

Professionalism is vital

Professionalism (professional behaviour or conduct) is key to safe and ethical healthcare, and lays the foundation for public trust in healthcare professionals. When a lapse in professionalism occurs, it can have negative consequences for the public or client.¹ Thirumoorthy and Shelat state that 'healthcare professionalism is a wide and complex concept that is difficult to define succinctly and inclusively' and remind us that professionalism comprises 'the values that are commonly attributed to medical professionals', which 'include integrity, respect for persons, compassion, humility, pursuit of excellence (or continuous improvement), altruism and service'.² The Health Professions Council of South Africa (HPCSA)³ is established by the Health Professions Act (HPA),⁴ which describes the purpose of the HPCSA as: 'To provide for control over the training, registration and practices of practitioners of health professions; and to provide for matters incidental thereto.' The values described by Thirumoorthy and Shelat are included in the HPCSA Guidelines for good practice in the healthcare professions.⁵ Unprofessional conduct is included in the list of definitions of the HPA, indicating the reality that poor professional conduct also occurs, and is defined as follows:

... unprofessional conduct means improper or disgraceful or dishonourable or unworthy conduct or conduct which, when regard is had to the profession of a person who is registered in terms of this Act, is improper or disgraceful or dishonourable or unworthy.⁴

The article 'Trends in ethical transgressions amongst South African dietetic practitioners', by Baldassarre et al.,⁶ aims to provide insight into the extent to which registered dietitians in South Africa are guilty of unprofessional conduct. The authors identify a decrease in transgressions and discuss reasons for this, but were unable to be conclusive as to the reasons. Notwithstanding the limitations of the study, they argue that the rate of unprofessional conduct has been low among South African dietitians over the past two decades. Despite this positive outcome, I would argue that only a zero rate of unprofessional conduct would position the South African dietetic profession as a model for ethical adherence in healthcare.

Importantly, we need to recognise that the number of unprofessional conduct cases that the HPCSA deals with is more than the publicly accessible numbers from the HPCSA published judgments.⁵ To understand the reason for this, it is necessary to look at Chapter IV of the HPA, which describes the disciplinary powers of Professional Boards. The HPA establishes 12 Professional Boards under the ambit of the HPCSA. Section 41 of the HPA states that Boards are authorised in terms of 'the Act' to institute an inquiry into any complaint, charge, or allegation of unprofessional conduct against any person registered under the Act, and, on finding such person guilty of such conduct, to impose any of the penalties prescribed in section 42(1).³ The public or other practitioners can report unprofessional conduct, and reporting can be anonymous.⁷

To understand why the real number of unprofessional conduct cases amongst health professions in South Africa is not public

knowledge, it is necessary to understand how the HPCSA with its 12 professional boards, including the Professional Board for Dietetics and Nutrition (DNB), functions. Each board has three committees that deal with matters related to (1) Education, Training and Registration, (2) Professional Practice, and (3) Professional Conduct. The Committee of Preliminary Inquiry (as part of the Professional Conduct Committee) deals with unprofessional conduct cases.

When the HPCSA receives a complaint against a dietitian or nutritionist, it is screened and goes through a process of 'Perusal, Analysis and Categorization'. The complaint is categorised according to its significance and seriousness and referred for either mediation or preliminary investigation. This process indicates there are more transgressions received against health professionals than reported, as some complaints are dealt with at the level of the Chief Mediator, and these, perhaps minor but nonetheless cases of unprofessional conduct, are not reported by the HPCSA as judgments. If a complaint is not settled through mediation, it is placed on the Agenda of the Committee of Preliminary Inquiry, which has the right to decide if there is prima facie evidence of unprofessional conduct not requiring an inquiry, in which case the committee imposes a penalty of either a caution, a reprimand, or a fine. If the practitioner chooses to accept the penalty (fines, caution, or reprimand), and in the case of a fine the fine is paid, then the file will be closed. The closure of the file will be communicated to both parties and the case of unprofessional conduct is not reported to the public. If the practitioner fails to respond or rejects the penalty, the matter is then referred to a Professional Conduct Inquiry, which entails a lengthy process, quasi-judicial in nature.⁷ All judgments for health professionals found guilty at a Professional Conduct Inquiry are reported on the HPCSA website.⁸ There is also an appeal process in case the respondent or the pro forma complainant is dissatisfied with the finding or sanction/penalty. They may internally appeal to the appeal committee against the findings or penalty of the professional conduct committee or both such finding and such penalty.⁷ Due to the nature of the complaints handling process, Baldassarre et al.⁶ could not gauge the full extent of transgressions or reported incidents of unprofessional conduct by dietetic professionals.

