet finalized.

4.4 High court matters

Details of High Court cases are presented in Table 80.

Table 80: High Court cases lodged against the HPCNA

APPLICANT / PLAINTIFF	RESPONDENT / DEFENDANT	CLAIM	PROGRESS
Dr. Manane Nangula Uundjondjo	MDCNA	Dr. Uundjondjo filed a review application against the decision of the Appeal Committee to dismiss her appeal against the refusal of her application for an extension of the internship.	The application was dismissed.
Dr. Jeremy Nel	MDCNA	Dr. Nel filed a review application against the decision of the Appeal Committee to dismiss his appeal against the findings and penalties imposed by the MDCNA.	The judgment is set to be delivered in August 2023.

5. Legislative Support Division

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

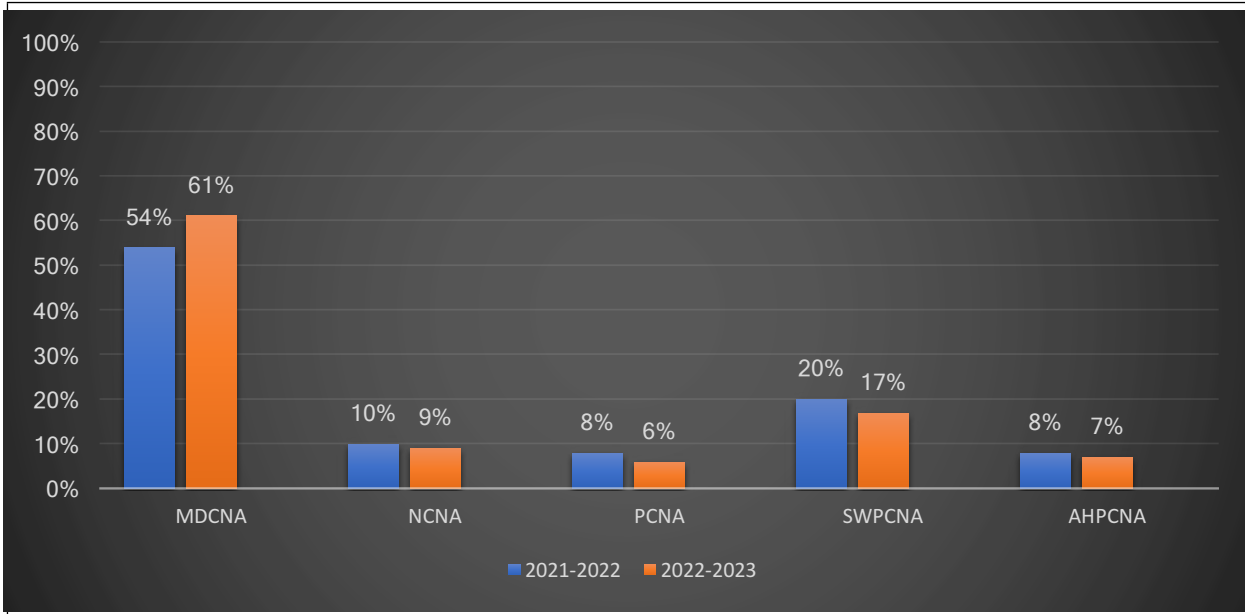
5.1 Regulations and rules

Data are presented in Table 81 and Graph 24.

Table 81: Sets of regulations and rules per HPCNA drafted and gazetted

HPCNA	DRAFT REGULATIONS WITH THE MINISTRY OF JUSTICE	GAZETTED REGULATIONS	REGULATION IN DRAFT PROCESS – SECRETARIAT
MDCNA	2	2	2
NCNA	0	0	9
SWPCNA	2	1	6
AHPCNA	7	6	4
PCNA	0	0	3
TOTAL	11	9	24

Graph 23: Graphic presentation of draft regulation with the MJ, gazetted regulation, and regulations in drafting process with the secretariat



- The department embarked on drafting and finalizing the minimum requirements and scopes of practice for most of the professions under the AHCNA.
- A review process of Regulations that are more than ten (10) years old has commenced for the NCNA hence a high number of drafts in comparison to other HPCNA.

6. CHALLENGES

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

6.1 Investigation process

- Lack of cooperation from practitioners, when the PICs are investigating complaints, continues to pose a challenge in the finalization of investigations. This may be attributed to the fact that the HPCNA has no powers, other than instituting proceedings of unprofessional conduct against a practitioner who fails to heed its demand, to force practitioners to provide the required information.
- Although there has been an improvement over the years in the provision of medical records by the MoHSS, reports of untraceable medical records at various state hospitals/facilities continue to hamper investigations of complaints.

7. CONCLUSION

The investigative powers and setting standards of the professions are some of the key elements for HPCNA to ensure the provision of quality health services to the public. The interest of the public is guarded by the prompt processes of investigations and drafting of regulations.

In the quest to ensure the protection of the public, the MoHSS and the MJ, legal drafters, continued to render the necessary support.



