

and embouchures settled down, we began to work in detail before taking our coffee-break in the basement. Audit, management, and facilitation went out of the window, as did the agonies and inconsistencies and idiocies of the new contract; instead, there was this wonderful conversational buzz as musicians from all over Europe talked music with each other, renewing old friendships and making new ones instantly in the excitement of playing in a full-strength symphony orchestra.

Then, we started work on the Brahms, with the orchestra's committee scattered through the orchestra, watching and listening. Something wonderful began to happen with that hushed introduction on cellos and basses; the orchestra was falling in love with Brahms all over again, and the first horn call made us shiver with its beauty and plaintiveness. More detailed and very hard work followed in the sectional rehearsals and next day our soloist, the violinist Elizabeth Wallfisch, came to rehearse the Beethoven concerto — 'this mighty work, the sovereign lord of all violin concertos', as Rosa Newmarch called it. The privilege here was that of working with a great artist and being privy to her thinking about a masterpiece that she had played so many times, getting to know her ideas about tempi and phrasing, and gradually learning how the orchestra had to blend with and support her. Then it was over to the Blackheath Halls next day for the final rehearsal and concert, by which time the orchestra was a rock-solid unit with every section united in its discipline. And, as we played music which had been part of our lives for so long, there were those of us almost in tears of gratitude at being part of something so wonderful for, over a period of 2.5 days, we had managed to mould over 90 people into an amateur orchestra to rank with the finest. The concert was a sell-out success, with the audience ecstatic at the blazing brass finale of the Brahms. We left them with an encore, the genial tubthumpery of Elgar's *Pomp and Circumstance No. 4*, and came off exhilarated and exhausted, to sit over a drink as we relived what we had just achieved. The EDO, now a fact of musical life, has played in London and Bucharest; we play in London again this November, (in the Royal Academy of Music) and, next year, we may be going to Budapest. Join us, and watch our website; [www.edo.uk.net](http://www.edo.uk.net).

**Michael Lasserson**

## Diary

### 7 September

'It ain't what you do — it's the way that you do it'

Miskin Manor Hotel, Cardiff

Contact: Sali Davis

E-mail: Sali Davis

Tel: 029 20504604

### 20 September

Clinical Update: multiple sclerosis

Princes Gate, London

Contact: Claire Wilkins

E-mail: [cwilkins@rcgp.org.uk](mailto:cwilkins@rcgp.org.uk)

Tel: 020 7344 3124

### 23 September

MRCGP Exam preparation course

Weetwood Hall Conference Centre & Hotel, Leeds

Contact: Amanda Lakin

E-mail: [yorkshire@rcgp.org.uk](mailto:yorkshire@rcgp.org.uk)

Tel: 0113 343 4182

### 27 September

Appraiser skills in primary care — module 1

The Lancashire Hub, Preston

Contact: Amanda Penney

E-mail: [apenney@rcgp.org.uk](mailto:apenney@rcgp.org.uk)

Tel: 01925 662351

### 27 September

RCGP Thames Valley Annual Symposium

and Annual Dinner

The Oxford Centre, 333 Banbury Road, Oxford

Contact: Sue Daniel

E-mail: [tvalley@rcgp.org.uk](mailto:tvalley@rcgp.org.uk)

Tel: 01628 674014

### 27 September

Introduction to the MRCGP

Holiday Inn, Runcorn

Contact: Anna Reid

E-mail: [mersey@rcgp.org.uk](mailto:mersey@rcgp.org.uk)

Tel: 0151 708 0865

### 28 September

Vale of Trent open meeting

Postgraduate Centre, Nottingham City Hospital

Contact: Janet Baily

E-mail: [janet.baily@nottingham.ac.uk](mailto:janet.baily@nottingham.ac.uk)

Tel: 0115 8466 902

## Neville Goodman

### BEING THERE AND DOING IT

First, something that needs no further comment. A government report has concluded that those areas of the NHS that were given targets have improved, but areas not given targets have not. Conclusion? We need more targets. The intellectual incisiveness of this impeccable logic leaves me unable to write any more on the subject.

So I'll turn to training. Surgical senior registrars were sometimes in post for 10 years. This made them very experienced, especially when one in two and one in three rotas were the norm. They did the emergency surgery; consultant surgeons were not often seen at night. Ten years in a senior training post was too long. Consultant surgeons are now seen more often at night, and for many it is in their contracts. Making sure that the sickest patients are dealt with by those with most experience sounds a good idea, but actually it's not necessary. What matters is that the sickest patients are dealt with by those with enough experience, and that someone with more experience can be called on if needed.

I think we need to be worried. Consultant surgeons are doing more emergency surgery because their trainees do not have the experience. It worries me that often there is not even a surgical trainee assisting. Letters to the formal and informal medical press document the precipitate fall in the number of procedures undertaken by trainees. They are not doing as much, and they are not getting the variety. Sub-specialist trainees may do enough of their specialist operations, but patients aren't admitted with specialist diseases; they are admitted with acute abdomens, and there need to be enough generalist surgeons around.

This is a problem for all the practical specialties, and probably for all of medicine. The recent clamour for strict syllabuses and competence-based training is all very well, but there is an indefinable something that comes from experience: Michael Eraut termed it 'tacit knowledge'. It's knowledge that you don't know you've got, so it's not easy to pass it on, other than by being there and doing it.

Firemen, a patient told me, are no longer allowed to set fire to derelict buildings and then go in to put them out. Health and Safety won't allow it. So the only experience they have of big fires — which are rare — is when they are called to one in an emergency. They then lack the subconscious reflexes that warn them a wall could collapse.

Everything has a balance: will it be restored in medical training before it is too late?