

A review of the CPD point status of dietitians for 2002 - 2004

For the 1 348 registered active dietitians on the CPD database, the average number of CPD points obtained for 2004 was 50 points – a number that has decreased steadily from 2002 (Table I). It is important to note that 100 community service dietitians (CSD) also accrued points (not compulsory) during 2004. They accrued an average of 32 points (1-100), with almost 60% of their points coming from category 1 activities, but only 2% had 50 or more points accrued for the year. The average ethics points accrued was 1.68 for registered dietitians and 1.02 for the CSDs.

Fig. 1 indicates the breakdown of percentages of dietitians who obtained points in the following categories: have a negative balance, no points, 1 - 25 points, 26 - 49 points, 50 - 99 points, and more than 100 points. It is pleasing to note that 54% of dietitians obtained more than the required 50 points.

Fig. 2 indicates the distribution of points obtained per category by dietitians, which reflects the number of activities provided. It is important to note that points from lectures and articles, etc. (categories 1 and 3) are growing, while journal clubs, etc. (category 2) are decreasing, with half of the points accruing from category 3 activities in 2004, while only 8% were from category 2.

In summary, dietitians have accrued points as follows from 1 January to 31 December 2004 (Table I): The highest number of points accrued during 2004 by an individual was 207 and the lowest was -99. It is encouraging to note that 54% of dietitians obtained more than the required 50 points, but of concern is the 21% who accrued 25 points or less. Moreover, at the end of 2004, 20% of the dietitians had a negative balance (note that this database

Table I. Total CPD points accrued by registered dietitians from 2002 - 2004

	2002 n = 1323	2003 n = 1323	2004 n = 1348
Average	69	60	50
Range	0-263	1-216	-99-207
> 50 points	58%	57%	54%

* 2002 – note that this period covers September 2001 to December 2002.

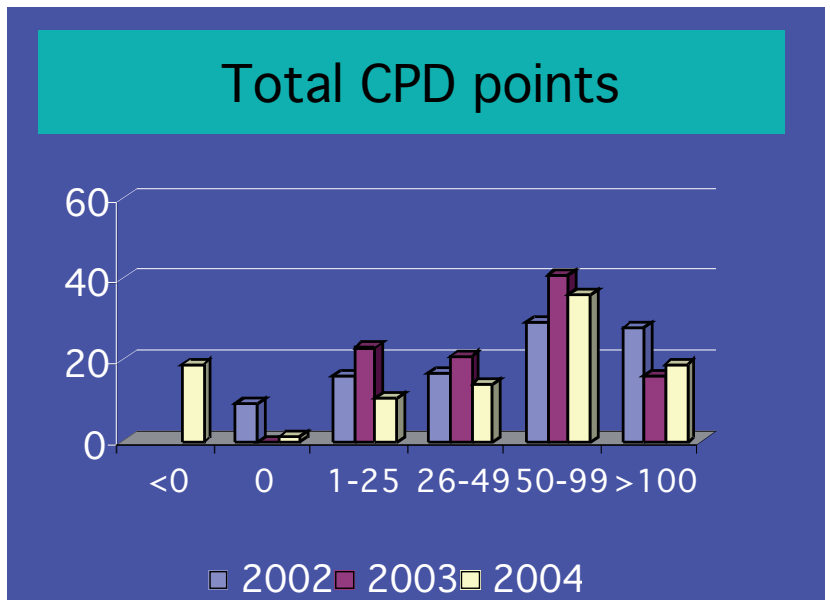


Fig. 1. Breakdown of percentages of dietitians who obtained points.

