GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

SKILLS
CONSULTATION SKILLS

Rational Antibiotic Prescribing

Antimicrobial resistance is a serious and imminent threat to global public health and is closely linked to the over-prescription of antibiotics. Australian GPs prescribe more than 30 million antibiotic prescriptions each year, and in 2015, nearly 45 per cent of the population received a prescription for at least one antibiotic. There is evidence that antibiotics are frequently prescribed in conditions for which there is very little benefit e.g. acute bronchitis. Over-prescription of antibiotics is a core theme of the Choosing Wisely Australia campaign. GP supervisors play a critical role in supporting registrars to prescribe antibiotics appropriately, by targeted teaching and feedback, as well as role-modelling best practice. See also GPSA guide on Rational Prescribing

TEACHING AND LEARNING AREAS		• Classes of antimicrobials • Adverse effects of antibiotics • Common areas of antibiotic use, and over-prescription • Drivers to inappropriate antibiotic prescription, including those for registrars • Strategies for reduced antibiotic prescribing
PRE- SESSION ACTIVITIES		• Read the 2016 RACGP Good Practice article Antimicrobials – Challenging Resistance
ACTIVITIES		• Teaching about antibiotic prescribing can be done opportunistically as part of PCD or RCA, or in a targeted way as a topic tutorial or mini-audit. See over page for activities.
TEACHING TIPS AND TRAPS		• GPs generate 90% of antibiotic prescriptions in Australia • Antibiotics can lead to outpatient human-level bacterial resistance, not just community resistance • Differentiating 'viral' from 'bacterial' RTIs is both difficult and unhelpful – a syndromic aetiological approach is more useful i.e. treating the sore throat • The default approach to managing non-pneumonia RTIs is to not prescribe antibiotics • The science of treating RTIs like URTI and acute bronchitis is straightforward (antibiotics are seldom indicated) but the art of managing patient perceptions and expectations can be complex • Serious infective sequelae of not prescribing antibiotics to children with RTIs are extremely rare in developed countries • Delayed prescribing is an effective strategy for reducing antibiotic use • Supervisor prescribing practice influences registrar prescribing practice
RESOURCES	**Read**	• Antibiotic Therapeutic Guidelines antibiotics chapter • 2019 Aust Prescr. Optimal antimicrobial duration for common bacterial infections • 2022 AJGP. How can general practitioners reduce antibiotic prescribing in collaboration with their patients? • Antimicrobial stewardship in general practice
	Listen	• 2017 MJA podcast; Curbing antibiotic use in primary care, with Prof Chris Del Mar • 2020 NPS Medicinewise podcast: eTG antibiotic guidelines
	Watch	• 'The Pick Up' and other short films on antibiotic resistance
FOLLOW UP & EXTENSION ACTIVITIES		• Discuss a whole-of-practice approach to reducing antibiotic use, including practice meetings and audits

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

SKILLS

CONSULTATION SKILLS

Activities

CHOOSING WISELY RECOMMENDATIONS

Discuss the Choosing Wisely Australia recommendations related to antibiotic prescription, as listed below:

- Do not routinely prescribe antibiotics to children with fever without an identified bacterial infection
- Don't prescribe oral antibiotics for uncomplicated acute discharge from grommets
- Don't treat otitis media with antibiotics, in non-Indigenous children aged 2-12 years, where reassessment is a reasonable option
- Monotherapy for acne with either topical or systemic antibiotics should be avoided
- Don't prescribe oral antibiotics for uncomplicated acute otitis externa
- Avoid prescribing antibiotics for URTI
- Do not routinely prescribe antibiotics for inflamed epidermoid cysts (sebaceous cysts) of the skin
- Do not use antibiotics in asymptomatic bacteriuria
- Do not use antibiotics for the management of a leg ulcer without clinical infection
- Don't initiate an antibiotic without an identified indication and a predetermined length of treatment or review date

AUDIT

Registrar to document the specific indication, justification and duration for each antibiotic prescription in the medical record (for a period of 2-4 weeks), and supervisor and registrar to then discuss

GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program 24/06/2023