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Workplace assessment

Further to the paper 'Workplace assessment for licensing in general practice'¹ we write to update you of current developments in the development of a workplace assessment for the new licensing examination.

The RCGP and the Committee of General Practice Education Directors are working collaboratively through a workplace assessment steering group on a number of pilot projects in 2005–2006 in preparation for a new assessment package to go live in 2007. It is proposed that the new workplace assessment will comprise a trainer's report triangulated with some externally assessed work-based tests. A new competency-based trainer's report is in design based around a set of holistically determined competencies derived from the emergent RCGP Curriculum. Evidence for this report will be garnered from the workplace as outlined in the above 'principles' paper. In addition, a number of reliability and validity studies are being performed to develop tools for the external triangulation of workplace findings.

Workplace assessment is only one of three assessments in development, the other two being a Clinical Skills Assessment module and an applied knowledge test. The RCGP, assisted by a designated Assessment Fellow, is ensuring that all three of the proposed modules for the new examination

interrelate appropriately and draw down directly from the new Curriculum. All those involved are committed to developing a new assessment programme that is robust and fit for purpose while remaining mindful of the assessment burden on future generations of trainees.

RCGP Workplace Assessment

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The merits of homeopathy

Dougal Jeffries has actually done a better job than I could have done in introducing the merits of homeopathy!¹ He rightly admits that it often makes people better, is harmless and is cheap. I, like many GPs across the country, often feel quite uncomfortable when trying to persuade a healthy 50-year-old asymptomatic, hypertensive patient to take a second or possibly a third drug for the rest of their life that isn't actually curing anything; quite possibly has unpleasant side effects; needs monitoring for potential harm; and costs the country a fortune.

Naturally there is a place for homeopathic treatment, and obviously many instances where its use is totally inappropriate. However, when practised by properly trained medical practitioners, who can offer 'the best of both worlds', it should rightly deserve its place as a useful and respected complementary, not alternative, therapy. We, as doctors, should all be more open minded about less mainstream therapies and not so shackled by the issues of scientific proof and evidence-based medicine. Much of the value and quality of good general practice comes from recognising the individual patient's experience of his or her illness and response to treatment.

If Jeffries' friends and relatives tell him

of good results from homeopathic treatments, does he think that they are deluded or deceived by their healer? Or bowled over into submission by the much maligned placebo effect? Perhaps he feels a little threatened that patients have a need to seek help where conventional science has failed them? Or maybe a little envious that some of his colleagues have learnt some extra skills that we can put to use? Maybe he should enrol on a preliminary course and find out more about it for himself.

So how does homeopathy work? I don't know and I really don't care much. There are plenty of other worldly issues that defy understanding by the scientific methods of today, so I tend not to get too hung up about it. The memory of water is only one theory anyway. The real issue is that it does work, often dramatically, producing outstanding results in conditions that can be very tricky to treat conventionally, for example, morning sickness, behavioural and emotional disorders, irritable bowel and a host of what may be called 'psychosomatic disorders' that most specialists wouldn't or can't touch with the proverbial barge pole. And the old chestnut of the placebo affect and the 'long consultation'? Babies and animals are not in the habit of falling for the 'nice doctor' charms but still do remarkably well.

So where is the deception? Usually, patients that receive homeopathic treatment, often from trained GPs working on 10-minute consultations, are as openminded as their practitioner and actually value the end result, irrespective of whether their little white tablets have actually been blessed with the contact of a molecule of the remedy. More importantly, how many of us would actually discuss the numbers-needed-to-treat statistics with that hypertensive patient and feel we are improving the quality of his life?

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