

Stretching

Health systems are no more static than tectonic plates, and sometimes it appears that they move at about the same speed. By contrast, the needs of the populations they serve appear to move at the speed of light, creating a situation where the health system that is fit-for-purpose at one time point is a dysfunctional system a little while later. There reaches a point where stretch gives way to collapse. This issue of the Journal contains articles that both point to evidence of the looming potential of this dire consequence and articles that suggest ways to avoid it.

In our Guest Editorial Professor Des Gorman, Executive Chair of Health Workforce New Zealand, argues the need for disruptive change to primary health care in New Zealand.¹ Disruptive change means innovation. It happens when trying harder simply does not, and cannot, work. This article also lists some disruptions to the overall health system that will trigger changes to how primary care operates in New Zealand. Gauld agrees the need for disruptive health system change, focusing in his article on the medical workforce.² Instead of a list, Gauld challenges with an agenda to avoid health system collapse. No matter how egalitarian our society may be, the primary care workforce needs to be valued above other parts of the health system, he argues. Health professional education needs complete reorientation and teamwork should be the name of the game. See what you think of his arguments.

And then we have research articles exploring some of the pressures for health system change. Ling *et al.* investigate the complex relationships between student debt and career choice for health professionals, concluding that debt may not influence career choice as much as previously thought.³ The challenge of multi-morbidity is given a human face in the survey of multi-morbid patients reported by Miller *et al.*⁴ and Stokes and

his team examine multi-morbidity among Māori and Pacific patients in one Dunedin general practice.⁵ This last shows how individual practices need to understand the rapidly evolving needs of their own patients.

It is a while since we last published a Pounamu article so it is a real pleasure to include two in this issue. One is a discussion about medicines management and health equity⁶ and the other tells of the development of a new kaupapa Māori mental health service in the Tairāwhiti where a healing approach is adopted that privileges the culture, values and traditions of its Māori clients.⁷ This is the kind of initiative that arises in an empty space after its predecessor can stretch no longer and collapses. Two more research papers also share the Pounamu focus on Māori health. Shetty, Mills, and Eggleton repeat a 2012 audit of management of Group A streptococcal pharyngitis in Northland, identifying persisting inequities that the current health system has failed to resolve: perhaps an opportunity for disruptive change.⁸ Eggleton's team also show how an exercise programme designed according to kaupapa Māori principles can engage Māori people long-term and thereby assist important health improvements.⁹

Although primary care clinicians recognise exercise advice as part of their role, Patel *et al.* have identified other healthcare providers whose role really does not include such advising.¹⁰ We have further research papers investigating vaccination decisions during pregnancy,¹¹ analysing the routinely collected New Zealand Health Survey data to study health service utilisation,¹² showing children's slowly developing recovery from traumatic brain injury,¹³ and from Australia we have research about why general practitioners make referrals to paediatric specialists.¹⁴ Our New Zealand reviewers regarded this issue as generic, internationally.

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Reviewers play a critical part in advancing science so we editors like to occasionally acknowledge them by name, without compromising their anonymity to the authors whose papers they review. So once a year we publish the names of all our reviewers. This issue has that list and my sincerest thanks for their contribution to the Journal. I would also like to publicly thank the Journal's Associate Editors in the past year: Dr Kyle Eggleton, Dr Ben Hudson, Dr Sharon Leitch, Dr Nataly Martini, Dr Katharine Wallis, Ms Jess Young, and Dr Fiona Doolan-Noble, who also led the development of the September special issue last year, along with Dr Richard Greatbanks and Dr Carol Atmore. Your contributions have been remarkable and very much appreciated.

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