**FINANCE, ADMINISTRATION,
HUMAN RESOURCES,
INFORMATION TECHNOLOGY
AND RECORD MANAGEMENT
DEPARTMENT**

SECTION FOUR

1. DIVISION: FINANCE

1.1 Introduction

The finance division focuses on the following strategic objectives.

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

1.2 Budget commentary

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

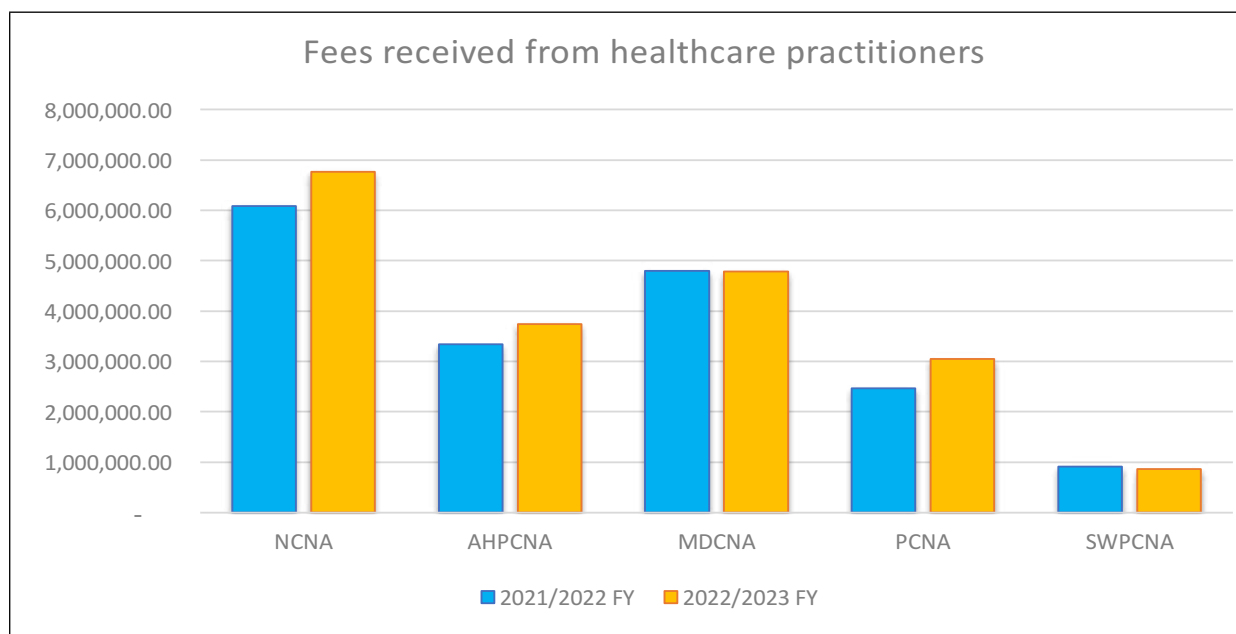
1.3 Revenue

The total revenue of HPCNA improved by 9%; from N\$17,598,889.50 in the preceding year to N\$19,190,454.65 for the financial year under review. The main source of income for the HPCNA was the government grant of N\$20 000 000.00 which constituted 51% of the total revenue. This grant was received from the MoHSS as appropriated by the Namibian parliament for defraying expenses incurred by HPCNA in connection with their powers and the discharge of their duties and functions.

During the reporting period, the HPCNA generated an integrated income of N\$ 19,190,454.65 mainly from annual maintenance, application, inspection, and evaluation fees. Collectively, the HPCNA also generated an income of N\$243 900.00 from the operating lease of two (2) properties. This represents a 28% decrease from N\$339,959.60 generated in the 2021 / 2022 financial year. Despite advertising the property for lease, office number 44 Schonlein Street, ERF 4169 was unoccupied for approximately ten (10) months, which was attributed to the decrease in income from the operating lease. The revenue for the financial year under review is shown in Table 82 and Graph 24.

Table 82: Revenue for 2022 / 2023 financial compared to 2021 / 2022 financial year

HPCNA	2021 / 2022 FY	2022 / 2023 FY	%
NCNA	N\$ 6 084 980	N\$ 6 758 425	11% increase
AHPCNA	N\$ 3 340 997	N\$ 3 742 959	12% increase
MDCNA	N\$ 4 800 945	N\$ 4 785 793	-0.3% decrease
PCNA	N\$ 2 463 105	N\$ 3 047 411	23.7% increase
SWPCNA	N\$ 908 861	N\$ 855 864	-5.8% decrease
TOTAL	N\$ 17 598 889	N\$ 19 190 454	9% increase

Graph 24: Graphic presentation of revenue

Overall, there was an upsurge of 9% in the revenue due to the increase in the number of registered healthcare practitioners.

