PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

Health Professions
Councils of Namibia

2023/24

ANNUAL REPORT

THE SUMMATION OF OUR
PERFORMANCE REFLECTION

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LIST OF ABBREVIATIONS/ACRONYMS

AHPCNA	Allied Health Professions Council of Namibia
ALS	Advanced life support
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
ECP	Emergency Care Practitioner
ED	Executive Director
EMTSS	Emergency Management Training Specialist Services
ETQA	Education and Training Quality Assurance
ExCom	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
NMRC	Namibia Medicine Regulatory Council
NAMRAD	Namibia radiology service
NAMAF	Namibia Association of Medical Aid Fund
NAPWU	Namibia Public Workers Union
NCNA	Nursing Council of Namibia
NIP	Namibia Institute of Pathology
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
(Pty) Ltd	Proprietary Limited
S & T	Subsistence and Travel Allowance
SADC	Southern African Development Community
SOP	School of Pharmacy
SWP	Social Work and Psychology professions
SWPCNA	Social Work and Psychology Council of Namibia
T/A	Trading as
UNAM	University of Namibia
WU	Welwitchia University

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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 (AHPCNA), 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

Protecting the public through regulated education and practice.

MISSION

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

VALUES

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

FROM THE REGISTRAR'S DESK

The 2023/2024 financial year marked the end of the five-year term of the members of the five Councils who were appointed in 2018. Preparation for the appointment of new members of the Councils started in early April 2023 with invitations by the Minister of Health and Social Services to various professional associations, societies and institutions for nominations of candidates for appointment as members of the Councils. By September 2023, the appointment process was completed and members of the Councils took oath or affirmation of office on the 5th of October 2023 marking the beginning of the five-year term ending in October 2028.

Shortly after the inaugural event, the new members of the Councils were inducted into their responsibilities and held their first meetings to elect the office bearers and appoint members of various committees.

By the end of March 2024, all five Councils held their second meetings and attended to pending urgent matters. Members of the Councils are now looking forward to their meetings in September 2024 at which they are expected to approve the audited financial statements for the 2023/24 financial year before submission to the Minister of Health and Social Services for tabling in Parliament.

The majority of members of the current Councils are not only new to the affairs of the regulatory authorities but also relatively young. While these attributes speak to the need for deliberate capacity building efforts, these members brought along a sense of excitement, enthusiasm and optimism in tackling contemporary issues in professional regulation.

I thank the Honourable Minister and the Executive Director of the Ministry of Health and Social Services for their immense support and guidance during the seamless transition between Councils.

My word of gratitude goes to the members of the immediate past Councils for laying the solid foundations upon which the new Councils will continue to build.

I sincerely thank all my colleagues in the Secretariat for making the Councils what they are today. As a collective, we remain committed to supporting the new Councils in delivering services of quality to the public.

EXECUTIVE SUMMARY

PROFESSIONAL AFFAIRS

The term of office of the previous Councils, which commenced on the 4th of October 2018, ended on the 4th of October 2023. Subsequently new Councils' members were appointed by the Minister of Health and Social Services on the 05th of October 2023 for a five (5) year term ending on the 05th of October 2028.

After the inauguration of the office bearers each Council established its committees in accordance with the applicable Acts in order to help the Councils to fulfill their mandate. The core mandate of the Councils, amongst others, is to protect the public by regulating the education and practice of health professionals and to ensure that all persons practicing health-related professions in Namibia are suitably qualified and registered. A total of 23 193 health practitioners are registered and enrolled with the Councils. This number excludes students and interns and is divided per Council as follows.

- **Nursing Council:** twelve thousand nine hundred and thirty-seven (12 937) healthcare practitioners;
- **Allied Health Professions Council:** four thousand nine hundred and seventy-five (4 975) healthcare practitioners;
- **Medical and Dental Council:** three thousand two hundred and twenty-four (3 224) healthcare practitioners;
- **Pharmacy Council:** one thousand two hundred and sixty-five (1 265) healthcare practitioners; and
- **Social Work and Psychology Council:** seven hundred and ninety-two (792) healthcare practitioners.

Nursing Council has more healthcare professionals on its registers and the rolls at 56% followed by the Allied Health Professions Council at 21%, the Medical and Dental Council at 14%, the Pharmacy Council at 6%, and the Social Work and Psychology Council at 3%.

LEGAL SERVICES

The legal department plays a role of facilitating functions of legal committees and advising Councils on matters relating to the execution of their duties and functions.

During this year there was a decline of complaints received by the Medical and Dental Council (MDCNA) and the Social Work and Psychology Council (SWPCNA). All of the other Councils recorded an increase in complaints, although with a small margin in comparison to the previous year. Some regions in Namibia have not generated any complaint during this period.

New committee members of all the Councils were appointed during this period, namely, Preliminary investigation committee (PIC), Professional conduct committee (PCC), Appeal committee (AC), and Health assessment committee (HAC). The appointments were the result of the new Council members that took office during October 2023.

A 28% decrease in cases dealt with by PICs was noted in comparison to the previous year. This is partly as a result of the dormant period pending appointments of new committee members.

During this period there has been a 25% decrease in case pending investigation, legal opinions and professional conduct inquires.

Overall, there were nine (9) professional conduct inquiries. The MDCNA leading with five (5) cases, and the rest of the Council with one (1) case each. The MDCNA, NCNA and PCNA each dealt with one appeal.

A total number of twenty-two (22) regulations were with the Ministry of Justice for scrutiny, ten (10) were gazetted, and twenty-six (26) were drafted during this period.

The slow pace of responses from practitioners to complaints and provision of medical records are factors that contribute to prolonged investigation stages of complaints. Internal legal opinions and conducting of inquiries has contributed to the reduction of the pending cases and the trend is expected to increase in the years ahead.

FINANCE DIVISION

The funds generated by the Councils through prescribed fees, rental and interests made up 51% of the total revenue. However, the annual grant from the central Government via the Ministry of Health and Social Services constituted 49% of the total income.

Due to the economic challenges caused by the outbreak of COVID-19, which negatively affected the purchasing power of consumers of goods and services globally and domestically, fees payable to the Councils were not increased during the past two financial periods. However, during the financial year under review, the fees payable to the Councils were increased by 9%.

Rental income from the two (2) properties leased by the Councils increased by 85% from N$ 243,900.60 generated in the 2022/2023 financial year to N$ 452,000.00 generated during the reporting period. Office number 44, Schönlein Street, which was unoccupied for approximately ten (10) months, got tenants from 1st May 2023 and this has contributed to a significant increase in revenue.

The surplus funds generated by the Councils at year-end were kept in the investment accounts and generated a combined interest of N$ 2,435,545.54. This sum was a 79% increase when compared to N$ 1,359,420.30 interest earned during the 2022/2023 financial year.

HUMAN RESOURCE, ADMINISTRATION, AND INFORMATION TECHNOLOGY DIVISION

The Department of HR, Administration, Records Management and IT strived to ensure that staff members acquired the minimum required competence, improved work relationships, maintained and improved IT infrastructure and safeguard the clients' records.

The HPCNA's staff establishment consists of sixty (60) posts of which forty-five (45) are filled. The workforce is dominated by female employees at 56% ensuring gender inclusivity and compliance with the Affirmative Action Act. The youth and middle-aged staff members continue to dominate the workforce at 31%.

The HPCNA invested in the training and upskilling of 49% of the workforce during the reporting period. The basic conditions of service for employees were also improved to keep them on par with those of the public sector.

Repair and maintenance of the physical infrastructures were continuously done causing the value of the fixed assets to appreciate by 2.28% balancing at N$48 420 000.00. Procurement activities were also successfully undertaken in compliance with the Procurement Act No. 15 of 2015.

IT infrastructure was enhanced to safeguard the records and improve service delivery. This included the upgrading of the database management system and the installation of additional CCTV surveillance cameras as well as Wi-Fi access points and fibre.

SECTION 1

PROFESSIONAL AFFAIRS DEPARTMENT

ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

1. INTRODUCTION

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

- Register and keep registers for healthcare practitioners;
- 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]
- Set education and practice standards and approve training programmes; and
- Regulate the training and practice of allied and complementary health professions in Namibia.

2. AHPCNA MEMBERS

The term of office of the members of the AHPCNA which commenced on the 4th of October 2018 ended on the 4th October 2023. The Minister subsequently appointed the following new members on the 05th of October 2023 for five (5) a year term ending on the 06th of October 2028.

Prof. Cilas J. Wilders [2]
Dr. Elga R. Drews[3]
Dr. Christopher M. Likando
Ms. Ndapandula H. Londo
Ms. Henriette Maritz
Ms. Belinda R. Tsauses
Ms. Nadia Vermaak
Mr. Marchin K. Mouton
Ms. Dorothee G. Verrinder
Ms. Irene M. Garthoff
Mr. Efraim N. Paulus
Ms. Cornelia O. G. Afrikaner
Mr. Katuna Kamuhanga
Mr. Linus Ngenomesho
Ms. Carolie Cloete

1 Section 5 of the AHP Act
2 President
3 Deputy President

3. SUMMARY OF ACTIVITIES OF THE AHPCNA

3.1. AHPCNA meetings

The AHP Act stipulates that the AHPCNA must hold not less than two (2) meetings each year, and may hold, in addition thereto, such other meetings as the AHPCNA may determine from time to time. During the period under review, the AHPCNA held four (4) meetings as indicated in the Table 1 below.

Table 1: AHPCNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
15 September 2023	14	11	3
09 October 2023	15	15	0
01 December 2023	15	13	2
08 March 2024	15	13	2

3.2 AHPCNA resolutions

The AHPCNA made a hundred and four (104) resolutions during the reporting period, and all were executed.

3.3 Executive committee (ExCom)

The AHP Act stipulates that the AHPCNA must establish an 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. As shown in Table 2, during the period under review, the ExCom held one (1) meeting on the 02nd of June 2023.

Table 2: Matters discussed by ExCom

DATE	MATTER	STATUS
02 June 2023	Inspection report of Marieke Kirchner Physiotherapy – Swakopmund to train intern physiotherapists.	Approved
02 June 2023	Inspection report of Intermediate Hospital Katutura (IHK) to train intern physiotherapists.	Approved
02 June 2023	Inspection report of De Klerk Biokinetics -Windhoek to train intern biokineticists	Approved
02 June 2023	Mr. Edward Kondowe's application for registration as a physiotherapist.	Application refused
02 June 2023	Post-internship evaluation of physiotherapy, occupational therapy and medical technology interns to sit for Council exit evaluations at the end of the eleventh (11th) month of their first (1st) year of internship.	Approved

3.4 Education committee

AHP Act stipulates that the AHPCNA must establish a standing education committee, consisting of several persons, including persons who are not members of the AHPCNA, as it may determine and appoint to such Committee[4].

The functions of this committee in terms of section 12 (4) (b) of the Act, 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. Recommend policies to the AHPCNA relating to the work or scope of the Committee.

The AHPCNA appointed the following education committee members on the 11th of October 2023 for five (5) year term ending on the 06th of October 2028.

Prof Cilas Jacobus Wilders; (Chairperson)
Ms. Belinda R. Tsauses
Ms Irene M. Garthoff
Ms Cornelia O. G. Afrikaner
Dr Washington Shumba
Ms Helena Louw
Dr Henry Boshoff

3.5 Professional committees

Section 13 (1) of the Act establishes the following committees[5]

i. Professional Committee for Physiotherapy and Related Professions;

ii. Professional Committee for Radiography and Related Professions;

iii. Professional Committee for Medical Technology;

iv. Professional Committee for Occupational Therapy and Related Professions;

v. Professional Committee for Environmental Health and Related Professions;

vi. Professional Committee for Optometry and Related Professions;

vii. Professional Committee for Speech Therapy and Audiology and Related Professions;

viii. Professional Committee for Dietetics;

ix. Professional Committee for Emergency Care Professions;

x. Professional Committee for Dental Technology and Dental Therapy; and

xi. Professional Committee for Complementary Health.

Professional committees advise the AHPC on any matter relating to their respective Professions.

4 Section 12 (4)

5 Section 13(1)

3.5.1 Medical technology and related professions

The sub-committee held one (1) meeting and discussed issues relating to Namibia University of Science and Technology Medical Laboratory Scientists 'graduates and pre-registration evaluation.

After the appointment of the new AHPC on the 5th of October 2023, the following health practitioners, as listed in Table 3, were elected to serve on the professional committees for five (5) years.

Table 3: Members of the professional committees

COMMITTEE	MEMBERS
Professional Committee for Physiotherapy and Related Professions	Ms. Hilma Ndivayele Ms. Marieke Mocke Ms. Lindi Christensen
Professional Committee for Radiography and Related Professions	Ms. Helena Nangolo Ms. Esther Shapopi Ms. Melissa Saunders
Professional Committee for Medical Technology and Related Professions	Mr. Jafet Iilonga Ms. Karin Engelbrecht Ms. Anja Haugk
Professional Committee for Occupational Therapy and Related Professions	Ms. Antonette De Almeida Ms. Helena Louw Mr. Onesmus Heita
Professional Committee for Optometry and Related Professions	Ms. Annel Byleveld Ms. Marisa Krone Mr. Schalk Burger
Professional Committee for Speech Therapy and Audiology and Related Professions	Ms. Anna Johanna Robberts Ms. Carla Le Roux Ms. Christine Diehl
Professional Committee for Dietetics and Related Professions	Mr. Oscar Kangwiya Ms. Juliane Courtney Ms. Marich Gouws
Professional Committee for Emergency Care Professions	Mr. Godhard Spiegel Mr. Paulus Ambunda Ms. Sofia Mutumbulwa
Professional Committee for Dental Technology and Dental Therapy	Mr. Christie Simwizye Mr. Ranganai Mazanhi Ms. Florence Rusirevi
Professional Committee for Complementary Health	Dr. Penehafo Shindume Dr. Marion Klingerhoeffer Dr. Petrina Mwandingi
Professional Committee for Environmental Health Profession	Mr. Jesaya Andreas Mr. Nestor Sheimi Ms Helena K Mukulu

4. CONTROL OVER EDUCATION, TUITION AND TRAINING

The AHP Act[6] provides that any person or educational institution intending to offer the education, tuition or training must apply to the AHPCNA in writing before offering such training. Tables 4, 5 and 6 below indicate the training institutions and health facilities that applied for approval to train students or interns.

Table 4: Educational institutions applied for approval to train students

INSTITUTION	QUALIFICATION	REGION
Three Sixty Emergency Services.	Certificate in Emergency Care (Intermediate)	Khomas
Welwitchia University PTY(LTD)	Diploma in Environmental Health Science	Khomas
Save Med Namibia (Walvis Bay)	Certificate in Emergency Care (Basic).	Erongo
Atlantic Training Institute (Oshakati)	Diploma in Environmental Health Science	Oshana

Table 5: Health facilities applied for approval to provide clinical training to students

FACILITY	NATURE OF TRAINING	REGION
Windhoek Emergency Services Training Centre (City of Windhoek)	Students Emergency Care Basic & Intermediate	Khomas
Intermediate Hospital Oshakati	Students in Diagnostic Radiography	Oshana
Intermediate Hospital Katutura	Students in Diagnostic Radiography	Khomas
Windhoek Central Hospital	Students in Diagnostic Radiography	Khomas

Table 6: Health facilities applied for approval to train interns

FACILITY	NATURE OF TRAINING	REGION
Windhoek Central Hospital (Windhoek)	Internship in Physiotherapy	Khomas
Anna Mart Kruger Physiotherapist (Walvis Bay)	Internship in Physiotherapy	Erongo
Karin Stofberg Physiotherapy (Windhoek)	Internship in Physiotherapy	Khomas
PT Zhakata Jantjies Physiotherapy (Windhoek)	Internship in Physiotherapy	Khomas
Megan Physio Reform (Windhoek)	Internship in Physiotherapy	Khomas
Drs' Shaw, Roux & Partners (Pathcare Namibia)	Internship in Medical Technology.	Khomas

4.1 Curricula from educational institutions outside Namibia

The information of curricula assess is presented in Table 7.

Table 7: Foreign curricula assessed

INSTITUTION	CURRICULUM	REGISTRATION CATEGORY / PROFESSION	STATUS
Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, India	Four (4) years Bachelor of Health Sciences in Physical Therapy and Rehabilitation	Physiotherapy	The curriculum met the requirements for approval.

6 Section 17(2)

Maharishi Markandeshwar University, Institute of Medical Sciences and Research, India	Three (3) years Bachelor of Sciences in Medical Laboratory Technology	Medical Technology	The curriculum did not meet the requirements for approval.
University of Malawi	Four (4) years Bachelor of Physiotherapy	Physiotherapy	The curriculum did not meet the requirements for approval.
University Of Faisalabad, Pakistan	Four (4) years Doctor of Optometry	Optometry	The curriculum did not meet the requirements for approval.
Mzuzu University, Malawi	Four (4) years Bachelor of Optometry	Optometry	The curriculum met the requirements for approval.
Masinde Muliro University of Science and Technology, Kenya	Four (4) years Bachelor of Science in Optometry and Vision Sciences	Optometry	The curriculum met the requirements for approval.
Kilimanjaro Christian Medical University, Tanzania	Four (4) years Bachelor of Science in Physiotherapy	Physiotherapy	The curriculum met the requirements for approval.
Ernest Cook Ultrasound Research and Education Institute	Three (3) years Bachelor's degree in Diagnostic Ultrasound	Ultrasound	The curriculum did not meet the requirements for approval

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 8.

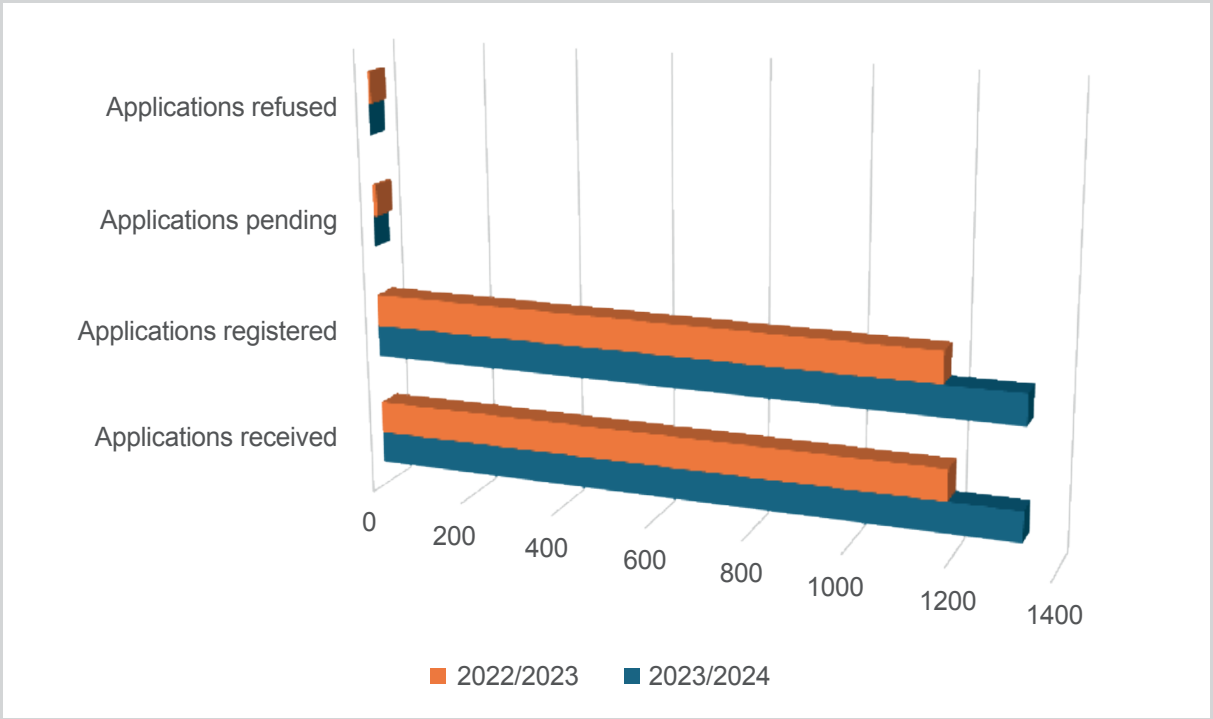
Table 8: Number of applications received per profession

PROFESSIONAL DESIGNATION	NUMBER OF APPLICATIONS	APPROVED	PENDING	REFUSED
Audiologist	1	1	0	0
Biokineticists	2	2	0	0
Intern Biokineticists	1	1	0	0
Clinical Technologists (Nephrology)	1	1	0	0
Clinical Technologists (Neurophysiology)	1	1	0	0
Clinical Technologists (Pulmonology)	1	1	0	0
Combat medics	3	3	0	0
Dental Technologists	1	1	0	0
Dental Technicians	2	2	0	0
Dental Therapists	5	5	0	0
Dieticians	2	2	0	0
Emergency Care Technicians	6	6	0	0
Emergency Care Practitioners-Basic Students	139	139	0	0
Emergency Care Practitioners-Basic	439	439	0	0
Emergency Care Practitioners-Intermediate Students	66	66	0	0
Emergency Care Practitioners-Intermediate	67	67	0	0
Paramedics – ALS	12	12	0	0

Paramedic Students	42	42	0	0
Environment Health Practitioners	36	36	0	0
Environmental Health Practitioner Students	48	48	0	0
Environment Health Practitioner Assistants	18	18	0	0
Environmental Health Practitioner Assistant Students	74	74	0	0
Medical Laboratory Scientists (Clinical Pathology)	25	25	0	0
Student Medical Laboratory Scientists (clinical pathology)	54	54	0	0
Medical Laboratory Technicians (Blood Transfusion)	3	3	0	0
Medical Laboratory Technicians (Clinical Pathology)	9	9	0	0
Medical Laboratory Technicians (Cytotechnology)	1	1	0	0
Student Medical Laboratory Technicians (Blood Transfusion)	7	7	0	0
Student Medical Laboratory Technicians (Clinical Pathology)	5	5	0	0
Medical Technologist (Clinical Pathology)	2	1	0	1
Medical Technologist (Microbiology)	1	1	0	0
Medical Orthotics & Prosthetist	1	1	0	0
Medical Orthotics and Prosthetists Technologists	2	2	0	0
Medical Orthotics & Prosthetist Assistant	2	2	0	0
Nutritionist	6	6	0	0
Nutritionist Students	42	42	0	0
Occupational Therapists	12	12	0	0
Occupational Therapist Students	42	42	0	0
Intern Occupational Therapists	9	9	0	0
Optometrists	8	7	0	1
Phlebotomy Technician Students	5	5	0	0
Phlebotomy Technicians	3	3	0	0
Physiotherapists	25	25	0	0
Physiotherapy Interns	22	21	0	1
Student Physiotherapists	32	32	0	0
Speech Therapists	1	1	0	0
Therapeutic Reflexologist	1	1	0	0
Diagnostic Radiographer Assistants	4	4	0	0
Diagnostic Radiographers	19	19	0	0
Diagnostic and Ultrasound Radiographers	1	1	0	0
Therapeutic Radiographers	5	5	0	0
Diagnostic Radiographer Students	17	17	0	0
Ultrasound Radiographers	4	3	0	1
Nuclear Medicine Radiographers	2	2	0	4
TOTAL	**1335**	**1331(99.8%)**	**0(0%)**	**4(0.2%)**

A total of one thousand three hundred and thirty-five (1335) persons applied for registration. Four (4) applications were refused because they did not meet the minimum requirements of study for registration. Graph 1 shows that there was an increase in the number of registered practitioners over the reporting period compared to 2022.

Graph 1: Applications received in 2022/2023 compared to 2023/2024 financial year.



5.1. Trends in the registration of health practitioners

The figures below in Table 9 show the trend in registration of practitioners between the period of 2019 / 2020 to 2023 / 2024. The registration of practitioners increased from 2019 (653) to 2023 (1335). 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 years 2022 / 2023 and 2023 / 2024, registrations of new practitioners increased from 2.79 **%** to 11.8%.

Table 9: Illustrates a five (5) year trend of registration of health practitioners since 2019 / 2020

YEAR	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 2023	2023 / 2024
Number of Registered Practitioners	653	772	1145	1177	1335

6. REGISTERS KEPT

The AHP Act requires the AHPCNA to keep the registers of registered persons[7]. 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 10 below.

7 Section 17(2)

Table 10: Total number of practitioners on the register per profession

DESIGNATIONS	NUMBER OF PRACTITIONERS	
	2022 / 2023	2023 / 2024
Art Therapist	1	1
Audiologists	6	7
Biokineticists	86	83
Chinese Medicine Practitioners and Acupuncturists	6	7
Chiropractors	13	12
Clinical Technologists	29	30
Combat Medics	10	13
Dental Technicians	28	30
Dental Technologists	10	11
Dental Therapists	55	54
Dieticians	38	38
Dispensing Opticians	11	10
Emergency Care Practitioners (Basic)	1790	2229
Emergency Care Practitioners (Intermediate)	372	401
Emergency Care Technicians	44	46
Environmental Health Practitioners	317	322
Environmental Health Practitioner Assistants	126	114
Hearing Aid Acousticians	8	8
Homoeopaths	8	6
Intern Biokineticists	10	1
Intern Medical Technologist	1	1
Intern Occupational Therapists	9	10
Intern Physiotherapists	43	22
Medical Laboratory Scientists	142	164
Medical Laboratory Technicians	144	150
Medical Orthotics and Prosthetics Technologists	11	14
Medical Orthotics and Prosthetics Assistants	2	2
Medical Orthotist and Prosthetists	18	18
Medical Rehabilitation Workers	15	14
Medical Technologists	198	200
Music Therapists	2	2
Naturopaths	4	3
Nutritionists	17	15
Occupational Therapists	90	96
Ocularist	1	1

Operational Emergency Care Orderlies	2	1
Optometrists	108	109
Orthopaedic Technicians	5	5
Orthopaedic Technologists	5	3
Osteopath	1	1
Paramedics (Advanced Life Support)	104	111
Phlebotomy Technicians	30	35
Physiotherapists	160	172
Phytotherapists	3	3
Podiatrist	1	1
Radiographers (Diagnostic)	237	246
Radiographers (Nuclear Medicine)	8	8
Radiographers (Therapeutic)	18	22
Radiographers (Ultrasound)	25	29
Radiographers (Diagnostic and Therapeutic)	2	1
Radiographers (Diagnostic and Ultrasound)	1	2
Radiography Assistants	57	54
Speech Therapists	12	13
Speech Therapists and Audiologists	10	9
Student Combat Medics	8	4
Student Emergency Care Practitioners (Basic)	0	139
Student Emergency Care Practitioners (Intermediate)	69	97
Student Environmental Health Practitioners	146	174
Student Environmental Health Practitioner Assistants	72	134
Student Medical Laboratory Scientists	182	209
Student Medical Laboratory Technicians	43	46
Student Nutritionists	70	42
Student Occupational Therapists	53	42
Student Paramedics (Advanced Life Support)	110	120
Student Phlebotomy Technicians	7	9
Student Physiotherapists	30	45
Student Radiographers (Diagnostic)	69	68
Therapeutic Aromatherapists	7	7
Therapeutic Masseur	0	1
Therapeutic Reflexologists	8	7
Unani Tibb Practitioner	1	0
Total	**5365**	**6104**

The respective comparison of the number of practitioners on the register between 2022 / 2023 and 2023 / 2024 financial years is 5365 and 6104. There has been an increase of seven hundred and thirty-nine (739) in the number of practitioners on the register in 2023 / 2024 compared to the previous year due to the increased number of students registered and emergency care practitioners.

