CPD News

Important CPD developments

The HPCSA CPD system as a whole is in the process of being revised with a view to implementing improvements, more specifically for the medical and dental practitioners. In this regard, in March 2003, a consultant was contracted to evaluate and redress the system. The full report of the consultant was submitted in July 2003 and forms part of a letter by the HPCSA, which will be or has been circulated to ALL health professionals, including dietitians.

In order to avoid any confusion, the CPD Committee of the Professional Board for Dietetics wishes to advise and confirm that, for dietitians, the status quo with regard to CPD will remain, until further notice.

As soon as the final development phase of the new proposed system is reached, full details of the functioning of the new system will be provided to all relevant role players. **So until then,** please study the **CPD Guidelines 2004** and make sure that you complete the **Form CPD3-DT** correctly with all the required documentation, when you apply for CPD points.

Contact the CPD Officer in the CPD for Dietitians Office if you have any queries. Contact details: **edelweis@iafrica.com** or tel/fax (053) 433-0770 (09:00 - 13:00).

A review of the CPD point status for 2002

During our first compulsory cycle of CPD, dietitians have accrued points as follows:

Of the 1 323 registered dietitians on the database, the average number of CPD points obtained was 69 points (with a minimum of 1 and a maximum of 263!). Fig. 1 indicates the percentage of dietitians who obtained points in the following categories: no points, 1 - 25 points, 26 - 49 points, 50 - 99 points and more than 100 points. It is pleasing to note that 58% of dietitians obtained more than the required 50 points.

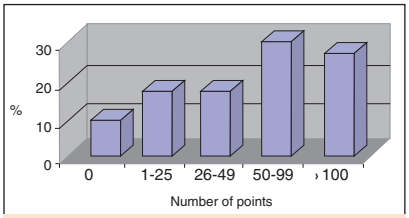

Fig. 1. CPD points: 2002 (N=1 323).

Regarding the points in ethics, Fig. 2 indicates the percentage of dietitians who obtained less or more than the required 2 points. Unfortunately, only 43% obtained the necessary 2 points (with a minimum of 0 and a maximum of 27 points obtained). Just under half (46%) of the dietitians obtained no points in ethics.

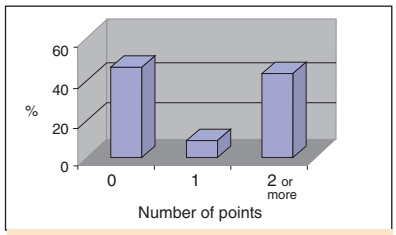

Fig. 2. Ethics points: 2002 (N=1 323).

There was a wide variety of opportunities provided for CPD activities in 2002, of which 135 were accredited for category 1, 57 for category 2 and 623 for category 3 activities. In the case of category 3 activities, 52 were articles with questions.

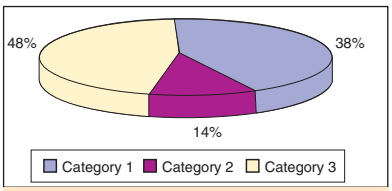

Fig. 3. Distribution of points obtained per category.

Fig. 3 indicates the distribution of points obtained per category by dietitians, which reflects the number of activities provided.

G Gericke
Chairlady (on behalf of the CPD Committee)

Saspen news

Dear Members

I trust you are all hard at work, well into this new year. As you may have noticed, SASPEN now has a dedicated section in the journal since the start of 2004. SASPEN will keep you informed, not only of important society matters, but will also provide abstracts of the latest journal articles.

SASPEN plans to hold two symposia this year, so watch for details in future issues. We welcome all suggestions, ideas or topics you would like discussed. Send all correspondence via e-mail (**saspen@sun.ac.za**).

Remember to keep our office updated with regard to your latest postal and e-mail addresses.

