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RESEARCH ARTICLE

Trends in ethical transgressions amongst South African dietetic practitioners

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This study investigated ethical transgressions amongst dietetic practitioners in South Africa, using publicly available data from the Health Professions Council of South Africa (HPCSA) in the period 2014–2023. The study is a follow-up on the study by Nortje and Hoffmann (2015) who analysed HPCSA transgression records for the period 2007–2013. The current study found only five transgressions committed by two dietitians out of 1 376 cases across all HPCSA-registered professions. In total, amongst the more than 4 200 registered dietetic practitioners in 2024, this constitutes a transgression rate of < 0.05% (2 of ~4,190), a decline from the previously reported 0.24% in 2013. While possible explanations for the apparent decline in transgressions are considered, no definitive conclusion is reached. Despite limitations, the findings highlight consistently low misconduct rates among dietitians over the past two decades, potentially positioning the profession as a model for ethical adherence in healthcare. t is recommended that future research be conducted to explore factors driving the high rate of ethical compliance in dietetics and its potential application across other healthcare professions.

Keywords ethics of care, ethical transgressions, dietetics practice, regulation of professional practice

Introduction

Dietetic practitioners, like all clinical providers in South Africa, are subject to oversight by the Health Professions Council of South Africa (HPCSA). The HPCSA records and manages ethics transgressions across clinical specialties, allowing for novel insights into the landscape of clinical ethics in South Africa. Nortje and Hoffmann[1] first published findings on the state of professional ethics amongst dietetic practitioners based on data then available.[1] Using data reflecting the subsequent decade allows us to evaluate the way the landscape has evolved both internally and in comparison with other specialities across South Africa.

It should be noted that this study does not aim to advance a specific account of ethics in the context of dietetics and nutrition. Healthcare practitioners as professionals have moral obligations to the public and are bound by professional standards of ethics and competence.[2] Competence, clear communication, and other tenets of professionalism are central to the current consensus view of ethics in dietetics.[3] Pursuant to this, any violation of the conducts of professionalism consistent with HPCSA guidelines are regarded as "ethical transgressions" for the purposes of this study.

This study focuses only on decisions that culminated in a guilty decision, as recorded in the HPCSA's annual judgments. Decisions that were dealt with or never referred out of Preliminary Inquiry are not within the scope of this analysis. More consideration of that can be found in the Discussion section below.

While there are few data available on ethics transgressions amongst dietetic practitioners globally, South Africa presents us with a rare opportunity to evaluate the profession in comparison with other healthcare practitioners. Because of the limits to available data, this study is only concerned with comparing the rates and types of ethics transgressions by dietitians in comparison with other healthcare practitioners across South Africa.

Methodology

Sample

This study analysed cases of ethical conduct transgressions amongst dietetic practitioners reported between 2014 and 2023, in South Africa. The annual formal transgression and judment records are publicly available on the HPCSA's website.[4]

Procedure

The HPCSA publishes annually a formal list of all sanctioned professional misconduct cases. It should be noted that the HSPCA does not have data available for 2019, and so the data collected and analysed represented the cases for 2014–2018 and 2020–2023. The published cases are listed chronologically by the month in which the sanction was determined. Each ethical misconduct case contains the following information:

- Practitioner name.
- Practitioner's registration number with the HPCSA.
- Nature of the complaint.
- The issued penalty.
- Location/town.

It should be noted that these data do not include matters resolved without penalty at the level of a preliminary inquiry.

As an example, according the HPCSA's Annual Report for 2020/2021, of the 20 matters served before the committee, 10 were resolved and recorded as "explanations noted and accepted".[5] Similarly, in the report for 2022/2023 a total of 78 matters were served before the committee, in which 9 matters were listed as "explanations accepted" along with 42 instances of matters being deferred.[6] Such cases are not counted towards transgressions. It should also be noted that these annual reports indicate a different number of cases ending in guilty decisions than are reported in the annual list of judgments. For methodological consistency with past studies, the published list of judgments was used for matters in which there were discrepancies.

This study used an explanatory two-stage mixed-methods approach, also incorporating a historical research approach. The study contained both quantitative analysis of the annual frequency data regarding the number of practitioners per professional category who were found guilty of unprofessional and/or unethical conduct by the HPCSA's Professional Conduct Committee, the number of guilty decisions, and the number of specific sanctions and sanction categories. This study also applied a historical research approach, using archival material and organizing the available data into 1 of 9 general categories and 1 of 180 identified specific subcategories of transgressions. This content analysis allowed the review of trends amongst specific forms of misconduct, as well as macro-level "transgression clusters". The historical research approach was employed to better interpret and contextualize past transgressions. Unlike a more typical mixed-methods approach, quantitative and qualitative data were collected simultaneously, but analysed in two stages. The first stage involved a quantitative analysis, while in the second stage we proceeded to apply a substantive qualitative consideration of each case to further our understanding of the transgression trends.[7]

Ethics consideration

Formal ethics clearance was sought from the University of Texas MD Anderson Cancer Center (2025-0303-MDACC) and exemption was received as this did not include human subject research. All the data sourced and analysed in this project were obtained from the publicly available records on the official HPCSA website. Although the published lists include identifying information for practitioners, such as names and registration numbers, these were not retained for the purpose of this study, nor are they reported in this article.