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.[8] During the year under review, an optometrist was removed from the relevant register voluntarily.

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 on or before the 31st of March of the financial year concerned annual fees[9]. The number of practitioners who were removed from the registers in the 2023 / 2024 financial year is six-hundred and sixty (660).

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. Table 11 presents the number involuntary removed from the registers.

From the number of removed practitioners, one hundred and twenty-six (126) applied for restorations of their names to the relevant registers.

Table 11: Number of practitioners involuntarily removed from the registers

PROFESSIONAL DESIGNATIONS	NUMBER OF PRACTITIONERS
Biokineticists	5
Chiropractor	1
Clinical Technologists	2
Combat Medics	3
Dieticians	2
Dispensing Opticians	2
Dental Therapists	6
Dental Technician	1
Emergency Care Practitioners (Basic)	403
Emergency Care Practitioners (Intermediate)	43
Emergency Care Technicians	4
Environmental Health Practitioner Assistants	29

8 Section 25 (1)

9 Section 25 (1)

Environmental Health Practitioners	45
Homoeopaths	2
Medical Laboratory Scientists	2
Medical Laboratory Technicians	7
Medical Orthotist and Prosthetist	1
Medical Orthotics and Prosthetics Technologists	2
Medical Rehabilitation Workers	3
Medical Technologist	17
Naturopath	1
Nutritionists	8
Optometrists	6
Operational Emergency Care Orderly	1
Orthopaedic Technologist	1
Osteopath	1
Occupational Therapists	6
Physiotherapists	10
Paramedics (Advanced Life Support)	11
Radiography Assistants	7
Radiographers (Diagnostic)	19
Radiographers (Nuclear Medicine)	2
Radiographer (Diagnostic &Therapeutic)	1
Radiographer (Therapeutic)	1
Speech Therapist & Audiologist	1
Therapeutic Masseur	1
Therapeutic Reflexologists	2
Unani Tibb Practitioner	1
TOTAL	**660**

8. RESTORATION OF NAMES TO THE REGISTER

The number of practitioners restored to the registers is presented in Table 12.

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

PROFESSION	NUMBER OF PRACTITIONERS
Biokineticist	1
Dispensing Optician	1
Emergency Care Practitioner (Basic)	66
Emergency Care Practitioner (Intermediate)	8
Environmental Health Practitioner	21
Environmental Health Practitioner Assistant	6
Medical Laboratory Scientist	1
Medical Rehabilitation Worker	1

Medical Technologist	1
Medical Orthotics and Prosthetics Technology	2
Occupational Therapist	1
Paramedic (Advanced Life Support)	3
Physiotherapist	3
Phlebotomy Technician	1
Radiographer (Diagnostic)	8
Radiographer (therapeutic)	1
Radiography Assistant	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 status[10]. The number and reasons for such applications are indicated in Table 13 below.

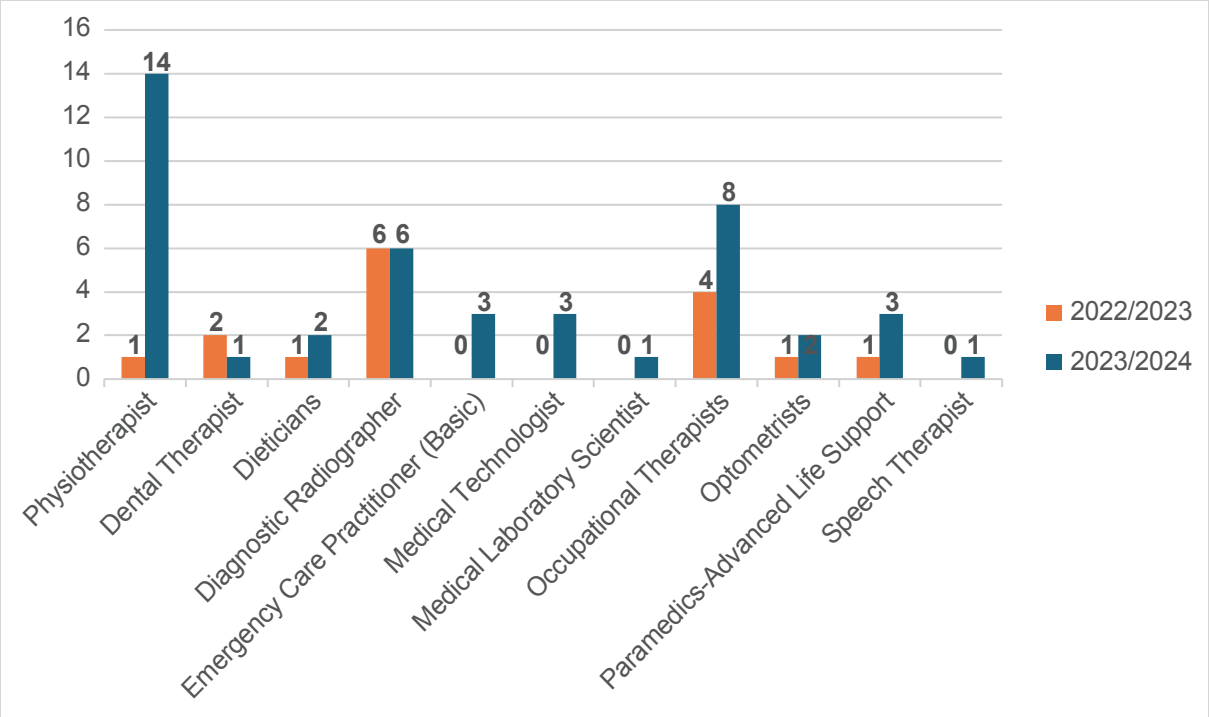
Table 13: Number of certificates of status issued per professional designation

PROFESSIONAL DESIGNATION	APPLICATIONS	REASONS
Dental Therapist	1	Seeking registration with the Health Professions Council of Zimbabwe
Dieticians	2	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
Emergency Care Practitioners (Basic)	3	Seeking employment with local employers
Medical Technologists	3	Seeking registration with the Health and Care Professions Councils of the United Kingdom.
Medical Laboratory Scientist	1	Seeking registration with the Health and Care Professions Councils of the United Kingdom.
Occupational Therapists	8	Seeking registration with the Health and Care Professions Councils of the United Kingdom.
Optometrists	2	Seeking registration with the Health Professions Council of South Africa
Physiotherapists	14	Seeking registration with the Health and Care Professions Council of the United Kingdom and the Health Professions Council of Zambia
Paramedics-Advanced Life Support	3	Seeking registration with the Health and Care Professions Council of the United Kingdom and Qatar Health Council.
Speech Therapist	1	Seeking registration with the Health Professions Council of South Africa
TOTAL	**43**	

10 Section 29 (1)

As shown in Graph 2, compared to 2022 / 2023, there has been an increase in the number of applications for certificate of status over the reporting period.

Graph 2: Comparison of the number of applications for certificates of status between 2022 / 2023 and 2023 / 2024.



10. STAKEHOLDER ENGAGEMENTS

The AHPCNA engaged with the following stakeholders.

10.1 Namibia University of Science and Technology (NUST)

The AHPCNA addressed the first (1st) 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.

10.2 Namibia Dental Therapists Association of Namibia

The AHPCNA held discussions with representatives from the Namibian Dental Therapists Association on matters pertaining to the pre-registration evaluations and the process of appointment of registered persons to serve as evaluators.

11. CONCLUSION

The AHPCNA ensured that all persons practicing in Namibia met the prescribed minimum requirements of registration of 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,[11] (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 controls and exercises authority in respect of all matters affecting the education and training of persons to be registered under the Act.

2. MDCNA MEMBERS

The MDCNA members are 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. The term of office of the members of the MDCNA commenced on the 4th of October 2018 and ended on the 4th of October 2023. The Minister subsequently appointed the following new members on the 05th of October 2023 for a five (5) a year term ending on the 05th of October 2028.

Dr. Wilson L. Benjamin[12]

Dr. Nguundja U.K. Uamburu[13]

Dr. Sarah K. Shalongo

Dr. Theresia S. Shivera

Dr. Kondjela S. Hamunyela

Dr. Felicia Christians

Dr. Josephine N. Amesho

Dr. Wesley C. Mouton

Dr. Mewawa D. Amukugo

Dr. Tomas I. Niilenge

Mr. Marthino L. Olivier

Mr. Ngamane Karuaihe-Upi

11 Act 10 of 2004.

12 President.

13 Vice-President.

3. SUMMARY OF MDCNA ACTIVITIES

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

3.1 MDCNA meetings

The MDCNA held meetings as shown in Table 14 and resolutions taken are shown in Table 15.

Table 14: MDCNA meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
MDCNA			
Eleven (11)	24 June 2023	11	0
	9 September 2023	11	0
MDCNA			
Twelve (12)	7 October 2024	12	0
	9 December 2024	10	2
	16 March 2024	12	0

Table 15: Resolutions taken and implemented

NUMBER OF RESOLUTIONS	NUMBER OF RESOLUTIONS IMPLEMENTED
133	132 (99%)

Comment

- Elections for members of the following professional committees could not be finalised during the period under review.
  - (i) Committee for the Medical Assistants, Clinical Officers, and Rural Medical Aids, to be known as the Professional Committee for Medical Assistants, Clinical Officers, and Rural Medical Aids.
  - (ii) Committee for the Ophthalmic Assistants, to be known as the Professional Committee for Ophthalmic Assistants.

3.2 Education Committee (EduCom)

The EduCom advised the MDCNA on matters relating to registration requirements or qualifications, education and training of applicants. As shown in Table 16 two (2) meetings were held during the reporting period.

Table 16: EduCom meetings and attendance

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
Nine (9)	7 February 2024	9	0
	27 March 2024	6	3

3.3 Committee for Independent Practise of Oral Hygienists

This Committee was established in terms of the Act[14] to advise or assist the MDCNA on matters pertaining to the independent practicing of oral hygienists. The Committee held two (2) meetings during the period under review. The Committee completed its task, and was dissolved.

3.4 Medical Interns/Students Training Committee

This Committee advised the MDCNA on matters relating to the training of interns and medical students in practical training. The Committee also assisted the MDCNA in the exercise of its powers or the performance of its duties or functions in terms of the Act as the MDCNA delegated or assigned to it from time to time. The Committee held one (1) meeting during the reporting period.

3.5 Professional Committees

Under the Act[15], the following Professional Committees were constituted on the 06th of October 2018.

a) Professional Committee for Ophthalmic Assistants.

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

These committees are established for healthcare professions provided for under the Act but have no representation on the MDCNA. Their functions are in respect of the health professions for which they have been established, namely

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

An election for members of these committees could not be finalised during the period under review.

3.6 Advisory Committee

Under section the Act[16], an Advisory Committee was established for the following professions that are not represented on the MDCNA or have Professional Committees established by the Act.

- Biomedical Engineers
- Clinical Biochemist
- Genetic Councilors

14 Section 12 (6)

15 Section 12 (11)

16 Section 12 (6)

- Medical Biological Scientists
- Medical Physicists
- Medical Scientists

The function of the Advisory Committee is to guide the MDCNA on any matters relating to the relevant professions and to assist the MDCNA in the exercise of its powers or the performance of its duties or functions in terms of the Act as the MDCNA may delegate or assign to the committee. The committees did not have any meetings during the reporting period.

4. CONTROL OVER EDUCATION AND TRAINING

The Act[17] 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.[18]

4.1 Inspection of training hospitals and health facilities

The MDCNA appointed healthcare 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 thirteen (13) hospitals and two (2) clinics for the training of dental interns. The inspectors for the medical profession inspected six (6) hospitals for the training of medical interns.

Table 17 indicates the health facilities inspected for dental interns.

Table 17: State hospitals and clinics inspected to train dental interns

FACILITY NAME	INSPECTION DATE	REGION	OUTCOME
Intermediate Hospital Katutura	8 November 2023	Khomas	Intake capacity increased from 10 to 16 Interns per year.
Intermediate Hospital Rundu	15 November 2023	Kavango West	Intake capacity increased from 2 to 6 Interns per year.
Intermediate Hospital Onandjokwe	14 November 2023	Oshikoto	Intake capacity increased from 4 to 8 Interns per year.
Intermediate Hospital Oshakati	15 November 2023	Oshana	Intake capacity increased from 9 to 10 Interns per year.
Eenhana District Hospital	14 November 2023	Ohangwena	Intake capacity increased from 2 to 4 Interns per year.
Engela District Hospital	14 November 2023	Ohangwena	Approved to train 2 Interns per year.
Otjiwarongo District Hospital	14 November 2023	Otjozondjupa	To continue training 2 Interns per year.
Swakopmund District Hospital	21 November 2023	Erongo	Intake capacity increased from 2 to 4 Interns per year.
Walvis Bay District Hospital	21 November 2023	Erongo	To continue training 4 Interns per year.
Gobabis District Hospital	14 November 2023	Omaheke	To continue training 2 Interns per year.

17 Section 16 (2).

18 Section 55(1).

Mariental District Hospital	15 November 2023	Hardap	Accreditation to train Interns was not granted
Keetmanshoop District Hospital	15 November 2023	//Karas	Intake capacity increased from 2 to 4 Interns per year.
Tsumeb District Hospital	16 November 2023	Khomas	Accreditation to train Interns was revoked.
Khomasdal Clinic	8 November 2023	Khomas	Approved to train 2 Interns
Okuryangava Clinic	8 November 2023	Khomas	Approved to train 2 Interns

Comments

- Approval was granted for the first time to the following hospitals and health facilities.
  - Engela District Hospital to train 5 dental interns
  - Khomasdal Clinic to train 2 dental interns
  - Okuryangava Clinic to train 2 dental interns
- Mariental District Hospital was inspected for the first time and was not accredited due to lack of supervision. The regional dentist could not be located during the inspection of the dental unit.
- Tsumeb District Hospital's accredited status was withdrawn due to nonfunctional equipment.
- The facilities that only offer minor oral surgery, prosthodontics, preventative orthodontics, restorative dentistry and periodontics training, ensure that interns do rotations in community dentistry and maxillofacial at approved training facilities.

Table 18 presents the hospitals that were inspected to train medical interns.

Table 18: State hospitals inspected to train medical interns

FACILITY NAME	INSPECTION DATE	REGION	OUTCOME
Swakopmund and Walvis Bay District Hospital Complex	10 May 2023	Erongo	The hospital was approved to continue to train 40 interns per year.
Intermediate Hospital Rundu	8 May 2023	Kavango East	The hospital was approved to continue to train 40 interns per year.
Intermediate Hospital Oshakati (including Engela District Hospital)	14 August 2023	Oshana	The hospital was approved to continue to train 132 interns per year.
Onandjokwe Intermediate Hospital	16 August 2023	Oshikoto	The hospital was approved to continue to train 98 interns per year.
Windhoek Central Hospital & Intermediate Katutura Hospital	17 - 18 August 2023	Khomas	The hospital was approved to continue to train 302 interns per year.
Oshikuku District Hospital	27 March 2024	Omusati	The hospital was approved to train 6 interns per year.

Comments

- Oshikuku District Hospital was inspected for the first time and approved as a satellite training facility for the Intermediate Hospital Oshakati to train medical interns in the family medicine/primary care domain.

- Engela District Hospital was inspected for renewal of training status as a satellite training facility for the Intermediate Hospital Oshakati to train medical interns in the family medicine/primary care domain.
- Intermediate Hospital Oshakati, Intermediate Hospital Onandjokwe, Intermediate Hospital Rundu, Windhoek Complex and Swakopmund and Walvis Bay District Hospitals Complex were inspected for the renewal of their training status.

5. APPLICATIONS FOR REGISTRATION

The Act[19] 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.[20] Table 19 indicates the number of applications for registration received.

Table 19: Applications received per professional category

NO.	DISCIPLINE	RECEIVED	PENDING	FINALISED
1	Anaesthesiologists	2	0	2
2	Dental Interns	13	0	13
3	Dental Students in practical training	3	0	3
4	Dental Students	22	0	22
5	Dentists	12	0	12
6	Diagnostic Radiologists	4	1	3
7	Gastroenterologist	1	0	1
8	Medical Interns	222	0	222
9	Medical Practitioners	125	2	123
10	Medical Scientist	1	0	1
11	Medical Students	92	0	92
12	Medical Students in Practical Training	14	0	14
13	Obstetricians & Gynaecologists	5	1	4
14	Oncologists	1	0	1
15	Ophthalmologists	2	0	2
16	Ophthalmic Assistants	2	0	2
17	Orthopaedic Surgeons	1	0	1
18	Paediatricians	1	0	1
19	Physicians	2	1	1
20	Specialist in Infectious Diseases	1	0	1
21	General Surgeon	2	2	0
Total		**528**	**7**	**521**

19 Section 17.

20 Section 19

Comments

- A total of five hundred and twenty-eight (528) applications were received. They pertained applications for registration, restorations, certificates of status, temporary registrations, additional qualifications, and extracts from the registers.
- A total of seven (7) applications were pending as they were incomplete.
- Applications finalised were either for registration granted or declined due to non-compliance with the requirements, names restored to the register, approved candidates for evaluation or certificate of status and extract from the register issued.
- The highest number of received applications were for registration as medical interns: two hundred and twenty-two (222).

6. REGISTERS KEPT

The Act requires the MDCNA to keep the registers of registered persons.[21] 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 on the method of admission to the register, the maintenance of registration[22] and the removal[23] and restoration of a name to the register.[24] These registers lay 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	2022/2023	2023/2024
1	Biomedical Engineer	0	1
2	Dental Interns	15	20
3	Dental Students	21	20
4	Dental Students in Practical Training	27	12
5	Dentists	37	30
6	Maxillo-facial and Oral Surgeons	0	2
7	Medical Assistants	1	1

21 Section 23.
22 Section 26.
23 Section 24.
24 Section 25

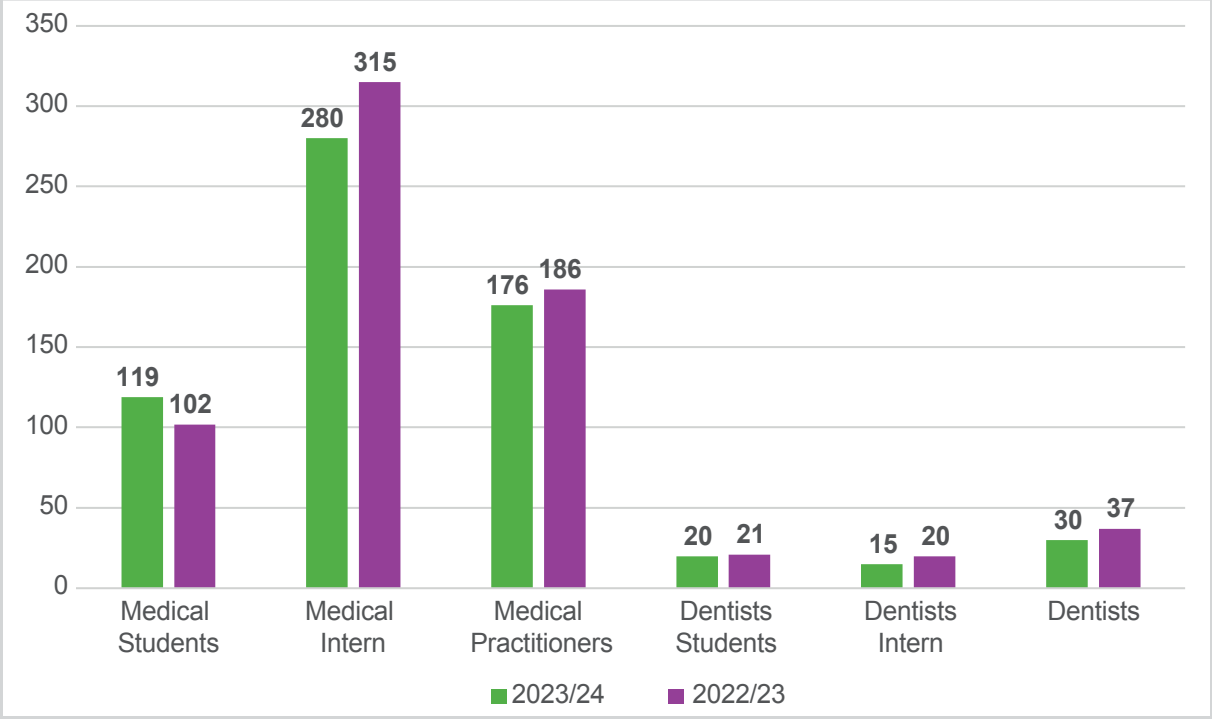
8	Medical Biological Scientists	1	0
9	Medical Interns	315	280
10	Medical Practitioners	186	176
11	Anaesthesiologists	23	18
12	Dermatologists	2	1
13	Diagnostic Radiologists	6	4
14	Family Physicians	3	0
15	Neurosurgeons	2	0
16	Obstetricians and Gynaecologists	14	14
17	Ophthalmologists	2	1
18	Orthopaedic Surgeons	4	5
19	Otorhinolaryngologists	2	1
20	Paediatrics Surgeon	1	0
21	Paediatricians	15	2
22	Pathologists (Anatomical)	3	0
23	Pathologist (Clinical)	1	0
24	Physicians	9	12
25	Plastic & Reconstructive Surgeons	2	1
26	Psychiatrists	2	4
27	Radiation Oncologists	2	0
28	Specialists in Emergency Medicine	2	0
29	Specialists in Nuclear Medicine	2	0
28	General Surgeons	11	8
30	Urologists	3	3
31	Medical Scientists	0	1
32	Medical Students	102	119
33	Medical Students in Practical Training	16	92
34	Ophthalmic Assistants	0	3
35	Oral Hygienists	5	0
Grand Total		**837**	**832**

Comments

- The total number of eight hundred and thirty-two (832) included practitioners for full registration, restoration and temporary registration.
- Temporary registration is for purposes of promoting education or training by persons not permanently resident in Namibia
- There was a slight decline in practitioners registered during the period under review compared to 2022/23.

Figure 1 illustrates the highest six (6) disciplines registered during 2023/24 compared to 2022/23.

Figure 1: Comparison of the highest six (6) disciplines registered in 203/24 and 202/23.

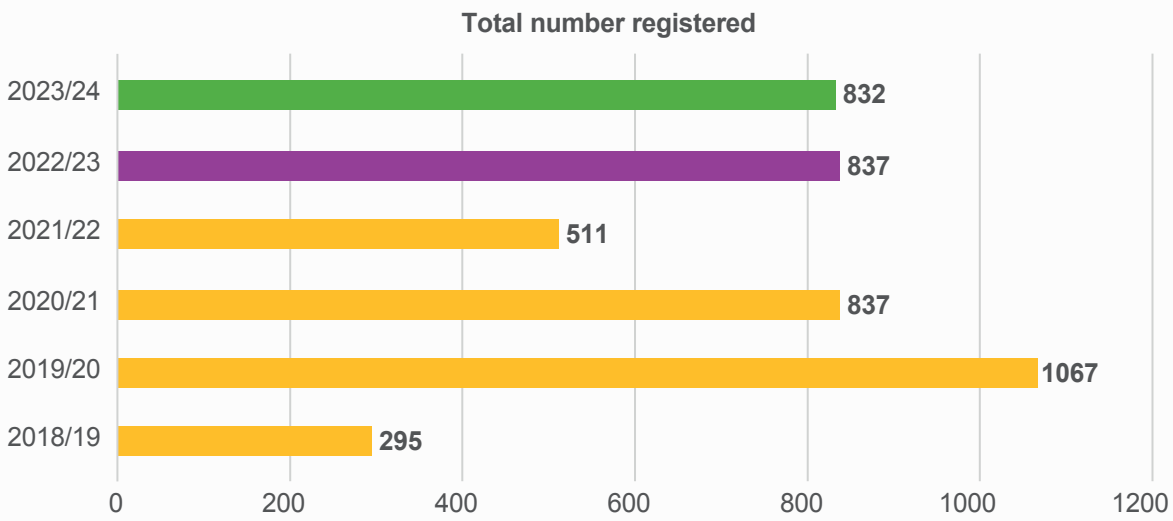


Comments

- Two hundred and eighty medical interns were registered in 2023/24, which is less than the three hundred and fifteen (315) interns registered in 2022/23.
- Dental interns were the least number registered in both 2023/24 as well as 2022/23.
- The number of medical practitioners and dentists who were registered included those who underwent an evaluation and those who were exempted from the evaluations because they completed an internship in Namibia.

Figure 2 shows the total number of practitioners registered from 2018/19 to 2023/24.

Figure 2: Practitioners registered during the past six (6) years.



Comments

- The number of registered practitioners in 2023/24 compared to 2022/23 has been steady.

Table 21 shows the cumulative number of practitioners on the register per discipline by the end of Mach 2023.

Table 21: Number of practitioners on the registers.

NO	DESIGNATION	REGISTERED
1	Biomedical Engineer	1
2	Dental Interns	20
3	Dental Students	102
4	Dental Students in Practical Training	24
5	Dentists	294
6	Maxillo-facial and Oral Surgeons	8
7	Oral Medicine and Periodontist	1
8	Orthodontists	3
9	Prosthodontist	1
10	Medical Assistants	4
11	Medical Biological Scientists	7
12	Medical Interns	638
13	Medical Physicists	5
14	Medical Practitioners	1474
15	Anaesthesiologists	84
	Critical Care	1
16	Cardiothoracic Surgeons	5
17	Dermatologists	14
18	Diagnostic Radiologists	46
19	Family Physicians	30
20	Neurologists	4
21	Neurosurgeons	10
22	Obstetrician and Gynaecologists	76
	Specialist in Reproductive Medicine	1
23	Ophthalmologists	19
24	Orthopaedic Surgeons	33
25	Otorhinolaryngologists	10
26	Paediatric Surgeons	4
27	Paediatricians	35
	Medical Oncologist	1
	Neonatologist	1

	Nephrologist	1
	Paediatric Cardiologists	4
	Pulmonologists	2
	Specialist in Critical Care	2
28	Pathologists (Anatomical)	19
29	Pathologist (Chemical)	2
30	Pathologists (Clinical)	7
31	Pathologists (Forensic)	2
32	Pathologists (Haematological)	4
33	Pathologists (Microbiological)	3
34	Physicians	44
	Cardiologists	8
	Clinical Haematologists	4
	Gastroenterologists	2
	Nephrologists	3
	Pulmonologist	2
	Specialists in Infectious Diseases	1
35	Plastic and Reconstructive Surgeons	5
36	Psychiatrists	19
37	Radiation Oncologists	10
38	Specialists in Emergency Medicine	6
39	Specialists in Nuclear Medicine	5
40	Surgeons	60
	Gastroenterologist	1
	Trauma Surgeon	1
	Vascular Surgeons	2
41	Urologists	17
42	Medical Scientists	5
43	Medical Students	689
44	Medical Students in Practical Training	113
45	Ophthalmic Assistants	23
46	Oral Hygienists	33
47	Rural Medical Aid	2
TOTAL REGISTERED		**4059**

Comment

- Designations in italics are subspecialties of associated specialties.

