THE HPCSA COMPLAINT: FREQUENTLY ASKED QUESTIONS

Updated 21 April 2017

Q: Why has ADSA's past president reported Prof. Tim Noakes to the HPCSA? What was the basis of the complaint against Professor Tim Noakes?

A: The Association for Dietetics in South Africa (ADSA) sought clarity from the Health Professions Council of South Africa (HPCSA) on the use of social media as a professional medium by health practitioners, via the submission of a complaint about Professor Tim Noakes in writing to the HPCSA in 2014, by ADSA's past president Ms Claire Julsing-Strydom. The complaint was prompted by a tweet from Professor Tim Noakes offering low carbohydrate and high fat complementary feeding advice to a mother. This advice is considered unconventional advice that is not evidence-based nor in line with the current paediatric food-based dietary guidelines for South Africa or any international paediatric dietary guidelines.

The HPCSA is a statutory body established to regulate registered healthcare practitioners and protect the public.

Editor's note: Complementary feeding is defined as a process that starts at 6 months of age. At this stage, breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with continued breastfeeding. The low carbohydrate and high fat diet is not in line with accepted international and local guidelines for complementary feeding.

Q: Why did you call for a hearing against Professor Noakes? How does the HPCSA process work?

A: ADSA filed a complaint, but did not call for a hearing. ADSA does not have the power to call for a hearing. The HPCSA initiated the hearing.

When a complaint is lodged with the HPCSA regarding a practitioner, the professional that is the subject of the inquiry is given an opportunity to respond. Based on information submitted to the HPCSA, they will decide whether the case has any merit. If there is no evidence to suggest unprofessional conduct, the matter can be finalised without a hearing. Should the HPCSA find that there is evidence which suggests possible unprofessional conduct, the matter is referred for a professional conduct inquiry. The inquiry has now been concluded by the HPCSA.

Q: What did ADSA expect from the HPCSA hearing?

A: ADSA expected clarity on the appropriateness of the provision of unconventional infant nutrition advice on social media. ADSA also expected that the outcome of the HPCSA inquiry would offer some direction regarding the use of social media as a professional medium by health practitioners.

Q: What is your response to the suggestion that the HPCSA hearing may be trivial?

A: The quality of advice provided to the mother of any infant is important, especially when it concerns the promotion and protection of breastfeeding. ADSA was concerned, when lodging the complaint in 2014, that a strict low carbohydrate, high fat diet would not meet all the nutritional needs of a growing infant. Because infants and young children are considered a vulnerable group, the potential for nutrient deficiencies is a serious concern.

Social media is rapidly growing as a communication medium that reaches millions of people globally on a daily basis. ADSA welcomes guidance from the HPCSA on the use of social media as a professional medium by health practitioners.

ADSA has developed their own social media guidelines to guide dietitians on the use of social media. Here is more information on ADSA's *Social Media and Communication Guidelines*.
http://www.adsa.org.za/Portals/14/Documents/Branches/ADSA%20Social%20Media%20Brochure.pdf
These guidelines will now be reviewed based on the HPCSA verdict.

Health professionals are obliged to abide by the ethical codes of conduct set out by the professional body. The HPCSA's mandate is to protect the public. Therefore, if a health professional does not abide by these rules and a complaint is lodged, the HPCSA needs to decide how to respond to the complaint. Prof Noakes, like any other health professional against whom a complaint has been submitted, had the opportunity to submit a written response to a preliminary committee. Based on this process, the preliminary committee then decided that a hearing was necessary.

Q: What is your position on infant nutrition?

A: Infants and young children (from birth to 36 months) are considered vulnerable and should be protected from nutritional advice that is not evidence-based. ADSA supports the National Department of Health's Roadmap for Nutrition in South Africa 2013-2017 that aims to "promote the optimal growth of children and to prevent overweight and obesity later in life by focusing on optimal infant and young child feeding". ADSA also supports international feeding guidance from normative bodies, including UNICEF and the World Health Organisation.

