ment of chief executives in workforce development; and, more fundamentally, the fact that NHS workforce issues are still not high enough on the agendas of many NHS employers.

Conclusion

The government has acknowledged and sought to tackle the serious problems of recruiting and retaining nurses. But despite the resulting national initiatives, problems persist. Overall progress has been slow; staff are unaware of the new opportunities available to them[6]; some targets are modest, such as plans for 100 trusts to have onsite nurseries by 2004; little effort has been made to evaluate the impact of these initiatives. Workforce issues are still nowhere near the top of the agenda for managers or trust boards, who have other managerial "must do's," such as reducing waiting lists and times, managing emergency admissions, and breaking even financially. The new confederations have great potential to shape the agenda, but they are still in their infancy.

Will the national initiatives, if fully implemented on time, actually deliver? They will help, but it is questionable whether they will turn the tide. In the meantime more radical suggestions for a complete redesign of the healthcare workforce are being proposed, both as a way of designing a more patient focused health system and as an alternative strategy to tackle problems of recruitment and retention. The merits of these proposals should be openly debated and their evidence base evaluated.

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Holidays in Framingham?

It was a wet evening in May. We were driving into Boston from New Hampshire without definite plans on where to stay for the night. Suddenly a large motorway road sign loomed out of the mist: Route 9 West—Framingham. "I know that name," I said, "Let's stay there: it would be interesting to see what sort of people are in the Framingham study, and what they eat." So my wife and daughter agreed with my idea, for once.

It took some time, on a series of interconnecting highways, and when we finally got there, on Route 9, we had difficulty in identifying the town at all. Route 9 bisects it and consists of a continuous series of road signs and large warehouses. When we finally retraced our route and got off the highway we found Framingham to be a curious place. One part was a New England wooded village with a white painted church and prosperous housing. Another long main street across the highway was populated by lawyers and funeral parlours. Eventually we found the city centre, with a fine central memorial hall. But nowhere to stay—the inhabitants seemed to speak Spanish, and even food was difficult to find. Eventually we found the only hotel, back on Route 9, where the only restaurant provided a massive Mexican style meal.

Framingham was selected for the study of the epidemiology of atherosclerotic disease in 1951 when it was "a small self-contained community of approximately 28,000 inhabitants, 18 miles west of Boston." I wonder about the subsequent lifestyle and eating habits of all those people who have been part of the Framingham study. How many of them were part of the old New England village way of life; how many lived precariously on the edge of Route 9; were any of them Spanish speaking, Mexican food eating immigrants? Their epidemiological experience in the United States has played a major part in producing the cardiovascular guidelines for Britain, but I suspect the present inhabitants will have different risks.

As a holiday stopover, it might not score highly, but it was an interesting experience.

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We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake,* or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.