6.2 Removal of names from the registers

The removal from the register can happen voluntarily or involuntarily.

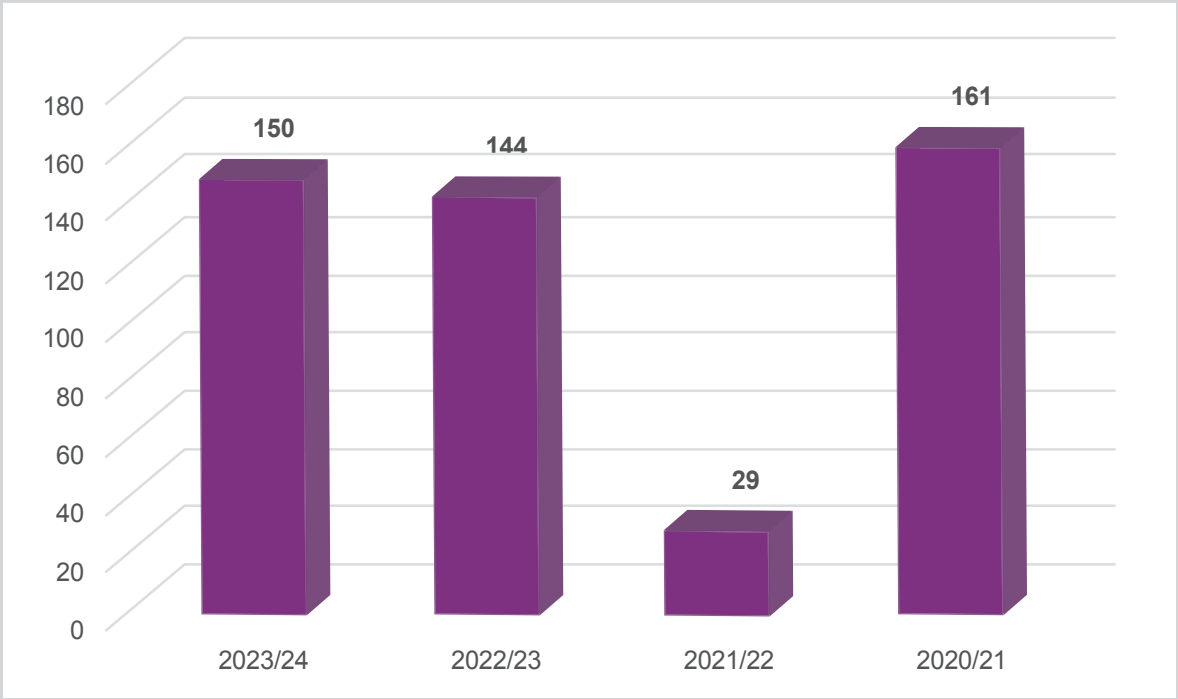
6.2.1 Voluntary removal

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. The names of seven (7) practitioners were 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 to the MDCNA on or before the 31st of March of the year the concerned annual fees. The names of hundred and fifty (150) practitioners, as shown in Figure 3, were removed from the relevant registers due to non-payment of annual maintenance fees.

Figure 3: Removal of names from registers in 2023/2024 compared to the past three (3) years.



Comment

The names of 150 practitioners were involuntarily removed from the registers during the 2023/24 reporting year compared to 144, and 39, respectively for the previous two (2) years.

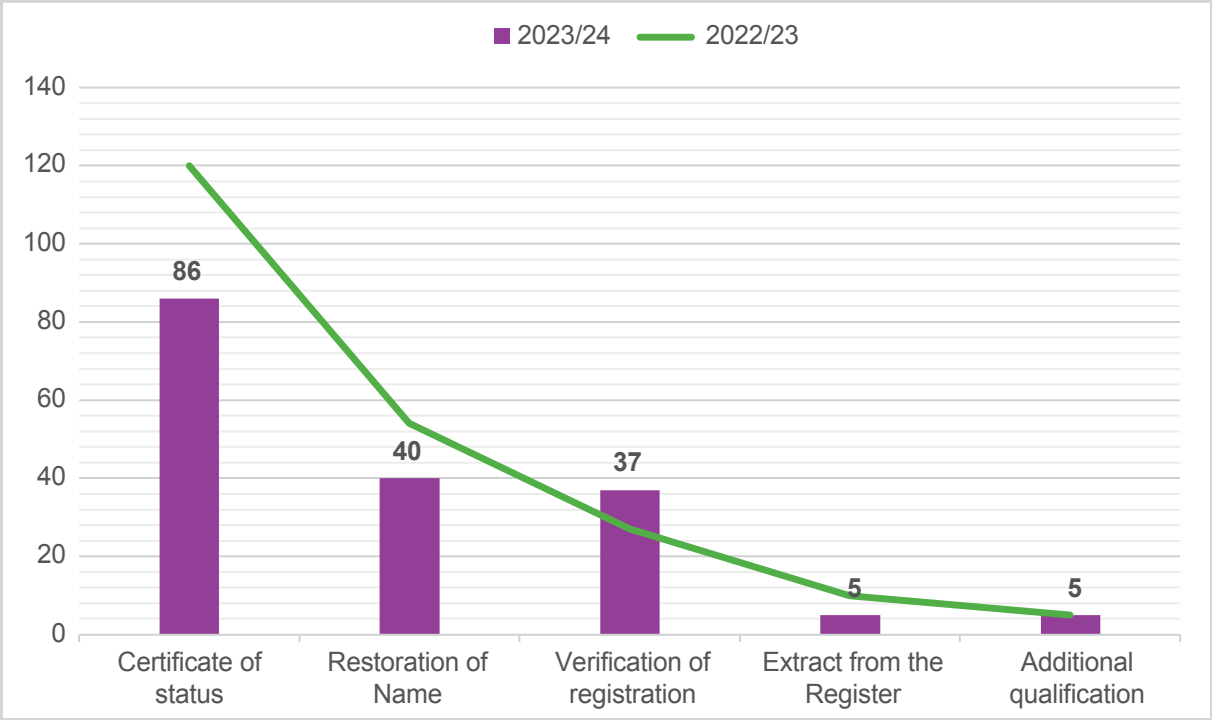
7. OTHER APPLICATIONS HANDLED BY THE MDCNA

The following applications were also handled by the MDCNA.

- Registration of additional qualifications in terms of section 31 of the Act.
- 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 4 indicates other applications handled by the MDCNA.

Figure 4: Other applications handled by the MDCNA.



Comments

- Certificates of status were issued to practitioners going for further studies and for registration outside Namibia.
- A total number of forty (40) names of practitioners were restored to the registers after removal due to non-payment of the annual fees.
- Verifications of registration status were made at the request of the Educational Commission for Foreign Medical Graduates in the United States of America and The Dataflow Group.
- Extracts from the register were issued to practitioners who may have lost their original certificates of registration.
- Only five (5) applications for additional qualification were registered.

8. CHALLENGES

A shortage of approved internship training facilities for medical and dental interns still endures, as many graduates who are eligible for internships must wait for months to find space for internship training.

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: registered nurse and midwife/accoucheur, registered nurse, registered midwife/accoucheur, enrolled nurse and midwife/accoucheur, and nursing auxiliary[25]. NCNA also controls and exercises authority with respect to all matters affecting the education and training of persons to be registered and enrolled under the Nursing Act.

NCNA members from the 04th of October 2018 to the 04th of October 2023

Ms Fransina MN Tjituka

Mr Gebhardo S Timotheus

Prof Louise Pretorius

Dr Lusia N Pinehas

Ms Hilma I Shikwambi

Mr Eliud M Shiwayu

Ms Cheryl Isaacs.

Mr Tomas Nekongo.

1.1 The new NCNA constituted on the 05th of October 2023 comprises eight (8) members

Prof Louise Pretorius[26]

Mr Gebhardo S. Timotheus[27]

Ms Francina Tjituka

Ms Loini N. Nangombe

Ms Popyeni Shigwedha

Mr Petrus K. Shingandji

Mr William B. //Garoeb.

Prof Pilisano Masake.

25 Section 17 of the Nursing Act.

26 President

27 Vice President

2. COUNCIL AND COMMITTEES

2.1 NCNA meetings

The details of these meetings are presented in Table 22.

Table 22: NCNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED
08 September 2023	8	8
06 October 2023	8	8
24 November 2023	8	8
01 March 2023	8	8
27 March 2024	8	8

2.1.1 Executive Committee

The Executive Committee (ExCom) exercised the powers and performed the duties or functions of the Council during the period between the meetings of the Council. The ExCom members

Prof Louise Pretorius

Mr Gebhardo Timoteus

Ms Popyeni Shigwedha

Mr Petrus Shingandji

2.1.2 Education Committee

The Education Committee[5] (EduCom) advised the NCNA on any matter relating to requirements or qualifications pertaining to the registration, education or training of persons or relating to the professions to which the Nursing Act applies. Their meetings are presented in Table 23.

Members of the EduCom

Prof. Louise Pretorius.

Prof. Stephanie van der Walt

Dr Kopano Robert

Dr Panduleni Shimanda

Ms Loini Nangombe

Ms Popyeni Shigwedha

Ms Hambeleleni Petrus

Table 23: Education Committee meetings

TOTAL NUMBER OF MEMBERS	DATE OF MEETING	ATTENDED	ABSENT
7 members	31st of May 2023	6	1
	02nd of February 2024	7	0

2.2 Registers / rolls kept

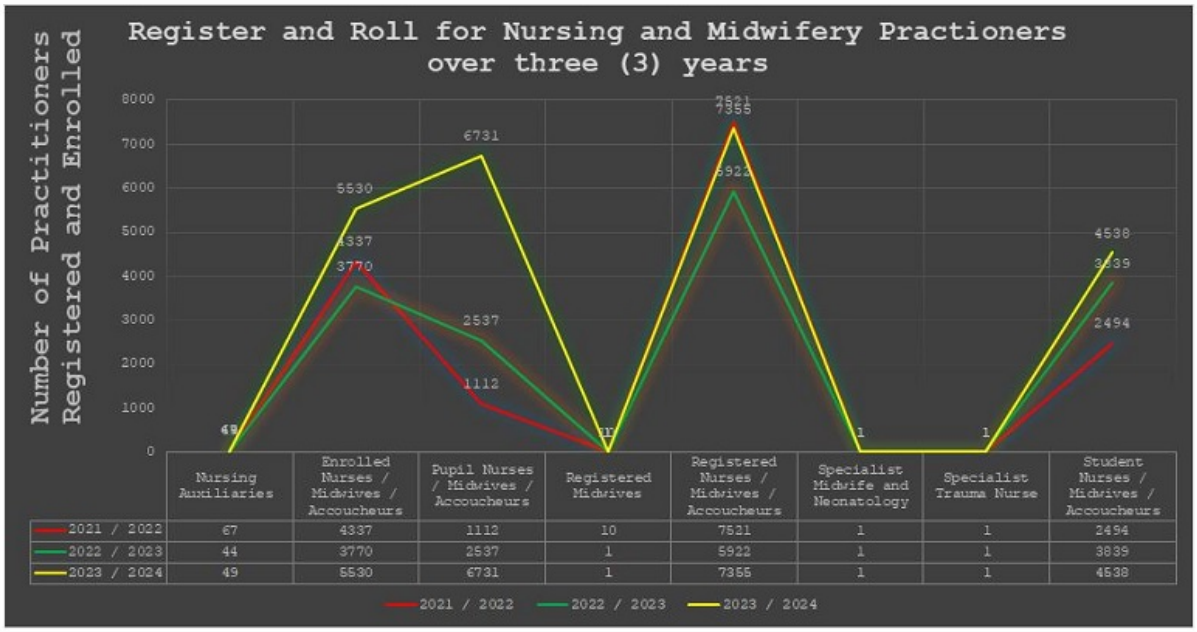
Admission to the register/roll as provided for under the Nursing Act, was strictly controlled. The Nursing Act contains very important provisions pertaining to the method of admission to the register/ roll and the maintenance of registration/ enrolment. These registers/rolls lie open during ordinary office hours at the office of the Registrar for inspection by any interested member of the public[6].

Number of registrants is shown in Table 24.

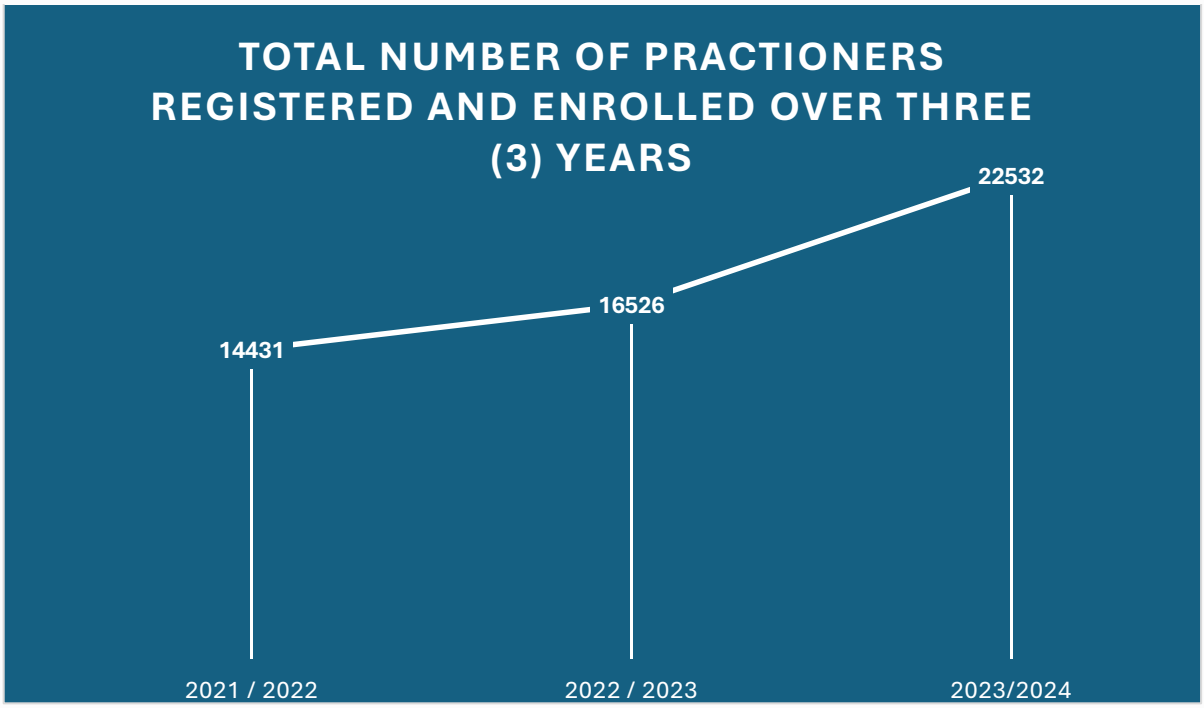
Table 24: Number of registrants on the register or roll for three (3) years

CATEGORY	2021 / 2022	2022 / 2023	2023/2024
Nursing Auxiliaries	67	44	49
Enrolled Nurses / Midwives / Accoucheurs	4337	3770	5530
Pupil Nurses / Midwives / Accoucheurs	1112	2537	6731
Registered Midwives	10	1	1
Registered Nurses / Midwives / Accoucheurs	7521	5922	7355
Specialist Midwife and Neonatology	1	1	1
Specialist Trauma Nurse	1	1	1
Student Nurses / Midwives / Accoucheurs	2494	3839	4538
TOTAL	14 431	16 526	24206

Graphs 3 and 4 pertain to the number of registrants per register and practitioners: 2021 / 2022; 2022 / 2023 and 2023/2024



Graph 3: Comparative graph for the number of registrants on the register/roll for 2021 / 2022; 2022 / 2023 and 2023/2024.



Graph 4: Comparative graph for the total number of registrants on the register/roll for 2021 / 2022; 2022 / 2023 and 2023 / 2024

2.3 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 training[6]. Tables 25 to 27 present the data for pupils, students, and graduates. Table 28 shows the curricula received for approval.

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

EDUCATIONAL INSTITUTION	PROGRAMME	NUMBER OF PUPILS	NUMBER OF STUDENTS
Alba Chipamba (Rundu Campus)	Certificate in Enrolled Nursing &Midwifery Science	317	
	Bachelor's Degree in Nursing & Midwifery Science		240
Alba Chipamba (Oshikango Campus)	Certificate in Enrolled Nursing & Midwifery Science	128	
Alba Chipamba (Walvis Bay Campus)	Certificate in Enrolled Nursing & Midwifery Science	105	
Atlantic Training Institution (Windhoek)	Certificate in Enrolled Nursing & Midwifery Science	120	
Atlantic Training Institute (Oshakati Campus)	Certificate in Enrolled Nursing & Midwifery Science	127	
D' Expert Varsity Institute (Windhoek Campus)	Certificate in Enrolled Nursing & Midwifery Science	143	
D' Expert Varsity Institute (Rundu Campus)	Certificate in Enrolled Nursing & Midwifery Science	90	

Essence Healthcare Academy	Certificate Enrolled Nurse & Midwifery Science	52	
Eureka Medical Institute	Diploma in Enrolled Nurse & Midwifery Science	42	~~42~~
Higher Ground Training Centre	Certificate Enrolled Nurse & Midwifery Science	18	
	Bachelor's Degree in Nursing & Midwifery Science		10
I – Care Health Institute (Windhoek Campus)	Bachelor Honours in Registered Nursing & Midwifery Science		64
	Certificate Enrolled Nurse & Midwifery Science	587	
I – Care Health Institute (Ondangwa Campus)	Bachelor Honours in Registered Nursing & Midwifery Science		55
	Certificate Enrolled Nurse & Midwifery Science	452	
I – Care Health Institute (Swakopmund Campus)	Bachelor Honours in Registered Nurse & Midwifery Science		45
	Certificate Enrolled Nurse & Midwifery Science	490	
I – Care Health Institute (Southern Campus)	Certificate Enrolled Nurse & Midwifery Science	276	
International University of Management	Bachelor's Degree in General Nursing & Midwifery Science		203
PMT Health Care Institution (Windhoek Campus)	Diploma in Enrolled Nurse and Midwifery Science	84	
PMT Health Care Institution (Rundu Campus)	Diploma in Enrolled Nurse and Midwifery Science	50	
Shiramed Medical Institute (Katima Mulilo Campus)	Certificate Enrolled Nurse & Midwife / Accoucheur	114	
	Diploma in General Nursing & Midwifery Science		39
The University of Namibia (Main Campus)	Bachelor's Degree in General Nursing & Midwifery Science		62
The University of Namibia (Oshakati Campus)	Bachelor's Degree in General Nursing & Midwifery Science		105
The University of Namibia (Rundu Campus)	Bachelor's Degree in General Nursing & Midwifery Science		70
The University of Namibia. (Southern Campus)	Bachelor's Degree in General Nursing & Midwifery Science		36
Welwitchia Health Training Centre. (Lafrenz Campus)	Certificate Enrolled Nurse & Midwifery Science	229	
	Bachelor's Degree in General Nursing & 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 General Nursing & Midwifery Science		119
Welwitchia Health Training Centre. (Nkurenkuru Campus)	Certificate Enrolled Nurse & Midwifery Science	86	
	Bachelor's Degree in General Nursing & Midwifery Science		169
Welwitchia Health Training Centre (Katima Mulilo Campus)	Certificate Enrolled Nurse & Midwifery Science	85	
	Bachelor's Degree in General Nursing & Midwifery Science		17
Welwitchia Health Training Centre (Outapi Campus)	Certificate Enrolled Nurse & Midwifery Science	85	
Welwitchia Health Training Centre. (Kombat Campus)	Certificate Enrolled Nurse & Midwifery Science	71	
	Bachelor's Degree in General Nursing & Midwifery Science		130
Welwitchia Health Training Centre. (Walvis Bay Campus)	Certificate Enrolled Nurse & Midwifery Science	196	
	Bachelor's Degree in General Nursing & Midwifery Science		150
TOTAL		**4176**	**1757**

Table 26: Graduates for Certificate in Nursing and Midwifery

EDUCATIONAL INSTITUTION	NUMBER OF GRADUATES
Alba Chipamba Health Training Centre (Rundu Campus)	145
Alba Chipamba Health Training Centre (Swakopmund Campus)	21
Alba Chipamba Health Training Centre (Oshikango Campus)	59
I – Care Health Institute (Windhoek Campus)	106
I – Care Health Institute (Hilma Shinyolo Campus)	101
I – Care Health Institute (Swakopmund Campus)	92
Welwitchia Health Training Centre (Lafrenz Campus)	39
Welwitchia Health Training Centre (City Campus)	26
Welwitchia Health Training Centre (Lady Pohamba Campus)	5
Welwitchia Health Training Centre (Nkurenkuru Campus)	88
Welwitchia Health Training Centre (Kombat Campus)	82
Welwitchia Health Training Centre (Walvisbay Campus)	20
Shiramed Medical Institution	90
PMT Health Care Institution	23
Total Enrolled Nurses / Midwives / Accoucheurs Completions received	**807**

Table 27: Graduates for Diploma / Bachelor in Nursing and Midwifery

EDUCATIONAL INSTITUTION	CONFIRMATION OF COMPLETIONS RECEIVED
International University of Management	26
University of Namibia (Main Campus)	124
University of Namibia (Southern Campus)	27
University of Namibia (Rundu Campus)	79
University of Namibia (Oshakati Campus)	96
Shiramed Medical Institute	27
Welwitchia Health Training Centre (Lafrenz Campus)	113
Welwitchia Health Training Centre (Nkurenkuru Campus)	27
Welwitchia Health Training Centre (Kombat Campus)	18
Total Registered Nurses / Midwives / Accoucheurs Completions received	**537**

Table 28: Curricula received for approval

NO.	EDUCATIONAL INSTITUTION	QUALIFICATION	STATUS
1.	University of Namibia School of Nursing	Master of Philosophy in Nursing Science	Approved
2.	University of Namibia School of Nursing	Doctor of Philosophy in Nursing Science	Approved
3.	River Higher Institute of Technology	Bachelor's degree in nursing science (Honours)	Approved
4.	Triumphant College	Bachelor of Science in Nursing and Midwifery	Approved
5.	I – Care Health Training Centre	Bachelor's degree in Nursing Science	Approved
6.	Higher Ground Training College	Bachelor's in Nursing and Midwifery Science	Approved
7.	Nalich Training Centre	Diploma in Enrolled Nursing and Midwifery Science	Approved
8.	Compassion College	Diploma in Enrolled Nursing and Midwifery Science	Approved
9.	Keamogetse Health Training Centre	Diploma in Enrolled Nursing and Midwifery Science	Approved
		Certificate in Nursing Auxilliary	Pending
10.	Nursing Training Institute of Technology	Certificate in Enrolled Nurse and Midwifery Science	Approved
11.	EDI Health Institute	Certificate in Auxilliary Nursing	Approved
12..	Nursing Training Institute of Technology	Certificate in Enrolled Nurse and Midwifery Science	Approved
13.	Adex Imperial Training Institute	Certificate in Nursing Auxilliary	Pending
14.	Mayfield University	Bachelor of Nursing and Midwifery Science	Pending
		Diploma in Enrolled Nurse and Midwifery Science	Pending

2.4 Other services rendered

These services are presented in Table 29.

Table 29: Other services

SERVICE RENDERED	TOTAL
Certificates issued to Students and Pupils	5942
Certificates of registration/enrolment issued	2669
Certificates of Status issued	186
Extracts from the Register / Roll issued	33
Names involuntarily removed from the Register / Roll	1076
Names voluntarily removed from the Register / Roll	13
Names restored to the Register / Roll	187
Ethics and Jurisprudence Manuals issued	1589
Namibian Standard Treatment Guidelines issued	1505
Epaulettes issued	2179
Badges issued	1990
Green Bars issued	898
Yellow Bars issued	718
Black Bars issued	33
White Bars issued	60
Silver Bars issued	31

3. CONCLUSION

The NCNA ensured that all persons practising 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

1. INTRODUCTION

The Pharmacy Council of Namibia (PCNA) is established by the Pharmacy Act 9 of 2004 (the Act). The PCNA regulates the professional practise of pharmacist's assistants, pharmaceutical technicians, and pharmacist; as well as pharmaceutical practices (i.e., hospital pharmacies, community pharmacies, and wholesale pharmacists). This subsection highlights matters related to the PCNA for the year in review.

2. COMPOSITION OF THE PCNA

2.1 PCNA members

The year in review saw the inauguration of new PCNA members appointed by the Minister of Health and Social Services in accordance with section (2) of the Pharmacy Amendment Act, 11 of 2018. The following eight (8) persons were appointed as members of the PCNA for a period of five (5) years effective 5 October 2023.

- Mr. Bonifatius Siyuka Singu (President of the PCNA)
- Mr. Tuyambeka Paulus Mwandingi (Vice-President of the PCNA)
- Ms. Blandine Nangombe Meesher
- Ms. Fransina Netumbo Nambahu
- Ms. Frieda Shigwedha
- Ms. Grace Penonghenda Nakalondo
- Mr. Shafimana Shimakeleni
- Ms. Tusano Cynthia Mukendwa-Haimbodi

The PCNA is assisted in the fulfilment of its mandate by the committees that it establishes and the Secretariat.

3. COMMITTEES OF THE PCNA

3.1 Executive committee

Established in terms of section 12(1)(a) of the Act, the Executive Committee (ExCom) exercises the powers and perform the duties or functions of the PCNA during the periods between the meetings of the PCNA.

Members

- Mr. Boni Singu
- Mr. Tuyambeka Mwandingi
- Ms. Fransina Nambahu
- Ms. Grace Nakalondo
- Mr. Shafimana Shimakeleni

3.2 Professional conduct committee (PCC)

Established in terms of section 12(2)(a) of the Act, the standing Professional Conduct Committee (PCC) exercises the disciplinary powers of the PCNA set out in PART VI of the Act.

