

## CPD COMMITTEE CONTRIBUTION

The ADSA CPD accreditor has a new name: Continuing Professional Development for Dietitians. The ADSA and HPCSA logos will be part of the corporate image of the accreditor.

The CPD committee, on behalf of the Professional Board for Dietetics, sends the revised CPD guidelines to all registered dietitians on an annual basis. If you have not received your own copy via either e-mail or post, please contact the CPD Officer, PO Box 641, Bloemhof 2660 or e-mail: [edelweis@iafrica.com](mailto:edelweis@iafrica.com).

It would be greatly appreciated if all dietitians regularly inform the CPD office of any changes in their e-mail addresses or that those who have not yet provided the CPD office with an e-mail address, do so, if at all possible. This will not only ensure that you get all the necessary CPD information timeously, but it will also be of great assistance to the Professional Board for Dietetics. Using the available e-mail addresses enabled the CPD committee to reduce the mailing costs of the revised CPD guidelines by half, thus saving us R10 000! This in turn assists the Professional Board in keeping the registration costs to an absolute minimum.

Experience so far gained indicates that, should dietitians bear the following details in mind, it will greatly assist the CPD officer in not only reducing administration and handling your queries speedily, but also attend to requests with accuracy:

- Dietitians must please supply their DT number in all correspondence with the CPD office (e-mail, mail).
- No CPD points will be awarded if applications do not include all the necessary information, especially the latest CPD3 form.
- There are 'unclaimed' funds in the CPD office's account, which cannot be

allocated to the correct dietitian's CPD account, since the DT number was not given or the number given on the deposit slip was entered incorrectly by the bank. Please ensure that you use your DT number when depositing the funds and send the deposit slip to the CPD office.

- Providers of CPD activities should note that all applications for accreditation should be done timeously, BEFORE the CPD activity occurs. Payment of accreditation fees and attendance lists should be sent to the CPD officer within 1 week of the date of approval of the CPD activity.
- Please note that the CPD Office is not a full-time 'post' and as such replies may not always be as speedy as we would like them to be. Please allow at least 48 hours for a response — all efforts are made for responses to be sent out within 24 hours. Office hours for the CPD office are 09h00 - 13h00 daily.
- Although the CPD committee is not directly involved in the marking of CPD article questionnaires, the Committee has been informed that duplicate completed CPD article questionnaires have, on occasion, been submitted. Please note that only ONE attempt may be sent in for evaluation. It would also be appreciated if dietitians would only send the answers to the relevant provider via one mode only, i.e. by mail, fax or e-mail.

We would also like to bring the following to your attention regarding deferment:

- The deadline for deferment applications is 31 March of each year.
- Deferment cannot be granted if CPD points are not up to date.

### HILARY GOEIMAN

Hilary Goeiman is the new Programme Manager (Deputy Director) of the

Integrated Nutrition Programme in the Western Cape Province Department of Health, effective from 1 April 2003.

She qualified as one of the first dietitians at the University of the Western Cape. She started her career in the field of community nutrition in the then House of Representatives within the Department of Health. Hilary has gained extensive experience over more than 10 years, working in various areas in the Cape Metropolitan area. Her passion has always been to form partnerships in the workplace in order to serve the community. She was therefore very involved in different community projects such as the integrated nutrition project in Bloekombos. She has also continuously endeavoured to improve her skills at the workplace by completing a number of nutrition and management courses. She was the District Management Team Leader/Manager of a Health District and has been leading transformation processes within the District Health system. Hilary was also very involved in student training, mentoring and research and is also enrolled for a Master's degree in Nutrition at the University of Stellenbosch.



Hilary is married with two children. She sees this new challenge as her destiny that has been determined by a higher power. She believes that making a difference in the lives of others is the most important feature of her work. She says that 'working hard, having good role models and mentors, being humble and believing that you can make a difference are all aids to personal success'.

## AFRICA OFFICE FOR MICRONUTRIENT INITIATIVE

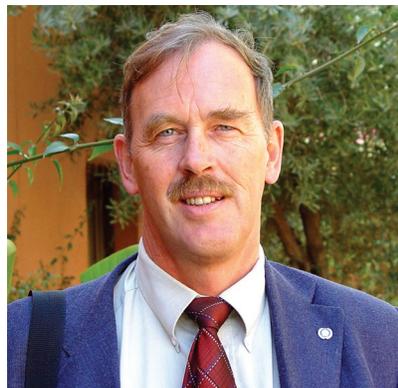
Dr Carol Marshall is a South African who qualified as a medical doctor at the University of Cape Town. She worked for many years in Mozambique as a paediatrician, returning to South Africa in 1991 to specialise in Public Health at the University of the Witwatersrand. She was closely involved with the processes of nutrition policy development in 1994 and 1995 as part of the preparation and work done for the new government. In 1995 she joined the Gauteng Department of Health as the Director of Mother and Child Health and Nutrition, moving to the position of Chief Director in 1997 with responsibility for policy, planning and health programmes, including the area of nutrition.



Last year Carol was appointed as Director of the new Africa Office of the Micronutrient Initiative, an international organisation committed to eliminating micronutrient deficiencies around the world. She is based in Johannesburg and together with a small staff is responsible for all of sub-Saharan Africa. Carol develops, funds and implements programmes in the fields of supplementation and fortification across 14 countries in Southern, Eastern and West Africa. Vitamin A, iron and iodine are emphasised as the most critically important micronutrients, where the correction of the widespread

deficiencies found in Africa have the potential to ensure the greatest benefits in terms of lives saved and quality of life gained, through implementing a comprehensive package of the most cost-effective public health nutrition interventions known.

## UNICEF AIM TO ELIMINATE MALNUTRITION AND STUNTING



Dr Marinus H Gotink received his MD degree in 1981 from the State University Groningen, the Netherlands. A 3-year postgraduate training in Surgery, Obstetrics and Tropical Medicine followed, after which he assumed responsibility as District Medical Officer in Berea District, Lesotho, in 1984. This technical assistance was supported by the Government of the Netherlands. After receiving a Master's (International Health) in Public Health degree from the Johns Hopkins University in 1990, he joined UNICEF as Chief of Health and Nutrition Programmes in Ghana, Kenya and, since mid 2002, South Africa.

(Mal)nutrition status in children is the outcome of many societal processes, working through basic and underlying determinants, including food (in)security, health services and environment and care practices for women and children. Stunting in 25 per

cent of South Africa's children under 5 years of age is a violation of children's rights and a waste no country can afford to continue. Through multisectoral programmes with a variety of partners the Government and UNICEF aim to end this situation as soon as possible.