

He aha te mea nui o te ao?*

It is the people, of course. This issue has a focus on the people of primary health care, especially general practice – the patients, and the people who care for them.

We have four papers researching the people who work in general practice, their pathways to professional identity,¹ their education,^{2,3} and their work.⁴ Vaughan reports the general practitioner part of a study of the vocational education of three quite different apprentice-learner professions (general practice, building, and engineering), showing how critical collegial relationships are to the development of professional identity.

In the guest editorial, Prof Campbell Murdoch, first head of an academic department of general practice in New Zealand considers the role of universities in advancing the general practice discipline. He highlights (as also do Andrews³ and Cunningham⁴) the challenges of building academic depth in the primary care disciplines in an environment where universities require their courses to be built on business cases and where in the clinical workplace outside universities no one really cares or values qualifications beyond the basic clinical ones. While Andrews' team concludes that a new higher degree course for primary care clinicians may not be viable,³ Wayne Cunningham and I show that the benefits of an established postgraduate programme are expressed in more subtle ways than financial returns to universities.⁴ The benefits are to the graduates themselves, their patients and their communities – and are these not the very people to whom universities are accountable? Murdoch reminds us that the professional Colleges have a stake and an important role to play in this discussion too.

Neuwelt *et al.*⁴ add that so do receptionists (have a stake in the education discussion). We do not

often publish research about receptionists, mainly because there is not a lot of receptionist research to be published. Neuwelt's research debunks the stereotypical and somewhat derogatory description of receptionists' role in practices being exclusively administrative. She finds that they fill a much broader function that includes patient care – and that their education needs are as profound as the needs of other people working in primary care, but largely unmet.

As is usually the case, patients are the focus for our clinical research papers. Rebello *et al.*⁵ found that patients poorly understand their gout medications and Humphrey *et al.*⁶ found that their GPs and nurses know this but do not really know what to do about it. Both studies develop suggestions to improve care for patients with gout. In the third clinical research paper physiotherapist researchers demonstrate how their clinical work can make a useful contribution to the complex care needed by patients with long-term conditions.⁷

Only one of our two papers reporting quality improvement research had a positive outcome. A Canadian pharmacy research team⁸ showed how a de-prescribing tool embedded in computer records can assist GPs with de-prescribing proton pump inhibitors. Electronic medical records (EMRs) are relatively new to Canadian GPs (compared to their New Zealand peers) so emerging EMR research from Canada is very welcome as is, of course, research showing how EMRs can be used to improve care. By contrast, Wells *et al.*⁹ in Auckland failed to find any differences between practices that did and did not use run charts, in the number of patients having their cardiovascular risk measured. In the past, preliminary research like this often never made it to publication. However, small practical studies are really important for exploring ways to do more definitive research and testing the feasibility of

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the research approach. We hope the authors continue to develop their line of practical research.

Our Viewpoint article reports New Zealand outcomes of an initiative of the World Organisation of Family Doctors (WONCA).¹⁰ A social media approach was used to collect words and phrases from doctors, nurses, and others that encapsulate the primary care setting where they work. Pictograms showing the best things about general practice were produced for each country. Ours is a silver fern. Do please feel free to use the published pictogram in your work.

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