Serving primary health care

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ince 2009, The Royal New Zealand College of General Practitioners (RNZCGP) has deliberately stepped up to serve the wider community as well as its own members through the Journal of Primary Health Care (JPHC). The JPHC is on the cusp of an advance in communication technologies. This is the last issue routinely available in hard copy. From next year, hard copies of the JPHC will be available on request, but the main publication method will be electronic. Ownership of the JPHC remains with the RNZCGP and it will join a range of other scientific journals published by the leading Australian science publishing house, CSIRO Publishing. The JPHC will maintain its current distinctive essence, but we hope its readership will extend and we know that the submission, review, and manuscript management processes will be streamlined. The journal will remain open access. Readers will be able to access the electronic version of the JPHC at no cost and there will also be no manuscript processing charges.

In this issue of the JPHC, we continue to publish papers by a wide range of primary health care professionals. As well as articles from general practitioners, including two papers with a rural focus, we have contributions from nurses, dietitians, and social workers. Importantly, our international readership is also represented. We have one paper about the first aid skills of teachers in India¹ and the lead article comes from Japan. It explores relationships between family structure and frailty of elderly people in remote rural islands of Japan.² The findings will resonate with many readers: frailty was equally common among women who lived alone or with family members, but elderly men living alone were significantly more likely to be frail. Keep a watchful eye on elderly men living alone is their main message one of relevance to many countries.

As our guest editorial shows, the population of elderly people in New Zealand is growing in size,

but Currie reminds us that young people might also benefit from more social support.³ The theme of social isolation also comes through in the article reporting issues affecting young Asians in New Zealand by Agnes Wong and her colleagues.⁴ Their research should readily translate into more effective ways of engaging Asian youth in further research and they make a case for the need for this engagement 'to mitigate the risks of unmet health needs and social isolation'. In a time when the type, capabilities, and functions of communication technologies are expanding exponentially, does this come at the cost of more fulfilling face-to-face human interactions?

Issues relating to health workforce and infrastructure are particularly compelling in light of our ageing population. Wilkinson reports the findings of research investigating how willing nurses are, in a variety of primary health care workplaces, to accept the independent prescriber role allowed them under recent legislation.⁵ Raymont et al. report on the organisational enablers and barriers to establishing an integrated family health centre in rural Wellsford,6 while Döbl et al. investigate the potential for social workers to be a core part of primary care teams,⁷ and Preston et al. report on general practice registrars' interest in providing maternity care.8 These authors found that there are curious anomalies in the rules surrounding 'community' and 'specialist' prescribing scopes for nurses,5 that if negotiating the complexities of government contracts can be done, amazing things can be achieved, 6 that funding models limit the full implementation of the Primary Health Care Strategy,⁷ and that very few registrars are likely to be interested in providing full maternity care.8 Casting a critical eye on the changing face of primary health care in New Zealand as these researchers have is important for the successful evolution of our health system, so it can adequately serve the complex health care needs of our current and future populations. Clinicians hold many solutions in their hands:

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Professor, Department of General Practice and Rural Health, Dunedin School of Medicine, University of Otago, PO Box 913, Dunedin, New Zealand susan.dovey@otago.ac.nz McGeoch and his colleagues in both general practice and the Christchurch hospital report how they got together to improve skin cancer management in Canterbury. This is surely a model that could work in other areas and in other places.

Rounding out this issue are two papers addressing diet: one reports on diet management for people with Type 1 diabetes¹⁰ and the other reviews the role of the dietetics workforce in primary health care.¹¹

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