Data analysis

Annual frequencies were calculated for the following variables in the quantitative phase of the data analysis:

- the number of guilty dietitians;
- the number and type of ethical transgressions; and
- the number of imposed penalties.

Additionally, the specific penalties imposed on the guilty practitioners were analysed.

The specific case content that was made publicly available for each guilty verdict was subjected to a content review in the qualitative phase of data analysis. This involved systematic coding and thematic description of the transgression clusters and specific misconduct linked to the guilty verdicts against dietitians across the total study period.

Results

Dietitians comprised a small minority of the transgressions reported by the HPCSA in the study period. Of the 1 376 distinct transgressions by healthcare professionals in that time, only 5 transgressions (0.36%) were attributed to 2 dietitians. One dietitian was found guilty on two transgression counts in 2016 and another dietitian was found guilty of three transgression counts in 2021.

Both transgressors engaged in fraudulent conduct. The transgressor in 2016 was judged guilty of charging for procedures not performed. This transgressor was also found guilty of neglecting to obtain patient consent for expenses above medical aid. The penalties for these transgressions were not recorded. The transgressor in 2021 was found guilty in at least two instances of charging patients for services not rendered and one instance of failing to respond to the council's enquiry. The penalty against the transgressor in 2021 was a fine of ZAR 70 000 and a requirement to enrol in a medical ethics training course.

These results are consistent with the generally low rates of HPCSA-recorded transgressions by dietitians observed by Nortje and Hoffmann between 2007 and 2013.[8] In the period previously observed, two dietetics practitioners were found guilty of seven incidents of misconduct. This constitutes a transgression rate of 0.49% of the total number of transgressions. The number of registered dietetic practitioners grew from an average of 2 199 in that window to 4 038 in April of 2021. With only two transgressors the transgressor rate between 2014 and 2023 has dropped from 0.09% ($n = 5$) to fewer than 1 in 2 000, or < 0.05% ($n = 2$).

Nominally this constitutes a decline in transgressions amongst dietetic practitioners. Despite this, the total numbers are too small to draw meaningful or statistically significant conclusions. An alternative point of consideration is to focus on the way this low rate of transgression compares with other health professions in South Africa. In 2021, dietitians and nutritionists made up only 1.72% of the total number of registered health professionals in South Africa. Despite this, they were accountable for only 0.43% of the recorded transgressions across all health professions between 2014 and 2023. This disproportionately low rate of transgression amongst dietetic practitioners may provide some insights for other health professions seeking to reduce rates of ethical transgression.

Discussion

Complaints to HPCSA go through several stages before an investigation is conducted that may culminate in penalties.[9] After being submitted and appropriately categorised, there is both a mediation phase, in which an effort will be made to reach a resolution, and – failing that – a preliminary investigation will be conducted for the benefit of a review committee. It is following this that a preliminary inquiry will determine (1) if there has been wrongdoing and (2) if so, whether it is "minor or serious". The preliminary inquiry may impose fines on minor transgressions. These fines can either be accepted by guilty parties or appealed. Appeals and serious transgressions will be referred to a full inquiry. Our study, consistent with past research, focused only on matters that were decided at the level of a full inquiry.

Across the original Nortje and Hoffmann study and this follow-up analysis, dietetic practitioners in South Africa consistently

showed extremely low rates of ethical transgressions. One possible explanation for this is the increase in emphasis on ethics training as part of the HPCSA's continuous professional development requirements over the past 20 years. Approximately half of all dietetic practitioners in South Africa received their licensure after 2014. This would suggest that such practitioners are on average younger and received their training more recently. One potential critique of this explanation is the fact that the transgressions identified in 2021 were on the part of a dietitian certified in 2012, i.e., within 10 years of being registered as a dietitian with the HPCSA. An alternative explanation could be that dietetic practitioners are not exposed to situations and opportunities to act inappropriately at the same rate as other healthcare professionals. Identifying what factor or factors primarily contribute(s) to the comparatively high rate of ethical compliance amongst dietitians could be valuable for producing further guidance on reducing transgressions across the board in South African healthcare.

