To end the first day's programme, a very interesting look into the mirror of interpersonal relations was given by three Glaswegian actors, later supplemented by volunteers from the audience who simulated true doctor–patient scenarios. Different situations showed how easily things can go mightily wrong and how difficult it is to establish a rapport, direct our empathy and control our judgement within the limited time of an encounter in everyday surgery. It was astonishing to learn that the majority of what we're saying is conveyed through body language and tone of voice with a meagre 7% left for the actual content of what is said.

Tom Earnshaw, a young Cheshire GP, was next to step up as the first of two speakers focusing on planning of training. Overall, Tom stressed the importance of not letting one's educational needs be submerged by (perceived) service commitments. Tom propagated a structured approach to the practice, it's staff (keep the receptionists on your side!) and equipment, financial and contractual plans, annual and study leave (giving advice on courses he found useful). An educational plan should be in place that is reviewed every 3 months. Tom also stressed the importance of planning for the individual exam components (study groups, start shooting videos as soon as possible) and certification, keeping in mind crucial deadlines and, again, submitting VTR forms as soon as possible.

Kate Adams, London sessional GP, then focused on training options after CCT qualification. She advocated on-the-job learning by regular case discussions and possibly sitting in with other GPs at the surgery. Kate also touched on e-learning options and attending teaching sessions organised by the deanery.

After lunchtime I attended my final parallel block, this time on sessional GPs. This concentrated on potential catches regarding working time, pensions, annual, study and maternity leave depending on the contractual setting of salaried GPs (GMS versus PMS or APMS — with the latter two locally negotiated rather than based on a national contract) and freelance/locum work. The speaker, who was excellent, and whose name I sadly did not catch, also introduced the concept of retainer and returner schemes.

The conference closed with RCGP president Roger Neighbour giving us in-depth information on the individual modules of the 'old' MRCGP exam. This was highly relevant to myself and others in the early stages of their GP registrar year, but less interesting for those who would be sitting the new exam. This, as none of its parts are fully developed as yet, was not introduced. Neither was the current process of summative assessment mentioned (apart from the apparent ease of passing it). This would have been useful from my perspective. The advice given from an examiner's perspective on preparations and what to expect will surely prove useful to me.

Peter Wenzel

Neville Goodman

GIVE US A JOB

Can someone tell me what the NHS Chief Executive actually does? There's a new one: David Nicholson. He's moved from being CE of smaller chunks of the NHS to being CE of the whole caboodle. To mark his appointment, Health Secretary Patricia Hewitt issued a press statement that made its way via our press office to everyone on our e-mail. I suspect that most of us working in the surgeries, clinics and operating theatres of the NHS don't care who the CE is and would prefer just a simple statement of fact to all the blather.

'David is taking up the reins at an exciting time', said Patsy. Exciting for whom? I think difficult or worrying more apposite.

'Building on the achievements of Sir Nigel Crisp ...' who rather surprisingly and suddenly seemed to take early retirement and move up to the House of Lords, '... David's challenge is to ensure that the NHS continues to achieve even better results for patients, while restoring financial balance': so you, working at the coalface, can expect to have to do more with less, much as you have previously.

'We have made huge strides in recent years, with waiting times at record lows and impressive progress in the drive to save more lives for patients with cancer, heart diseases and stroke.' Note the 'We'. Any huge strides are due almost entirely to the staff putting their everything into the NHS, despite continual reorganisation of the service by the politicians, who seem happy only when they are tearing up last year's BIG IDEA in favour of this year's BIGGER IDEA. Community hospitals — pootling little things! Close them! Oh, hang on! On second thoughts: tertiary centres — far too big! Close them! Let's have community hospitals.

'I would like to say a big thank you to Sir Ian Carruthers, who has done an excellent job as acting Chief Executive during the last few months.' Really? Could someone tell me one thing that he's done?

David Nicholson said, 'I am proud of the NHS and its staff,' who will continue to have to worry about where they will be working in the next few years, and what the increasing privatisation of the NHS (which those at the centre will continue to deny) will mean for their jobs, their pay, and their pensions.

'This is a pivotal time for the health service.' It's always a pivotal time for the health service. I have on my shelves many political publications from the last 20 years. The same phrases crop up all the time. And you'd think that politicians were the first people ever to think of the patients.