Members

- Ms. Flora Gaes
- Dr. Gabriel Uahengo
- Ms. Rosalia Shilunga
- Ms. Tusano Mukendwa-Haimbodi

3.3 Appeal committee

Established in terms of section 12(3)(a) of the Act to conduct appeals against a finding, or a decision made, or a penalty imposed or a failure to make a finding or a decision by the PCNA or the Professional Conduct Committee and in accordance with section 63 of the Act.

Members

- Ms. Blandine Meesher
- Prof. Cilas Wilders
- Mrs. Hendrina Horn
- and Bishop Lukas Katenda
- Mr. Shafimana Shimakeleni
- Mr. Uatoo Uanivi

3.4 Education committee

Established in terms of section 12(4)(a) of the Act to advise the PCNA on any matter relating to, any requirement or qualification pertaining to the registration, education, tuition or training of persons in or relating to the professions to which the Act applies.

Members

- Mr. Boni Singu
- Ms. Ester Hango
- Mr. Fillemon Iyambo
- Ms. Frieda Shigwedha
- Ms. Irene Brinkmann
- Dr. Salvatory Magesa

3.5 Preliminary investigation committee (PIC)

Established in terms of section 12(5)(a) of the Act to conduct a preliminary investigation into any matter in respect of which the PCNA or the Professional Conduct Committee is to conduct an inquiry in accordance with PART VI of the Act and referred to it by the PCNA or the Professional Conduct Committee.

Members

- Ms. Ester Mvula
- Mr. Jacques Marais
- Ms. Lourensia Katjitae

- Ms. Naambo Amakutuwa
- Ms. Riana Potgieter

3.6 Health assessment committee

A joint committee of all the Health Professions Councils constituted in terms of section 47(5) of the Allied Health Professions Act 7 of 2004; sections 48(5) of the Medical and Dental Act 10 of 2004, Nursing Act 8 of 2004, and Social Work and Psychology Act 6 of 2004; and section 56(5) of the Pharmacy Act 9 of 2004. The Committee is established to conduct investigations, assessments, or inquiries in respect of impaired registered or enrolled persons.

Members

- Ms. Atty Mwafufya
- Ms. Hilma Katangolo
- Dr. Marion Klingelhoeffer
- Ms. Tangeni Angula
- Dr. Theresia Shivera

3.7 Practice committee

Established in terms of section 12(6)(a) of the Act to advise the PCNA on matters pertaining to the registration and conducting of pharmaceutical practices.

Members

- Mr. Barnabas Iitula
- Ms. Ester Mvula
- Ms. Fransina Nambahu
- Ms. Grace Nakalondo
- Mr. Johannes #Gaeseb
- Ms. Renata Kolzing
- Mr. Shafimana Shimakeleni

3.8 Continuous professional development committee

A joint Committee of all the Health Professions Councils constituted in terms of section 12(6) to advise the Councils on matters pertaining to continuous professional development (CPD).

Members

- Ms. Antonette de Almeida
- Ms. Elizabeth Hamwaanyena
- Ms. Enjouline Kole
- Dr. Marsha Koekermoer
- Ms. Nadia Vermark
- Ms. Nelago Ambondo
- Dr. Priskila Kambunga
- Ms. Sanmarie Steenkamp
- Prof. Scholastika Iipinge
- Ms. Vulika Nangombe

4. SUMMARY OF ACTIVITIES OF PCNA FOR 2023/2024

A summary of key activities of the PCNA, and modalities thereof are presented for the year period under review.

4.1 Meetings of the PCNA and the committees

The PCNA is mandated by the Act to hold at least two meetings each year. In the year under review the PCNA held four (4) meetings. All meetings on or before the 29th of September 2023 were meetings of the previous PCNA and committees appointed by that PCNA, with the current PCNA and committees' meetings dating from 10 October 2023 to the end of the financial year. Details of the meetings are presented in Table 30.

Table 30: Meetings of the PCNA and committees during the 2023/24 fiscal year

MEETING	NUMBER OF MEETINGS	DATES OF MEETINGS	MEMBERS PRESENT	MEMBERS ABSENT
The PCNA	4	29 September 2023	7	0
		10 October 2023	7	1
		28 November 2023	8	0
		12 March 2024	6	2
Executive Committee	1	15 June 2023	5	0
Education Committee	3	31 May 2023	6	1
		12 September 2023	5	2
		16 February 2024	4	1
Practice Committee	4	29 May 2023	4	1
		18 August 2023	3	2
		21 November 2023	6	0
		15 February 2024	6	1

The appointment of members to the committees was done sequentially. Some members of the committees were appointed after the committees became operational. On 31 March 2024, the Education Committee still had one vacant position.

4.2 Registrations and approvals

Table 31 and 32 present the above information.

Table 31: Total number of registrations and approvals made during 2023/24 fiscal year

REGISTRATION TYPE	CATEGORY	NUMBER REGISTERED
Students	Student Pharmacist's Assistants	390
	Student Pharmaceutical Technicians	0
	Student Pharmacists	35

Practitioners	Pharmacist's Assistants	98
	Pharmaceutical Technicians	0
	Pharmacist Interns	32
	Pharmacists	136
Pharmacy practices	Hospital pharmacies	0
	Community pharmacies	21
	Wholesale pharmacists	15
Facilities approved for training students and pharmacist interns		16

Table 32: Pharmacy practices registered during 2023/2024

PHARMACY PRACTICE	DATE OF REGISTRATION	FACILITY TYPE
Medlife Pharmacy CC t/a Medlife Pharmacy	19/06/2023	Community Pharmacy
Otjoroka Trading Enterprises CC t/a Saamstaan Pharmacy	19/06/2023	Community Pharmacy
Lenn Pharmaceuticals CC t/a West Side Pharmacy	19/06/2023	Community Pharmacy
Extreme Pharmaceutical CC t/a Omafo Pharmacy	19/06/2023	Community Pharmacy
Erongo Medical Care CC t/a Welwitschia Pharmacy	19/06/2023	Community Pharmacy
Fountain Pharmaceuticals CC t/a Quality Pharmacy - Tsumeb	19/06/2023	Community Pharmacy
Erongo Medical Care CC t/a Ocean View Pharmacy	19/06/2023	Community Pharmacy
Fountain Pharmaceuticals CC t/a Pharmacy 2000 - Ondangwa	19/06/2023	Community Pharmacy
Fountain Pharmaceuticals CC t/a Quality Pharmacy - Omuthiya	19/06/2023	Community Pharmacy
Oshakati Pharmacy (Pty) Ltd t/a Cuvelai Pharmacy	19/06/2023	Community Pharmacy
Fountain Pharmaceuticals CC t/a Fountain Pharmacy Arandis	18/06/2023	Community Pharmacy
Oshakati Pharmacy (Pty) Ltd t/a Oshakati Pharmacy	19/06/2023	Community Pharmacy
Pombili Pharmacy CC t/a Emmanuel Pharmacy	19/06/2023	Community Pharmacy
Fountain Pharmaceuticals CC t/a Fountain Pharmacy - Otjozondjupa	20/06/2023	Community Pharmacy
Fountain Pharmaceuticals t/a Fountain Pharmacy OPH	29/09/2023	Community Pharmacy
Pwell Pharmacy CC	29/09/2023	Community Pharmacy
Mondesa Pharmacy	29/09/2023	Community Pharmacy
Fountain Pharmaceuticals CC t/a Edapa Pharmacy	29/09/2023	Community Pharmacy
Hope Pharmacy CC t/a Hope Pharmacy	12/03/2024	Community Pharmacy
Dominion Pharmacy CC t/a Dominion Pharmacy	12/03/2024	Community Pharmacy
Schatz Pharmaceutical Services CC t/a Treasure Pharmacy	12/03/2024	Community Pharmacy
Oshakati Pharmacy (Pty) Ltd t/a Medex Pharma	19/06/2023	Wholesale Pharmacist
Plankton Pharmaceuticals (Pty) Ltd	19/06/2023	Wholesale Pharmacist
Canyon Pharmaceuticals (Pty) Ltd t/a Canyon Pharma	19/06/2023	Wholesale Pharmacist
Namkit Pharmaceuticals Investments (Pty) Ltd t/a Namkit Pharma	19/06/2023	Wholesale Pharmacist

Fountain Medical Supplies (Pty) Ltd	19/06/2023	Wholesale Pharmacist
Lexion Pharmaceuticals (Pty) Ltd	05/09/2023	Wholesale Pharmacist
Star Pharmaceutical (Pty) Ltd	29/09/2023	Wholesale Pharmacist
Strategic Partners (Pty) Ltd t/a Umti Pharmaceuticals	29/09/2023	Wholesale Pharmacist
Melemo Pharmaceuticals (Pty) Ltd	29/09/2023	Wholesale Pharmacist
Intersana Pharmaceutical (Pty) Ltd t/a Intersana	28/11/2023	Wholesale Pharmacist
Landulamed Wholesaler and Distributor (Pty) Ltd	28/11/2023	Wholesale Pharmacist
Polaris Medical Supplies (Pty) Ltd	28/11/2023	Wholesale Pharmacist
JFT Pharmacare (Pty) Ltd	12/03/2024	Wholesale Pharmacist
Bico Medical Supplies (Pty) Ltd	12/03/2024	Wholesale Pharmacist
Windhoek Medical Supplies (Pty) Ltd	12/03/2024	Wholesale Pharmacist

5. PRE-REGISTRATION EVALUATIONS

As shown in Table 33 the PCNA conducted three (3) pre-registration evaluation sessions during the 2023/24 financial year all professional categories.

Table 33: Numbers of candidates attending the pre-registration evaluations in the different domains

EVALUATION SESSION	PROFESSIONAL CATEGORY	DOMAINS (NUMBER OF EXAMINEES)		
		CALCULATIONS	LAW	COMPETENCE
19, 20, & 21 July 2023	Pharmacist's Assistants	2	2	2
	Pharmaceutical Technicians	2	2	2
	Pharmacist Interns	60	31	62
	Pharmacists	4	2	3
15, 16, & 17 November 2023	Pharmacist's Assistants	52	43	42
	Pharmaceutical Technicians	2	0	0
	Pharmacist Interns	45	16	29
	Pharmacists	6	5	5
15, 16, & 17 February 2024	Pharmacist's Assistants	52	35	41
	Pharmaceutical Technicians	2	2	2
	Pharmacist Interns	31	31	1
	Pharmacists	2	1	1

The performance of candidates who sat for pre-registration evaluations is summarised in Table 34. The numbers of candidates shown are those who passed the domain. The proportion of successful candidates is given as a percentage.

Table 34: Performance of candidates in pre-registration evaluations during 2023/24 fiscal year

EVALUATION SESSION	PROFESSIONAL CATEGORY	CANDIDATES WHO PASSED EACH DOMAIN		
		CALCULATIONS	LAW	COMPETENCE
19, 20, & 21 July 2023	Pharmacist's Assistants	50 (76.9%)	27(77.1%)	26 (74.3%)
	Pharmaceutical Technicians	0 (0%)	2 (100%)	2 (100%)
	Pharmacist Interns	31 (51.7%)	31 (100%)	59 (95.2%)
	Pharmacists	2 (50%)	2 (100%)	3 (100%)
15, 16, & 17 November 2023	Pharmacist's Assistants	42 (80.8%)	43 (100%)	35 (83.3%)
	Pharmaceutical Technicians	0 (0%)	-	-
	Pharmacist Interns	38 (84.4%)	16 (100%)	29 (100%)
	Pharmacists	5 (83.3%)	5 (100%)	5 (100%)
15, 16, & 17 February 2024	Pharmacist's Assistants	26 (50%)	34(97.1%)	27 (65.9%)
	Pharmaceutical Technicians	0 (0%)	2 (100%)	2 (100%)
	Pharmacist Interns	26 (83.9%)	31(100%)	1 (100%)
	Pharmacists	1 (50%)	1 (100%)	1 (100%)

The pass mark for calculations is 80%. All evaluations were written multiple-choice exams. The pharmaceutical calculations domain saw the lowest pass rates across all professional categories of the three domains continuing a recent past trend.

6. CURRICULA EVALUATIONS

Information for the above is presented in Table 35.

Table 35: Foreign curricula evaluated during 2023/2024

INSTITUTION	QUALIFICATION	STATUS
Central University College, Ethiopia	Bachelor of Pharmacy Four (4) years	The curriculum meets the requirements of study for registration of pharmacists.
Philippine Women's University, Philippines	Bachelor of Pharmacy Four (4) years	The curriculum meets the requirements of study for registration of pharmacists.
Dibrugarh University, India	Bachelor of Pharmacy Four (4) years	The curriculum does NOT meet the requirements of study for registration of pharmacists.
National Pirogov Memorial Medical University, Ukraine	Master of Science in Pharmacy Four (4) years	The curriculum does NOT meet the requirements of study for registration of pharmacists.
National University of Pharmacy, Ukraine	Master of Science in Pharmacy Four (4) years	The curriculum does NOT meet the requirements of study for registration of pharmacists.
Sanskriti University, India	Diploma in Pharmacy Two (2) years	The curriculum meets the requirements of study for registration of pharmaceutical technicians.
Parul University, India	Bachelor of Pharmacy Four (4) years	The curriculum does NOT meet the requirements of study for registration of pharmacists.
University of Malawi, Malawi	Bachelor of Pharmacy (Honours) Four (4) years	The curriculum does NOT meet the requirements of study for registration of pharmacists.
Ziauddin University, Pakistan	Doctor of Pharmacy Five (5) years	The curriculum meets the requirements of study for registration of pharmacists.

In addition to the above, the PCNA also evaluated curricula from Namibian institutions hoping to offer and provide training in the three professional categories. Four (4) such evaluations were done. The outcome of such evaluations is reflected in the Statistics of the PCNA section.

7. OTHER ACTIVITIES

These are presented in Table 36.

Table 36: Involuntary removals of practitioners during 2023/2024

PROFESSIONAL CATEGORY	REMOVED	RESTORED
Pharmacist Assistants	12	11
Pharmaceutical Technicians	1	1
Pharmacists	27	6

8. OTHER SERVICES

The PCNA also rendered services related to the following applications.

- Relocation of pharmaceutical practices.
- Restructuring of premises of pharmaceutical practices.
- Changes of ownership of pharmaceutical practices.
- Changes of name of pharmaceutical practices.
- Changes of Managing Directors/Members and Responsible Pharmacists.
- Notifications of closures of pharmaceutical practices.
- Issuing of certificates of status.
- Voluntary removal of names of the registers.
- Restoration of names to the registers.

9. STATISTICS OF THE PCNA

Tables 37 to 40 are a summary of statistics on registers as at 31 March 2024.

Table 37: Total numbers of practitioners and pharmacy practices on the registers as at 31 March 2024

REGISTRATION TYPE	CATEGORY	TOTAL NUMBER ON REGISTER
Practitioners	Pharmacist's Assistants	459
	Pharmaceutical Technicians	40
	Pharmacist Interns	33
	Pharmacists	766
Pharmacy practices	Hospital pharmacies	8
	Community pharmacies	261
	Wholesale pharmacists	72

The number of hospital pharmacies does not include the number of hospital pharmacies in state health facilities.

Table 38: Gender distribution of practitioners on the register as at 31 March 2024

REGISTRATION TYPE	CATEGORY	FEMALE	MALE
Practitioners	Pharmacist's Assistants	314 (68.4%)	145 (31.6%)
	Pharmaceutical Technicians	22 (55.0%)	18 (45.0%)
	Pharmacist Interns	25 (75.8%)	8 (24.2%)
	Pharmacists	490 (64.0%)	276 (36.0%)

Table 39: Citizenship of practitioners on the registers as at 31 March 2024

REGISTRATION TYPE	CATEGORY	NAMIBIAN CITIZENS	NON-CITIZENS
Practitioners	Pharmacist's Assistants	445 (96.9%)	14 (3.1%)
	Pharmaceutical Technicians	36 (90.0%)	4 (10.0%)
	Pharmacist Interns	29 (87.9%)	4 (12.1%)
	Pharmacists	590 (77.0%)	176 (23.0%)

Table 40: Educational institutions approved to provide training of practitioners in Namibia

INSTITUTION	QUALIFICATION	PROFESSIONAL CATEGORY
University of Namibia	Bachelor of Pharmacy	Pharmacists
University of Namibia	Diploma in Pharmacy	Pharmaceutical technicians
Welwitchia University	Certificate in Pharmacy	Pharmacist's assistants
International University of Management	Certificate in Pharmacy	Pharmacist's assistants

10. CONCLUSION

The year in review saw the start of the term of the new PCNA. Steady increases in number of professionals registered with the PCNA and number of pharmacy practices continue key trends over the past years. There are local institutions training professionals in all three professional categories supplemented by international institutions whose curricula are approved by the PCNA. The PCNA and committees have continued to execute their duties and functions according to plan and look set to continue to do so in the future.

SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA (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 practising 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 controls and exercises authority with respect to all matters affecting the education and training of persons to be registered under the SWP Act[28].

2. SWPCNA MEMBERS

The following members were appointed by the Minister of Health and Social Services on the 05th of October 2023 for a five-year term ending on the 06th of October 2028.

Ms Verona Z. Z. du Preez[29]

Dr. Shelene G. Gentz[30].

Ms. Helen U. L. Mouton.

Ms. Enjouline L. Kole.

Ms. Ronel Bosch.

Ms. Atty T. Mwafufya.

Ms. Virginia O'Malley.

Ms. Asnath K. Kaperu.

3. SUMMARY OF ACTIVITIES OF THE SWPCNA

3.1 SWPCNA meetings

SWP Act[31] stipulates that the SWPCNA must hold not less than two (2) meetings each year, and may hold, in addition thereto, such other meetings as the SWPCNA may determine from time to time. During the period under review, Table 41 shows the meetings that the SWPCNA held.

28 Section 5.

29 President

30 Deputy President

31 Section 11

Table 41: SWPCNA meetings

DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
23 September 2023	8	8	0
11 October 2023	8	8	0
29 November 2023	8	7	1
15 March 2024	8	8	0

3.2 SWPCNA resolutions

The SWPCNA took twenty-nine (29) resolutions, and all resolutions have been successfully implemented.

3.3 Education committee

SWP Act stipulates that the SWPCNA must establish a standing Education Committee, consisting of several persons, including persons who are not members of the SWPCNA, as it may determine and appoint to such Committee[32]. The functions of the Education Committee are to –

v. Formulate minimum requirements of study for registration.

vi. Assess whether the foreign qualifications meet the minimum requirements of study for registration in Namibia.

vii. Evaluate training programmes relating to the professions to which the Act applies.

viii. Recommend policies to the SWPCNA relating to the work or scope of the Committee.

Members

Ms. Verona Z. Z. Du Preez (Chairperson)

Dr. Shelene Gentz (Deputy Chairperson)

Ms. Ronel Bosch

Dr. Emmerentia Leonard

Ms. Justine Oaes

Ms. Asnath Kaperu

Table 42 presents details of meetings of the committee.

Table 42: Education committee meetings

SUBJECT MATTER	DATE OF MEETING	TOTAL NUMBER OF MEMBERS	ATTENDED	ABSENT
Social Work	23 May 2023	4	4	1
Psychology	16 June 2023	4	4	1
Social Work and Psychology	15 February 2024	6	6	0

32 Section 12

4. 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 training[33]

4.1 Inspections of facilities for training purposes

The SWP 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 SWPCNA.

During the period under review, Marlize Calitz Educational Psychology Practice in Windhoek was inspected and approved to train intern psychological counsellors and educational psychologists.

4.2 Approval of curricula

Details of the above are presented in Table 43.

Table 43: Curricula assessed

INSTITUTION	CURRICULUM	STATUS
Welwitschia University (PTY) LTD	Four (4) years Bachelor of Arts in Social Work	Approved
River Higher Institute of Technology	Four (4) years Bachelor of Arts in Social Work	Not Approved

5. PRE- REGISTRATION EVALUATION

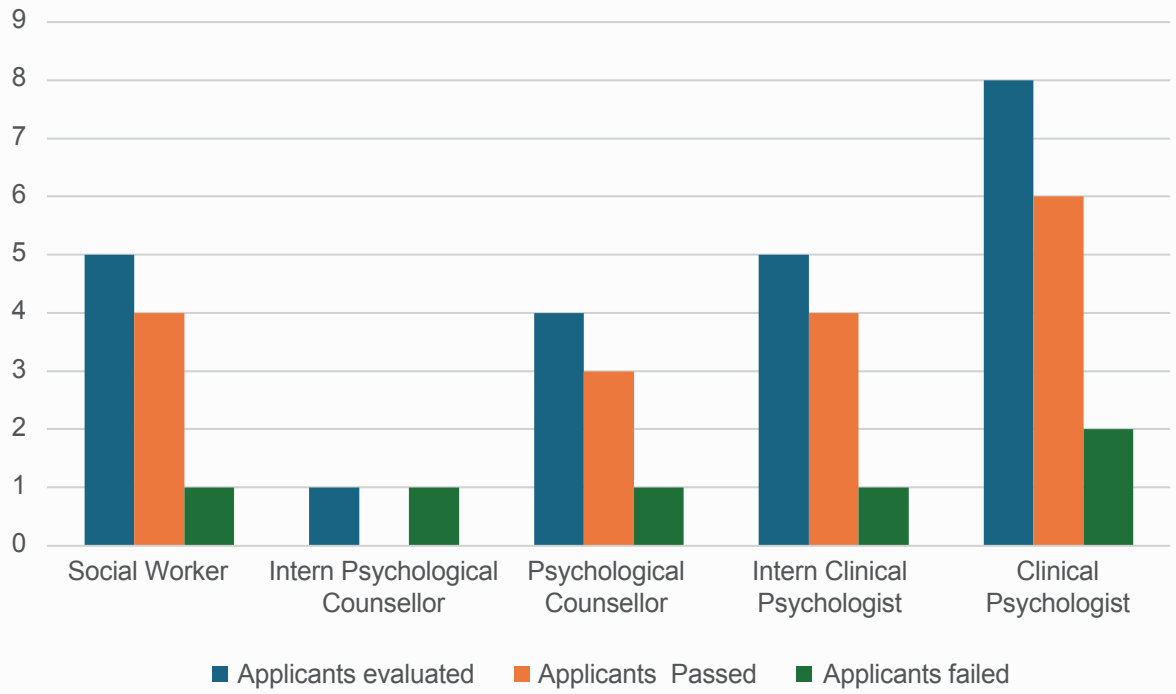
To ensure that an applicant possesses adequate professional knowledge, skills, and competency in the profession for which registration has been applied, SWPCNA conducted evaluations as indicated in Table 44.

Table 44: Pre-registration evaluation conducted

DESIGNATION	APPLICANTS EVALUATED	APPLICANTS PASSED	APPLICANTS FAILED
Social Worker	5	4	1
Intern Psychological Counsellor	1	0	1
Psychological Counsellor	5	3	2
Midterm Evaluation for Intern Clinical Psychologists	5	4	1
Clinical Psychologist	8	6	2
TOTAL	**24**	**17**	**7**

Evaluation indicators are presented in Graph 5.

33 Section 16 of the SWP Act



Graph 5: Evaluation indicators.

6. APPLICATIONS FOR REGISTRATION

The number of applications received from professionals seeking registrations with the SWPCNA during the reporting period is presented in Table 45.

Table 45: Registration applications received

DESIGNATION	NUMBER RECEIVED	APPLICANTS REGISTERED	PENDING / REFUSED
Clinical Psychologist	6	5	1
Educational Psychologist	0	0	0
Psychological Counsellor	8	8	0
Intern Clinical Psychologist	3	3	0
Intern Educational Psychologist	1	1	0
Intern Psychological Counsellor	4	4	0
Social Worker	53	53	0
Social Worker and Specialist	1	1	0
Student Social Worker	29	29	0
Student Psychologist (MA Clinical)	2	2	0
Student Psychologist (MA Educational)	0	0	0
Student Psychologist (BPsych)	18	18	0
TOTAL	**125**	**124**	**1**

7. 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 register[34], the removal of names from the register[35] or restoration of a name to the register[36], and the maintenance of registration[37] These registers lie open during ordinary hours at the offices of the SWPCNA for inspection by any interested member of the public.

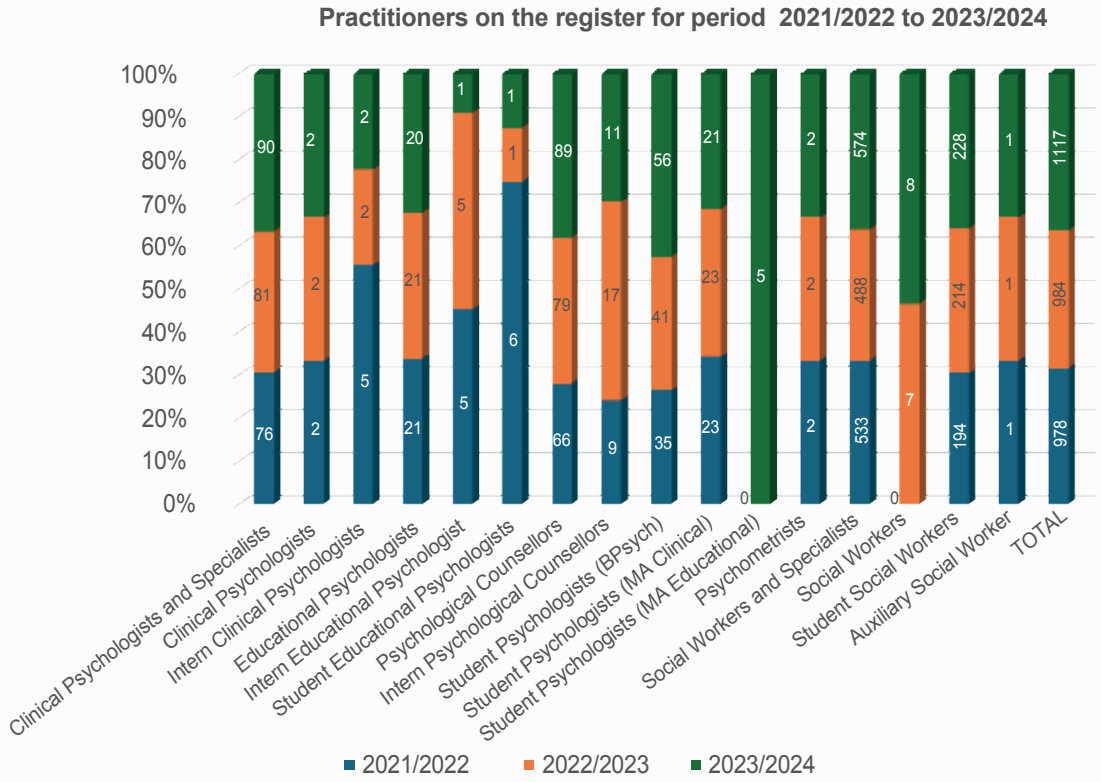
The numbers of practitioners on the registers over the past three years are indicated in Table 46.