Many thanks

Tracey Moore

Research reviews (focus on obesity in South Africa)

1. Obesity in South Africa

(Puoane T, *et al. Obes Res* 2002; **10:** 1038-1048)

This article reported findings on the prevalence of obesity in South African adults, examined in the South African Demographic and Health Survey in 1998. For men, 29.2% were overweight or obese (BMI > 25) compared with 56.6% of women. Underweight (BMI < 18.5) was found in 12.2% of men and 5.6% of women. White males had the highest prevalence of obesity (BMI = 30), namely 18.2%, and African women 31.8%. Furthermore, abdominal obesity was found in 15.5% of African women. Determinants of overweight were found to be age, level of education, ethnicity, and area of residence (urban versus rural).

2. Implications of the prevalence of stunting, overweight and obesity among South African primary school children: a possible nutritional transition?

(Jinabhai CC, *et al. Europ J Clin Nutr* 2003; **57:** 358-365)

The study involved 802 primary school children (8 - 11 years) in 1995 and 24 391 in 1994. All data were from children in KwaZulu-Natal. The researchers found that the prevalence of overweight ranged from 0.4% to 11.9% using the criteria of the International Obesity Task Force (IOTF) and from 0.4% to 13.3% using WHO criteria. Stunting ranged from 2.9% to 40.2 %. The authors found no excess relative risk of being overweight, if stunted.

3. The epidemic of obesity in South Africa: A study in a disadvantaged community

(Temple N, *et al.*, *Ethn Dis* 2001; **11:** 431-437)

This study was conducted among people living in a disadvantaged community in Cape Town (Mamre). It was found that half of middle-aged women are obese. Based on the 1996 survey 32% of women had a BMI = 30 at ages 25 - 44 and this rose to 49% at ages 45 - 64 years. A rising trend in BMI was seen in adults between 1989 and 1996. This trend was explained by a rural-urban transition, including electrification, reduced physical activity, and increasing availability of energy-dense foods.

4. The National Food Consumption Survey (NFCS): Children aged 1 - 9 years, South Africa, 1999

(Labadarios *et al.*, 2000, Pretoria: Department of Health).

The NFCS evaluated nutritional status in 1 - 9-year-old children (*N* = 2 894) in South Africa in 1999. It was found that stunting (height-for-age = -2 SDs NCHS 50th percentile) in children was 21.6% nationally, being highest in 1 - 3-year-olds (25.5%) and in children of farm workers on commercial farms (30.6%). The prevalence of overweight (weight-for-height = 2SDs was 6.0% overall and 8.1% in formal urban areas. The prevalence was highest in the 1 - 3-year-olds (6.6%) and in children of mothers having a tertiary education (11%). Furthermore, the determinants of stunting and overweight were generally similar (although to varying degrees) and included: type of housing, availability of tap water in the house, type of toilet, fuel for cooking, presence of refrigerator/stove, and maternal education level.

5. 'Big is beautiful'— an exploration of urban black women in a South African township

(Puoane *et al.,* 2003 — personal communication)

This study explored factors associated with body weight and body image of black, female community health workers living in Khayelitsha, Cape Town. Of the 44 women measured, 2 had normal weight (BMI 18.5 - 25), 2 were overweight (BMI 25 - 30), 25 were obese (BMI 30 - 40) and 15 were extremely obese (BMI = 40). A moderately overweight shape was preferred by the women, and this was associated with dignity, respect, confidence, beauty and wealth. Perceived causes of obesity were eating the wrong food, skipping breakfast and worries about debts, husbands and teenage children. Negative aspects of obesity included tiredness and aches and pains.

N P Steyn

Purity enter frozen food market with meals for toddlers

Purity have launched a completely new range of frozen meals for children from 18 months to 3 years. Containing no preservatives,

artificial flavourants or colourants, Purity's Frozen Meals are an extension to their range of toddler offerings including jars, Growing Up Milk, and cereals.

These meals are energy rich and provide the recommended balance of protein, fat and carbohydrates for growing toddlers. The average protein ratio is 20%, fat 30% and carbohydrates 50% of the total energy. The meals are also fibre rich at between 2.8 and 3.2 g per serving, and are a good source of haem iron, which is more bio-available.

Enquiries: Allison Bergh, tel (021) 970 4100.