It is important to note that ADSA (a professional association) does not create nutrition guidelines. ADSA, its members and all dietitians are expected to use and communicate national and international evidence-based nutritional guidelines and scientific literature when practicing medical nutrition therapy.

Here is more information on ADSA's position on infant nutrition:
http://www.adsa.org.za/Portals/14/Documents/2015/ADSA_Infant%20Nutrition%20Position%20on%20Complementary%20Feeding_April%202015.pdf

The paediatric food-based dietary guidelines for South Africa are available here:
http://sajcn.co.za/index.php/SAJCN/issue/view/67/showToc

Q: What is your position on low carbohydrate high fat(LCHF) diets for children?

A: A strict LCHF/banting diet cannot meet all the nutritional needs of a growing child. When foods rich in carbohydrates such as wholegrains and legumes are avoided and other carbohydrate food sources such as dairy, fruits and vegetables are restricted, the diet can become deficient in certain essential nutrients, such as vitamin C, B1, B3, B6, folate, magnesium and fibre. This potential for nutrient deficiencies is a serious concern for the vulnerable stage of infancy and young childhood, as such deficiencies could compromise growth, and cognitive and physical development. Restrictive diets for infants and young children with medical conditions should only be followed under strict medical supervision with monitoring by suitably trained and legally registered healthcare professionals.

Q: Should the complementary feeding diet of infants at 6 months of age begin with introducing meat and vegetables?

A: There is no rule about which foods should be introduced first and in what order they should be introduced into the complementary diet while continuing to breastfeed for up to two years and beyond. The South African paediatric food-based dietary guidelines recommend that from six months of age, babies should be given a variety of foods. Dark-green leafy vegetables and orange-coloured vegetables or fruit should be given daily and it is important to also include meat, chicken, fish, liver and eggs every day, or as often as possible. The focus should be on progressing to a complementary feeding diet which includes a variety of healthy foods and not a restriction in food groups or foods. The paediatric food-based dietary guidelines recommend avoiding tea, coffee, sugary drinks (including juices and sugar-sweetened beverages) and snacks that are high in sugar, fat or salt.

Q: What is the difference between introducing a baby to a LCHF diet vs. introducing them to vegetables, and meat?

A: A true LCHF or Banting diet is a high fat diet, and restricts numerous vegetables and many fruits. Orange and green vegetables and yellow and orange fruit are high in pre-formed vitamin A (e.g. sweet potato, carrot, pumpkin, broccoli and spinach, mango, peaches, apricot, paw-paw) which is important in the diet of infants and young children as it supports healthy growth and the immune system. The aim of the complementary diet is to introduce the child to a variety of foods and to gradually increase the amount of food, number of feeds and food variety and texture as the child gets older. This is to ensure a balanced diet providing all the necessary nutrients that can only be obtained by including a variety of foods. Discouraging the intake of certain foods, when these foods are readily available, affordable and

acceptable, might prevent the child from receiving important and essential nutrients. The only exception is that we recommend to avoid tea, coffee, sugary drinks, and snacks that are high in sugar, fat or salt.

Q: Why does cereal still play a part in the complementary feeding diet?

A: Every community has a staple food which forms part of their daily diet and culture. This is often a cereal in most African countries and in South Africa, particularly, it is generally maize meal. There is no reason why cereal products (such as oats and maize meal) cannot be included in a balanced complementary diet, but they cannot alone meet the nutritional needs of infants and young children. For this reason, the scientific evidence recommends that they be included together with meat, chicken, fish, liver and eggs, dark-green leafy vegetables and orange-coloured vegetables or fruit.

Q: What is your position on breastfeeding?

A: ADSA fully supports, protects and promotes the World Health Organisation (and South African Department of Health) guidelines of exclusive breastfeeding from birth until 6 months. From 6 months the child can be introduced to small amounts of complementary foods together with continued breastfeeding to 2 years of age and beyond.