1.4 Investments

The HPCNA continued to invest a surplus of their funds in the call and unit trust investment accounts. These accounts generated a combined interest of **N\$1 359 420.30** representing a 99% increase from the **N\$682 062.10** generated in the 2021 / 2022 financial year.

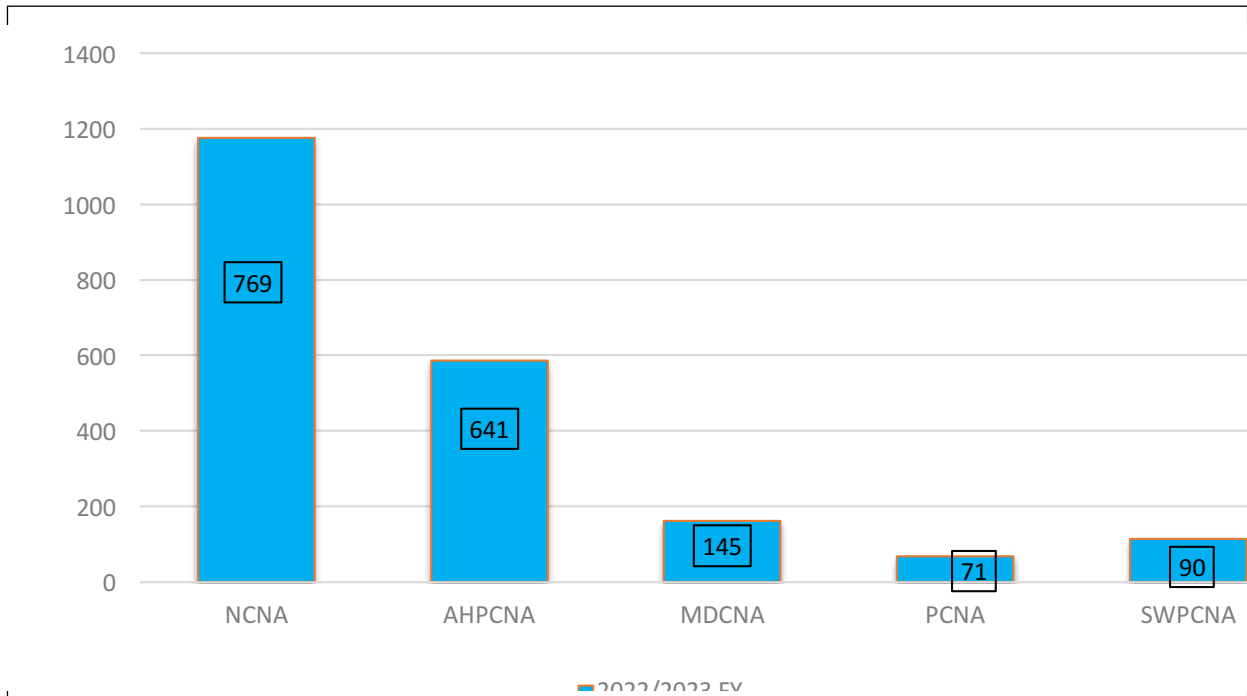
1.5 Involuntary removal of names from the registers or roll due to nonpayment of annual maintenance fees

As provided by law, the Councils may remove from the registers or roll the names of healthcare practitioners who failed to pay their annual maintenance fees within the prescribed time. The numbers of healthcare practitioners whose names have been removed from the registers or roll per Council are presented in Table 83 and Graph 26 below.

Table 83: Numbers of the healthcare practitioners whose names were removed from registers or roll

COUNCIL	NUMBER	AMOUNT - N\$
NCNA	769	261,119.05
AHPCNA	641	293,194.36
MDCNA	145	189,411.00
PCNA	71	115,292.16
SWPCNA	90	52,318.90
TOTAL	1716	911,335.47

Graph 25: Numbers of healthcare practitioners removed from registers or rolls



In the financial year under review, 7% of total registrants of the NCNA, 17% of the AHPCNA, 5% of the MDCNA, 6% of the PCNA, and 13% of the SWPCNA had their names removed from the registers or roll due to nonpayment of annual maintaining fees.

The Councils, however, continued to implement robust revenue collection measures to ensure that money owed by healthcare practitioners for annual maintenance and other services was paid on time. To this end, various methods such as sending text messages to practitioners, letters to employers of practitioners, and messages on the website were used to remind practitioners to pay funds owed to the Councils. These initiatives yielded positive results as most practitioners did pay their outstanding fees and had their names restored to the registers or roll as discussed below.

