

GEMS OF NEW ZEALAND

Primary Health Care Research

Rural primary health care workforce shortages forecast

This study of the New Zealand rural primary health care workforce surveyed rural general practices, general practitioners, practice nurses, community pharmacies and community pharmacists. Data collected included demographics, country of training, years in practice, business ownership, hours worked including on-call and intention to leave rural practice. Across the disciplines an ageing rural primary health care workforce and intentions to leave rural practice herald worsening workforce shortages.

Goodyear-Smith FA, Janes R. The New Zealand rural primary healthcare workforce in 2005: it is more than just a doctor shortage. *Aust J Rural Health*. 2008;16(1):40–6.

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What types of test errors occur in family practice?

This study describes the types, predictors and outcomes of testing errors anonymously reported by 243 family physicians and office staff from eight family practices. Participants submitted 590 event reports with 966 testing process errors. Errors were associated with ordering and implementing tests, reporting results to clinicians, clinicians responding to results, notifying patients, general administration and communication. Adverse events included time

lost, financial consequences, delays in care, pain/suffering and adverse clinical consequences. While significant physical harm was rare, adverse consequences for patients were common. A higher prevalence of harm and adverse consequences found for minority patients (Hispanic, Afro-American) is a troubling disparity needing further investigation.

Hickner J, Graham DG, Elder NC, Brandt E, Emsermann CB, Dovey S, Phillips R. Testing process errors and their harms and consequences reported from family medicine practices: a study of the American Academy of Family Physicians National Research Network. *Qual Safety Health*. 2008;17:194–200.

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Better immune response from intradermal administration of influenza vaccine

This multicentre, randomised study examined whether giving influenza vaccines to the elderly causes less immunogenicity when given by intradermal rather than intramuscular injection. The 1107 volunteers aged over 60 years randomly received vaccine intramuscularly or by a novel intradermal microinjection system. Their immune responses were measured after 21 days. The intradermal vaccination route elicited immune responses significantly superior to those with the conventional intramuscular

vaccination route. Local injection site reactions, particularly erythema but not pain, were more commonly associated with intradermal vaccination. This superior response is expected to enhance annual protection against influenza in this vulnerable population.

Holland D, Booy R, De Looze F, Eizenberg P, McDonald J, Karrasch J, McKeirnan M, Salem H, Mills G, Reid J, Weber F, Saville M. Intradermal influenza vaccine administered using a new microinjection system produces superior immunogenicity in elderly adults: randomized controlled trial. *J Infect Dis*. 2008;198:650–8.

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Headlines may not accurately present the story

The NZ Press Association (NZPA) releases stories that are then taken up by national and regional print media. Using the headlines in NZ print media, this study tracked three case studies of the MeNZB™ vaccination campaign's presentation where a factual story around the meningococcal epidemic or vaccine was written by the NZPA and then disseminated. Of the 51 headlines 26 were inaccurate when compared with the article content (51%), with a further six being misleading (total of 61%). There is an inherent tension between public health publicity needs, and the print media needs. To maintain public confidence,



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health planners need to develop and review their health promotion messages and relationships with the media.

Turner N, York D, Petousis-Harris H. The use and misuse of media headlines: lessons from the MeNZB™ immunisation campaign NZ Med J. 2009;122(1291):22–7.

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Looking at what is missing

Family medicine can easily miss the significance of what is not present in clinical encounters. This paper discusses examples of overlooked forms of this concept of 'negative space' in the clinician–patient relationship. The examples are negative physical space, which refers to the physical distances separating clinicians and patients during visits; negative communicative space, which denotes what is not said or not done in exchanging information at visits; and negative longitudinal space, which describes pauses over time in communication between clinicians and patients between visits. The paper discusses how awareness of these spaces can expose and remove preconceptions, replace what we expect to find with what is actually there, and be used to improve interactions with patients.

Buetow S. Something in nothing: negative space in the clinician–patient relationship. Ann Fam Med. 2009;7:80–83.