Table 46: Number of practitioners on the registers

PROFESSIONAL CATEGORY	2021/2022	2022/2023	2023/2024
Clinical Psychologists	76	81	90
Clinical Psychologists and Specialists	2	2	2
Intern Clinical Psychologists	5	2	2
Educational Psychologists	21	21	20
Intern Educational Psychologist	5	5	1
Student Educational Psychologists	6	1	1
Psychological Counsellors	66	79	89
Intern Psychological Counsellors	9	17	11
Student Psychologists (BPsych)	35	41	56
Student Psychologists (MA Clinical)	23	23	21
Student Psychologists (MA Educational)	0	0	5
Psychometrists	2	2	2
Social Workers	533	488	574
Social Workers and Specialists	0	7	8
Student Social Workers	194	214	228
Auxiliary Social Worker	1	1	1
TOTAL	**978**	**984**	**1117**

34 Section 25
35 Section 26
36 Section 27
37 Section 28

Graph 6 shows comparison of registers.



Graph 6: Comparative graph for practitioners registered in 2021-2022, 2022-2023 and 2023-2024.

Comment

SWPCNA's register is characterised by a high number of social work practitioners followed by student social workers. The number of practitioners on the register for the year 2023/2024 showed an increase of one thousand one hundred and eleven (1117)) compared to nine hundred and eighty-four (984) for the year 2022/2023. The decline in educational psychologists in 2023/2024 and social workers in 2022/2023 may be due to the low intake of students in these categories by educational institutions.

8. OTHER SERVICES

The SWPCNA rendered other services as indicated in Table 47.

Table 47: Practitioner-related activities

NATURE OF SERVICE	CLINICAL PSYCHOLOGIST	EDUCATIONAL PSYCHOLOGIST	PSYCHOLOGICAL COUNSELLOR	SOCIAL WORKER	INTERNS
Certificates of status issued	4	0	0	6	0
Confirmation of registration status	0	0	0	17	0
Cession of Contract.	0	0	0	0	1
Names restored to the register	3	0	0	0	0
Involuntary removals of names from the register.	2	0	3	80	0
Total number of activities	9	0	3	103	1

9. STAKEHOLDER ENGAGEMENTS

One of the strategic objectives of the SWPCNA is to improve stakeholder engagement. The SWPCNA has engaged the following stakeholders:

9.1 Triumphant College

Guidance on the programme of psychology and registration of students psychological counsellor was provided.

9.2 Welwitschia University PTY(LTD)

Guidance on the programme of social work and registration of student social workers was provided.

10. CONCLUSION

A considerable number of registered social workers and student Social workers were registered during the period under review. This development shows that the intake capacity of students and graduates has improved. Additionally, all twenty-nine (29) resolutions taken by the Council were implemented.

SECTION 2

EDUCATION AND TRAINING QUALITY ASSURANCE AND CONTINUING PROFESSIONAL DEVELOPMENT DEPARTMENT

EDUCATION AND TRAINING QUALITY ASSURANCE (ETQA) SUBDIVISION

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 which are responsive to the changing needs, developments, priorities and expectations in health and health care.

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.
- Ensuring accreditation of training institutions for health-related professions and health facilities.

For the reporting period 2023/2024, ETQA assisted Councils 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 the professions concerned 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; and
- Control and exercise authority concerning all matters affecting the education and training of all healthcare professionals and how they practice their profession.

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.

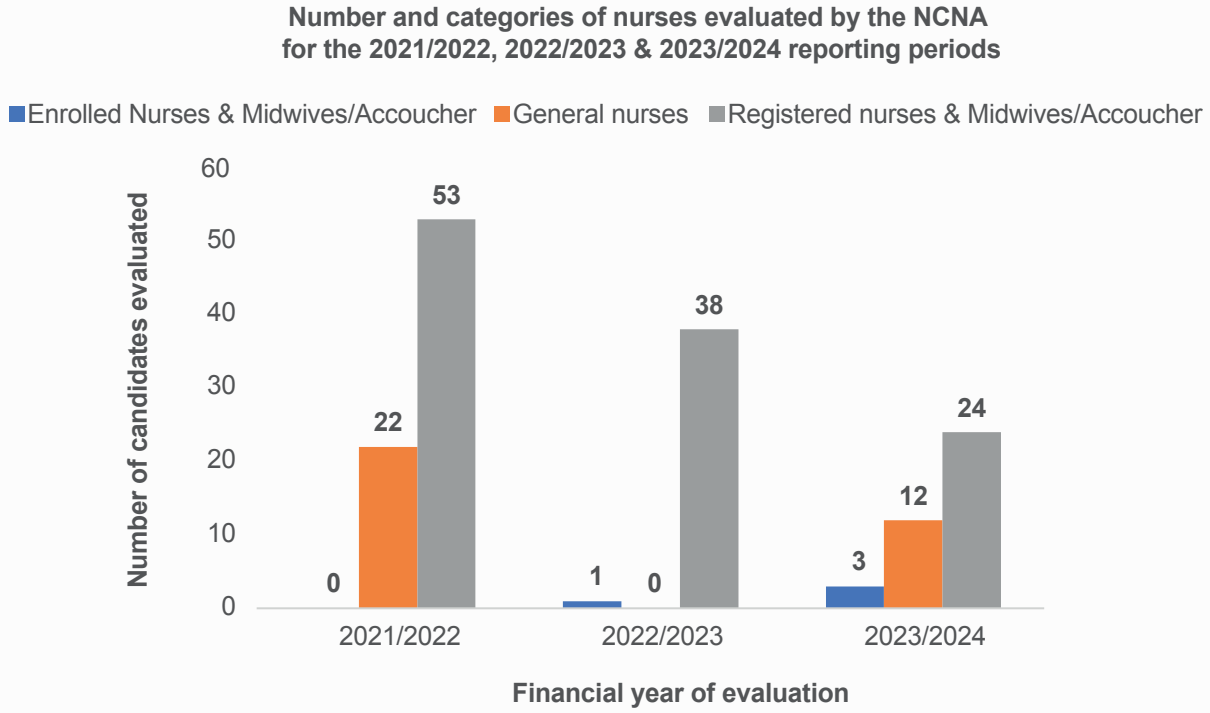
The ETQA section assisted the NCNA, the AHPCNA, the MDCNA and the PCNA in conducting pre-registration evaluations as indicated in Tables 48 to 52 below. These activities were conducted within the provisions of Section 20 (3) (a) of the Medical and Dental Council Act, 10 of 2004, the Nursing Act, 8 of 2004, and Section 22 (3) (a) of the Allied Health Professions Act, 7 of 2004 and the Pharmacy Act, 9 of 2004, which respectively provide that 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 for.

Table 48: Pre-registration evaluations for the NCNA

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
General nurse	7	12	8	4	67%	33%
Registered Nurse / Midwife / Accoucheurs	7	24	16	8	67%	33%
Enrolled Nurse/ Midwife/Accoucheur	2	3	2	1	67%	33%

Table 48 indicates three (3) categories of the nursing professions that were evaluated during the reporting period. The pass rate shows that 26 out of 39 candidates who were evaluated were found to be competent to practice and register with the NCNA.

Pre-registration evaluations are presented in Graph 7.



Graph 7: Pre-registration evaluations for the NCNA

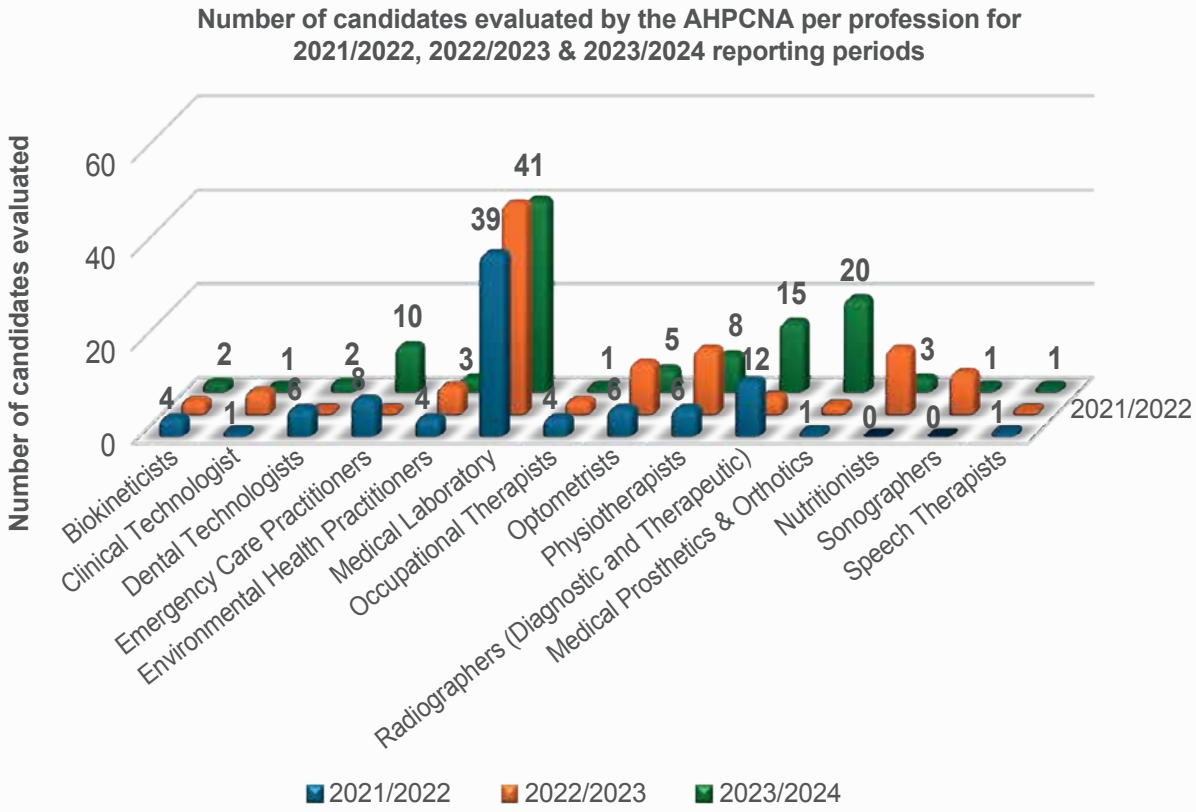
As evident above this is a comparison of the number of candidates evaluated during the reporting periods of 2021/2022, 2022/2023 and 2023/2024. A total number of thirty-nine (39) candidates were evaluated in the 2023/2024, which is the same number of candidates evaluated in the 2022/2023 reporting period. There has been a great decrease compared to the seventy-five (75) candidates evaluated in 2021/2022. The number of candidates who were evaluated in the 2023/2024 reporting period comprised nursing professionals who were once registered and opted not to practice for five (5) years or more; nursing professionals who qualified in Namibia and never registered after qualifying; and nursing professionals who qualified outside of Namibia.

Table 49 and Graph 8 present information regarding pre-registration evaluations for the allied health professions.

Table 49: Pre-registration evaluations for allied health professions

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Biokineticists	2	2	2	0	100%	-
Clinical Technologist	1	1	1	0	100%	-
Dental Technologists	1	2	2	0	100%	-
Emergency Care Practitioners	2	10	1	9	10%	90%
Environmental Health Practitioners	2	3	2	1	67%	33%
Medical Laboratory Scientists/ Technologists/ Technicians	3	41	22	19	54%	46%
Medical Prosthetics & Orthotics	1	1	1	0	100%	-
Nutritionists	1	5	5	-	100%	-
Occupational Therapists	1	8	8	0	100%	0%
Optometrists	4	15	8	7	53%	47%
Physiotherapists	4	20	13	7	65%	35%
Radiographers (Diagnostic and Therapeutic)	1	3	3	0	100%	0%
Sonographers	1	1	1	0	100%	-
Speech Therapists	1	1	1	0	100%	-

As shown in Table 49 fourteen (14) registrable categories under the AHPCNA were evaluated. The total number of applicants evaluated during the 2023/2024 reporting period was one hundred and thirteen (113). In addition, out of 113 evaluated candidates, seventy (70) candidates passed the evaluations and could register with the AHPCNA as practitioners; forty-three (43) failed the evaluations. The professions that performed poorly are the emergency care practitioners (ECPs) with a 90% failure rate, and the optometrists with a 47% failure rate. The high failure rate among the ECPs could be due to the time it takes for a practitioner to register with the AHPCNA after completing their training. The majority of the ECP candidates qualified in Namibia, but failed to register as ECPs within twelve (12) months after completion of training. On the 24th of March 2024, the AHPCNA took a resolution that emergency care practitioners seeking registration after a year (12 months) without practising, should undergo and pass a pre-registration evaluation before registration.



Graph 8: Pre-registration evaluations for allied health professions.

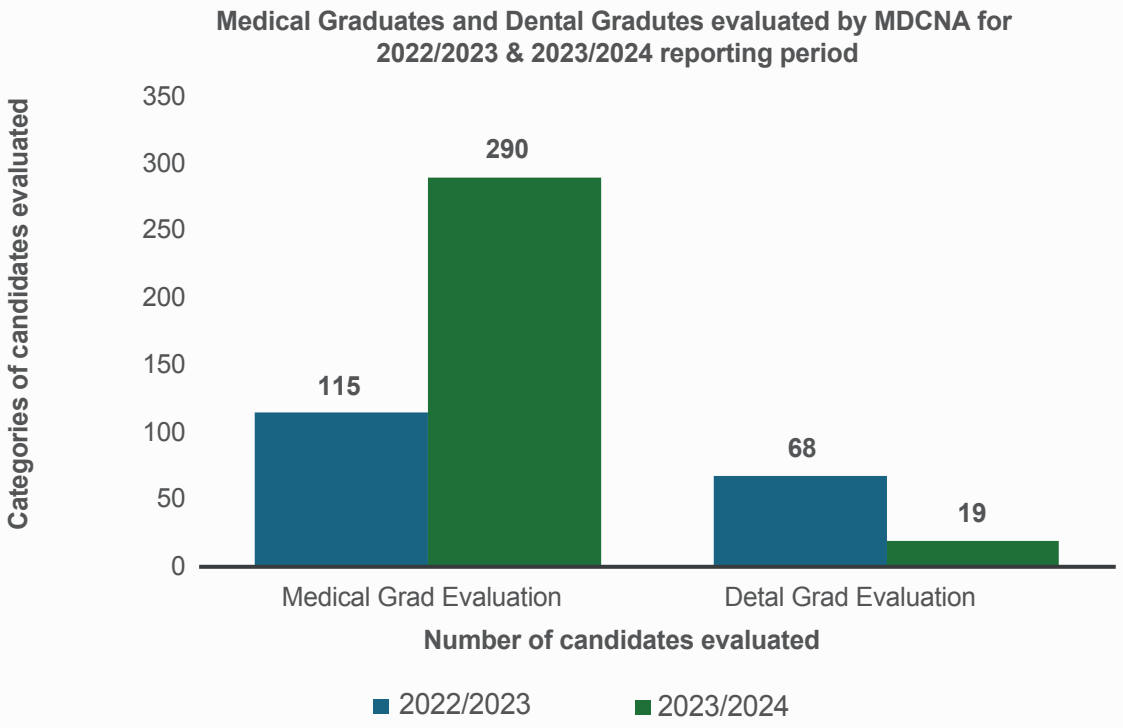
A comparison of three (3) reporting periods, 2021/2022, 2022/2023 and 2023/2024 is presented in Graph 8. There is a slight decrease in the number of allied health professionals who were evaluated during the 2023/2024 reporting period when compared to the 2022/2023 reporting period. A total number of one hundred and thirteen (113) practitioners were evaluated during the 2023/2024 reporting period. In the 2022/2023 reporting person one hundred and twenty (120) practitioners were evaluated.

Table 50 and Graph 9 show data for MDCNA pre-registration evaluations.

Table 50: Pre-registration evaluations for MDCNA

PROFESSIONAL DESIGNATION	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE	NO. OF GRADUATES WROTE SUPPLEMENTARY (SUPP.) EVALUATION	SUPP. PASSED	SUPPFAILED	SUPP PASS RATE	SUPP. FAILURE RATE
Medical graduates	2 (initial evaluation) 2 (supplementary evaluation)	290	19	152 (119 qualified for supp)	7%	93%	119	101	18	85%	15%
Dental graduates	3 (OSCE) 2 (MCQ)	19 OSCE 29 MCQ	4 24	15 3 qualified for Sup	21% 83%	79% 17%	4	4	-	100%	-
Dentists	1	1	1	0	100%	-	-	-	-	-	-
Medical Practitioners	2	6	4	2	67%	33%	-	-	-	-	-
Psychiatrist	1	2	1	1	50%	50%	-	-	-	-	-
General Surgeons	2	4	4	0	100%	-	-	-	-	-	-
Orthopaedic Surgeon	1	1	0	1	-	100%	-	-	-	-	-
Paediatricians	1	1	0	1	-	100%	-	-	-	-	-
Neurosurgeon	1	1	0	1	-	100%	-	-	-	-	-
Maxillofacial Surgeon	1	1	0	1	-	100%	-	-	-	-	-

Table 50 indicates that there was only one (1) candidate evaluated in each of the following categories: orthopaedic surgeons, neurosurgeons, paediatricians, dentists and maxillofacial surgeons. It further indicated that the highest number of candidates who were evaluated per category were the medical graduates followed by the dental graduates. There was a 93% failure rate for initial evaluation for medical graduates; and a 79% failure rate for the objective structured clinical examination (OCSE) evaluation for dental graduates. This high failure rate may be due to the difference between the language of instruction used during tertiary education and the official language used in Namibia. The majority of the medical and dental graduate candidates were applicants who obtained their qualifications outside of Namibia.



Graph 9: Number of candidates evaluated.

The comparison between the reporting period of 2022/2023 and 2023/2024 is shown in Graph 9. It indicates a major increase in the number of medical graduates evaluated in 2023/20224 due to an influx of applicants. An estimated 80% of the medical graduate applicants qualified in Cuba. The remaining 20% qualified in Zambia, Russia, Ukraine and China. Compared to the 2022/2023 reporting period there was a decrease in the number of dental graduates evaluated in the 2023/2024 reporting period.

Table 51: Pre-registration evaluations for PCNA

PROFESSIONAL DESIGNATIONS	NO. OF EVALUATION SESSIONS HELD	NO. OF PRACTITIONERS EVALUATED	NO. OF PRACTITIONERS PASSED	NO. OF PRACTITIONERS FAILED	PASS RATE	FAILURE RATE
Pharmacists	3	13	9	4	69%	31%
Pharmacy Interns	3	106	87	19	82%	18%
Pharmacy Intern Midterm	3	70	47	23	67%	33%
Pharmaceutical Technicians	3	7	0	7	0%	100%
Pharmacist Assistants	3	178	71	107	40%	60%

As shown above 82% of the pharmacist interns passed the evaluations and were registered as pharmacists with the PCNA. The pharmacist assistants were the highest number of practitioners who were evaluated and had the second highest failure rate for the reporting period. The high number to be evaluated could be a result of the increased number of educational institutions offering the pharmacist's assistant course in Namibia.

3. JURISPRUDENCE MULTIPLE CHOICE QUESTIONNAIRES

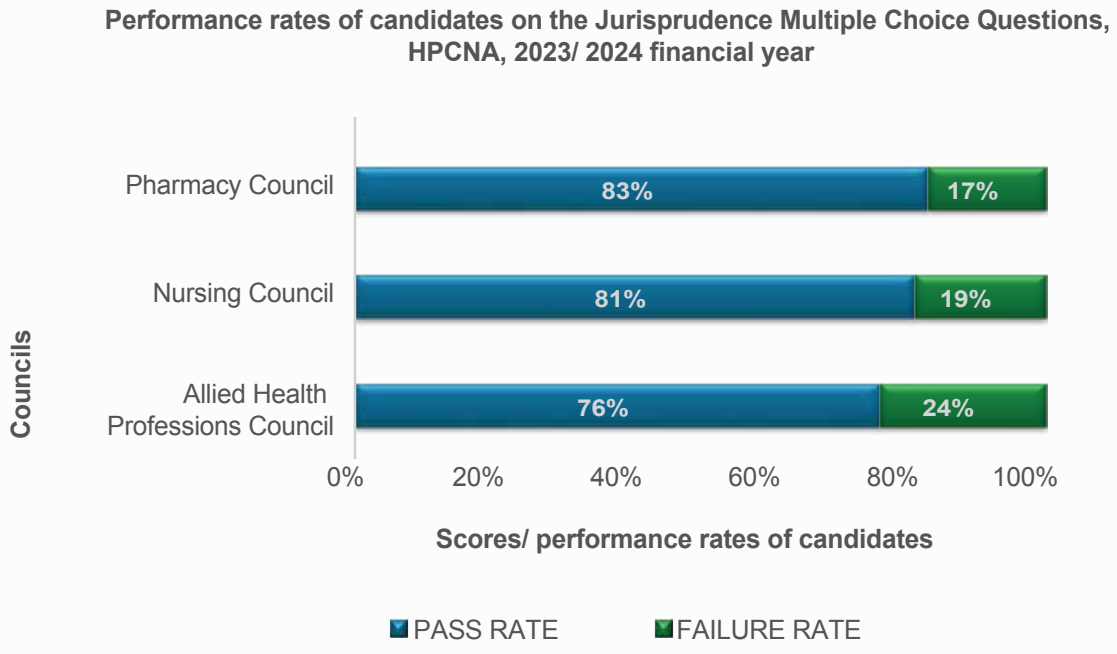
All persons who go through the evaluation process are required to complete the jurisprudence multiple choice questionnaire (MCQ). On successful completion thereof they obtain their first CPD points in professional ethics. During the reporting period 2023 /2024, as shown in Table 52, a total number of seventy-one (71) MCQs were received and marked as opposed to a total number of one hundred and forty (140) jurisprudence MCQs received and marked during the 2022/2023 reporting period. This shows a 49% decline in the questionnaires received.

Table 52: Jurisprudence multiple choice questionnaires

COUNCIL	NO. OF JURISPRUDENCE AND ETHICS MCQS RECEIVED	NO. OF PROFESSIONALS PASSED	NO. OF PROFESSIONALS FAILED	PASS RATE	FAILURE RATE
AHPCNA	49	37	12	76%	24%
MDCNA	0	0	0	-	-
NCNA	16	13	3	81%	19%
SWPCNA	0	0	0	-	-
PCNA	6	5	1	83%	17%
TOTAL	71	55	16	77%	23%

Out of the seventy-one (71) MCQs received from practitioners, fifty-five (55) passed, and sixteen (16) failed. the questionnaires. The allied health professionals submitted the most MCQs. Medical and dental practitioners, and social work and psychology professionals did not submit MCQs.

The performance rates of registrants per Council, for the 2023/2024 reporting period, are presented in Graph 10.



Graph 10: Performance rates of registrants per Council for the 2023 / 2024 reporting period.

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 53 to 57 present the facilities and institutions that were inspected during the 2023/ 2024 reporting period.

Table 53: Hospitals and health facilities and practices inspected for allied health professions

REGION	FACILITY	CATEGORY	OUTCOME
KHOMAS	Ministry of Health and Social Services-Windhoek Central Hospital	Interns: Physiotherapy	Pending approval
	Karin Stofberg Physiotherapy	Interns: Physiotherapy	Approved
	PT Zhakata Jantjies Physiotherapy	Interns: Physiotherapy	Approved
	Megan Physio Reform	Interns: Physiotherapy	Approved
ERONGO	Anna Mart Kruger Physiotherapist	Interns: Physiotherapy	Approved
OSHANA	Ministry of Health and Social Services-Oshakati Intermediate Hospital	Students: Radiography	Approved
OTJOZONDJOPA	Northern Biokinetics	Interns: Biokinetics	Approved

Seven (7) facilities were inspected for the placement of students and interns under the AHPCNA. All that were inspected were approved to train student and intern physiotherapists, biokineticists and radiographers.

Table 54: Educational institution inspected for training of allied healthcare professionals

REGION	EDUCATIONAL INSTITUTION	PROGRAMME	OUTCOME
KHOMAS	University of Namibia (UNAM)	Bachelor of Science in Occupational Therapy (Honours)	Approved
	Namibia University of Science and Technology (NUST)	Bachelor of Emergency Medical Care & Bachelor of Emergency Medical Care (Honours) Programmes	Pending approval
	Atlantic Training Institute (ATI)	Emergency Care Practitioner (Basic)	Pending approval
	Three Sixty Emergency Services	Emergency Care Practitioner (Intermediate)	Approved
	Windhoek Emergency Services Training Centre (City of Windhoek)	Students: Emergency Medical Care	Approved
	EMED Rescue 24	Emergency Care Practitioner Basic & Intermediate	Approved

Table 55: Hospitals and health facilities inspected for clinical training of students and pupil nurses and midwives/accoucheurs

REGION	NAME OF FACILITY	OUTCOME
ERONGO	Usakos Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of one (1) year – **Grade C**
	Omaruru Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of one (1) year – **Grade C**
	Walvisbay Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Swakopmund Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Coastal Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Mondesa Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Karibib Health Centre	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Hakhaseb Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Kuisebmund Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Okombahe Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Omatjete Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Uis Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Omaruru Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Narravile Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Tamariskia Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**

	Arandis Clinic	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
OMUSATI	Indira Gandhi Health Centre	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Tsandi Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Okahao Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Mahenene Health Centre	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Omonawatjihozu Health Centre	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Onesi Health Centre	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Outapi Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Okalongo Health Centre	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Oshikuku Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
OHANGWENA	Ongha Health Centre	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Odibo Health Centre	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Engela Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of five (5) years – **Grade A**
	Eenhana Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**
	Okongo Hospital	Approved for the placement of student and pupil nurse midwives/ accoucheurs for their clinical attachment for a period of three (3) years – **Grade B**

Thirty (30) facilities were inspected: sixteen (16) in the Erongo region, nine (9) in the Omusati region, and five (5) in the Ohangwena region. All the facilities were approved for the clinical training of student and pupil nurses and midwives/accoucheurs. Five (5) health facilities received approval for five (5) years. Twenty-five (25) received approval for three (3) years. All health facilities inspected were state health facilities.