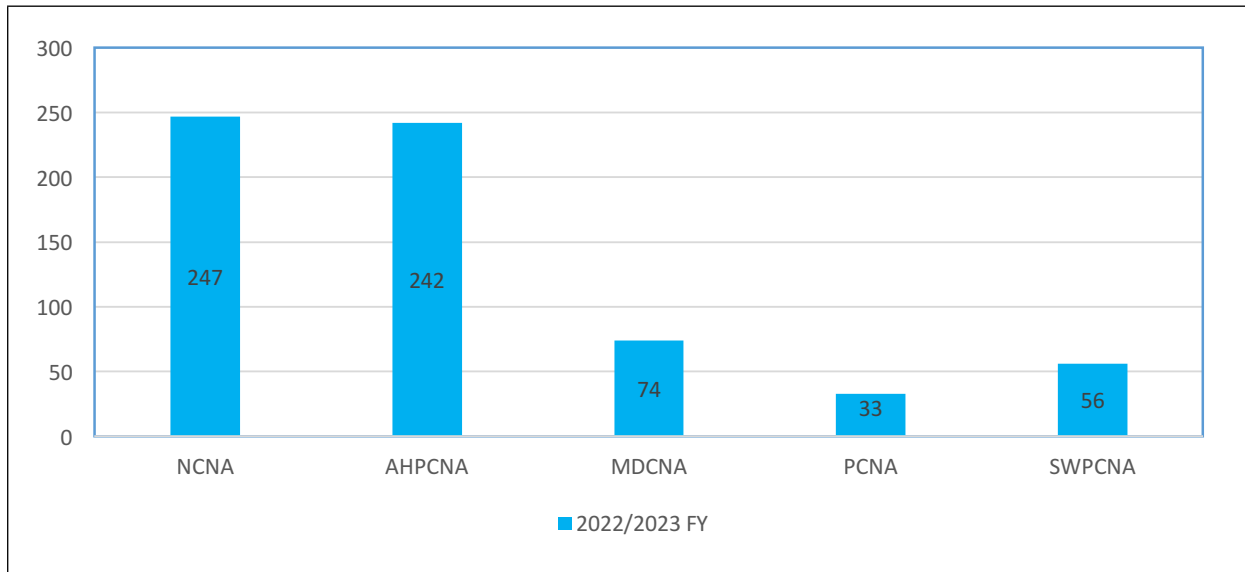
1.6 Restoration of names of healthcare practitioners to registers or roll

In terms of the Acts, a person whose name has been removed from the register or roll as the case may be, may apply to the relevant Council to have his or her name restored to such register or roll after payment of the required fees. Table 84 and Graph 27 present the number of healthcare practitioners whose names were restored to the registers or roll.

Table 84: Numbers of healthcare practitioners restored to the registers or roll

COUNCIL	NUMBER	AMOUNT - N\$
NCNA	247	203,410.00
AHPCNA	242	214,480.00
MDCNA	74	65,430.00
PCNA	33	28,380.00
SWPCNA	56	49,610.00
TOTAL	652	561,310.00

Graph 26: Numbers of the healthcare practitioners restored to the registers or roll



Six hundred and fifty-two (652) healthcare practitioners had their names restored to registers or roll representing 38% of the total number of registrants removed from the registers or roll during the financial year. The restoration of names to registers or roll generated additional revenue for the Councils amounting to N\$ 561 310.00.

1.7 Audited financial statements

The HPCNA accounting records were externally audited by Saunderson & Co and, in their opinion, the annual financial statements present fairly, in all material respects, the financial position of the Councils, their financial performance and cash flows as of 31 March 2023. All Councils obtained unqualified audit opinions. 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 for 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 HPCNA's 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 HPCNA is administered by a joint secretariat, consisting of a staff establishment of fifty-eight (58) posts, out of which forty-one (41) are currently filled. This translates into 71% of the total staff establishment.

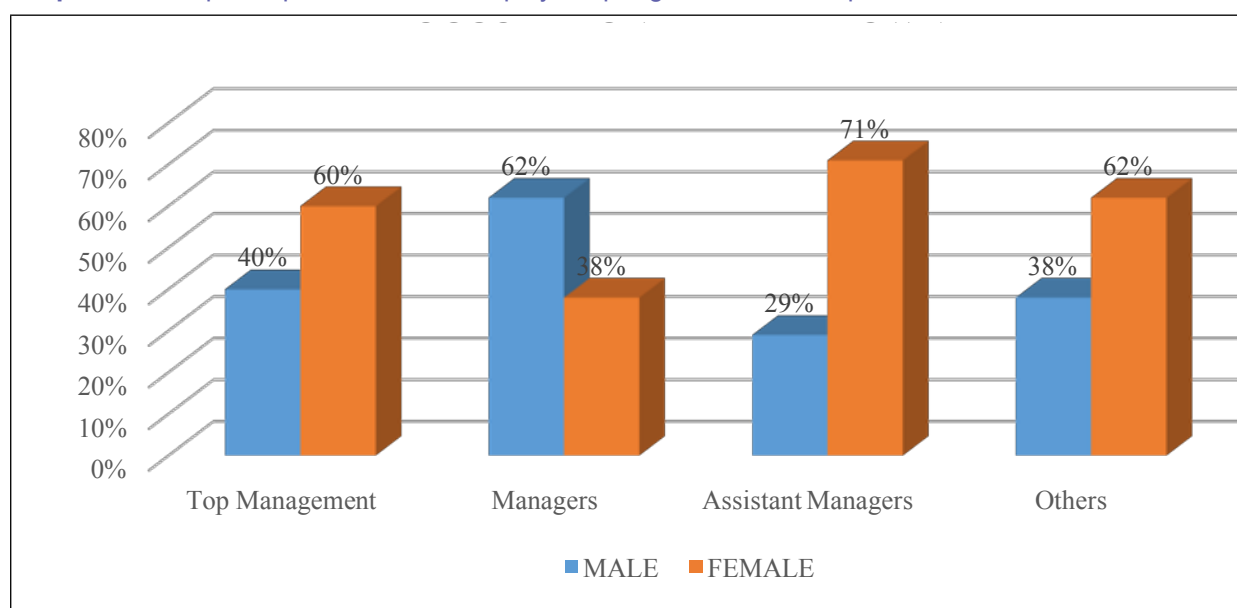
The HPCNA's Recruitment, Promotion and Remuneration Review Committee has been reviewing the staff establishment and filling the vacant posts based on service demands, suitable placement and long-term financial sustainability. The Committee has been also employing internal re-arrangement to effectively utilize the available human resources and for human resources cost containment.

