2002–2008

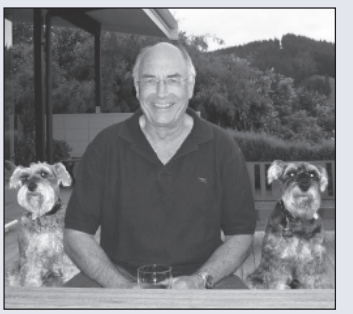
Editing the NZFP

Tony Townsend

What's it all about, Alfie?
(Bacharach and David, 1966)
The answer, my friend, is blowin' in the wind,
The answer is blowin' in the wind.
(Dylan, 1962)

*

Tony Townsend *is still in full-time general practice with Michael Miller in Whangamata looking after the needs of over 4000 enrolled patients and up to 40 000 visitors working a 1 in 2 on call roster (with some very much appreciated but insufficient locum assistance). However, having freed up quite a few hours a week by no longer editing the NZFP, he now has time to eat meals, walk the dogs and communicate with his wife and family.*



Early experiences as a medical editor

My first foray into the world of medical editing was in 1968. I edited *Medical Digest*, the annual publication of the University of Otago Medical Students' Association. The content included what was thought by a young, virile, boundary-pushing medical student of the '60s to be important; ethics, politics, sex and psychology. This did not seem too extreme given that it only just predated *The Little Red Schoolbook* and *Bullshit and Jellybeans* both published in 1971. However, it soon became apparent that I had gone too far. I was hauled over the coals by a member of faculty (I suspect triggered by an affront to his conservative religious views), made to apologise to the O&G Professor for publishing a photo of him lecturing with a stretched condom over his head (it was he who had turned the contraception lecture into the top entertainment of the academic calendar) and, most importantly, called to appear before the Medical Students' Association because I had not met their expectations (retrospectively, because I had no prior idea of what their expectations were). I am certain that if the position of editor was an on-going one I would have been sacked. If that had happened I would have been in good company as the editor of *JAMA*, George Lundberg, was summarily fired in 1999 for publishing a research article about college students' definition of 'having sex' at about the same time as the Clinton impeachment trial.[1]

The firing of medical editors

George Lundberg is not the only editor of a prestigious medical journal to have been fired in recent years. A few months later the editor of the *New England Journal of Medicine*, Jerome Kassirer, did not have his contract renewed due to a conflict with the journal's owners[2] and the editor of the *Canadian Medical Association Journal*, John Hoey, was fired in 2006 following a clash of purpose between the editor and the journal's owners.[3]

I am pleased to record that no editor of the *NZFP* has ever been fired but, from time to time, there will inevitably be conflicts between what the editor feels should be published and what the owners believe should not be. An example of this was a brief commentary that was pulled because it was perceived to be critical of nurse practitioners at a time when there were delicate negotiations taking place between the College and practice nurses. This example stands out as an exception as my relationship with the College hierarchy during my term as editor could not have been better. However, all of this got me thinking about the purpose of the journal.

A mission

My 1968 reprimand must have had an impact on my editorial aspirations, as I did not get back into editing until my appointment to the *NZFP* in 2002, 33 years later. A few years after my appointment, I attended a short course for medical editors run by Tim Albert in Christchurch in 2004. One of the questions we were asked was *'what is the mission of your journal?'* In my naivety I had not really thought about this before. I had previously considered that a mission was a journey undertaken for religious purposes and I was not sure that this appropriately described my role as an editor of a medical journal. However it became quite clear that unless the objectives of the journal matched those of the College we would soon be in conflict.

Tim Albert told me that *'Committees do not have visions; they have compromises. So it is up to the editor to have the vision – and define the mission'*.[4] Thanks for the permission, but where should we start?

In his presidential address at the inauguration of the College on 6 February 1974, Paddy Delaney proposed that:

'As a College we will have many aims and objects and ideas, but they can all really be narrowed down to this, to make those of us who are in general practice better doctors, better general practitioners, to provide a stimulus to general practice, to attract to this part of the profession good potential general practitioners, and to provide for the continuing education of those already in general practice. That is what the College is all about; perhaps a little more, but certainly nothing less. Is there anything wrong with that?'[5]

Using this as my starting point it was not difficult to define my mission for the journal:

- To publish original scientific research relevant to New Zealand general practice;
- To enhance advancement of skills, knowledge and behaviours of New Zealand general practitioners;
- To stimulate reflection, critical thinking and innovation about general practice;
- To provide a forum for discussion and debate about general practice;
- To reflect the changing face of modern general practice.

The *NZFP*

The first issue of the *NZFP* appeared in March 1974 following the appointment of David Cook as the inaugural editor on 6 February 1974. In his guest editorial, Paddy Delaney wrote '*These are exciting times of quick and vital change in every field of endeavour – no less so in general practice... How can we make general practice more attractive, how can we somehow diminish the workload and at the same time maintain our efficiency and our ideal of service?*'[6] He was obviously a man of vision.

During the following 35 years the *NZFP* evolved under the guidance of a series of editors; David Cook, Ian St George, Rae West, Tessa Turnbull, Campbell Murdoch and finally, yours truly, to become an important primary care publication recognised both nationally and internationally.