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Organisational culture: an important concept for pharmacy practice research

Internationally, community pharmacy is under considerable pressure to take on enhanced roles and to integrate within the primary care sector. In New Zealand, there are barriers to this occurring and some of these barriers could

relate to organisational culture. The concept of organisational culture has received little attention in the pharmacy practice literature, and yet organisational culture is crucial to understanding how organisations operate. In our commentary, we introduce the concept of organisational culture, outline two frameworks for studying culture, and argue the benefits of pursuing an organisational culture research agenda for the evolution of both pharmacy practice and research.

Scahill S, Harrison J, Carswell P, Babar ZUD. Organizational culture: an important concept for pharmacy practice research. Pharm World Sci. (Online FirstTM, 7th August 2009). DOI 10.1007/s11096-009-9318-8

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Free consultations improves testing for sexually transmitted infections

New Zealand adolescents are disproportionately affected by sexually transmitted infections. Cost is a known barrier to timely care, but there is limited access to free sexual health services. During 2003–2004, 20 Waikato general practices in rural and lower socio-economic areas introduced free sexual health consultations for under-25-year-olds. This led to a sustained increase in testing and detection for Chlamydia trachomatis amongst the target age group whereas testing amongst those 25 and older at these practices did not change. In the same time period, there was no change in testing amongst under-25-year-olds at 29 urban practices with user fees.

Morgan J, Haar J. General practice funding to improve provision of adolescent primary sexual health care in the Waikato: results from an observational intervention. Sexual Health. 2009 Sep;6(3):203–7.

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Thank you to our reviewers

Peer reviewers are fundamental to improving scholarship and enhancing the quality of our journal. Many thanks to the following people who voluntarily have served as peer reviewers for the *Journal of Primary Health Care* from its inception in 2008 through to October 2009: Anneka Anderson, Bruce Arroll, Zaheer-Ud-Din Babar, Calder Botting, Paul Brown, Brenda Bruning, Linda Bryant, Stephen Buetow, Rachel Butler, Paul Callister, John Campbell, Joan Carll, Jenny, Carryer, Chris Cates, Sunny Collings, Peter Crampton, Daryle Deering, Simon Denny, Anne Denton, Tony Dowell, Gentles Dudley, C Raina Elley, Dan Exeter, Pat Farry, William Fergusson, Mary Finlayson, Tana Fishman, Bruce Foggo, Natalie Gauld, Ros Gellatly, Veronique Gibbons, Ben Gray, Karen Hoare, David Hopcroft, Margaret Horsburgh, Peter Huggard, Ron Janes, Lannes Johnson, Rhys Jones, Fiona Kelly, Tim Kenealy, Andrew Kerr, Ngaire Kerse, Ray Kirk, Marjan Kljakovic, Ross Lawrenson, Bev Lawton, Rose Lightfoot, Steve Lillis, Faith Mahony, Dee Mangin, Stewart Mann, Fiona Mathieson, Lindsay MacDonald, Gerhard McDonald-Sundborn, Eileen McKinlay, Rod McLeod, Fiona Moir, Helen Moriarty, Simon Moyes, Pauline Norris, Nicola North, Vili Nosa, Lance O'Sullivan, Anthony O'Brien, Matthew Parsons, Chris Paton, Kathy Peri, Helen Petousis-Harris, Sue Pullon, Antony Raymont, Helen Ride, Claire Robertson, Sally Rose, Shane Scahill, Grant Schofield, Jo Scott-Jones, Nicolette Sheridan, Gary Sinclair, Thasvir Singh, Liz Smythe, Lisa Stamp, Ralph Stewart, Les Toop, Tony Townsend, Colin Tukuitonga, Jocelyn Tracey, Nikki Turner, Jim Vause, Jenny Visser, Katherine Wallis, Jim Warren, Andy Wearn, Susan Wells, Lisa Whitehead, Jon Wilcox, Hamish Wilson and Peter Woolford.

Thanks also to all those who have assisted in this first year of the *Journal of Primary Health Care*: my Editorial Board, typesetter Robyn Atwood, editorial assistants Pam Berry and Cherylyn Borlase, and IT technologists at the Goodfellow Unit Perrin Rowland for technical assistance and Cherry Hsu for photography.