2.3. Staff recruitment and promotions

During the reporting period, the HPCNA recruited four (4) staff members in the following categories: one (1) IT technician, two (2) legal officers, and one (1) records management clerk. Three (3) of the recruits are females. One (1) female employee was promoted to the position of senior legal officer. Six (6) employees voluntarily terminated their employment with the HPCNA. Table 85 and Graph 27 present the demographic of the employees.

Table 85: Employees per gender and occupational level

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top Management	2 (40%)	3 (60%)	5 (100%)
Managers	5 (62%)	3 (38%)	8 (100%)
Assistant Managers	2 (29%)	5 (71%)	7 (100%)
Others	8 (38%)	13 (62%)	21 (100%)
TOTAL	17 (41%)	24 (59%)	41 (100%)

Graph 27: Graphical presentation of employees per gender and occupational level

As shown in Table 85 and Graph 27 from the total of 41 employees, 17 (41%) are males and 24 (59%) are females. In comparison to the previous reporting period, the executive management category comprises 60% female employees.

Male-female demographics in the managerial category show that the female employees have increased to 38% as opposed to 29% in the previous reporting period. Female dominance was maintained at the assistant managerial level and low-level category with 71% and 62% respectively. Overall, 59% of the HPCNA workforce is female.

The occupational breakdown illustrates that the HPCNA continue embracing the concept of woman empowerment by significantly increasing the representation of female employees in decision-making as well as other categories.

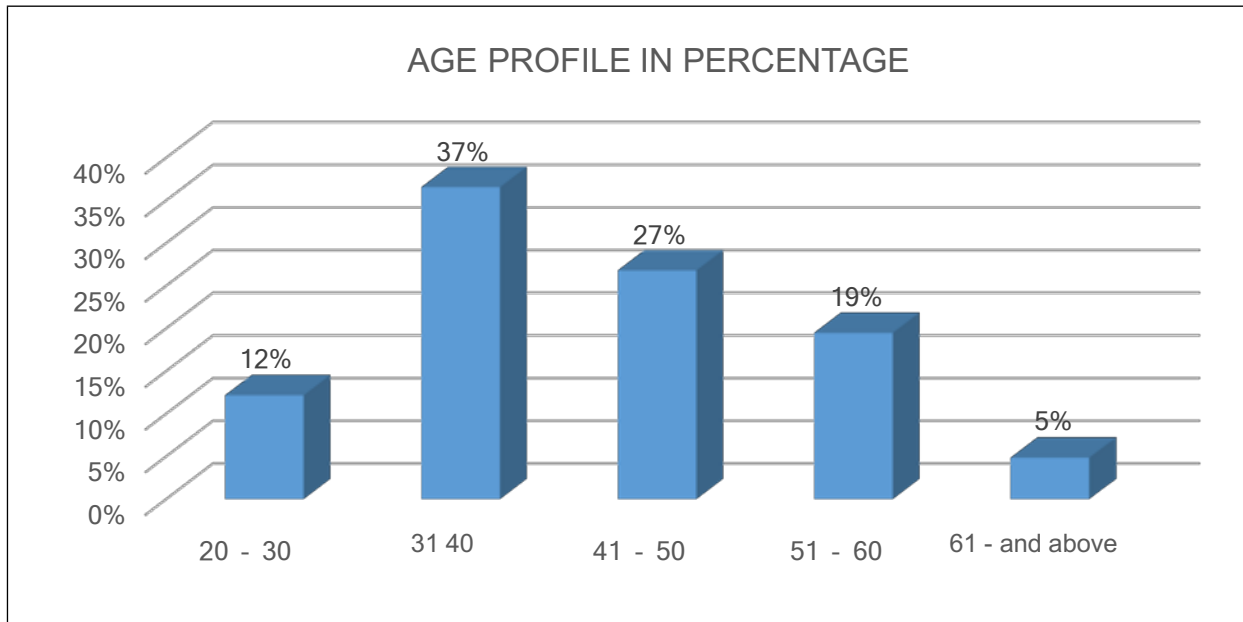
2.4. Employees' age profile

The Human Resources Policy of the HPCNA provides for employees' retirement age of 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 his or her performance, the scarcity of skills, experience and good health. The age demographics of employees are presented in Table 86 and Graph 28.