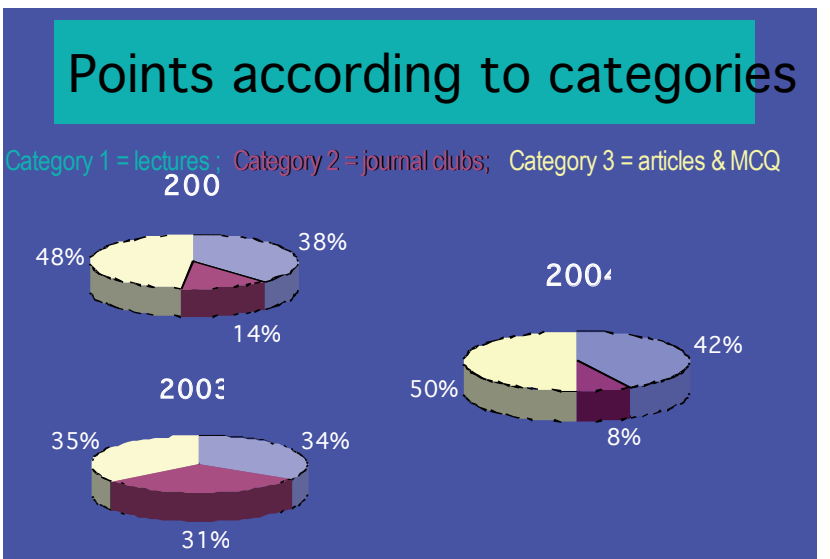


Fig. 2. Distribution of points according to categories.

includes the transferred balance from the previous year – maximum 40 points).

From 1 April 2006 dietitians will have to comply with the new CPD system, which requires 30 CEUs (Continuing Education Units) to be obtained per year on any level (levels 1 - 3). CEUs have a shelf-life of 24 months, which means that each dietitian will have to have 60 CEUs at any given time. No capturing of points will take place and dietitians will have the responsibility to keep their own record of activities attended and CEUs accrued.

Level 1

- No measurable outcome – 1 CEU = 1 hour (maximum 8/day)
- Small (breakfast/departmental meetings, journal clubs and lectures) or large groups (conferences, symposia, short courses, lectures).

Level 2

- Publications: principal author – 15 CEUs; co-author – 5 CEUs; review – 3 CEUs
- Presentations: keynote/invited speaker at congress or accredited institution – 5 CEUs; paper/poster at congress/refresher course – 5 CEUs; short course/interactive skills workshop – 10 CEUs
- MCQs: pass rate 70% – 3 CEUs
- Student supervision: public sector supervising undergraduate students – 2 CEUs/student (maximum 16/year); external examiner postgraduate theses on completion – 5 CEUs

- Ethics: dedicated workshops/lectures/seminars – 3 CEUs
- Single modules of Masters degree (part-time enrolment) – 5 CEUs.

Level 3

- Structured learning/formal programme – 30 CEUs
- Postgraduate degrees (valid for 48 months)/diplomas recognised as additional qualifications by professional board
- Short courses > 25 hours direct contact time + clinical hands-on training + formal assessment
- Learning portfolios or practice audits.

Avian influenza and human health in Africa

Avian influenza, or 'bird flu' as it is commonly known, through the H5N1 virus has spread to at least four countries in Africa – Nigeria, Egypt, Niger and Cameroon – in addition to a number of new countries in Asia, Europe, and the Middle East, and is attracting considerable attention globally, due to its potential threat to human health.

While the number of human cases is small (at the time of writing the World Health Organization lists a total of just 186 laboratory-confirmed cases and 105 deaths) concerns revolve around the possible mutation of H5N1 into a form that spreads easily among humans – something that it does not do currently. Nor is the H5N1 virus easily transmissible to humans, and according to a statement from the

WHO the main health risk currently is to people who are in close contact with infected poultry, such as families with backyard flocks and poultry workers in wet markets or live animal markets.

Indeed, the WHO stresses, provided poultry products, including both birds and eggs, are safely handled and properly cooked, humans are not at risk of acquiring H5N1 infection through food.

At a meeting on the avian influenza situation in Africa organised by United Nations bodies in Libreville, Gabon in March, African countries were urged to finalise their response plans and to implement plans for communication and public awareness in order to reduce the risk of spread of the disease and its transmission to humans.

The meeting also discussed the need to stringently enforce the recommended avian influenza disease control measures and to strengthen animal health and human health surveillance systems, as well as to establish funds and appropriate compensation mechanisms in order to provide incentives for affected farmers.

A call was also made to strengthen the capacities and increase, by at least three each, the number of national and reference veterinary and human health laboratories in Africa.

Source: www.who.int