"Each [GP] conference should have a resident anthropologist ... reflecting back to the profession what they'd discovered about the professional culture."

Is there an anthropologist in the house?

It's that time of year again, where, having just got back home from a conference, we have all the ideas that would make next year's conference even better, except that it's a year off and there's too much to do before thinking about next year's conferences.

Conferences fail if they don't send us home inspired, and I think they do this by functioning as professional religious experiences. We go on a pilgrimage to a different cathedral each year to hear sermons from our bishops, priests, and deacons. In saying this, I don't mean to denigrate conferences. I am suggesting that they have the same role in reflecting and reinforcing a professional culture as religious services do for religious cultures. This is not a bad thing; indeed, it's an unavoidable thing. A conference (or a profession) without a culture would be an anarchic mess, and you could argue that this itself would be a culture.

Medicine is a profoundly cultural institution, and conferences merely allow us to act this out. We get to reinforce our beliefs about good-quality medical care, perhaps allow a little bit of heresy; not too much. We get the chance to share bread and wine, and get to study our (evidence based) texts and receive guidance on their proper interpretation. The Department of Health will even give us reasons to feel a little apocalyptic.

At a conference, we have a set of highly familiar rituals that mean, once you've been to a few, you can go to an academic conference pretty much anywhere in the world and feel you have an understanding of how it will work. This is no bad thing. By looking at our professional cultures reflected back at us in a conference mirror, we get to learn more about ourselves, if we're paying attention.

We see that, even by having conferences, there's a significant part of our profession that appreciates learning from the wisdom of others doing similar work elsewhere. We get to celebrate that perhaps there is some real collegiality in the profession, or that we really are looking out for our patients in deprived communities. The mirror will

show us whether we appreciate diversity quite as much as we'd wish, by showing it in our leadership up on stage. We'll be able to count the number of times we use the phrase 'patient centred' and compare it with the number of patients who have spoken at the conference.

Sometimes, though, we need outsiders to point out where the boundaries of our professional cultures are. Certainly, patients can be very good at telling us where our professional cultures actually have the effect of making us seem less trustworthy or accidentally doing harm.

However, I wonder if it's worth us calling in the professionals. Each conference should have a resident anthropologist. They'd have a roving brief, going to a wide selection of sessions, interviewing delegates, sampling the Twitter stream. At the end of the conference, they'd do a brief spot at the closing plenary, reflecting back to the profession what they'd discovered about the professional culture. After the conference, they'd probably publish a paper outlining what they'd found. The profession would know itself better, and we could think about ways we might want to challenge our own cultures.

Anyway. That's an idea for next year's conferences perhaps. Or maybe the one after that. We are pretty busy, after all.

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