Contributors

Jim Sherfi
jim.sherifi@virgin.net

Nikolaos Oikonomou has just completed training as a GP registrar, and is studying for a doctorate of philosophy at Athens. He is a scholar of the Greek state Scholarship Foundation and a research associate at the first Greek Urban Primary Health Centre, at Vyronas, Athens.
neconomou2002@yahoo.gr

Anargiros Mariolis is a GP and lead clinician at Vyronas Health Centre, Athens. He is president of the Greek Union of General Practitioners.

Richard Stevens is a GP in Oxford. He has presented (November 2009) at the association for Psychoanalytical Psychotherapists which should probably count for double points at Revalidation but probably won't.
rstevens.oxford@googlemail.com

Ann Mountford has an MBACP.

Mike Fitzpatrick
fitz@easynet.co.uk

Alex Fox worked in residential care, then morphed into the leading light at PRT. He sits on boards of Health Hotel, Working with Older People, and the Journal of Integrated Health Care.
alex@naaps.org.uk
www.carers.org
www.carersblog.wordpress.com

Nigel Sparrow chairs the Professional Development Board of RCGP. He is RCGP lead in partnership with Princess Royal Trust for Carers, and a member of the Standing Commission on Carers. He sees patients, by appointment, in Lincolnshire.
Nigel.Sparrow@nottingham.ac.uk

Jo Webber
Jo.Webber@nhsconfed.org

John Berger's *A Fortunate Man* simply must be read by every doctor.

Emyr Gravell
emyrwyn@doctors.org.uk

Re-education, re-education, re-education

So it was a slow lingering death when it came. The New Labour Government that came in with a bang on that heady May night 13 years ago gradually slipped out with a whimper after a few days' desperate attempt to cling on to power.

The bright new future of a radically different style of anti-sleaze politics operating in a stakeholder society has turned out to be more of the same old flawed politics in slightly different clothes. The re-branding of the country as Cool Britannia now looks dated and ridiculous. When Tony Blair passionately declared that 'Education, Education, Education!' was the rallying cry of his project, I thought he just meant schools and universities and had no idea how it would invade the lives of the rest of us as their reform agenda tried to control unruly professionals. In attempting to regulate, and micromanage, this Government has acted like one of those bad teachers that can't separate the well behaved from the troublemakers and punish the whole class instead of targeting the actual culprits. So we are all Shipmans until we prove differently to our betters with portfolios and learning plans.

My last appraisal, apparently, was unstructured. I didn't reflect properly and it was not a 'living Personal Development Plan' mapping out my progress and development. My style has always been a sort of magpie curiosity, picking out random bits and pieces that catch my eye in the course of my workaday life. I should also use more of a variety of learning modalities. Perhaps looking at our registrar's learning materials might be an idea and I pick out a DVD on Effective Consulting. It starts off with a video of a very nice GP managing a tricky consultation with a patient expecting antibiotics for a sore throat and even managing to get some QOF points out of it. I'm a bit perplexed at the critical tone of the following commentary and it dawns on me that the educationalists have included it as an example of a dysfunctional consultation. It's a bit disconcerting to realise it is probably much better than I would manage on a busy morning when I'm running late.

This obviously needs some more

reflecting. I wonder if I'm already the sort of dinosaur that I used to think some of the older GPs were, when I was an all-knowing trainee bursting with the certainty of youth. I was particularly scornful of one partner who was on the verge of retirement. He used to examine patients with their clothes on and still sent letters asking the clever hospital doctors to 'do the needful'. With depressed patients he would occasionally just sit in his room and share a cigarette with them. I subscribed to the bold *Defeat Depression* campaign that was in vogue and knew that what these patients really needed was antidepressant drugs and glossy leaflets.

But as I reflect more I'm convinced that actually a lot of what we consider good or bad practice is fashion and just like the image of Cool Britannia what is cutting edge one moment can quickly become outdated and ridiculous. The wheel turns and things once frowned on become best practice again. I can't imagine ever sharing a cigarette with patients but talking treatments are considered more appropriate than medication for a lot of depressed people. Now it's the dinosaurs who prescribe too many drugs. And when I revert to magpie mode another brightly coloured piece of information catches my eye. Researchers in the Netherlands found that blood pressure readings taken over a patient's sleeve were accurate and that BP could be measured reliably over clothing.

Perhaps I don't need to lose too much sleep over this 'Education, Education, Education!' business. Anyway, if the recent screaming tabloid headlines about lazy GPs refusing to work out of hours are true, the new Government's agenda might take care of that.

DOI: 10.3399/bjgp10X509775