'This year's [2007] issues of New Zealand Family Physician *contain intriguing work pertinent to US problems in particular. The struggle between standardizing general practice while personalizing care and the unsolved disparities in care and health (almost an entire issue focused on cultural competence appropriately using mostly qualitative methods) are two contemporary examples for which this journal's contents are important—but largely lost to us.'* Larry Green, Professor of Family Medicine, University of Colorado, in his letter of support to the National Library of Medicine for indexing.

'The New Zealand Family Physician *is a scientific, peer-reviewed journal of the field of family medicine/general practice – primary care. The research the journal publishes is to contribute to better and safer health care for people. The journal is operating in the unique context of New Zealand family practice/primary care. New Zealand is a world leader in primary health care research, contributing a research output way beyond its physical size. This in itself lends substance to the international position of* New Zealand Family Physician.' Chris van Weel, Professor of Family Medicine, Netherlands and President Wonca, in his letter of support for indexing the *NZFP*.

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The good

In preparation for this contribution to the final issue of the *NZFP* I flicked through more than 30 editorials that I had written. I was impressed at how much I had learned in putting these together. Over five and a half years I have pretty well covered my professional learning needs as we dipped into the bottomless basket of the general practice curriculum.

We covered the principles that define our discipline: Generalism, continuity of care, teamwork, cross-cultural care, patient-centredness, prevention and evidence-based practice.

We paid attention to special areas of general practice medicine: Maori health care, young people, care of the elderly, chronic disease management, medical emergencies, mental health care, somatisation, addiction, sports medicine, pain and the metabolic syndrome. I recall a lengthy discussion with some colleagues in the United Arab Emirates about whether or not we could base the whole undergraduate curriculum on the metabolic syndrome using this as a theme for problem-based learning. Not much would remain uncovered.

Contributions were made about areas of practice that are particularly relevant to New Zealand and the advancement of practice: Practical solutions, the changing face of practice, advancing technology, aiming for excellence and assessing performance.

I particularly enjoyed the issue on complexity, an area that I previously knew little about even though it is obvious that we are immersed in complexity every day. The issue on

the art of general practice focussed on communication skills. We also ran themes based on teaching and learning, primary care research, general practice as a business and, a particular interest of mine, the tensions between personal need and the public good (care of the individual versus population health).

During the last five years there has been a broadening of contributors to include many of our primary care colleagues; nurses, physiotherapists, pharmacists, occupational therapists and psychologists. We have also introduced the section on 'Improving Performance' in which we have been able to publish papers that do not fill the strict criteria of original research but contribute to the literature on quality improvement in primary care. These papers have provided practical tips developed by groups of practitioners that can, in most cases, be transferred to other practices.

It was particularly pleasing when I received original scientific papers from general practice that described research that had taken place outside an academic institution. Grass roots primary care research is often much more relevant than papers published to secure tenure.

The bad

No response to requests for contributions must rank as my number one grumble. Even a reply email saying 'no' is better than nothing at all. Sometimes emails, followed by a fax, followed by a written letter were all greeted with silence by a small number of (usually specialist) colleagues. There were several occasions when I had to rewrite papers submitted for the CME section. These were usually sent following a request for a paper on a particular topic but arrived late and were at times unreadable. I still have that phrase of Ian St George's rattling in my brain: *'Would you trust a doctor who can't write?'* My final grumble relates to those authors who agree to submit a paper (usually CME) and then ignore the guidelines, sending in a paper that contains little of educational value for general practice.

And the ugly

Very few situations fall into the really ugly category. Requests from pharmaceutical companies for advance copy so that they could use this to connect with their advertisements were rejected. Unsolicited papers from pharmaceutical companies were also rejected. Readers will have noticed that we have followed the course of other journals in asking authors to declare any conflict of interests. This helps but does not eliminate marketing bias.

Mission accomplished

Mission accomplished? Not quite. We failed in our bid to have the *NZFP* indexed on Medline. I suspect that this is partly a reflection of being a very small fish in a very big sea. We rely heavily on a relatively small cohort of academic researchers who are encouraged to publish in journals with high impact factors (*New England Journal of Medicine* 22.412, *Lancet* 17.490, *Annals of Internal Medicine* 9.920, *JAMA* 7.686, *BMJ* 4.549, *Family Medicine* 1.025, *NZFP* 0.0). Catch 22.

It is quite likely that Impact Factors (IFs) mean very little to practising GPs, but IFs appear to be very important in the world of medical publishing. My concern is that there is a possibility that in the quest for indexing we could lose contact with our readers. We could increase the tension between the College's vision and the journal's mission. Harvey Marcovitch, Associate Editor *BMJ* and former Editor *Archives of Disease in Childhood*, who assisted Tim Albert in the aforementioned Course for Medical Editors wrote: *'Experience had told me that what readers of my journal appreciated most were reviews, editorials, controversies, educational pieces and fillers and what they read least often were original scientific papers. Now that we can count hits on journals' electronic pages, this assumption has proved to be reliable.'*[7] Catch 23.

The future

I believe that Felicity is very much aware of this conundrum and I have great faith in her ability to tread the fine line between publishing high quality scientific research and appealing to the primary care readership. Morphing the *NZFP* into the *Journal of Primary Health Care* is another small but important step in the evolution of New Zealand general practice. I wish Felicity and her Editorial Board all the best and look forward to some interesting reading.

References

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