A look at the workforce, the common cold and a handy insert on drug interactions: Something for everyone

Felicity Goodyear-Smith MBChB, MGP, FRNZCGP, Editor

Welcome to the second issue of the *Journal of Primary Health Care* (*JPHC*). Response to the first issue from my academic colleagues has been overwhelmingly positive, but to date I have received little feedback from 'flax root' practitioners. One exception is Dr Black lamenting the loss of colour. Also rural general practitioners (GPs) at the Rural General Practice Network conference are reported as flabbergast at my inadvertent insinuation that generalists providing the full spectrum of primary health care services are nearing extinction[1] (see *Letters to the Editor*).

I did quiz a number of GPs at a recent interdisciplinary weekend symposium, but their usual response was that they had not yet removed the journal from its plastic wrapper. To be fair, some academics had not unwrapped it either. This is testimony to the huge pile of reading material piled high in GPs' offices and beside their beds awaiting attention.

Many nurses and pharmacists I met were keen to have a copy. If you are planning to keep the journal, that is great. However, if you will be filing it in the rubbish bin instead, please consider leaving it in your staff room or passing it on to your nurse, community pharmacist or other interested colleagues.

This issue of the *JPHC* looks at various aspects of workforce development, recruitment and retention throughout the primary health care sector. The original scientific papers address various workforce issues. Callister and colleagues examine the influence of doctors' partners and their careers on where doctors choose to work, and argue that often the couple rather than the individual needs to be taken into account when considering their recruitment and retention.[2] The 2007 RNZCGP member survey indicates an ongoing trend of GPs changing their work arrangements and reducing their hours to achieve a better work/life balance.[3] Rural GPs work longer hours than their urban counterparts, but both sectors face future workforce shortages. Lillis correlates interview scores for vocational training in general practice with subsequent examination results and concludes that generally we are getting it right with respect to the doctors selected to join our GP training scheme.[4]

Other studies take a more generic approach to the primary health care workforce. Ape-Esera et al. examine the serious shortage of Pacific primary health care workers across all primary health care occupations and how the needs of Pacific peoples, who have poorer health status and lower life expectancy than other New Zealanders, can be met.[5] Two papers deal with the increasing need of providing mental health care within the primary sector. A study by O'Brien et al. identifies workforce capacity as a key barrier in responding to this need,[6] and a guest editorial explores the impact on the workforce of primary mental health initiatives which call for extension of existing roles as well as the addition of new roles and 'new' services.[7]

In the *Back to Back* debate in this issue, nurse practitioner Mary Jane Gilmer and Des Gorman, Head of the University of Auckland School of Medicine, argue the pros and cons of nurse practitioners providing substantive opportunity for task substitution in what has typically been the domain of the GP in NZ primary health care.[8]

Our guest editorials address workforce issues from various standpoints. Pullon and McKin-

CORRESPONDENCE TO:
Felicity Goodyear-Smith
Department of General Practice and Primary Health Care, Faculty of Medical and Health Sciences, The University of Auckland, PB 92109, Auckland, New Zealand
f.goodyear-smith@auckland.ac.nz

lay call for a pan-organisational approach to facilitate planning for a workable and cohesive primary health care workforce.[9] Other perspectives consider workforce issues in regard to primary health care nurses,[10,11] physiotherapists[12] and from the patient's point of view—how workforce shortages disadvantage most those in greatest need.[13]

A common message across the disciplines is that the PHC workforce will confront increasing shortages in the face of rising health care needs of an expanding geriatric population. A recent study found that within the rural sector, younger graduates are choosing shorter working hours, less on-call, and earlier age of retirement than their older counterparts,[14] and this is likely to be even more the case in urban settings. Certainly we need smart solutions to provide the health care needed in our communities.

One of the key ways of addressing our workforce shortfall is to recruit and retain international graduates. We feature two short essays from British GPs Emma Storr and Ben Hudson on adapting to 'mainland' NZ customs and practices.

The other focus of this issue is upper respiratory tract infections (URTIs). This is reflected in the *POEMS* (Patient Oriented Evidence that Matters), the *String of PEARLS* (Practical Evidence About Real Life Situations) and the *Cochrane Corner*. Our *Charms and Harms* column addresses evidence about Echinacea, a herbal medicine often used in the prevention and treatment of URTIs, and a systematic review and meta-analysis addresses the question of whether intranasal zinc is effective and safe for the common cold.[15]

A practical feature of this issue is the comprehensive summary chart outlining clinically important drug–drug interactions and how to manage them.[16] The insert is designed as a useful desk reference and the chart is also available on the *JPHC* website.

If none of this takes your fancy, you will find a number of thought-provoking letters to the editor near the end of issue. You may even choose to send in your own.

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Erratum

I wish to apologise sincerely to **Katharine Wallis**, our guest ethicist in the March issue of the *JPHC*, who wrote the elegant piece *Uncertainty, fear and whistling happy tunes*, for misspelling her name.