The definition of professional competence by Epstein and Hundert,⁹ in the publication 'Defining and Assessing Professional Competence', is widely acknowledged and states that 'professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served'.⁹ Naidoo¹⁰ and Kirk¹¹ have also reflected on professionalism in the health professions. Naidoo⁸ argues that a health professional 'must have a sense of responsibility and a degree of self-control regarding personal behaviour', and describes that a professional should not only do right because a law requires it, but because one's own ethical and moral beliefs guide you. Furthermore, Naidoo states that professionalism comprises practice, education, reflective and applied ethics, and demonstrating the values of the profession in all healthcare

relationships. Kirk¹¹ considers the definitions of professionalism for teaching and states that the Epstein and Hundert⁹ definition is very useful as it indicates that the goals of professionalism are both ambitious and noble, yet lie at the root of a profession, as it entails the attainment and application of the relevant fundamental knowledge and practical skills of the specific profession. Despite the challenges to teach professionalism,^{1,9} it is essential to do so.

Dart et al. conducted a systematic literature review to establish a global definition of professionalism for dietetics and nutrition education.¹ They identified four key themes, namely, (1) personal attributes, (2) interpersonal communication, (3) approach to practice, and (4) commitment to lifelong learning. Personal attributes included traits such as empathy, self-awareness, emotional intelligence, reliability, adaptability, honesty, integrity, and being respectful. Interpersonal communication is described as 'interactions with others', which refers to fellow dietitians, other members of the healthcare team, clients, and family members of patients, and highlights the dietetic and nutrition roles of educator and counsellor. Approach to practice involves the application and integration of one's own and knowledge-based attitudes and skills to different work situations, thus the ability to be rational, reasoned, proactive, and to show initiative and leadership using practical skills. Practical skills also include technical skills, such as the use of technology and equipment, as well as evidence-based practice. The review highlighted the importance of role modelling and mentoring to promote the defining of professional practice for both students and dietitians, which also included observance of ethical and legal frameworks. Lastly, commitment to lifelong learning was acknowledged as a vital theme defining professionalism for nutrition and dietetics, to enable personal growth and to ensure knowledge remains up to date. The review acknowledged that professionalism can mean different things in different settings. Professionalism should be considered across the dimensions of the individual, the interpersonal, and society as it is a complex and a multidimensional construct. Nonetheless, teaching, learning, and assessment of professionalism are essential.

There are many ways in which the HPCSA supports the teaching and promoting of professionalism. One way is through the provision of ethical and professional guidance in the ethical guideline booklets, which include the Ethical Rules of Conduct for Practitioners, as well as 19 different ethical guideline booklets covering the full range of ethical issues to which healthcare professionals are exposed.¹²

The work done in the Education, Training and Registration (ETRC), as well as the Professional Practice Committees (PPC) of the DNB, also contributes towards the promotion and teaching of professionalism. Through regular evaluation and approval of the accredited dietetics and nutrition training

programmes, the DNB ensures that entry-level graduates receive adequate and appropriate teaching and learning regarding professionalism, including the core ethical values and standards for good practice, human rights, and health law, as required to be a registered dietitian or nutritionist.³ The PPC promotes professionalism amongst registered dietitians and nutritionists through its mandate to oversee matters relating to continuous professional development, business practices, ethics, and the scope of professions and practice, as well as health impairments.³

In conclusion, the quote by Dart et al., 'It is important therefore that dietetics educators, academics, supervisors, practitioners, and students are equipped and confident to identify, articulate, and address professionalism lapses when they occur',¹ confirms that, as dietetic and nutrition professionals, we all have a role to play in the promotion of professionalism.

References

1. Dart J, McCall L, Ash S, et al. Toward a global definition of professionalism for nutrition and dietetics education: a systematic review of the literature. *J Acad Nutr Diet.* 2019;119(6):957–971. <https://doi.org/10.1016/j.jand.2019.01.007>
2. Thirumoorthy T, Shelat VG. Understanding medical professionalism. *Singapore Med J.* 2025;66(2):114–118. <https://doi.org/10.4103/singaporemedj.SMJ-2023-059>.
3. HPCSA. Available from: <https://www.hpcsa.co.za/about-us> [accessed 26 June 2025].
4. Health Professions Act, Act No. 56 of 1974. Available from: <https://www.hpcsa.co.za/legislation> [accessed 26 June 2025].
5. General ethical guidelines for the Healthcare professions, Booklet 1. Available from: <https://www.hpcsa.co.za/ethics> [Accessed 28 August 2025].
6. Baldassarre A, Pontarelli M, Wilkenson J, et al. Trends in ethical transgressions amongst South African dietetic practitioners. *S A J Clin Nutr.* 2025;38(3):142–145. <https://doi.org/10.1080/16070658.2025.2513774>
7. HPCSA. Available from: <https://www.hpcsa.co.za/complaints-investigation> [accessed 26 June 2025].
8. HPCSA. Available from: <https://www.hpcsa.co.za/page/judgements> [accessed 26 June 2025].
9. Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA.* 2002;287(2):226–235. <https://doi.org/10.1001/jama.287.2.226>
10. Naidoo S. Professionalism. *SADJ.* May 2016;71(4):166–167.
11. Kirk LM. Professionalism in medicine: definitions and considerations for teaching. *Proc (Bayl Univ Med Cent).* 2007;20(1):13–6.
12. Ethical guidelines for good practice in the healthcare professions. Available from: <https://www.hpcsa.co.za/ethics> [accessed 26 June 2025].

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