Table 56: Educational Institutions inspected for the training of nursing and midwifery professions

REGION	NAME OF TRAINING INSTITUTION	PROGRAMME	OUTCOME
ERONGO	WHTC: Kombat Campus.	Bachelor of Nursing Science Certificate in Enrolled Nurse Midwifery Science	Approved for the training for Registered Nurse Midwife/ Accoucheurs and Enrolled Nurse Midwife/Accoucheur – **Grade C**
KHOMAS	Baseline Inspection, River Higher Institute of Technology.	Bachelor of Nursing Science (Honours)	Approved for the training of Registered Nurse Midwife/ Accoucheur – **Grade C**
	EDI Health Institution	Certificate Auxiliary Nursing	Not Approved
	Triumphant College	Bachelor's Degree in Nursing and Midwifery Sciences	Approved for the training of Registered Nurse Midwife/ Accoucheur – **Grade C**
OMAHEKE	Keamogetse Health Training Centre/ Academy	Diploma in Enrolled Nursing	Not Approved
OMUSATI	Welwitchia Health Training Centre: Outapi Campus	Certificate in Enrolled Nurse Midwife / Accoucher	Approved for the training of enrolled nurse midwife/ accoucheur- **Grade A**
OSHANA	Oswin Kampala College CC	Enrolled Nurse and Midwifery/ Accoucheur	Not Approved

Three (3) programmes were not accredited; three (3) were granted a one (1) year accreditation period; and one (1) was granted a five (5) year accreditation period. The educational institutions are in the following regions: Erongo, Khomas, Omaheke, Omusati and Oshana.

Table 57: The facility and institution 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

5. CONTINUING PROFESSIONAL DEVELOPMENT (CPD) SECTION

5.1 Introduction

Healthcare practitioners have a responsibility to continuously update their professional knowledge and skills for the end benefit of the patient or client. To this end, the Councils have jointly implemented a CPD Desk, which coordinates CPD-related matters, and has established a CPD committee comprising ten (10)

members; two (2) representatives from each Council. Practitioners are required to accumulate continuing education units (CEUs) per twelve (12) month period, including the areas of professional ethics, human rights, and medical law. Each CEU is valid for twenty-four (24) months from the date on which the activity took place.

The CPD activities recorded during the 2023/2024 reporting period were conducted within the provisions of Section 32 (1) and (2) of the Medical and Dental Council Act, 10 of 2004, the Pharmacy Act, 9 of 2004; Section 33 (1) and (2) of the Allied Health Professions Act, 7 of 2004; and Section 34 (1) and (2) of the Nursing Act, 8 of 2004, and the Social Worker and Psychology Act, 6 of 2004.

5.2 CPD committee members

The term of office of the CPD committee members, which commenced on the 4th of October 2018, ended on the 4th of October 2023. Table 58 shows the new committee members appointed by the Councils on the 05th of October 2023 for a five (5) year term ending on the 06th of October 2028.

Table 58: Members of the CPD committee 2023-2028

	NAME	COUNCIL
1.	Ms. Antonette de Almeida	Allied Health Professions Council
2.	Ms. Nadia Vermaak	Allied Health Professions Council
3.	Dr. Priscila Kambunga	Medical and Dental Council
4.	Dr. Marsha Koekemoer	Medical and Dental Council
5.	Prof. Scholastika Iipinge	Nursing Council
6.	Ms. Elizabeth Hamwaanyena	Nursing Council
7.	Ms. Nelago Ambondo	Pharmacy Council
8.	Ms. Vulika Nangombe	Pharmacy Council
9.	Ms. Sanmari Steenkamp	Social Work and Psychology Council
10.	Ms. Enjouline Kole	Social Work and Psychology Council

6. THE FUNCTIONS OF THE CPD COMMITTEE

The CPD committee shall assist and advise the Councils on:

(a) The continuing professional development applicable to registered persons or a class of registered persons.

(b) The nature, extent and duration of the professional development.

(c) The conditions of the continuous professional development by registered persons so determined including, but not limited to, the attending or completion or presenting of study courses or refresher courses, or the passing of examinations relating to such professional development.

(d) Ensuring that all registered persons continuously enhance their competence throughout their professional careers through participating in CPD activities.

(e) Facilitate continuous professional development of all health practitioners registered with the Councils.

(f) Developing and reviewing CPD guidelines.

(g) Ensuring that all CPD activities are in line with the CPD guidelines.

(h) Approving or disapproving applications for CPD service providers.

(i) Advise Councils on non-compliant professionals.

Meetings held during the reporting period are presented in Table 59.

Table 59: Number of CPD committee meetings held during the reporting period

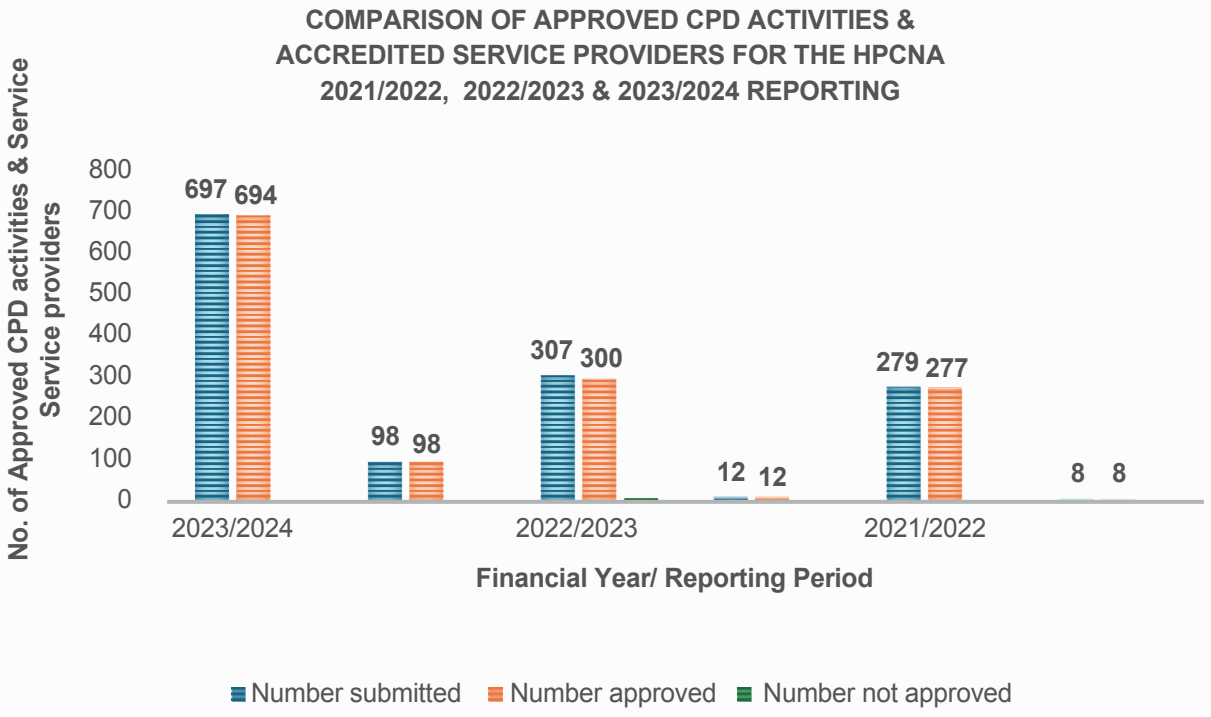
DATE OF MEETING	TOTAL NO. OF MEMBERS	ATTENDED	ABSENT
28 September 2023	9	9	0
05 March 2024	10	10	0

The CPD committee has approved several CPD activities and accredited various Service Providers as set out in Table 60 and Graph 11.

Table 60: Number of approved CPD activities and accredited service providers

ACTIVITY	NO. SUBMITTED	NO. APPROVED	NO. NOT APPROVED
Approved CPD activities	697	694	3
Accredited service providers	98	98	0

Graph 11: Comparison of approved CPD activities and accredited service providers.



There was a significant increase in the number of service providers and approved CPD activities in the 2023/2024 compared to the 2022/2023 and 2021/2022 reporting periods. This increase will have a positive impact on the compliance of CPD for all professionals.

7. CPD: STRATEGIC OBJECTIVE

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

During the period under review, the CPD committee held two (2) meetings as per the requirement.

8. CONCLUSION

In conclusion, the ETQA and CPD Division managed to carry out all the planned activities despite several challenges. There is progress in inspections, evaluations, and CPD efforts. Plans include refining inspection processes, maintaining rigorous evaluation standards, and continuous improvement of CPD offerings.

SECTION 3

LEGAL SERVICES DEPARTMENT

LEGAL SERVICES DEPARTMENT

1. INTRODUCTION

The Legal Services Department ('the department") of the Health Professions Councils of Namibia (Councils) 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 Councils are in place. Such activities are undertaken with constant consultations with all stakeholders, the Ministry of Health and Social Services and the Ministry of Justice.

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

2. PERSONNEL

The department has a staff members complement of seven (7): 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. Ndinelao Kambunga as the Legal Officer: Professional Conduct, and Mr. Johannes Burger as the Senior Administrative Officer: Legislative Support also assists the general administration department and Ms. Elizabeth Matomola as the Senior Administrative Officer: Professional Conduct.

3. PROFESSIONAL CONDUCT DIVISION

3.1 Complaints recorded

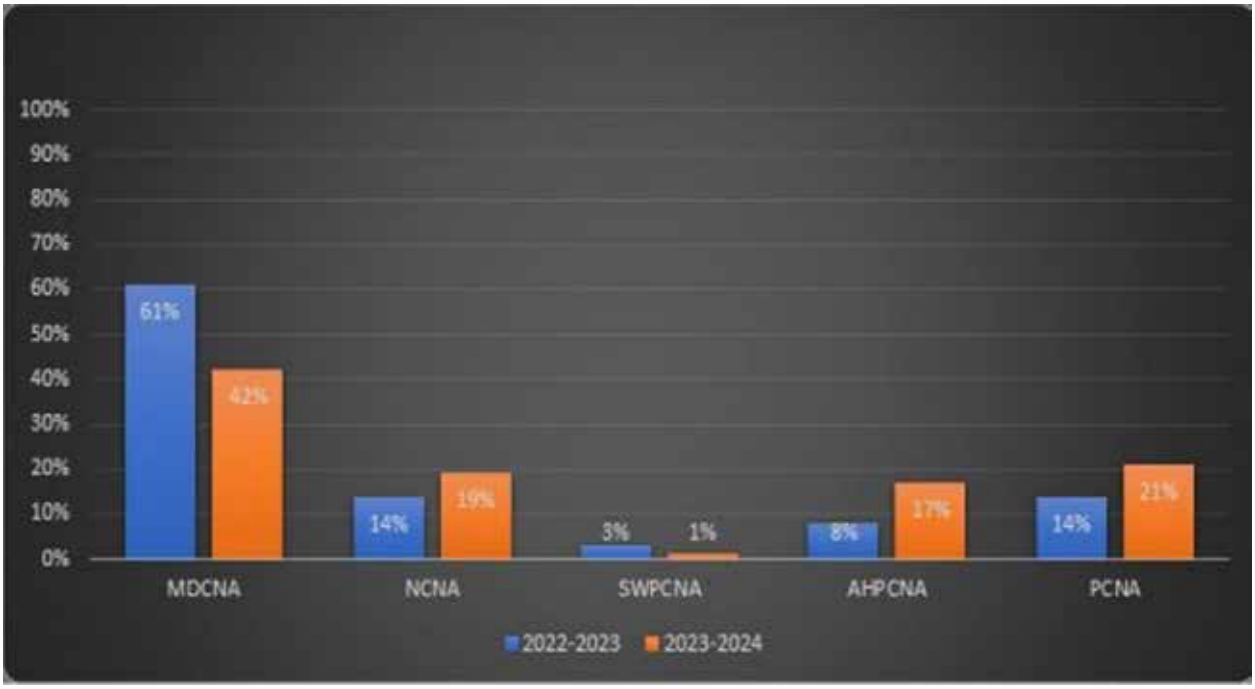
The monthly complaints are presented in Table 61 and comparative data are presented in Graph 12.

Table 61: Monthly records of the number of complaints reported to Councils

MONTH	MDCNA	NCNA	SWPCNA	AHPCNA	PCNA	TOTAL
April 2023	2	1	0	0	0	3
May 2023	3	4	0	0	0	7
June 2023	5	0	1	0	2	8
July 2023	1	0	0	0	0	1
August 2023	6	1	0	1	0	8
September 2023	2	0	2	0	0	4
October 2023	3	0	0	0	0	3

November 2023	2	0	0	0	0	**2**
December 2023	2	0	0	1	1	**4**
January 2024	0	0	0	0	0	**0**
February 2024	1	0	2	0	1	**4**
March 2024	1	0	0	0	1	**2**
TOTAL	**28**	**6**	**5**	**2**	**5**	**46**

Graph 12: Graphical presentation of a comparison of reported cases per Council during this period, and the previous period.



- The MDCNA recorded a drop of 19% in complaints reported in comparison to the previous year. A high number of complaints were recorded for general medicine followed by obstetrics and gynaecology. Very few cases were reported in the fields of general surgery, maxillofacial and general dentistry. A total of 64% of all reported cases for general medicine originated from Khomas region, followed by 11% from Erongo region. A total of 28% of complaints relating to obstetrics and gynaecology were reported from Oshana region. During this period, no complaints were reported from East and West Kavango regions and Ohangwena region.
- The NCNA received complaints 5% higher than the previous year. General nursing field dominated the number of complaints followed by midwifery. During this period no complaints were received from Kavango East and West regions, Oshana region, Omusati region, Ohangwena region, Hardap region, Erongo region, Otjozondjupa region, Oshikoto region, and Zambezi Region.
- A decrease of 2% was noted during this period for SWPCNA in comparison to the previous period. The complaints related to issues regarding child welfare services and counselling.
- The AHPCNA recorded an increase of 9% in comparison to the previous period for complaints relating to the operation laboratory services and physiotherapy.

- The PCNA recorded an increase of 7% in the number of complaints received during this period. Most complaints related to adherence to regulations that related to the registration of community pharmacies and unethical advertising.
- There was a significant increase in complaints across the board with the exception of the MDCNA and SWPCNA.

4. COMMITTEES

4.1 Preliminary Investigation Committees (PICs)

(a) The role and responsibility of the Committees

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

(b) Membership

The new committees, as presented below, were appointed during October/November 2023.

(i) **AHPCNA**

- Ms. Vanessa Tjijenda (chairperson)
- Ms. Samatha Du Toit
- Ms. Marino Klingerlhoeffer
- Ms. Zelda Crous
- Ms. Shaun van Rooi
- Mr. Edwin Daniel

(ii) **MDCNA- Medical**

- Dr. Adolf Kaura (chairperson)
- Dr. Schalk Engelbrecht
- Dr. Sophia van Rooyen
- Dr. Elkana Nande
- Dr. Tjijandjeua Kandetu

(iii) **MDCNA - Dental**

- Dr. Nelson Herunga (chairperson)
- Dr. Silvio Saurdi
- Dr. Kagiso Moloi
- Dr. Elloise Ellis
- Dr. Sachia Juach

(iv) **NCNA**

- Dr. Tuwilika Endjala
- Ms. Tekla Shiindi-Mbidi

- Ms. Claudia Kambonde
- Ms. Filomena Hashiti
- Dr. Emma Nghitanwa
- Ms. Josefina Anjolo
- Ms. Wikus Pieters
- Ms. Tracy Shickerling
- Mr. Elliud Amunyela
- Mr. Immanuel Frans

(v) **PCNA**

- Ms. Naambo Amakutuwa (Chairperson)
- Ms. Riana Potgieter
- Ms. Laurencia Katjitae
- Ms. Jacques Marais
- Ms. Ester Mvula

(vi) **SWPCNA**

- Dr. Elizabeth Shino - Chairperson
- Ms. Emilige van Zyl
- Ms. Tanya Beyer
- Ms. Brigitte Nshimyimana

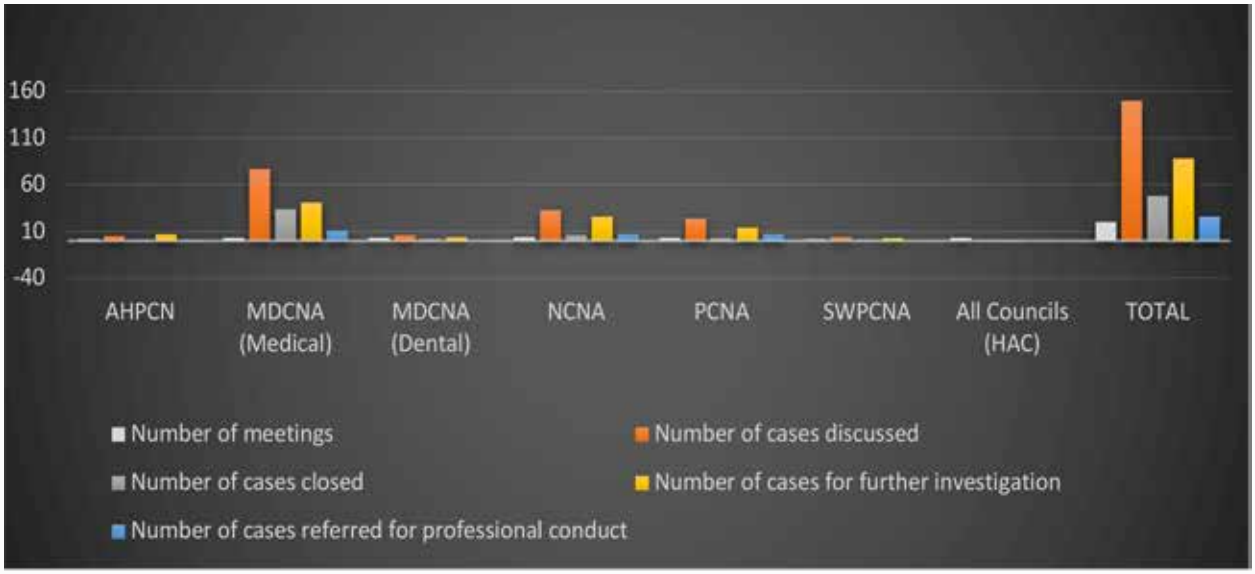
4.2 MEETINGS HELD BY COMMITTEES

Different committees held meetings to conduct preliminary investigations into matters reported to the relevant Councils as envisaged by the relevant legislations. Table 62 shows the activities of the Committees during this period. Number of meetings and status of cases are presented in Graph 13.

Table 62: 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	77	34	41	11
MDCNA (Dental)	3	6	2	4	0
NCNA	4	33	6	26	7
PCNA	3	24	3	14	7
SWPCNA	2	4	1	3	0
AHPCNA	2	5	1	7	1
Health Assessment Committee	1	1	1	0	0
TOTAL	**18**	**150**	**48**	**88**	**26**

Graph 13: 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 Councils to close such cases.
- A case remains under investigation when a committee's intent is to obtain further information such as further explanations from the parties involved, an expert opinion or a legal opinion.
- Once a case is referred for professional conduct inquiry, a legal opinion on the prospect of success against a practitioner is obtained first before the case is presented to the Council for a decision. If a legal opinion finds no prospects of success on evidential aspects, a committee then recommends to the relevant Council to close the case.

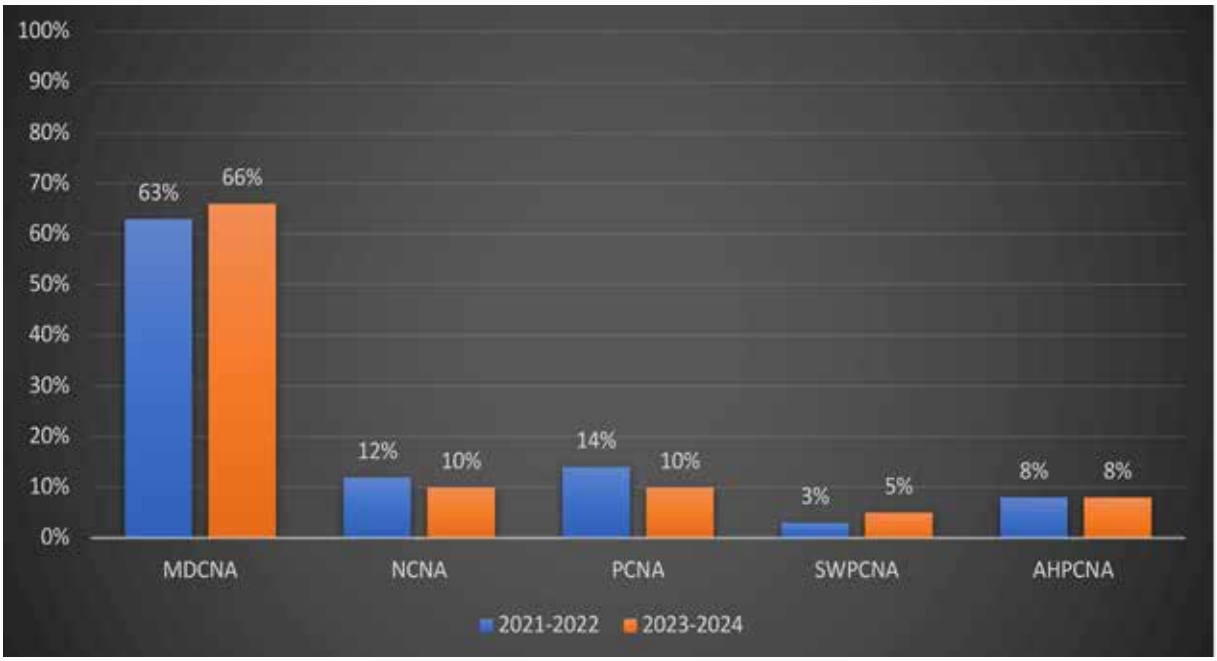
4.2.1 Pending cases for PICs

Pending cases, as presented in Table 63, are those cases under investigation, including cases from previous years, by PIC, awaiting information from the complainant and/or accused and/or health institutions and/or expert opinions and/or legal opinions. Pending cases are presented in Graph 14.

Table 63: Pending cases per Council in comparison to the previous year

COUNCIL	2022/2023	2023-2024
MDCNA	211	166
NCNA	40	25
PCNA	44	24
SWPCNA	11	13
AHPCNA	28	22
TOTAL	**334**	**250**

Graph 14: Graphic presentation of pending cases per council during 2022 / 2023 in comparison to 2023 / 2024.



- MDCNA remains dominant in the number of cases that are pending. Although it appears that there has been an increase of 3%, such an increase is influenced by the total number of cases pending. In actual figures there was a significant drop in the number of cases for the Council, except for SWPCNA and AHPCNA.
- The drop in the number of cases pending can be attributed to the low number of complaints reported during this period, the finalisation of cases by the PIC and a significant number of professional conduct inquiries conducted.

4.3 PROFESSIONAL CONDUCT COMMITTEES (PCC)

These committees are tasked to conduct professional conduct inquiries on behalf of Councils and to make recommendations on their findings to Councils for ratification.

(a) **Membership**

The new committees were appointed during October/November 2023.

(i) **AHPCNA**

- Ms. Belinda Tsauses
- Ms. Anel Byleveld
- Ms. Antoinette De Almeida
- Ms. Michaela Adrian-De Bruyn

(ii) **MDCNA**

- Dr. Coneraad De Villiers
- Prof Etienne Henn

- Dr. Maren Thomson
- Ms. Beatrix Boois
- Prof. Filemon Amaambo
- Mr. Willem Greyling
- Rev. Cornelia Nel

(iii) **NCNA**

- Ms. Francina Tjituka
- Ms. Esperanca van der Merwe
- Ms. Jana Ellmies
- Ms. Nomhle Masuku
- Dr. Julia Amadhila
- Mr. Eliud Shiwayu
- Mr. Nestor Tomas
- Mr. Tomas Nekongo
- Bishop Christopher Gaya
- Ms. Evans Kalumbu
- Ms. Rebekka Shamaila

(iv) **PCNA**

- Ms. Tusano Mukwenda – Haimbodi
- Ms. Rosalia Shilunga
- Ms. Flora Gaes
- Dr. Gabriel Uahengo

(v) **SWPCNA**

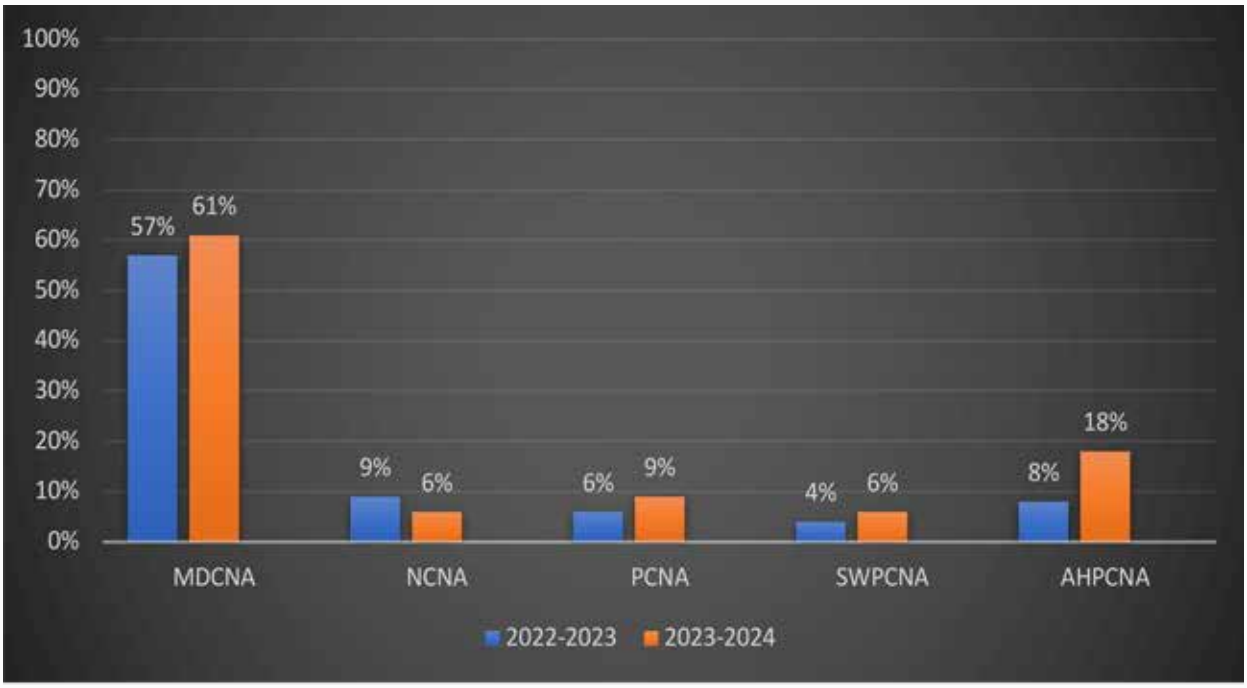
- Mr. Thomas Wylie
- Ms. Leandre Kurz
- Ms. Asnath Kaperu
- Ms. Ebikabure Epeh

Pending cases data are presented in Table 64 and Graph 15.

Table 64: Pending cases for professional conduct inquiry in comparison with the previous year

COUNCIL	2022-2023	2023-2024
MDCNA	27	20
NCNA	4	2
PCNA	3	3
SWPCNA	7	2
AHPCNA	4	6
TOTAL	**45**	**33**

Graph 15: Graphic presentation of pending cases for professional conduct inquiry in comparison with the previous year.



