current, high profile, fitness to practise case being heard by the GMC is testament to this.

The Royal College of Physicians medical specialty working group, under the chair of Ian Starke, has been clear that a doctor should be revalidated with regard to what they do whether this is purely clinical work, research or management or more likely a combination of all three. I hope that while the latest GMC draft is out for consultation, research will be seen as relevant to revalidation as any other action taken by a doctor in the course of their duty.

CHRISTOPHER EG MOORE
Consultant clinical neurophysiologist
Queen Alexandra Hospital, Portsmouth
Specialty representative, RCP revalidation group

In response

I am grateful for the opportunity to expand on the issue of research and revalidation. Representatives of the research community have expressed concern that the competitiveness of a doctor's research could be taken into account in the revalidation process. This is not the case and would clearly not be appropriate. I sought to clarify that point in the editorial.

However, I also indicated that there could be instances where the conduct of the research was of interest to the GMC, using research fraud as an example. In other words, for the purposes of revalidation, doctors doing research should need to demonstrate only that they meet the ethical standards for research (as set out in Good Medical Practice).

We are working with clinical academics to understand how this might best work in the system of joint appraisals administered by the NHS and the relevant university under Follett principles.

PETER RUBIN
Chair, General Medical Council

Complementary and alternative medicine (1)

Editor – I must confess to some puzzlement after reading Professor Allan's editorial (*Clin Med* June pp 211). The main theme of the article seems to be a review of recent debates around the registration of complementary and alternative medicine (CAM) practitioners but it hardly seems to me to make the RCP's position 'crystal clear'. Indeed, Professor Allan even refers to the existence of a 'conundrum' surrounding the acceptance of CAM and the registration of its practitioners. To many of us there is no conundrum: the RCP and its allied bodies such as the Academy of Medical Royal Colleges should be campaigning actively and vigorously against CAM; we should be advising the public that CAM is, at best, an expensive placebo and at worst a series of risk-prone procedures which may lead, for example, to the spread of blood-borne infections or damage to vital organs by unskilled manipulation.

ROGER A FISKEN
Retired consultant physician

Complementary and alternative medicine (2)

Editor – In your recent editorial (*Clin Med* June pp 211) you claim there is a conundrum. I am not clear if you are considering a lay person or a member of the RCP, who has to make this choice when you ask 'Is it preferable to go to a registered acupuncturist who has been trained in the importance, for example, of using sterilised needles'.

For a lay person it is certainly better not to go to a practitioner whose therapies are not shown to be effective, so registration of such a practitioner can only do harm by misleading patients about the competence of the practitioner.

A member of the RCP facing this conundrum should consult the document that they received when being accepted as a member of the RCP. It is several decades since I received this endorsement, but I think it required me to maintain the highest standards of medical practice. 'Alternative' therapies cannot be thus described if they lack evidence of efficacy, so it is even clearer that no member of the RCP should offer, or accept, alternative therapies especially if the therapist is misleadingly 'registered'. If an acupuncturist uses non-sterile needles this is an assault, which is in no way excused by 'registration'.

JOHN GARROW
Learning and Teaching on Post Take Ward Rounds