It should be noted that training alone cannot account for the higher rates of ethics compliance amongst dietetic practitioners in this study. A review of three dietetics programmes at universities across South Africa (University of the Western Cape, University of Pretoria, and North-West University) reveals limited formal ethics education, though many programmes teach one ethics course in students' later years of study.[10–12] These programmes are all followed by a year of community service as dietetic practitioners following students' training, consistent with national standards. This might contribute to certain kinds of applied ethics training amongst South African dietetic practitioners, but it cannot explain the low rates of transgression when compared with other South African healthcare providers, as all providers are subject to that same standard.[13] Without any source of ethics training unique to dietetic practitioners, it is difficult to claim that ethics training is simply superior amongst dietetics practitioners. If more robust data (e.g., larger sample sizes) were available, stronger conclusions could be drawn. For example, an observed decline in the rate of transgressions (absolutely, or relative to other fields of practice) could indicate that the comparatively young age of dietetic practitioners as compared with other professions reveals a generational divide within ethics compliance. However, with the limited data sets that are available, it is impossible to confidently draw such a conclusion at this stage. In the absence of such data, the most likely causal explanation for this pattern over the past decade is that dietetic practitioners are not exposed to scenarios in which they may act inappropriately at the same rate as other healthcare professionals. For example, of the 18 documented cases of sexual abuse we identified between 2014 and 2023, 15 were perpetrated by physicians.[4] This may be in part a consequence of how typical patient interactions with physicians are structured. During typical patient interactions, physicians are likely to conduct physical examinations or have protracted periods of time in which they are alone with their patients, which is less likely to occur during a typical interaction with a dietetic practitioner. As such, opportunities to perpetrate sexual abuse are more likely to occur during a physician's work than during a dietitian's work. Additionally, while most acts of sexual violence are perpetrated by men, most dietitians in South Africa are women.[14,15] These factors could potentially explain a proportion of the ethical compliance amongst dietetic practitioners.

Limitations

This study focused on high-level historical data analysis. Because of this, it is difficult to control for a variety of extenuating factors. Additionally, the low total number of transgressions amongst dietetic practitioners in South Africa, while a good sign for the profession at large, makes it impossible to produce more general inferences. More targeted analysis and further study is necessary to identify whether these low rates are anomalous and how to replicate them in other professions if not.

One potential limitation of this study, which limits our ability to extrapolate, is the opaque nature of the cases that were either deferred or accepted without penalty in preliminary inquiries. A significant number of the total number of cases referred to the Professional Board for Dietetics and Nutrition were deferred or resolved in preliminary inquiry each year studied, and this may constitute a particularly notable limitation of this study. What is particularly troubling about this is the apparent inconsistency between matters which, according to HPCSA Annual Reports, culminated in penalties and matters which were recorded in the annually published lists of judgments. It is also important to note that the data reported by the HPCSA are themselves an amalgamation of reporting by each of its professional boards. As a result, not all data gathered are consistent in their terminology. We identified several relatively small inconsistencies in the HPCSA records, including misidentifications of transgressors, double counting of certain transgressions, or unexplained omissions. We are of the opinion that, while noteworthy, these did not appear significant enough to compromise our conclusions or undermine the utility of the HPCSA's records.

Need for further study

Future studies could help to further contextualize these findings. Follow-up studies could be aimed at the idiosyncratic features of dietetics as a profession within the larger clinical domain of South Africa. One such study could observe the relationship between rates of transgression and the average time elapsed since practitioners received their licensure, stratified by professions. This could potentially reveal whether newer practitioners, who were more likely to have been exposed to contemporary ethics training, are less likely to engage in transgressions. Relatedly, if more instances of ethics transgressions can be evaluated, it may be possible to draw more substantive conclusions concerning the rate of transgression year-on-year, which could bolster or refute plausible explanations for why compliance with HPCSA statutory guidelines is higher amongst dietetic practitioners. Another study could also be aimed at identifying the most typical forms of transgression across all healthcare professions and determining whether dietetic practitioners simply afforded fewer opportunities to engage in transgressions, either due to fewer overall patient visits, lower average billing costs, or logistical barriers. Ultimately, dietetic practitioners seem to be aspirational amongst South African healthcare practitioners in their rates of ethics compliance. Further study should be conducted aimed at identifying why that is, and if it can be repeated by other healthcare professions.

Conclusion

Our findings constitute an important update on the state of professional ethics amongst dietetic practitioners in South Africa. The transgression rate amongst dietitians remains low compared with other healthcare professionals. This is consistent with previous findings, but further study will be necessary to determine the professional contexts, training, and professional codes of conduct that might provide deeper insights into these findings. The total number of dietetic practitioner

transgressors in South Africa and the number of transgressions attributed to them are so low that drawing statistically meaningful conclusions is not possible. These findings are, however, consistently low over nearly two decades, and should be seen as a strong foundation from which further research can proceed.

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