- It seems that there has been an increase in cases pending, but the percentage is influenced by the total number of cases per reporting period.
- The process of composition of the committees by the income Councils had an impact on the number of inquiries conducted during this period, thus fewer inquiries were conducted.
- The MDCNA conducted five (5) professional conduct inquiries. SWPCNA, AHPCNA, PCNA and NCNA each conducted one (1) professional conduct inquiry
- An insignificant reduction in cases was however made on the pending cases for MDCNA and SWPCNA.
- Funds remain the integral part to influence the reduction of pending cases. Inquiries are scheduled on the basis of first -come -first-out basis and date of the incident. Funds are required 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.
- Due to the lack of funds a strict budget in respect of cases is therefore in place. The backlog and aging of cases, especially for the MDCNA, remains a challenge to an extent that the oldest case pending relates to an incident occurred in 2013, this does not however represent the date of receipt of a complaint.

Table 65 presents the number of conducted inquiries.

Table 65: Professional conduct inquires conducted

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
AHPCNA	14-15 August 2023	Mr. Petri Ackermann	**Charge 1** Allegations of unprofessional conduct, as envisaged by Section 36 (2) of the Allied Health Professions Act, 7 of 2004, read with the regulations relating to the scope of practice of physiotherapist, promulgated under Government Gazette number 4502 contained in Government Notice number 122 of 16 June 2010, in that on or about 01 February 2020, and at or near Walvis Bay, he administered medication, namely a single dosage of 75mg/3ml Bio Diclofenac (Voltaren) injection, to a patient, to wit, Ms Megan Louise le Roux, which administration of medication falls outside the scope of practice of a physiotherapist.	Mr. Ackerman was found guilty. **Penalty** A fine of N$40 000-00 was imposed, payable in two equal installment was imposed.
MDCNA (Health Assessment Committee)	8-11 May 2023	Dr. Egeria Olivier	**Allegation 1** The allegations of impairment, that on or about mid July 2019 and while employed as a medical practitioner at the practice of Dr Kennedy Chimfwembe and practising as such at his Consultation Room No .5 at Namdeb Private Hospital, Oranjemund, (a) she presented with manic episodes of psychosis and on that basis, she was restricted by Namdeb Private Hospital from continuing to render medical services on the premises of Namdeb Private Hospital for a period of three (3) months in order to undergo medical treatment; (b) she was then diagnosed her with Biopolar Mood Disorder with intermittent Psychosis; and (c) on 26 September 2022 she was assessed by a psychiatrist who concluded that she suffers from Schizo-affective Disorder, alternatively paranoid type of Schizophrenia.	1. She is not allowed to set up a sole medical practice but allowed to practise in a partnership or employed by another medical practitioner who will be able to fulfil a supervisory role over her medical practise within such employer-employee relationship. 2. She is prohibited from administering and/or dispensing of Namibian schedule 3 and 4 medicines unless under the strict control and/or supervision of a registered medical practitioner who co-signs it. 3. She is prohibited from conducting any sole theatre work unless when she acts as an assistant medical practitioner to a surgeon or another medical practitioner. 4. She is prohibited from conducting any anaesthetic procedure or to act as an anaesthetist whether it being local or general anaesthesia. 5. She is not allowed to act as a *locum* in an unassisted practice or standing in for another medical practitioner where she is to practise by herself or where she is the sole responsible practitioner.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
				6. She is not allowed to do any ICU department or emergency center work. 7. She is allowed to practise as a medical practitioner on condition that she: (a) receive a monthly or three-monthly depo-injection of Xeplion (paliperidone) depending on the available formulation. Documentary proof of the aforesaid medication administration is to be provided to the Council on a three-monthly basis. (b) take an appropriate mood stabilizer as prescribed by a psychiatrist. (c) undergo a three-monthly psychotherapy with a duly admitted psychologist and proof of such psychological sessions be provided to the Medical and Dental Council on a three-monthly basis. 8. That she practices her profession, in a public or private health facility, in Windhoek only. 9. Dr. Hileni Ndjaba, a psychiatrist, was appointed as a supervisor to whom she should report, in addition to the Council, and who must assess her condition after a year of imposition of the restrictions and report to the Council. 10. The Council shall review the aforesaid terms and conditions under which she is allowed to practise, a year after the imposition thereof.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
MDCNA	20 April & 13 June 2023	1. Prof. Kazadi Kaluile Ntenga Kalangu - First Defendant 2. Dr. Tshali lithete - Second Defendant 3. Dr. Tembinkosi Makombe-Third Defendant	**FOR FIRST DEFENDANT** **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. **Charge 2** - Failure to fully document the spinal surgery performed on the patient. **Charge 3-** Failure to fully document the debridement of the septic wound on the patient. **Charge 4** - Performed a spinal operation on the patient whilst such surgery was not necessary or justified. **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. **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. **FOR SECOND DEFENDANT** **Charge 1**- Failure to monitor the patient properly and to determine and/or manage the onset of sepsis. **Charge 2** - Failure to realize that the patient's high stepping gait was indicative of a complication and to manage same. **FOR THIRD DEFENDANT** **Charge 1** - Failure to monitor the patient properly to determine and/or manage the onset of sepsis in that patient. **Charge 2** - Failure to realize that the patient's high stepping gait was indicative of a complication and to manage same.	Prof. Kalangu He was found guilty on charges 1, 2 and 4. **Penalties** • Suspended from practising as a medical practitioner/neurosurgeon for a period of one year which period is further suspended for a period of 5 years on condition that he is not found guilty of professional misconduct within such period of 5 years. • Payment of a fine to an amount of N$ 100,000.00 in respect of Charge 1, N$ 50,000.00 in respect of Charge 2 and N$ 50,000.00 in respect of Charge 4. Dr. Ithete • He was found not guilty. Dr. Thembinkosi Makombe He was found guilty on both charges: **Penalty** • Payment of a fine to an amount of N$70,000.00 payable in two instalments.
	22-23 May & 16 June 2023	Dr. Tarek Mohamed Gouda	**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. **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.	Dr. Gouda was found guilty on Charge 3. **Penalties** Payment of fine in the amount of N$70, 000-00, payable in two equal consecutive instalments.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
			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. **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	
	24 June 2023	Dr. Sebotse Thandi Charmaine Thobejane	**Charge 1** – Failure to refer the patient who needed Neurosurgical Surgery to a Specialist Anesthetist or to another Hospital when the requisite Anesthesia (Procedure) was beyond her scope of practice. **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. **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.	Dr. Thobejane was found guilty on charge 2. **Penalty** • Payment of a fine in the amount of N$ 100 000.00.
	24 June 2023	Dr. Evans Mabaya	**Charge 1** - Failure to keep clear and accurate records of all actions taken in respect of the patient. **Charge 2** - Failure to do proper and complete pre-operative evaluations on the patient with hypertension. **Charge 3** – Failure to correctly set the ventilation for the patient leading to hyperventilation in the patient. **Charge 4-** He instructed the other theatre staff to warm the patient with warmed vacoliter unit causing burns on the patient's legs, thighs, lower arm and left index finger. **Charge 5** - Failure to timeously and/or correctly manage the patient's hypotension which potentially led to brain damage.	Dr. Mabaya pleaded guilty to the charges and was found guilty. **Penalties** • Payment of a fine of N$100 000-00 for all charges, payable over a period of ten months in equal installments or at once. • Suspended from practising the profession as a medical practitioner for a period of two (2) years, which suspension is suspended for a period of two (2) years on condition that he is not found guilty of a similar offence within such period of suspension.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
NCNA	29 May – 3 June, 3-4 October 2023	R/N Victorina Juuso-Angula	**Charge 1** It is alleged that between the 19th to 20th of November 2015 and at the Oshakati Intermediate Hospital she neglected to refer a patient for medical care soon after admission at 22H20 on 19 November 2015 and who was in active stage of labour with a fundal height of -+50cm knowing that the patient could be carrying a big baby, and whilst knowing that management of such patient was beyond her scope of practice and the patient's baby was delivered by caesarean section on the 20th of November 2015 at around 06H33 and died at around 12H55 on the same day after having suffered a hypoxic ischemic encephalopathy. **Charge 2** It is alleged that between the 19th to 20th of November 2015 and at Oshakati Intermediate Hospital she omitted and/or neglected to monitor and diagnose the patient there and then under her care, by failing to monitor her progress of labour between 22H20 and 04H30 by conducting a cervical dilatation, dilation examination, assessment and presentation level part, well-knowing that the patient had a high fundal height of -+50cm, in order to determine the progress of labour as the scope of her profession requires. **Charge 3** It is alleged that between the 19th to 20th of November 2015 and at Oshakati Intermediate Hospital she omitted and/or neglected to keep clear and accurate records of all actions which she performed in connection with a patient, there and then under her care, as directed by the scope of her profession.	R/N Angula was found guilty on all three charges. **Penalties** • Payment of a fine of N$30, 000-00 for each charge payable over a period of twelve (12) months in equal monthly instalments. • Suspended from practising as a Registered Nurse for a period of one year which suspension is further suspended for a period of three years on condition that she is not found guilty of similar offences over such three-year period of suspension.
PCNA	11-15 September 2023	Ms Antje Götz	It is alleged that, being a pharmacist and by virtue of being the Managing Member of Integrated Pharmacy Enterprises Namibia CC trading as Riverside Pharmacy duly registered as such under the Pharmacy Act, Act number 9 of 2004:	She was found guilty as charged. **Penalties** • Payment of a fine of N$ 75 000-00.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
			Charge 1 Allegations of unprofessional conduct as envisaged in Rule 6(g) of the rules relating to the acts and omissions constituting improper conduct or misconduct in respect of which the Pharmacy Board may conduct inquiries and take disciplinary steps contained in Government Gazette 1444 of 15 November 1996 read with Regulation 20 of the Regulations on the Ownership of Pharmacies by private hospitals and requirements for registration and conduct of pharmacy practices contained in Government Gazette 5515 of 25 July 2014 and further read with Section 36 (11) of the Pharmacy Act 9 of 2004 in that around 20 June 2021 and at or near Rundu, Integrated Pharmacy Enterprises Namibia CC trading as Riverside Pharmacy, a registered pharmacy, relocated from Rundu Medical Practice, Shop No. 3, Eugene Kakukuru Street, Rundu to Erf 1080, Metro Building, Shop number 1, Eugene Kakukuru Street, Rundu, without the application for relocation of a pharmacy practice having been approved by the Pharmacy Council.	
SWPCNA	21-23 August 2023	Dr. Petro Kimberg	**Charge 1** The allegations of unprofessional conduct as envisaged by Section 37 (40 (a) of the Social Work and Psychology Act 6 of 2004 in that on or about the 2nd of December 2020 the Social Work and Psychology Council addressed and sent a letter to her requesting her to provide the full report which she compiled in the child custody matter and any other professional reports in her position and she failed and/or refused to comply with a lawful instruction or insufficiently complied with a lawful instruction of the Council to respond to the allegations of unprofessional conduct within twenty-one (21) days as specified in the letter. **Charge 2** The allegations of unprofessional conduct as envisaged by Section 37 (4) (a) of the Social Work and Psychology Act 6 of 2004 in that on or about 8 February 2021 the Social Work and Psychology Council addressed and sent a letter to her reminding her and requesting her response to the letter of the Council dated the 2nd of December 2020 and she	Defendant raised three points in limine that: • There was a delay in prosecution of the matter. • That the charges are not competent in law, that she is not obliged in terms of the Social Work and Psychology Act or relevant Regulations to comply with the request. • There is a duplication of charges. The points in limine against all charges were dismissed.

COUNCIL	DATES OF HEARING	DEFENDANT	PARTICULARS OF CHARGES	OUTCOME OF THE INQUIRY
			failed and/or refused to comply with a lawful instruction or insufficiently complied with a lawful instruction of the Council to respond to the allegation of unprofessional conduct within the fifteen (15) days as specified in the letter. **Charge 3** The allegations of unprofessional conduct as envisaged by Section 37 (4)(a) of the Social Work and Psychology Act 6 of 2004 in that on or about 25 March 2021 the Social Work and Psychology Council addressed and sent a letter to her reminding her and requesting her response which she indicated would be provided by 10 March 2021, and she failed and/or refused to comply with a lawful instruction or insufficiently complied with a lawful instruction of the Council to respond to the allegations of unprofessional conduct within the five (5) days as specified in the letter.	

4.3.1 Appeals Committees

These committees are mandated to deal with the appeals against decisions taken by a Professional Conduct Committee or a Council or failure to make decisions by a Council.

(a) **Membership**

The following members were appointed during October/ November 2023.

AHPCNA

- Ms. Hendrika Horn - Chairperson
- Ms. Andre Antonissen
- Dr. Elga Drews
- Mr. Katuna Kamuhanga
- Ms. Dorles Verrinder
- Father, Linus Ngenomesho

NCNA

- Ms. Hendrika Horn - Chairperson
- Mr. Sebby Alweendo - Chairperson
- Mr. Katuna Kamuhanga
- Ms. Enid Keramen
- Dr. Pilisano Masake
- Mr. William //Garoeb

MDCNA

- Ms. Hendrika Horn - Chairperson
- Mr. Haris Salionga - Chairperson
- Ms. Verona Du Preez
- Rev. Esron Kapolo
- Mr. Marthino Olivier
- Dr. Mewawa Amukugo

PCNA

- Mr. Uaatjo Uanivi - Chairperson
- Ms. Hendrika Horn - Chairperson
- Prof. Cilas Wilders
- Bishop Lukas Katenda
- Mr. Shafimana Shimakeleni
- Ms. Blandine Meesher

SWPCNA

- Mr. Sebby Alweendo - Chairperson
- Ms. Hendirka Horn - Chairperson
- Ms. Helen Mouton
- Ms. Irene Garthoff

- Father, Linus Ngenomesho
- Ms. Virginia O'malley

4.3.2 Appeal hearings

Table 66 presents the appeal hearings that take took place.

Table 66: Appeals

COUNCIL	DATE OF HEARING	APPELLANT	PARTICULARS OF APPEAL	OUTCOME
MDCNA	25 April 2023	Dr. Samuel Helao Nghihangwa	The appellants appealed against the decision of the Council to refuse his application for extension of the internship period.	The appeal was dismissed on the basis that Appellant failed to comply with provisions of Section 56 (2)- failure to file the appeal within 30 days from the date of the decision of the Council.
PCNA	23 July 2023	Mr. Nickson Murirwa	The appellant appealed against the decision of the Council 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 and allowed a misuse of a client's medical aid.	The appeal partly succeeded. The Appellant was allowed to call the witness to testify in respect of a charge of misuse of a client's medical aid card.
NCNA	22 August 2023	E/N Sebastian Ndjizera	The appellant appealed against the decision of the Council after he was found guilty of unprofessional conduct and fined an amount of N$ 30 000.00, suspended from practicing and ordered to attend prescribed training.	The appeal was dismissed.

4.4 High Court Matters

Information regarding High Court cases is presented in Table 67.

Table 67: High Court cases lodged against the Councils

APPLICANT / PLAINTIFF	RESPONDENT / DEFENDANT	CLAIM	PROGRESS
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 Council.	The appeal succeeded.
Drs. Patrick Bwalya & Fifi Kabunda	MDCNA	Dr. Bwalya and Dr. Kabunda filed an application against the decision of the appeal committee to dismiss its appeal on the interlocutory matters they raised at the professional conduct inquiry inter alia that there was a delay in prosecuting the matter.	The matter is pending in the High Court.

5. LEGISLATIVE SUPPORT DIVISION

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

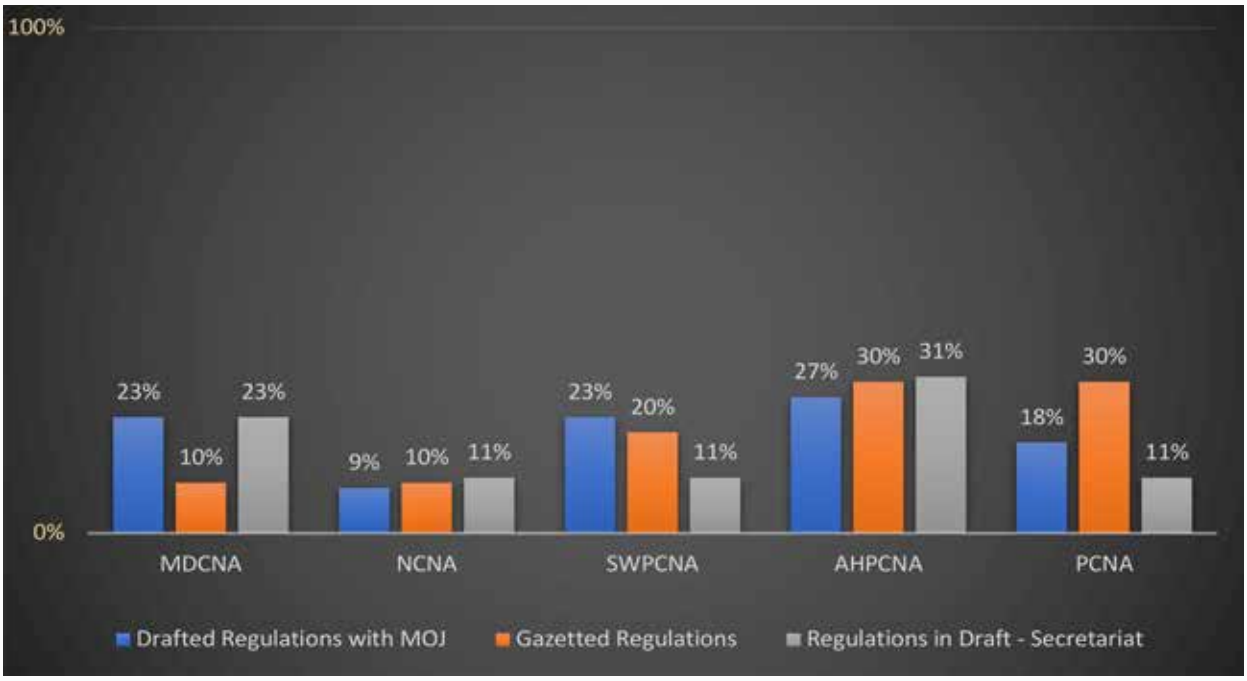
5.1 Regulations and rules

Data for the above are presented in Table 68 and Graph 16.

Table 68: Sets of regulations and rules per Council drafted and gazetted

COUNCIL	DRAFT REGULATIONS WITH THE MINISTRY OF JUSTICE	GAZETTED REGULATIONS	REGULATION IN DRAFT PROCESS – SECRETARIAT
MDCNA	5	1	6
NCNA	2	1	3
SWPCNA	5	2	6
AHPCNA	6	3	8
PCNA	4	3	3
TOTAL	**22**	**10**	**26**

Graph 16: Graphic presentation of draft regulation with the Ministry of Justice, gazetted regulation and regulations in drafting process with the secretariat.



- A number of regulations were drafted and gazetted during the previous period. The AHPCNA continues to lead during this period although the numbers have dropped compared to the previous period. This is attributed to the high number of professions that fall under the AHPCNA.

6. CHALLENGES

6.1 Investigation process

- The process of investigation highly depends on the cooperation from practitioners and hospital/health facilities to provide information on matters under investigation. Although there has been improvement over the years, delays in receiving information hamper speedy investigations.
- Availability of hospital/medical records and complete hospital records continue to hinder the investigation. This is experience more when documents are requested from the state hospital/health facilities.
- The insufficiencies and inaccuracies of entries by practitioners, more especially from the nursing profession, have negatively impacted the progress and quality of investigation.

7. CONCLUSION

7.1 The number of complaints seems to be declining over the years. This trend may mean that the practitioners have adopted a professional approach to service delivery to the patients or perhaps the public has taken a no-complaint approach.

7.2 The pending cases inquiries remain stagnantly high, despite a number of inquiries conducted annually. The limited number of inquiries is however determined by budgetary constraints.

7.3 The Ministry of Health and Social Services and the Ministry of Justice, Legal Drafters, continued to render immense support in ensuring that the regulations and rules are in place.

SECTION 4

FINANCE, HUMAN RESOURCE AND ADMINISTRATION

DIVISION: FINANCE

1. INTRODUCTION

The Finance division focuses on the following strategic objectives.

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

2 BUDGET COMMENTARY

Budget implementation by the MDCNA, the AHPCNA, the PCNA, the NCNA, and the SWPCNA (Hereinafter "the Councils") was firmly assessed using the variance analysis upon which reports were produced and dispersed to management and Council members for their perusal, review, and joint action. This was imperative to ensure adherence to internal budgetary requirements, transparency, accountability, and informed decision-making.

3 REVENUE

Councils generate income from the fees payable by healthcare practitioners. Mainly in the following: annual maintenance, application, inspection, and evaluation fees. The other additional income is the annual grant from the government, bank interest and property rental fees.

There was a 28% improvement in the total revenue of Councils. Revenue in the preceding year was N$40,190,454.00 compared to N$51,462,919.45 for the financial year under review.

The main source of income for the Councils was the government grant of N$25 000 000.00 which constituted 49% of the total revenue. This grant was received from the MoHSS as appropriated by the Namibian parliament for defraying expenses incurred by Councils in connection with their powers and the discharge of their duties and functions.

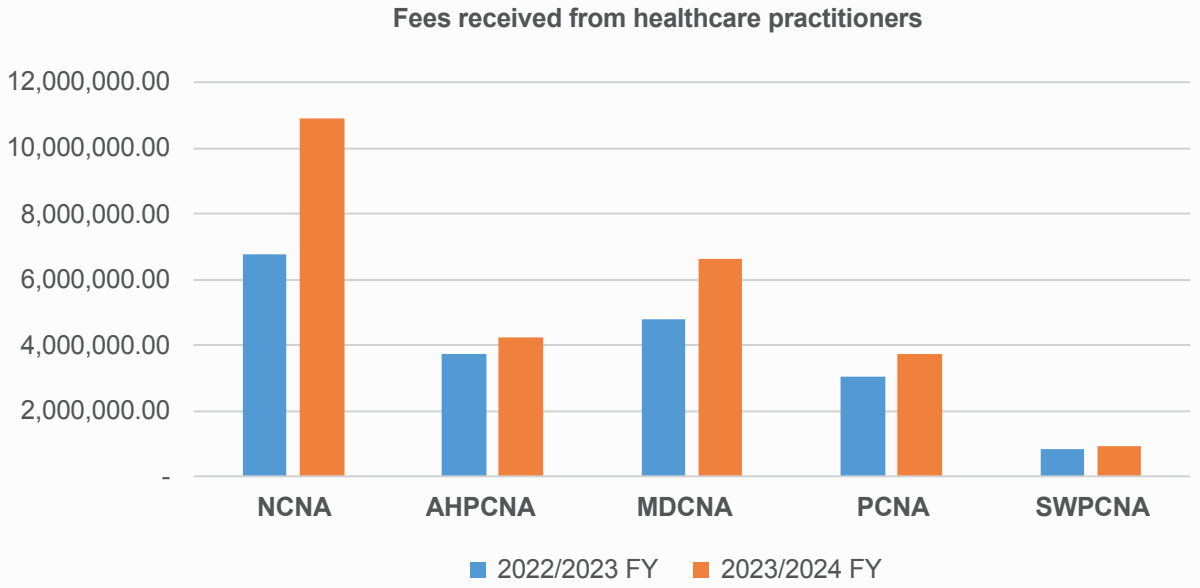
During the reporting period, the Councils generated an integrated income of N$ 26,462,919.45, mainly from annual maintenance, application, inspection, and evaluation fees.

Jointly, the Councils also generated an income of N$ 452,000.00 from the operating lease of two (2) properties. This represents an 85% increase from N$243,900.00 generated in the 2022 / 2023 financial year. Office number 44 Schönlein Street, Erf 4169, which was unoccupied for ten (10) months, got tenants from 1st May 2023. This contributed to the increase in income from operating leases. The revenue for the financial year under review is shown in Table 69 and Graph 17.

Table 69: Revenue for 2022 / 2023 financial year compared to 2023 / 2024 financial year

COUNCIL	2022 / 2023 FY	2023 / 2024 FY	%
NCNA	N$ 6 758 425	N$ 10 910 596	61% increase
AHPCNA	N$ 3 742 959	N$ 4 255 725	14% increase
MDCNA	N$ 4 785 793	N$ 6 638 053	38% increase
PCNA	N$ 3 047 411	N$ 3 719 251	22% increase
SWPCNA	N$ 855 864	N$ 939 292	9.7% increase
GOVERNMENT GRANT	N$ 21 000 000	N$ 25 000 000	19% Increase
TOTAL	**N$ 40 190 454**	**N$ 51 462 919**	**28% increase**

Graph 17: Graphic presentation of revenue.



Overall, there was a rise of 38% in the revenue due to the increase in the number of registered healthcare practitioners.

4 INVESTMENTS

The Councils continued to invest a surplus of their funds in the call and unit trust investment accounts. These accounts generated a combined interest of N$2 435 545.54 representing a 79% increase from the N$1 359 420.30 generated in the 2022 / 2023 financial year.

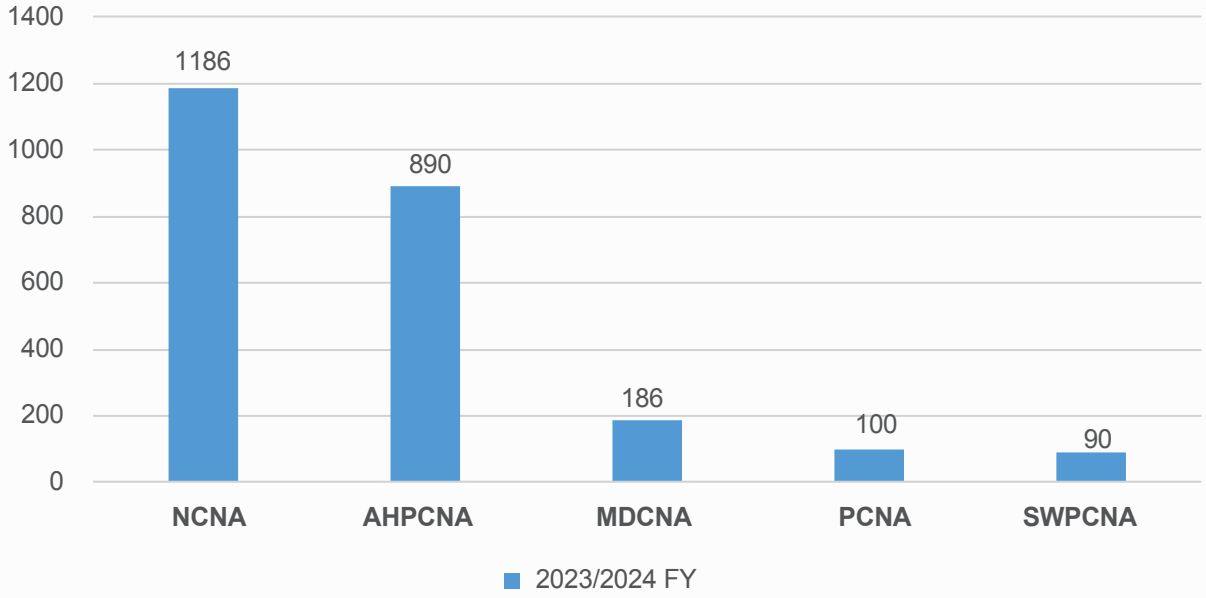
5 INVOLUNTARY REMOVAL OF NAMES FROM THE REGISTERS OR ROLL DUE TO NON-PAYMENT OF ANNUAL MAINTENANCE FEES.