Table 86: Employees per age groups

AGE GROUP	NUMBER	PERCENTAGE
20 – 30	5	12%
31 – 40	15	37 %
41 – 50	11	27 %
51- 60	8	19 %
61 - and above	2	5 %
Total	41	100%

Graph 28: Age profile of employees



As presented in Table 86 and Graph 28, the HPCNA workforce is still dominated by the youth at 37%, followed by the middle age at 27%. The table also indicates a slight increase to 20% in the baby boomers' category from 14% in the previous reporting period. Age diversification is very important to the HPCNA as it boosts productivity, improves skill diversity, and builds the institution's inclusiveness and mentorship. The overall age demographics of the employees show the HPCNA's commitment to recruiting, engaging, motivating and retaining competent youths for continuity and succession planning.

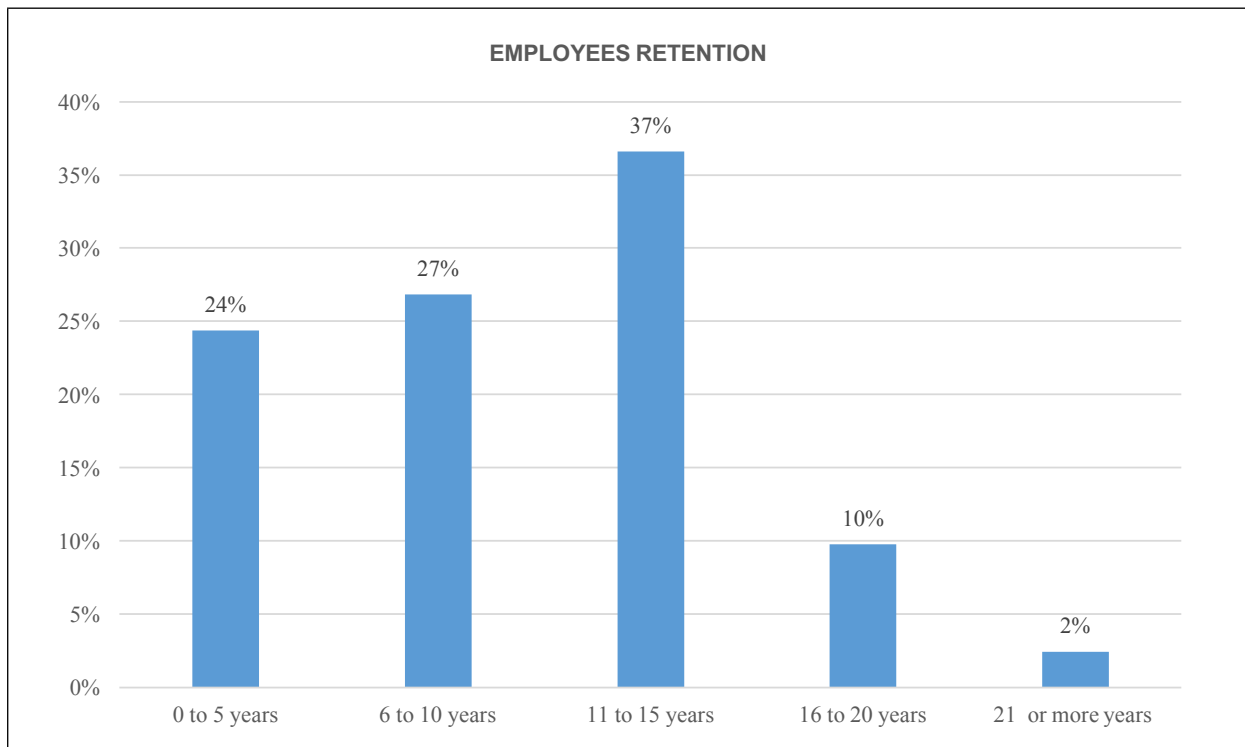
2.5. Staff retention

The staff retention profile for the period under review is presented in Table 87 and Graph 29.

Table 87: Number of employees per year of service

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGES
0 to 5 years	10	24%
6 to 10 years	11	27%
11 to 15 years	15	37%
16 to 20 years	4	10%
21 or more years	1	2%
TOTAL	41	100%

Graph 29: Number of employees per year of service



Over the years the HPCNA have maintained a high staff retention rate. Over ten percent (10%), and thirty-seven percent (37%) of the workforce have been in the employ of the HPCNA for more than twenty-one (21) years and fifteen (15) years respectively. This is attributable to the HPCNA’s conducive working environment in all job categories, strong leadership, effective communication, employee recognition, and inclusiveness.

