

# Editorial

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## Transitions

As we go to press with this, the last edition of the *New Zealand Family Physician*, it is just a few days after the general election delivered us the first change in government and governing philosophies for nearly 10 years; we (along with the rest of the world) are adjusting to a global financial crisis, the scale of which is unknown to this generation of New Zealanders, and we are on the cusp of having a new President for the College. When we reflect on 2008 in the future, these are just a few of the transitions that will stand out for many of us. The most meaningful for me right now, in the context of my guest editorial role for the NZFP, is that this journal is transitioning out of existence, to be replaced next year by the *Journal of Primary Health Care*. Appreciating this, I hope readers will tolerate a little nostalgia in this edition's articles.

Transitions can be uncomfortable, maybe even painful in the short-term at least, but are absolutely necessary for growth and development, personally, professionally, socially, and politically. I have adopted as my personal talisman for this edition the Roman god Janus. He was the fellow with faces that looked both forward and back. Wikipedia says that Janus presided over things such as *'the progression of past to future, of one condition to another, of one vision to another, the growing up of young people, and of one universe to another.'* He was a fairly benign chap, and a wise one. Wikipedia goes on to in-

form us that: *'Janus was worshipped at the beginnings of the harvest and planting times, as well as marriages, births and other beginnings. He was representative of the middle ground between barbarity and civilization, rural country and urban cities, and youth and adulthood.'* I think he'd be happy to be joining the celebration in this journal of the past, while we look forward to the future.

Looking back, both the doing of research and the reporting of it have been very important College activities since its earliest days. As early as 1954, the Auckland faculty of the College of General Practitioners was reported to be *'feeling its way towards...some elementary research'* and in 1957 the College Council minutes recorded that a sub-committee of the Auckland faculty was *'undertaking an investigation into staphylococcal infections'* and hoped to obtain a grant, presumably in support of this research.<sup>1</sup> In 1958 the College's Canterbury faculty had a flu study published in the NZ Med J<sup>2</sup> and the College established a 'national research register'.

In the last decade or so, the involvement of mainstream GPs in general practice research seems to have shrunk, leaving university-based researchers to pick up the slack. This worries me – for a number of reasons. First, I think it is a symptom of the increasing priority given to attending to the bureaucratic demands of practice, at the expense of time spent on re-

flection, asking questions, and finding answers. I look forward to transitioning out of this stage in New Zealand society. I think it's a dangerous stage. I vividly remember talking to a young registrar in the United States. She was a top student and had glowing reports from her supervisors about her clinical competence, but she was apprehensive, stressed, and planning to leave medicine. Why? Because she was worried that one day she would put the wrong code on a claims form, and that she would be sued for fraud and end up in jail. *'I'm not a bad person,'* she said, *'I don't belong in jail – but I know I'm going to commit fraud one day, it's inevitable. There are so many forms to fill in I'm bound to make a mistake.'* Contemplating a future involving jail time seemed pretty extreme five years ago, but not now. It is just one of the unanticipated consequences of over-reliance on contractual performance monitoring and under-relying on professionalism. It's one of the motivators to personal protection – to practising in urban rather than rural areas, to taking up salaried rather than ownership employment, to avoiding after-hours care, to not practising medicine at all. So when I see more involvement of College members in research, then to me that will be like the parrot coming out of the mine alive. To me, it will signal that the world is rebalancing in a sensible and professional way.

The other main concerns I have about leaving research to university-based researchers are that there are too few of us to possibly do justice to all the new researched knowledge that is needed and fewer still who can cross the divide between clinical practice and research design and implementation – having training in both. In one of the most highly accessed papers of *BMC Family Practice* this year, a group of leading GP researchers from Australia and the UK state that ‘to meet the increasing demands being made of it, primary care needs its own thriving research culture and knowledge base.’<sup>3</sup> General practice research belongs where it will be used – not locked up in scholarly journals that are read only by those who write in them, but living, breathing, created from and used in general practice because that is where it is useful.

Which brings me to journals. An essential stage in any research is publishing the results, so in 1959 the College appointed a Director of Research to keep an official eye on research activity and, in 1961, it started a research newsletter to let everyone know about what was going on. This morphed in 1974 into the *New Zealand Family Physician* and now, in 2009, it will morph again into the *Journal of Primary Health Care*. These sorts of transitions are expected, they are healthy, and they are universal. The British Royal College of General Practitioners has marked similar transitions in its own research publications, from starting its research newsletter in 1953, to the publication of its first journal, the *Journal of the College of General Practitioners Research* in 1958, changing it to the *Journal of the College of General Practitioners* in 1960, the *Journal of the Royal College of General Practitioners* in 1967, and then to its current form, the *British Journal of General Practice*, in 1989. The Australian College and the American Academy of Family Physicians’ research publications have developed along similar pathways.

There is a certain amount of mourning that is associated with the passing of a valued journal that has reached its target audience and fulfilled their needs, as *NZFP* has. Campbell Murdoch frames his editorial in this edition as a eulogy – and a well-deserved one.<sup>4</sup> But let’s not put all our time into looking backwards. Janus would have us look forwards as well. We are about to be blessed by a new journal. The *Journal of Primary Health Care* is going to be different. In his editorial Rae West emphasizes how important the College publications (especially *NZFP*) are, and have been, to GPs.<sup>5</sup> The absolute intention is that *JPHC* should continue to be just as valued by GPs, but College publications are also valued by GPs’ colleagues in providing primary care to the people of New Zealand. The new journal explicitly acknowledges this in its title and the new editor explains in a paper in this journal how the new College publications will work.<sup>6</sup> You will also find at the end of this journal a new set of ‘Instructions for Authors’ and information about how to submit papers to *JPHC* and obtain copies for reading (College members will receive *JPHC* in exactly the same way as they now receive *NZFP*). In another editorial, Ian St George provides a wish-list for future journals he would read<sup>7</sup> and (whaddayaknow?) *JPHC* ticks all the boxes. It will be an open-access electronic publication as well as appearing in paper copy, it will encourage active reader participation in online discussion of papers, and principles surrounding the new editor’s ‘editorial freedom’ are well understood and respected by the publisher, as they have been for past editors. Both Tessa Turnbull (*NZFP* editor from 1996 to 2001) and Tony Townsend, the last ‘proper’ *NZFP* editor, write of their appreciation of the positive professional relationships between the College (as publisher) and its editors.<sup>8,9</sup> I share this appreciation. We are very privileged in this edition to have these editorial reflections from every one of the previous *NZFP* editors (except Dr David Cook, the first editor, who died several years ago).

Other transitions that you will read about in this journal are: from some of our GPEP1 registrars, clinical audits demonstrating their ‘transitions’ in thinking as they move towards becoming fully-fledged GPs; transitions in rural medical practice, including reports about ‘de-fragging’ a rural practice and about the development of the professional scope of rural hospital medicine; and transitions in research, from a pending project about fatigue in rural GPs to a completed project providing non-GP readers with insights as to why variations in clinical practice happen (GP readers may already know this!). Enjoy, savour the flavour of this last *NZFP*, and look forward to the next course next year!

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