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 70 and Graph 18.

Table 70: Numbers of the healthcare practitioners whose names were removed from registers or roll

COUNCIL	NUMBER	AMOUNT - N$
NCNA	1186	582,710.00
AHPCNA	890	405,535.00
MDCNA	186	675,930.00
PCNA	100	178,200.00
SWPCNA	90	111,120.00
TOTAL	**2452**	**1,953,495.00**

Graph 18: Numbers of healthcare practitioners removed from registers or roll.



In the financial year under review, 9% of total registrants of the NCNA, 18% of the AHPCNA, 7% of the MDCNA, 5% of the PCNA, and 12% of the SWPCNA had their names removed from the registers or roll due to nonpayment of annual maintaining fees.

The Councils have consistently adopted vigorous debt collection measures to ensure that money owed to them by the healthcare practitioners for annual maintenance and other services is recovered. In this respect, 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 proved to be effective in collecting the outstanding fees from healthcare practitioners and those who paid their dues had their names restored to the registers or roll as discussed below.

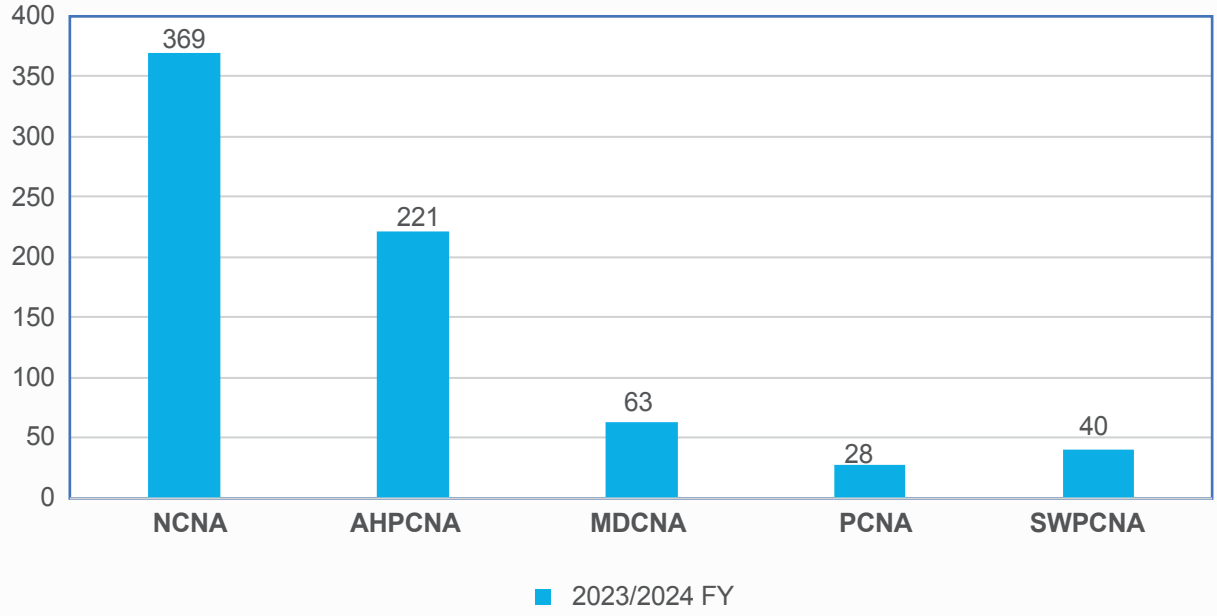
6 RESTORATION OF NAMES OF HEALTHCARE PRACTITIONERS TO REGISTERS OR ROLL

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 71 and Graph 19 present the number of healthcare practitioners, whose names were restored to the registers or roll.

Table 71: Numbers of healthcare practitioners restored to the registers or roll

COUNCIL	NUMBER	AMOUNT - N$
NCNA	369	334,430.00
AHPCNA	221	203,670.00
MDCNA	63	65,250.00
PCNA	28	23,580.00
SWPCNA	40	36,350.00
TOTAL	**721**	**663,280.00**

Graph 19: Numbers of the healthcare practitioners restored to the registers or roll.



A total of seven hundred and twenty-one (721) healthcare practitioners had their names restored to registers or roll representing 29% 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$ 663 280.00.

7 AUDITED FINANCIAL STATEMENTS

The Councils' accounting records were externally audited by Saunderson & Co. 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 31st of March 2024. All Councils obtained unqualified audit opinions. The audited financial statements are presented separately as annexures to this report.

8 CONCLUSION

The Department of Finance's core mission is to ensure effective and appropriate provision of relevant support services to the Councils. The department has coherently carried out this task.

DIVISION HR, ADMINISTRATION, RECORDS MANAGEMENT, AND IT

1. INTRODUCTION

The department responsible for HR, administration, records management, and IT provided support services to the Councils.

During the reporting period, the department strived to perform the following strategic objectives.

- Develop human capital that meets customer requirements.
- Ensure the availability of required skills and knowledge to deliver services.
- Improve staff relations.
- Revise the human resources policies continuously.
- Strengthen internal payroll capacity and infrastructure.
- Provide adequate IT, data and record management solutions.

DIVISION: HUMAN RESOURCES

1 STAFF ESTABLISHMENT

The Councils are administered by a joint secretariat with an establishment of sixty (60) posts, out of which forty-five (45) are currently filled. This translates into a 75% occupancy rate.

The staff established was reviewed regularly by the Recruitment, Promotion and Remuneration Review Committee (the Committee) to determine the need to fill the vacant posts based on service demands and financial sustainability. The Committee employed internal re-arrangement for proper utilisation of available human resources and cost containment.

2 STAFF ATTRITION, RECRUITMENT AND PROMOTION

During the reporting period, the Councils retained the existing workforce except for one (1) employee whose employment contract came to an end.

With regards to recruitment, five (5) new staff members were employed: a manager for education and training quality assurance and continuing professional development; a manager for the Pharmacy Council; an assistant manager for the Pharmacy Council; a legal officer; and a driver. Two (2) of the recruits are females.

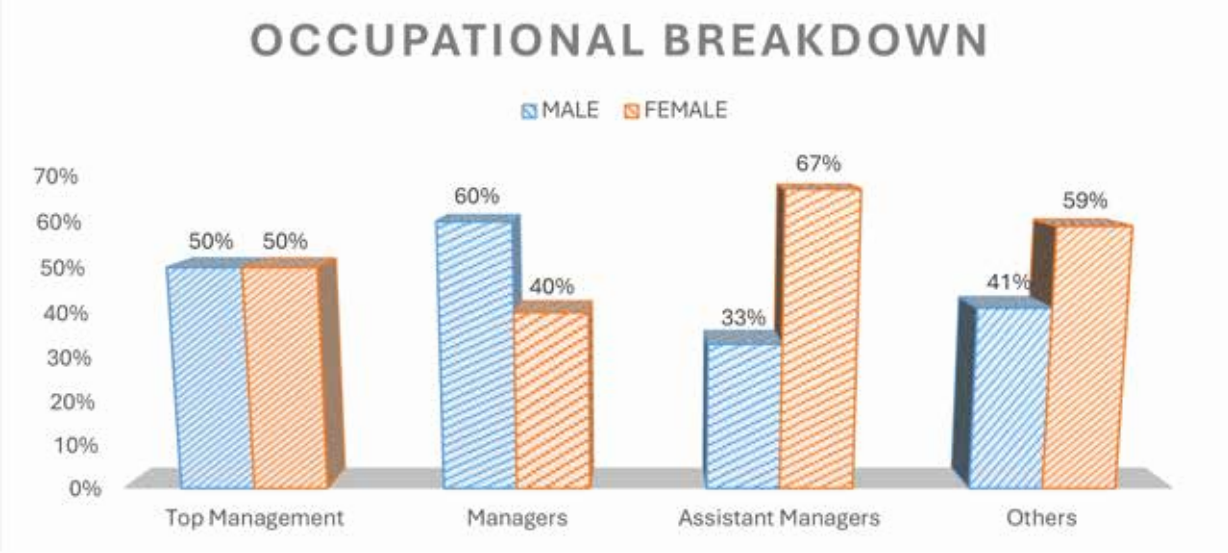
Regarding promotion, one (1) female employee was promoted to the position of administrative officer at the Nursing Council.

Table 72 and Graph 20 present the number of employees per gender and occupational level.

Table 72: Employees per gender and occupational level

OCCUPATIONAL LEVEL	MALE	FEMALE	TOTAL
Top Management	2 (50%)	2 (50%)	4
Managers	6 (60%)	4 (40%)	10
Assistant Managers	3 (33%)	6 (67%)	9
Others	9 (41%)	13 (59%)	22
TOTAL	**20 (44%)**	**25 (56%)**	**45**

Graph 20: Graphical presentation of employees per gender and occupational level.



Out of 45 employees, 20 (44%) are males and 25 (56%) are females. This indicates that female employees dominate the workforce. Furthermore, the recruitment of three (3) male employees increased the male population to 20 translating to 44% percent of the workforce against 41% in the previous reporting period.

There is an equal gender representation in the executive management category. However, the male-female demographics in the managerial category show that 40% are female employees, which is an increase of 2% from the 38% reported in the previous financial year.

The female dominance was maintained at the assistant managerial level (67%) and low-level category (59%). Women empowerment is a norm at the Councils and a key consideration in decision-making to ensure equal representation.

The commitment to balanced gender diversity and inclusivity at all administrative levels proves the adherence to the Affirmative Action Act, and also attracts a wider pool of talent, enriching decision-making and unleashing innovativeness and creativity. This culture has boosted workforce morale and productivity, better stakeholder reflections, and a positive employer reputation.

3 EMPLOYEES AGE PROFILE

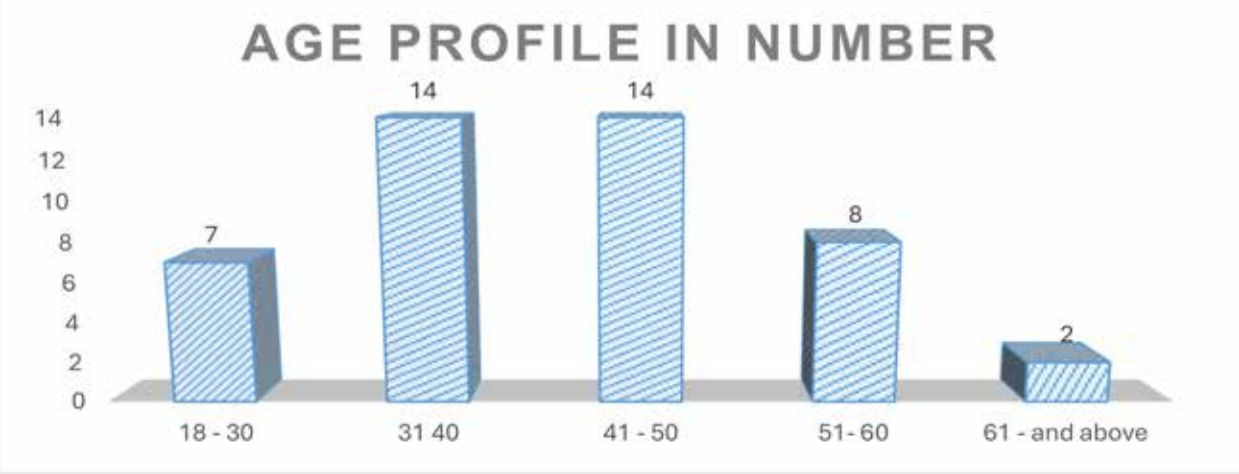
Employees who turn 65 years old must retire from the service from the first day of the following month after reaching retirement age. However, the service of a retired employee may be retained on a twelve-(12)

month contract based on skill scarcity, experience, and good health. The age demographics of employees are presented in Table 73, Graphs 21 and 22.

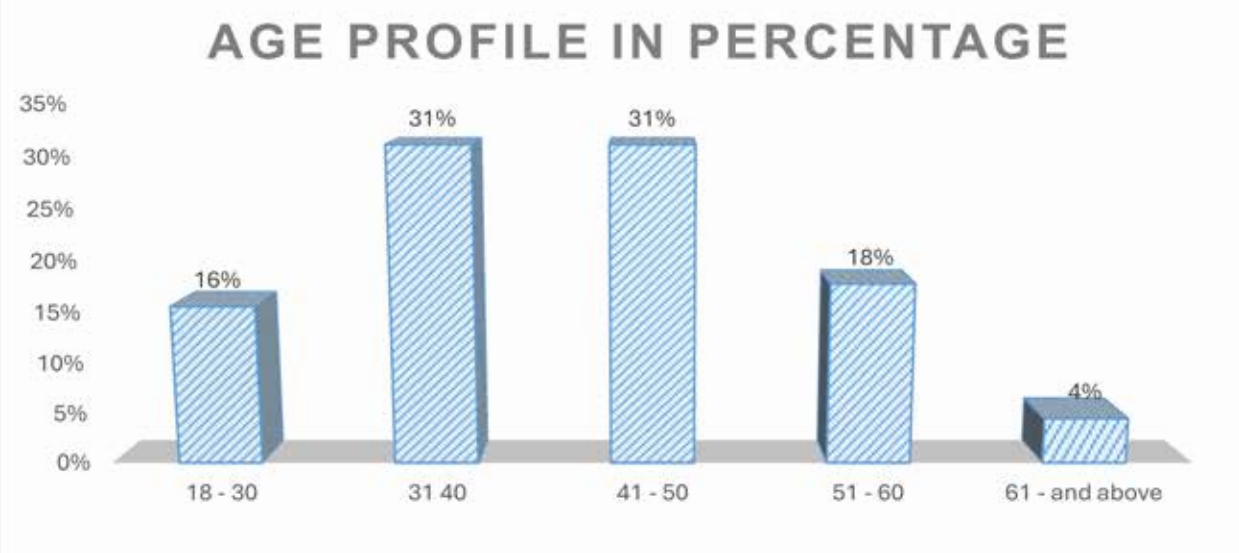
Table 73: Employees per age groups

AGE GROUP	NUMBER	PERCENTAGE
18 – 30	7	16%
31 – 40	14	31%
41 – 50	14	31%
51- 60	8	18 %
61 - and above	2	4%
TOTAL	**45**	**100%**

Graph 21: Age profile of employees in numbers.



Graph 22: Employees' age profile in percentage.



As shown in Table 73, and Graphs 21 and 22, the youth (31%) and middle-aged (31%) dominate the workforce. The 2023/2024 financial year attracted young and energetic employees causing a slight increase to 16% from 12% in the previous reporting period. The overall age demographics of the employees show that the Councils are committed to succession planning.

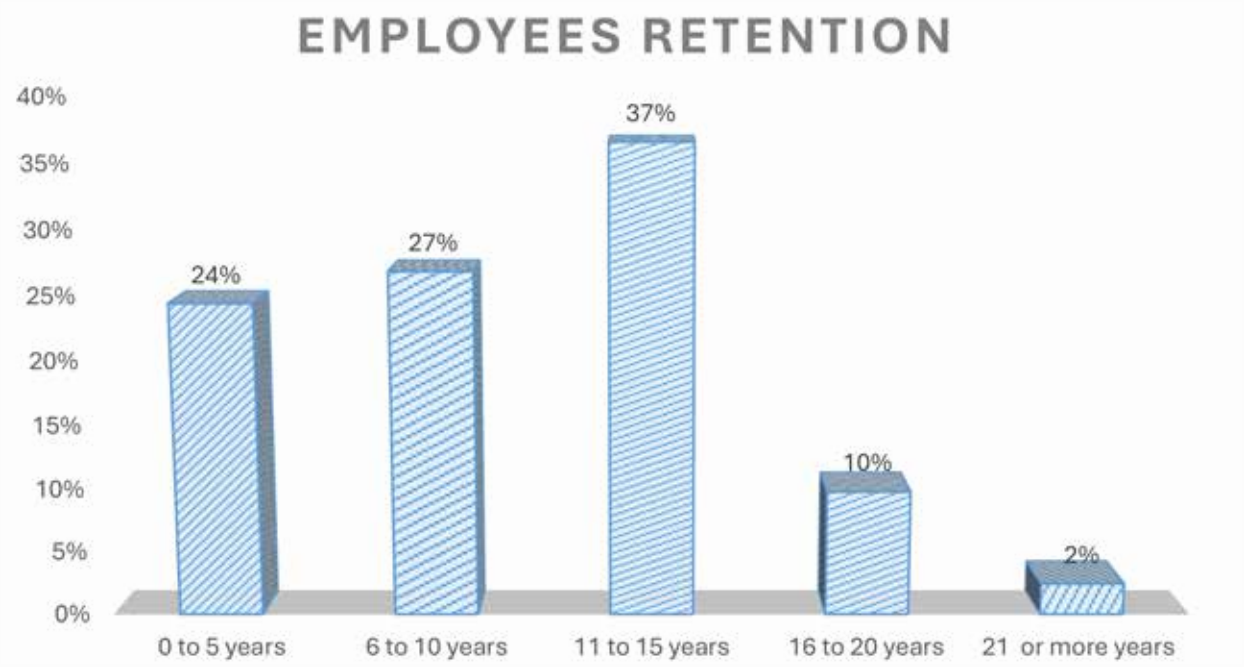
4 STAFF RETENTION

The staff retention profile for the period under review is presented in Table 74 and Graph 23.

Table 74: Number of employees per year of service

NUMBER OF YEARS	NUMBER OF EMPLOYEES	PERCENTAGES
0 to 5 years	12	27%
6 to 10 years	12	27%
11 to 15 years	16	36%
16 to 20 years	4	9%
21 or more years	1	2%
TOTAL	**45**	**100**

Graph 23: Number of employees per year of service.



Councils have strived to maintain and improve a working environment, which is conducive to employees in all job categories. This was done by ensuring good employees' well-being, market-related compensation, effective communication, work recognition, and inclusivity. Consequent to these efforts, the Councils became the preferred employers of choice to many employees as demonstrated by 36% of employees who have been with the Councils for 11 to 15 years and 4 employees have been with the Councils for 16 to 20 years. The longest-serving employee has been with the Councils for 20 years.

5 LONG SERVICE AWARDS

The HR policy provides for the certification and monetary recognition of employees who rendered uninterrupted services to Councils for 5, 10, 15, 20, 25 years and longer, or upon retirement. The policy aims at boosting employees' sense of belonging and loyalty to the Councils.

The award is granted only once upon reaching the date on which the specific period of continuous service has been completed. As indicated in Table 75, four (4) employees were awarded.

Table 75: Number of employees awarded per category

CATEGORY	NUMBER OF EMPLOYEES AWARDED
10 Year Awards	1
15 Year Awards	3
Total Awards	**4**

6 TRAINING AND DEVELOPMENT

Employees are encouraged to take up further studies and in-service training for personal growth and performance improvement. Two (2) employees attended training in Skills for Executive Secretaries and Personal Assistants at the Namibia University of Science and Technology at costs of N$ 17,000.00.

Twenty (20) middle-level managers were trained in Conflict Management and Problem Solving at N$36 720.00. The training equipped them with techniques for resolving work-related conflicts.

In other words 49% of the workforce (22 employees) were externally trained at a cost of N$53 720.00.

7. STUDY ACHIEVEMENT AWARDS

Employees who acquire self-funded qualifications from recognised educational institutions and are relevant to their scope of work are monetarily rewarded for their achievements. One employee, as shown in Table 76, received an award.

Table 76: Employee who received a study achievement award during the period under review

NO	NAME	QUALIFICATION OBTAINED	AMOUNT
1	Ms. Hildah Nanzala Masule	Diploma in Management (Public Sector Management)	N$1 000.00

8. BASIC CONDITIONS OF SERVICE

The standing resolution of the Joint Presidents' Committee is to keep the remuneration of the employees on par with that of the public service except for housing subsidies and medical aid allowances.

During the reporting period, the Government increased the basic condition of service for its employees. This necessitated the adjustment of the condition of services for the employees of the Councils with effect from the 1st of April 2024. The Councils also increased medical aid allowances for their employees by 20%.

9. STAFF WELLNESS

The Councils hosted a wellness day for employees to voluntarily assess their health status and to maintain better health lifestyles. The following tests were offered to the employees.

- Cholesterol.
- Blood sugar.
- Blood pressure
- Body mass index (BMI)
- Pap smear
- Prostate cancer
- Mammogram
- HIV
- Iron deficiency

These services were provided at no additional cost to the Council as all employees are provided with medical aid benefits.-

ADMINISTRATION

The administration unit of the Councils manages the physical infrastructure, fleet, supplies, assets, communication, and risks.

1. MANAGEMENT OF INFRASTRUCTURE

In order to maintain a conducive working environment, and the durability of physical infrastructure, the Councils carried out minor and major renovations at all five (5) properties of the Councils. Three of these properties are occupied by the Secretariat. Two are rented out for extra income, and details of their lease agreements are presented in Table 77.

The five properties were assessed to determine their value and ensure that they are adequately insured. The total value of the five properties had increased from N$48 420 000.00 in 2022/2023 to N$47 340 000.00 in 2023/2024 financial years. The properties had appreciated by 2.28% as opposed to 3.11 % in 2023.

Table 77: Lease agreements

TENANT	PROPERTY	DURATION
Proash Capital (Pty) Ltd	Erf 4168	2 years
Twenty-First Century Radical Publishing CC t/a Radical Books	Erf 4171	2 years

2. TRANSPORT MANAGEMENT

The fleet is well managed and no interruption in transportation services was experienced. The fleet consists of two vehicles: a Toyota Fortuner, which was mostly utilised for official trips in and out of Windhoek, and a

Toyota Corolla for delivery of mail and office supplies. Both vehicles are serviceable, well-maintained and insured. No accident was reported during the reporting period.

3. GENERAL SUPPORT SERVICES

Logistic services provided to all other departments include the procurement of stock and office supplies, repairs and maintenance as well as the management of mail and services accounts.

4. CONTRACT MANAGEMENT

In line with the Public Procurement Act, 15 of 2015, some services are outsourced to external service providers for efficiency and cost-effectiveness. Regular meetings were held with external service providers on matters relating to the implementation of contracts. Details of the latter are presented in Table 78.

Table 78: Contracts

SERVICE PROVIDERS	DESCRIPTION OF SERVICE PROVIDED	CONTRACT DURATION
Cube IT CC	Database System Administration	Yearly
Document Warehouse	Archives management	Yearly
Roha Investment CC	Cleaning Services	3 years
Rent-A-Drum	Waste removals	Yearly
Acunam Technology Group	Information Technology	2 years
Acorn Financial Services CC	Payroll services	3 years
Saunderson & Co Auditors	Auditing services	3 years
Asylum Design and Development CC	E-register and Website hosting and maintenance	3 Years
Konica Minolta	Photocopy machine	3 years
Chief Nangolo Security Services CC	Security Services	3 years
First National Bank of Namibia Insurance brokers	Insurance for all Councils' asset	Monthly

5. PROCUREMENT ACTIVITIES

During the period under review, the following procurement activities were undertaken in line with Public Procurement Act No. 15 of 2015.

5.1.1 Security Services

The security service agreement between the Councils and Degrande Investments CC t/a Degrande Protection Unit expired on the 30th of November 2023. A new security contract was concluded with Chief Nangolo Security Service CC for thirty-six (36) months.

5.1.2. Website and E-registers

Asylum Design and Development CC was awarded a contract for hosting, overhauling, upgrading, and maintaining the website and the e-registers for thirty-six (36) months. The overhauling of the website was

completed during the last quarter of the reporting period. Upgrading the e-register will be done during the 2024/ 2025 financial year.

DATA AND RECORD MANAGEMENT

The records management division is responsible for ensuring the safety and security of the physical records of the registrants. Drafting of the Records Management Policy is being finalised to ensure compliance with the National Archives Act, improve efficiency in the handling, preservation and storage of records, and reduce storage costs.

INFORMATION TECHNOLOGY

1. DATABASE MANAGEMENT SYSTEM

The database management system was upgraded to overcome the operations challenges experienced during the payment of maintenance fees payment the registrants.

The upgraded system made it easier to communicate with the registrants via short message services (sms) with a link to the necessary attachments such as invoices and letters. During the reporting period, registrants were successfully informed about new fees via sms and received their invoices through the same platform. The upgraded system is capable of accommodating future developments such as the generation of reports through e-registers. Overall, the upgrade has improved the operations in terms of data capturing.

2. CLOSED-CIRCUIT TELEVISION (CCTV) SURVEILLANCE

CCTV surveillance, with two (2) pan-tilt-zoom (PTZ) cameras, was installed along Schönlein Street to combat crime. The presence of the cameras has notably assisted in dealing with criminal activities as some suspects identified through this equipment were successfully apprehended by the Namibian Police.

After the identification of a blind spot at the intersection of the two (2) existing PTZ cameras, which were utilised by criminal elements, five bulletin cameras were installed connected and monitored through the existing CCTV surveillance system.

The City of Windhoek availed its streetlight poles for power at no cost to the Councils and for the cameras to be mounted on these poles. No criminal activity was reported after the installation of the additional cameras. The Councils will continue to make use of this facility until the City Police take over the responsibility of monitoring and maintaining the cameras.

3. WI-FI ACCESS POINTS AND FIBER

The Councils have been using the ethernet cables fixed into personal computers, servers and laptops as a means to access the internet. This infrastructure limits the flexibility of the employees, and denies clients

access to the internet while visiting the Councils. Wi-Fi connectivity was installed at all three buildings. This provides the following benefits to staff and clients, namely.

a) improved IT infrastructure,
b) internet access while on Councils' premises,
c) timely sharing of documents, exchanging emails, downloading of documents, facilitating presentations; and conducting virtual meetings, interviews, and evaluations;
d) flexible movement with laptops between offices and sharing information effectively;
e) eliminated inconveniences of having a fixed ethernet cable fitted into the laptops close to the network ports which limits the movement of users within the offices.

The Nano stations, which were damaged by rain leading to network failure at office building 46, were replaced with a fiber connection. Fiber technology is a data transmission with minimal inconvenience.

Conclusion

The department was successful in ensuring efficient and timely support to other offices of the Councils.

Notes

Notes