

CPD corner

The 2004 CPD point status will be sent out to all dietitians by May 2005. Your CPD administration fee invoice for 2005 will accompany the point status document and will include the amount payable and bank details. May we remind you that it is *very* important that your **DT number** is used as the reference when making payments. If you have not received any correspondence by the end of May, please contact the CPD Office for Dietitians – **edelweis@iafrica.com**. Please note that 2004 CPD points will only be transferred to the HPCSA if your administration fee for 2004 has been paid.

Most of you would have heard of the new CPD system that will be implemented next year – the latest draft of the document will be available on the HPCSA website in due course. For 2005 the status quo will be maintained regarding CPD for dietitians, i.e.:

- CPD for all health professionals is compulsory (also true for dietitians)
- the same set of guidelines for the accreditation of CPD activities for dietitians will be used (2004 Guidelines)
- **only 30 points** are required for 2005, not 50. Lowering of points, for 2005 only, is to enable all health professionals (not only dietitians) to comply with the system in 2005.

WHO conference commits to improving patient safety

In a World Health Organization (WHO) initiative aimed at promoting the interests of patient safety at health care facilities around the world, a regional conference was held in Durban on 19 January 2005.

Held under the auspices of the World Alliance for Patient Safety, the conference was attended by more than 160 delegates from all provinces in South Africa as well as

representatives from medical institutions in Angola, Mauritius, Cameroon, Zimbabwe, Swaziland and the DRC.

Professor Ronald Green-Thompson, Superintendent General for Health in KwaZulu-Natal, says the purpose of the conference was to raise awareness of the circumstances surrounding patient safety and to improve the quality of health care in South Africa.

‘In the first 10 years of democracy, the emphasis was on accessible health care,’ he said. ‘Now, the focus has shifted towards the quality of healthcare, of which this WHO World Alliance for Patient Safety initiative forms an integral part.’

Out of the many programmes identified for action, the WHO has focused on a number of 2-year programmes, or ‘challenges’ for the prevention of health care-associated infections.

Professor Didier Pittet, Director of the Infection Control Programme at the University of Geneva Hospital in Switzerland and a member of the Division of Investigative Science at Imperial College, London, is leading the World Alliance’s work on combating health care infections, particularly the ‘clean hands’ initiative.

‘Infections are responsible for thousands of deaths every year in health care facilities in developed countries,’ he said. ‘Studies in the 1970s showed that, over a 5 year period, infections dropped by 32% in facilities that had an infection control programme, but rose by 18% in those that did not.’

Professor Stuart Whittaker, CEO of the Council for Health Service Accreditation of Southern Africa (COHSASA), said the need exists to implement systems that reduce the risk to patients, so that if mistakes

are made, the consequences are not as severe.

‘COHSASA supports the WHO drive to raise awareness of adverse effects and the impact it has on the lives of patients,’ he said. ‘National and provincial governments are very interested and have shown commitment and enthusiasm for the idea. We are currently working in 5 of the 9 provinces, including all hospitals in KwaZulu-Natal, the Free State, Mpumalanga and the North West.’

Further information: COHSASA. Marilyn Keegan, tel (021) 531-4225, 083 703-7789.

Gauteng MEC opens new Fresenius-Kabi premises in South Africa

On 3 November 2004 Dr Gwen Ramokgopa, MEC, Gauteng, officiated in the celebration of the opening of new premises in South Africa (warehouse, state-of-the-art total parenteral nutrition (TPN) compounding facility for Isotec Nutrition and offices for Fresenius-Kabi SA (FKSA) and Fresenius Medical Care SA). Mr Brian Prinsloo, General Manager for Fresenius Medical Care SA and Dr Karsten Wellner, Executive Vice-President for Africa and General Manager for FKSA, conducted the official opening. Afterwards the guests toured the premises, with an introduction to clinical nutrition and the mixing of TPN in the new compounding facility, which reflects Fresenius-Kabi’s dedication to supply safe and quality TPN to the South African market.

In the new building FKSA is in the position to realise further synergies with its sister company in areas such as supply chain, administration, IT, and regulatory affairs, which are in line with Fresenius trends internationally and helps to contain future ‘cost developments’. With this new investment Fresenius-Kabi is

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showing its continuous and strong commitment to the South African health care market and is ideally positioned to proceed with its growth plans in the domestic and African markets.

Further information: Dr Karsten Wellner, Executive Vice-President Africa, General Manager Fresenius Kabi SA, karsten.wellner@fresenius-kabi.com

South African renal exchange lists

A variety of renal exchange lists has been used for the planning of renal diets in South Africa until recently. Most of these exchange lists were variations of those used in the USA or elsewhere, and were not based on South African

food composition data. They also did not include foods that are traditionally part of the diet of the South African population; hence the need to develop renal exchange lists for use in South Africans with renal failure. These lists were recently completed after having been tested by renal dietitians for 1 year. They have since been circulated to South African dietitians, and a paper on the developmental process will be submitted to the *South African Journal of Clinical Nutrition* for publication. The lists will be updated again in 2008, and thereafter every 5 years.

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