The HPCNA remain the preferred employer of choice to many as demonstrated by the high response rate to externally advertised vacancies, as well as requests for re-employment by former employees.

2.6. Long service awards

The Human Resources Policy provided for the certificated recognition and monetary rewards of employees who rendered uninterrupted services to the HPCNA 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 HPCNA’s mission and vision and also to help them further increase their sense of engagement and loyalty to the HPCNA. The award is granted only once upon reaching the date on which the specific period of continuous service has been completed.

Seven (7) employees received long service awards based on their years of uninterrupted service to HPCNA as indicated in Table 88 below.

Table 88: Number of employees awarded per category

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

2.7. Training and development

HPCNA created an environment for employees to develop their full capacities. During the period under review, two (2) employees attended three (3) days of training on advanced legislative drafting funded by the HPCNA at the total amount of N\$31 046, 55. Five (5) employees were also trained in asset management for N\$20 000.00.

2.8. Study achievement awards

The Human Resources policy provides a reward system for employees who ventured into formal education and training to acquire additional knowledge and skills related to their scope of work. Table 89 presents details of awards of employees.

Table 89: The employees who obtained additional qualifications and received study achievement awards

NAME	QUALIFICATION OBTAINED	AMOUNT
Ms. Lucinda O. Jose Moises	Bachelor of Public Management	N\$2 000.00
Mr. Lewis Kavaamwa Kapofi	Master of Business Administration	N\$2 000.00
Dr Cornelius Vataleni Weyulu	Doctor of Philosophy in Law	N\$2 000.00

2.9. Improving employees' basic conditions of service

The standing resolution of the Joint Presidents' Committee of the HPCNA is to keep the remuneration structure of the employees on par with that of the staff members in the public sector. The resolution was implemented, except for the contributions to medical aid funds and housing subsidies due to financial constraints. The viability of these benefits is being investigated.

Although the basic salaries and transport allowances of the employees were adjusted during the 2022 \ 2023 financial year, the Government recently increased the basic salaries of its employees by three (3) percent across the board; by eleven (11) percent on housing allowances; and fourteen (14) percent on transport allowances for those below management cadre.

The overall budget of the HPCNA was critically analysed to ascertain whether it could accommodate and sustain an increase in basic salaries, housing, and transport allowances to bring it on par with that of the public service. The analysis concluded that with the funds realised from work re-arrangements such as internal transfers, merging of responsibilities, and freezing of some posts, an increase in basic salaries and allowances was affordable. The adjustments on basic conditions were implemented as follows.

- The basic salaries of the staff members were increased by 3% across the board.
- The housing allowance of employees below management was increased by 11%.
- The transport allowance of employees below management was increased by 14%.

2.10. Staff disciplinary matters

HPCNA continued to religiously promote acceptable work ethics at all levels of employment. The leadership adopted a culture of timely correcting unacceptable behaviours and poor performance through motivation rather than punishment. This strategy has been successful in improving substandard work and conduct as

opposed to costly and time-consuming punitive procedures. However, formal disciplinary inquiries were successfully conducted against two (2) staff members.

2.11. Management of leave

Staff well-being was not only limited to on-the-job wellness programmes and breaking the chain of the Covid-19 transmission but also allowing staff members to take time off from work to rest and rekindle. In line with section 23 (2) of the Labour Act, No 11 of 2007, all staff members were allowed to go on vacation.

3. DIVISION: ADMINISTRATION

The administrative division strived to achieve the following objectives.

- Improving procurement and property management.
- Delivering efficient fleet management.
- Cultivating effective communication.
- Nurturing an acceptable service delivery culture.

The following core functions were carried out.

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

3.1 Management of physical facilities

Repair and maintenance work of the physical infrastructures were done to preserve them and grow their value. Erf 4169 and Erf 4171 were leased to private entities to supplement the income streams of the HPCNA. However, Erf 4169 has been without a tenant since May 2022 causing a reduction in the cash flow projected for the period under review. Details on lease agreements are provided in Table 90 below.

Table 90: Lease agreements

TENANT	PROPERTY	DURATION
Vacant	Erf 4168	
Twenty-First Century Radical Publishing CC t/a Radical Books	Erf 4171	2 years

3.2 Valuation of properties

The HPCNA have five (5) fixed properties, which are assessed annually to determine their market value and to have them adequately insured. The combined value of these properties has increased from N\$45 937 000,00 in 2021 / 22 to N\$47 340 000.00 in 2022/ 23 reporting years. This represents an annual growth of 3%.

3.3 Management of transport

The HPCNA had a fleet of two (2) motor vehicles. However, a Toyota Etios, 2016 model had to be sold due to increased mileage and high maintenance costs. A new Toyota Fortuner, 2022 model 4X4 was subsequently acquired. All vehicles are well maintained, and no accident was registered during the reporting period.

