

Acceptable business practice for dietitians

Dietitians who work in South Africa need to ensure that they are employed under acceptable business models in order to avoid prosecution by the HPCSA. Acceptable business models are:

- working in solo practice as a registered dietitian
- working in partnership or association with another health professional(s) who is/are also registered with the HPCSA
- working in an incorporated practice according to HPCSA regulations (see below).

Undesirable business models are businesses where a party who is not a registered health professional benefits financially via income/profits/shares from the dietitian's consultations with patients. Some of these types include:

- corporate ownership or involvement, i.e. direct or indirect ownership of a professional practice by a person who is not registered with the HPCSA
- employment of dietitians is allowed only in the following categories:
 - the public service
 - universities/training institutions (for research and training)
 - all persons registered with the HPCSA, with the exception of pathologists and radiologists, may also employ fellow registered health practitioners; furthermore, all employing institutions should be accredited by the HPCSA
- franchising, which is not permissible at all.

If, as a dietitian, you are unsure of the conditions under which you work, you may write to the Committee for Undesirable Business Practices (HPCSA) for more information.

Dr Nelia Steyn (on behalf of the Professional Board for Dietetics)

Award for Salome Kruger

The International Journal of Applied and Basic Nutritional Sciences through the generosity of the Nestle Nutrition Institute (USA) has awarded Professor H Salome Kruger of the North West University, the coveted 10th John M Kinney Research Award for the best publication in paediatric nutrition.



The title of Kruger's publication was 'Evidence for relatively greater subcutaneous fat deposition in stunted girls in the North West Province, South Africa, as compared with non-stunted girls'.

'Stunting remains one of the most common nutritional disorders in South Africa, affecting 21.6% of children aged 1 - 9 years, whereas 17.1% of children of the same age group were classified as overweight,' says Kruger.

However, relatively little is known about the relationship between stunting and the development of obesity. 'In the past, stunted children in developing countries grew up under conditions of negative energy balance. The nutrition transition brought shifts in dietary composition and activity patterns that may favour the development of overweight.'

Kruger explains that it was decided to assess the differences in body composition of stunted and non-stunted girls in a representative sample of 10-15-year-old girls in the North West Province, with a view to guiding the development of appropriate intervention programmes for stunted children in the Thusa Bana Study.

'*Thusa* is the Tswana word for help and *Bana* means children, and we hoped to help children through our research,' says Kruger. 'Our results indicated that stunted girls store relatively more energy as body fat than non-stunted ones, at comparable energy intakes and level of physical activity. Stunted girls with a low level of habitual physical activity were most at risk of having excessive fat stores, especially on the trunk.'

Co-authors of the paper were Esté Vorster and Barrie Margetts and input was also provided by the Thusa Bana team, Hans de Ridder, Anita Pienaar, Johannes van Rooyen, Colette Underhay, Janine Mukuddem-Petersen, Rozanne Kruger, Judith Ngwenya, Lebogang Matshego, Theo Nell, Conrad Greer, students and fieldworkers.

The *SAJCN* would like to congratulate Professor Kruger and her co-workers on this achievement.

Further information: Prof. Salome Kruger at vgehsk@puknet.puk.ac.za

SA food industry to comply with international standards

South Africa, despite the lack of a food safety oversight body to propose, implement and monitor standards in testing, manufacturing and labelling, has a remarkable track record for food safety. This however, is insufficient if the country wishes to increase its exports to Europe and the USA, where stringent standards are being introduced.

Food safety has recently come under the spotlight with publicity given to the carcinogenic qualities of Sudan Red, a food dye prevalent in countless foodstuffs in the UK and also discovered in some products in South Africa. This is one of the factors which has led role-players in the industry to discuss and adopt a united and proactive response to the issue of food safety.

The Consumer Goods Council of South Africa (CGCSA), as an umbrella body, discussed various aspects of food safety in its recent conference. 'Our first priority is to adopt a co-ordinated approach to issues such as standards and controls,' explains Michael Broughton of the CGCSA. Among the objectives of the conference was the creation of a partnership between government and the private sector and the development

of communication strategies to educate both manufacturers and consumers on food safety.

Source: www.cgcsa.co.za

eGoli BIO and AEC-Amersham sign MOU

Non-profit business incubator eGoli BIO and AEC-Amersham, supplier of laboratory products and services, have concluded a Memorandum of Understanding (MOU) aimed at supporting start-up companies operating in the life sciences arena.

The MOU, which was signed in March 2005, is valid for 1 year, during which time eGoli BIO and AEC-Amersham will jointly evaluate and assess the commercial viability of identified projects. Each organisation will provide expertise in its respective area of specialisation, with eGoli BIO providing a supportive environment

for entrepreneurs engaged in the commercialisation of new life sciences technologies while AEC-Amersham provides funds or equipment for these entrepreneurs.

For more information on the possibilities of commercialising biotechnology ideas, contact eGoli Bio, tel (011) 605-2941.

Obesity interventions in children

Many diet and exercise interventions aimed at preventing childhood obesity promote healthy diets and increased physical activity, but they do not appear to have radical impacts on reducing overweight and obesity gain, according to a Cochrane Review of interventions for preventing obesity in children (*The Cochrane Library*, 2005, Issue 3).

The authors identified 22 studies that tested a variety of intervention programmes involving increased physical activity and dietary changes, singly or in combination, in some 10 000 participants under 18 years in Asia, South America, Europe and North America. However there was not enough evidence to prove that any one particular programme could prevent obesity in children, although comprehensive strategies to address dietary and physical activity change, together with psychosocial support and environmental change may help.

The authors recommend that stakeholders (families, school environments and others) should be included in the decision making regarding the potential strategies to be implemented, and that a sustained strategy to bring about supportive environments and behaviour change in physical activity, sedentariness and healthier food choices is likely to make more of a positive impact.

Lead author Carolyn Summerbell, professor of human nutrition at the

University of Teesside, UK, believes that any intervention that leads to a better lifestyle will reduce obesity if it is kept up for long enough and that the most effective programmes are those that put fun into fitness and good food. 'This means that features like dance and martial arts should be included alongside traditional sports and physical exercise in the school curriculum,' she says.

The authors conclude that current efforts at obesity prevention need to continue to build the evidence base to determine the most cost effective and health promoting strategies to achieve the goal of healthy weight for all children.

Source:

www.thecochranelibrary.com

Important CPD developments

New CPD Accreditation

Committee: Mrs D Marais (Chairperson, ADSA), Prof XG Mbhenyane (Professional Board), Dr NP Steyn (Professional Board), Mr RD Kennedy (Professional Board),

Dr E Wentzel-Viljoen (CPD for Dietitians) and Mrs B van Stade (HPCSA). In appreciation to Gerda Gericke, the outgoing chairperson: Thank you for the wonderful leadership and great contribution made towards the profession and especially the CPD system for Dietitians.

Please remember to indicate your **DT number** as the **reference number** on the bank deposit slip when you make your CPD payment. Without this number it is impossible to trace the payments. Many deposits have been made directly into the CPD account without any reference number. Please do confirm deposits with the CPD office at **edelweis@iafrica.com** or via fax: (053) - 433-0770.

The latest draft of the **New CPD Guidelines** as approved by the CPD committee of the HPCSA which includes all professional boards, is available on the HPCSA website:

<http://www.hpcsa.co.za/CPD/index.html>