






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% 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 no benefit e.g. URTI. 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.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • 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, including shared decision making, delayed prescribing, safety netting 						
PRE-SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Read the 2016 RACGP Good Practice article Antimicrobials – Challenging Resistance 						
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • GPs generate 90% of antibiotic prescriptions in Australia • Antibiotics can lead to patient-level bacterial resistance, not just community resistance • Differentiating 'viral' from 'bacterial' RTIs is both difficult and unhelpful – a syndromic approach is more useful i.e. sore throat • 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 • Use supporting material in discussing the limited role of antibiotics e.g. Cates plots, handouts 						
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="331 1603 434 1771">Read</td> <td data-bbox="434 1603 1498 1771"> <ul style="list-style-type: none"> • Antibiotic Therapeutic Guidelines • The Conversation 2017 - Why GPs prescribe too many antibiotics and why it's time to set targets • National Antimicrobial Strategy </td> </tr> <tr> <td data-bbox="331 1771 434 1872">Listen</td> <td data-bbox="434 1771 1498 1872"> <ul style="list-style-type: none"> • ABC The World Today 2017 - Over-prescribing Antibiotics • Shared decision making - 2012 NEJM interview </td> </tr> <tr> <td data-bbox="331 1872 434 1933">Watch</td> <td data-bbox="434 1872 1498 1933"> <ul style="list-style-type: none"> • ‘The Pick Up’ and other short films on antibiotic resistance </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Antibiotic Therapeutic Guidelines • The Conversation 2017 - Why GPs prescribe too many antibiotics and why it's time to set targets • National Antimicrobial Strategy 	Listen	<ul style="list-style-type: none"> • ABC The World Today 2017 - Over-prescribing Antibiotics • Shared decision making - 2012 NEJM interview 	Watch	<ul style="list-style-type: none"> • ‘The Pick Up’ and other short films on antibiotic resistance
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FOLLOW UP & EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Registrar to discuss implementation of the Choosing Wisely recommendations (overleaf) with the supervisor • 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 						



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Choosing Wisely Australia: Recommendations for Antibiotic Prescription

- 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

Evidence for all recommendations found at [Choosing Wisely Australia](#)