Health Ministers sign Memorandum of Understanding to encourage skill-sharing between the UK and SA

The government of the UK has recently signed an agreement with the South African government to increase the level of co-operation between the two countries in the health sector.

The Memorandum of Understanding (MoU) offers South African and English health care professionals the chance to go on time-limited placements to the other country.

It will also lead to the countries sharing information and expertise in areas such as public health, professional regulation, workforce planning, public-private partnerships and hospital twinning initiatives.

Under the terms of the agreement, signed at South Africa House by Mr

John Hutton, Health Minister, UK, and South African Health Minister Dr Manto Tshabalala-Msimang, South African doctors and nurses will have the chance to work in the NHS on projects with an educational basis. At the end of the exchange they will then return to South Africa, where their posts will have been kept open, and use the skills they have learnt to support the development of health care services in their own country.

Likewise, NHS staff will be encouraged to work in South Africa for limited periods. An example of current co-operation between the countries is the University Hospital Birmingham NHS trust, which is twinned with Tygerberg Hospital in South Africa.

Health Minister John Hutton said: 'This memorandum is very much a two-way arrangement, and I am sure that NHS staff will draw huge benefits from their experiences working in South African health care practices, where they will learn skills that can be put into use back in this country.'

Further details can be found at **www.doh.gov.uk/internationalhumanitarianandhealthcare**

Nutrition supplementation for HIV and AIDS patients

The government has approved a comprehensive care and treatment programme for people living with HIV and AIDS. A wide range of interventions and options will be provided through this comprehensive package of care. These may include advice on general health maintenance strategies, positive living, exercise, nutrition, traditional and complementary medicines and antiretroviral (ARV) therapy. From a clinical perspective, adequate nutrition, appropriate micronutrient supplementation, and the treatment of clinical malnutrition will significantly enhance the effects of ARV treatment and the treatment of opportunistic infections.

The programme will be implemented at accredited service points throughout the country. The accreditation process will help to ensure that the facilities that are approved for the provision of ARV treatment are of good quality and observe the highest standard of care. In addition, extensive training and certification of health professionals will be carried out to support this treatment programme.

It is envisaged that all persons attending service points for HIV care will receive nutrition counselling and education to manage their illness effectively. For the majority of South Africans living with early HIV infection, achieving and maintaining a healthy nutritional status will be instrumental in slowing the progression of disease, and delaying the time until treatment with ARVs becomes necessary.

Skilled nutritionists and/or dieticians will be employed at accredited service points within a district to implement the nutrition intervention package. Patients and specifically identified child-headed households will also be connected to other available nutritional services/programmes than those located in the Department of Health, Agriculture and Social Development. The integration of HIV service points with these programmes is expected to augment their effectiveness and assist in their ability to manage additional demand.

In addition, the HIV and AIDS care and treatment programme will provide supplemental meals and micronutrient supplements to all patients above 14 years with clinical AIDS who are malnourished and are eligible for ARVs, and who do not have access to a secure food supply. Furthermore, all HIV-positive children under the age of 14 years who enroll at service points will receive nutritional packages consisting of a micronutrient syrup and a supplemental meal.

The National Department of Health is in the process of:

- reviewing the specifications for the supplemental meals
- setting the standard levels of the micronutrient syrup/tablet
- developing training material
- co-ordinating collective efforts with other departments.

The provincial offices will be responsible for ensuring:

- that staff are appropriately trained in nutritional assessment
- the supply of nutrition supplements
- secure storage and distribution of supplies.

Contact person: Director of Nutrition, Mrs C Mgijima, Department of Health, tel (012) 312-0062, fax (012) 312-3112.

Continuing Nutrition Education (CNE)

The Department of Human Nutrition, Stellenbosch University, is holding its annual CNE on 20 and 21 May 2004. Invitation and registration forms will be posted soon. For further information contact Mrs Debbi Marais (dm@sun.ac.za) or Mrs KT De Wet (ktdw@sun.ac.za).

New SAJCN website: www.sajcn.com