



The *MJA General Practice* issue this year is bigger than any blockbuster musical...

Phantom of the outback

Surgeons are a rare sighting in much of rural and remote Australia. Gruen and colleagues (*page 111*) show how this affects GPs' referral rates, while Green's editorial (*page 110*) advocates solutions that include different healthcare models and adequate training and support for rural GPs.

Mamma mia!

With more women entering medical practice, our workforce requirements are undergoing dramatic change. As Kilmartin and colleagues (*page 87*) discover, major professional and personal dilemmas exist for female jugglers, oops, GPs. Changing trends will also affect healthcare for residents of aged-care facilities, according to a demographic analysis by Lewis and Pegram (*page 84*).

Meanwhile, our growing cultural diversity prompted Knox and Britt (*page 98*) to examine consultations with patients of English- and non-English-speaking backgrounds.

Nice work if you can get it

Envy the rural GP in Albert's futuristic tale (*page 119*), who says "Go you good thing" to surfing his laptop through on-line medical consultations one minute, and mammoth waves with his board the next! Or you may prefer the gentler *Personal Perspective* of Wearne (*page 117*), who, despite a daunting move from present-day suburban England to outback Australia, does not miss *the green, green grass of home*.

Puttin' on the Ritz

General practice research was set to step out in *top hat, white tie and tails* when the government announced a \$50 million strategy for this hitherto poorly resourced area, with new, prestigious NHMRC grants. But is it more a case of *We should be so lucky?* ask Chew and Armstrong (*page 60*). Their editorial comments on progress since this news, and points out that research should be relevant to frontline GPs, not just bureaucrats. What do GPs actually think about research, anyway? See Askew et al (*page 74*).

Building research networks of GPs, academics and others is another facet of the new strategy. *Shall we dance* to this tune? asks Gunn (*page 63*), who examines the achievements of networks overseas. Well, *I'm a believer*, declares van Weel, from the Netherlands (*page 62*), where networks have been a big hit.

And *We can work it out* is the message from an international collaboration for a taxonomy of error in general practice, as reported by Makeham and colleagues (*page 68*).

Eight days a week

That's probably how long the working week feels to GPs in understaffed areas. Access Economics recently reported a general shortage of GPs in Australia, not just in rural areas, but also in outer urban areas that are socioeconomically disadvantaged. O'Dea and Kilham (*page 78*) discuss the need to get GP numbers right, while Furler et al (*page 80*) show that patients who are disadvantaged and require long consultations may actually be less likely to get them.

Crazy little thing called...

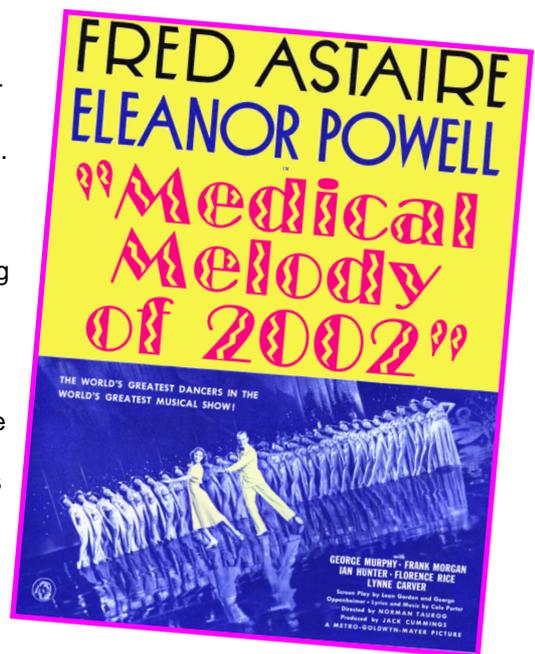
...case conferencing, a Medicare item for GPs to participate in a conference with other health workers, discuss a patient's care needs and treatment plan. Yet GPs have been loath to use them, and Mitchell et al (*page 95*) examine why. Harris's editorial (*page 93*) debates whether it's time the item was revamped.

Walk on the wild side

...with Kings Cross GP Ray Seidler, physician to street kids and drug users, as he describes his streetside consultations (*page 108*).

Risky practices are certainly not restricted to *habitués* of the Cross: Holmwood (*page 102*) discusses how GPs can identify and treat those at risk of harmful drinking. It's not just up to the overloaded GP though, he argues — we need a concerted effort from policymakers as well.

New Drugs, Old Drugs (*page 103*) caters for the other end of the dangerous drinking spectrum, those who are alcohol dependent. The previous remedy, Antabuse, had such unpleasant effects when taken with alcohol that patients simply stopped taking the drug rather than the alcohol. Graham and colleagues describe two much more user-friendly agents, acamprosate and naltrexone.



Footloose

As the corporations' frenzied purchases of general practice wanes, their share prices partially recover after a collapse, and GPs' four- to five-yearly contracts about to expire, what are the emerging possibilities? Fitzgerald (*page 90*) discusses these issues and their implications for our patients, our profession and our policymakers.