

Tsunami ...

Morten Rostrup is a Norwegian MD who has worked for Médecins Sans Frontières in eight countries and stepped down as International President of the organisation last year. He worked in the tsunami-struck region of Aceh, Indonesia, between 7 and 27 January 2005.

Francesco Zizola was born in Rome in 1962. He studied anthropology at the University of Rome and has worked as a photographer since 1981. Since 1986, he has covered international news for major Italian and international newspapers and magazines including *Panorama*, *Epoca*, *Il Venerdì*, *Newsweek*, *Time*, *Stern*, *Figaro* and *L'Express*. He has been a member of two distinguished Italian photographic agencies, Lucky Star and Contrasto. Since 2001, Francesco has worked for MSF on several occasions.

Work experience ...

Jonathan Park is a medical student in Bristol. **Robin Philipp** and

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Revalidation ...

Brian Keighley has been elected from Scotland both to the GMC and to RCGP UK Council

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Roger Neighbour is PRCGP

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Others ...

Mike Fitzpatrick is incorrigible
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Neville Goodman is today (13 February) celebrating the last ever *Observer* column by the Barefoot Doctor. Has BF slipped into another dimension, or is he about to re-appear in the *Daily Mail*? We rub our crystals and wait ...

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Tim Holt is a GP and lecturer in the department of Primary Care Studies, University of Warwick

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David Kernick is a GP at St Thomas Health Centre, Exeter
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Graeme Walker is working through his GP training
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Craig Watson, contrary to what was said about him in our last issue, is a GP and trainer in Fyvie and Oldmeldrum, Aberdeenshire.

Saul Miller

Erewhon

Here in Erewhon the ascent of man continues apace. Each year brings further evidence of our continuing evolution into the true heirs of the planet (this bit of it anyway). Undaunted by the news that the billions allocated to improving the computational experience of all had run out shy of our borders, we have still managed to add value to our performance compared to last year by Thinking Outside The Box. That is, we decided that if we can't do anything about the slowness of the box in front of us, we'd meet our data entry targets by another means.

Reckoning that we usually know why our patients are coming in to consult us, and that when we don't their problems tend to insignificance anyway, we agreed there was scope for innovation in the pursuit of efficiencies. Doctors and nurses at our surgeries can now be found entering consultation details as their patients are still hobbling along from the waiting room. We don't break off when the patient eventually arrives either. Indeed, the more adventurous among us are also busy perfecting the art of touch-typing while performing intimate examinations, although this has led to the odd soiled keyboard incident.

The populace has become so accustomed to innovation that hardly anyone comments on changes that take place. In fact, a recent trend is to find patients a little stropky when they find something that has not changed, for example when they come along ill with the 'flu and find we are still unable to help with such illnesses.

Given my own workplace experience of constant, incremental, year-on-year improvement, it is a surprise to me when I come across others less tuned in to the Zeitgeist. The whole educational experience in Erewhon is about to undergo a major overhaul and yet, at a recent school governors' meeting, I was surprised to observe the level of confusion surrounding the benefits. It ought to

be fairly obvious that a major investment in new school buildings and equipment will be prefaced by the closure of quite a lot of them. That special teams will be created to coordinate the process of closures and the moving of the children to temporary portakabin classrooms at their new schools elsewhere ought to be reassurance enough. Especially when the whole project is entitled 'Putting the Learner First'.

The other governors' doubts were compounded by the fact that a concurrent innovation — giving teachers protected time for lesson planning — was being funded by an uplift to schools' budgets. Evidently even here in Erewhon it is not so well understood as I had believed that uplift really means 'opportunity to find further efficiencies', rather than 'more money' as some would have you think. Anyway, after a chat about the evolving role of teaching auxiliaries, the meeting ended on a positive note.

I was in the midst of yet another breakthrough a day or two after the governors' meeting when word came to me of some really cheering news. I was already feeling pleased, having discovered a sandwich toaster could warm the server up to operating speed in the mornings nearly half an hour quicker than the electric kettle (and without anyone needing to stand around to keep restarting it). It was one of my nursing colleagues who sidled up to say she was a little concerned about an old lady who, responding to a charity fundraising event at the practice, had handed in an empty envelope.

'Might she be developing Alzheimer's?', the nurse asked, concern etched on her face.

'Don't be an ape', I responded cheerfully, 'she's quite sane I'm sure'.

'Oh', the nurse muttered, the penny dropping, 'probably just trying to give the charity an uplift then'.

Heartened to find a patient so on-message as this, we celebrated with toasties and tea.