It is important to note that the term ‘weaning’ is used by some to indicate the time when the introduction of solids commences. This is an outdated term, which implies and is interpreted as the cessation of breastfeeding. The term is therefore not used in the literature globally when optimal infant and young child feeding is discussed, because it is not advised for breastfeeding to stop when solids are introduced, but rather that breastfeeding continues with the introduction of complementary foods.

Q: Are ADSA sponsors behind the complaint filed by ADSA with the HPCSA?

A: None of our sponsors have been involved with the HPCSA complaint.

Q: How does ADSA manage sponsors?

A: ADSA is a registered not-for-profit organisation (NPO) and, as is standard practice within the NPO sector, relies in part on fundraising to sustain its operations. We have been open and transparent about who our sponsors are and state with confidence that the independence of the association is not compromised by the support received from industry.

The lion’s share of income originates from membership fees, i.e., income from registered dietitians who are part of ADSA. These funds are used to develop dietitians and promote awareness about key public health issues. Dietetics is a highly specialised field and the dietetics community in South Africa remains relatively small. The need therefore arises to supplement income with sponsorships, which in 2016, contributed 20% to total funding (R21 000 per month on average), utilized to cover administrative costs and the day-to-day running of the organisation. Many of our sponsors are competitors, which also mediates unfair advantage of any one company over another.

Unlike counterparts abroad, ADSA executive and branch committee portfolio holders work on a completely voluntary basis[1] and are not remunerated for services rendered. In another departure from some of its peers internationally, ADSA does not endorse any products or services. Further, ADSA members are bound by the ethical rules of the health professions regulator, the HPCSA.

Please refer to this opinion piece from June 2015, for more information on ADSA's relationship with its sponsors:
http://www.biznews.com/health/2015/06/17/adsa-our-dietitians-dont-dish-up-advice-to-please-big-food/

For more information about updated ADSA's sponsorship policy, benefits and costing statement and list of current national sponsors, refer to the Sponsorship page on ADSA's website: http://www.adsa.org.za/AboutUs/Sponsorship.aspx

Q: Does ADSA provide certain recommendations because its sponsors include food companies?

A: It is important to note that ADSA (a professional association) does not create or develop nutrition guidelines or recommendations. ADSA, its members and all dietitians are expected to use and communicate national and international evidence-based nutritional guidelines and scientific literature when practicing medical nutrition therapy. ADSA uses the latest available evidence to inform the nutrition advice that it provides. ADSA does not endorse products and ADSA is clear that its sponsors shall not dictate our messaging or its content. ADSA has a clear sponsorship policy that is openly available on our website. In addition, we also have a *Code of Ethics for the Profession of Dietetics* and *Standards of Professional Practice*, both of which are available on the ADSA website: http://www.adsa.org.za/AboutUs/ADSAvisionandmission.aspx

Q: Does ADSA have a set of rules pertaining to nutrition advice on social media?

A: ADSA has developed social media and ethical guidelines for its members. We do not recommend medical advice on social media platforms for individual patients. However, social media platforms are appropriate for sharing evidence based public health messages with the general public.

For more information, refer to ADSA's *Social media and Communication Guideline* for members:
http://www.adsa.org.za/Portals/14/Documents/Branches/ADSA%20Social%20Media%20Brochure.pdf
These guidelines will now be reviewed based on the HPCSA verdict.

Q: What dietary guidelines does ADSA recommend?