3.4 General support services

Administrative and logistic services were provided to all other departments of the HPCNA, and regular communication with external stakeholders was maintained. The services provided include the management of mail, supplies, deliveries, repairs, maintenance, services accounts, and procurement.

3.5 Management of contracts

The following contracts as shown in Table 91 are in place and regular meetings were held with service providers on their implementation.

Table 91: Contracts

SERVICE PROVIDER	NATURE OF SERVICE	DURATION OF CONTRACT
Acunam Technology Group	Information Technology	12 months
Canocopy Pty Ltd	Photocopy machine	3 years
CR van Wyk and Company (CRVW) Chartered Accountants and Auditors	Payroll services	3 years
Cube IT CC	Database System Administration	12 months
Dengrande Investments CC t/a Dengrande Protection Unit	Security Services	3 years
Document Warehouse	Archives management	12 months
First National Bank of Namibia Insurance brokers	Insurance	12 months
Roha Investment CC	Cleaning Services	3 years
Rent-A-Drum	Waste removals	12 months
Saunderson & Co Auditors	Auditing services	3 years
Support.com	Pastel services	12 months
Asylum Design and Development CC	E-register and Website hosting and maintenance	12 months

3.6 Public procurement

The following notable procurement activities were undertaken in line with the Public Procurement Act No. 15 of 2015.

3.7 Website and E-registers

The contract for hosting and maintaining the website and e-registers expired on the 1st of October 2022. New service providers were invited to bid for hosting, upgrading and maintenance of the website and

e-registers. Asylum Design and Development CC emerged as the winner and was awarded a contract for a period of thirty-six (36) months to revamp, maintain, and host the website and e-registers.

3.8 Payroll Services

The Payroll Services Agreement ended on the 1st of April 2023. Payroll services providers were requested to submit their bids. As a result, Acorn Financial Services CC was awarded a contract for a period of thirty-six (36) months.

3.9 Auditing Services

Saunderson & Co provided external auditing services to the HPCNA since the 1st of April 2020. The contract ended on the 31st of March 2023. After three (3) cycles of auditing, Saunderson & Co has gained more understanding of the HPCNA operations and brought about notable improvements to their administration. The contract with Saunderson & Co was extended for a further thirty-six (36) months.

4. DIVISION: DATA AND RECORD MANAGEMENT

The data and record management section played a critical role in preserving the records of the HPCNA. With the ever-growing number of registrants, archiving space is increasingly becoming limited. In addition to finding additional physical filing space, plans are underway to procure an electronic filing system during the 2023 / 24 financial year.

An increase in the requests for statistical information on registered and enrolled healthcare practitioners, from various stakeholders in the health sector, was noted. This demonstrates the importance of data collected by the HPCNA for research and planning purposes. The drafting of the Records Management Policy has commenced and is expected to be completed in the 2023 /24 financial year.

5. DIVISION: INFORMATION TECHNOLOGY

5.1 General

The IT infrastructure, such as Office 365, data management and Pastel accounting systems, functioned well and supported the administrative activities of the HPCNA. An information technology (IT) technician was recruited for the day-to-day delivery of the IT services.

While the maintenance functions of the database system are still being offered by Cube IT CC and the hosting of e-mails, the provision of Office 365 licenses, ESET antivirus, backups and the maintenance of servers are being provided by Acunam Technology Group; the in-house IT team has gradually taken ownership of most the key functions from these external service providers to save on cost.

5.2 Data management system

The data management system was developed in 2007 at which time the practitioners, HPCNA departments and staff were few. They started experiencing problems when the number of staff members and practitioners increased.

Cube IT cc upgraded the system to improve administrative efficiency, perfect the electronic registers (E-registers), enable practitioners to renew their registrations online, allow practitioners to update their 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. This exercise was successful as no system failure was experienced during peak times as had been the case in the past.

5.3 Website and E-registers

Asylum Design and Development CC started to revamp the website and the e-registers. This exercise is expected to be completed during the first quarter of the 2023 / 24 financial year.

The E-registers are updated twice a week, on Tuesdays and Thursdays, and are linked to the website to provide current information to members of the public online on registered and enrolled healthcare practitioners.

5.4 Installation of closed-circuit television (CCTV) cameras

The HPCNA installed CCTV cameras to smart track the movements of people and vehicles along Schoenlein Street. The cameras have greatly assisted in curbing criminal activities around HPCNA premises. The CCTV is currently monitored in-house until such time the Windhoek City Police is ready to take over the responsibility of monitoring and maintaining them.

5.5 Communication

Internal and external stakeholders were engaged through consultative meetings, circulars, letters, telephone calls, and e-mails. Registrants were especially reminded through text messages about annual maintenance fees which were due on the 31st of March 2023, and invoices were emailed to them.

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

5.6 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 HPCNA.