South Africa's food-based dietary guidelines were developed by leading nutrition academics and experts, and have been adopted by the national Department of Health. The guidelines are based on

[1]The exceptions to this are the positions of President, where a monthly honorarium is allocated for travel, accommodation, cell phone costs, etc., and a newly created part-time paid Chief Operating Officer (COO) position, created in July 2016 to assist with the escalating workload of the Executive Committee.

current local as well as international science; and were last updated in 2013. The names of the nutrition academics and experts that were involved in the development of the technical papers, as well as the papers themselves are available here: http://sajcn.co.za/index.php/SAJCN/issue/view/67/showToc

The process that was followed to develop the South African food-based dietary guidelines is a scientific and rigorous process that is recommended by the Food and Agricultural Organisation of the United Nations, and is a process followed by many countries all over the world. More information on this is available here: http://www.fao.org/nutrition/nutrition-education/food-dietary-guidelines/en/

In South Africa, dietitians are trained in the science of nutrition and have to keep up with the latest credible, evidence-based science to maintain the professional registration required by the HPCSA. Rather than promoting a brand or product, dietitians advise patients to read the labels of products and consume foods that address their particular health needs, whether it's no added sugar, low fat, low salt, high fibre or reduced carbohydrates, etc. Patients are empowered by dietitians to make informed food and purchasing choices by providing sufficient information and through education on nutrition. Patients can choose to shop at large retailers, to purchase the brands of their choice or support local markets. It's their choice, and dietitians provide them with the tools to be able to make the most appropriate decision for their individual situation and to improve their health and nutritional status.

Here is more information on ADSA's position on optimal nutrition for South Africans: http://www.adsa.org.za/Portals/14/Documents/Nutrition%20Info/ADSA_Optimal%20Nutrition%20Statement_April%202015%20FINAL.pdf

Q: Do dietitians (and ADSA) use outdated dietary guidelines to educate the public (such as the American nutrition guidelines of the 1970's)?

A: No. South Africa does not use guidelines from 1970. South Africa has its own set of food-based dietary guidelines that are used for public health nutrition messaging. These were first developed in 2003 and were then updated in 2013, when technical support papers that summarised all of the most recent evidence and all relevant for the South African context were published in a peer-reviewed journal (http://sajcn.co.za/index.php/SAJCN/issue/view/67/showToc).

During the process of updating the guidelines, a Food Guide was developed to complement the guidelines and to be used to support the guidelines. More information on this is available on the National Nutrition Week website, where the Food Guide was officially launched by the Department of Health (http://www.nutritionweek.co.za/NNW2012/21foodgroups.html).

Currently, internationally and locally, the focus in dietary guidelines has moved away from the macronutrient balance approach to focusing on eating patterns and a food-based approach. The key is the shift in focus from the links between single nutrients and health; to the links between total dietary patterns (whole diets and foods) and health.

This shift is supported by current best evidence, and is also seen in the recent updates to various international guidelines, including the Nordic Nutrition Recommendations (2012) and the 2015-2020 Dietary Guidelines for Americans. The preferred dietary patterns that are being recommended (internationally and in South Africa) vary in their actual macronutrient composition but share several common components, including a variety of whole grains, fruit, vegetables, nuts, legumes, healthy oils, proteins such as lean meat and seafood, and reduced intake of red and processed meats, salt and sugar-sweetened beverages.

Q: What is ADSA's view on low carbohydrate diets in general for weight loss and health?

A: More information on ADSA's position on low carbohydrate diets for health and weight loss can be found here:
http://www.adsa.org.za/Portals/14/Documents/2016/Oct/Summary%20Statement_Low%20carbohydrate%20diets_ADSA%20NSSA_17%20Oct%202016.pdf

Q: What is ADSA's position on sugar?

In November 2016, ADSA compiled a *Position Statement on the Proposed Taxation of Sugar-Sweetened Beverages in South Africa*, which discusses ADSA's position on sugar and the proposed taxation of sugar-sweetened beverages. The position statement has been updated, based on changes made in the 2017 budget speech and is available here: http://www.adsa.org.za/Portals/14/Documents/2017/March/ADSA%20Position%20Statement%20on%20Sugar%20Tax_Updated%20post%20budget%20speech_2%20Mar%202017.pdf

Kind regards,
Executive Committee: Association for Dietetics South Africa (ADSA)
www.adsa.org.za