

*RACGP submission to the Public Consultation on Australia's Next Antimicrobial Resistance Strategy 2020 and Beyond*

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| <b>Future Direction of the Strategy</b>   |
| <b>1. Are there other focus areas beyond environment, food and other antimicrobials which also need to be included in the next Strategy? If so, please explain?</b>   |
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| <b>2. Do you agree with the overarching framework considered by ASTAG (Figure 1 in the consultation paper)? Please explain your answer.</b>   |
| <p>The RACGP agrees with the framework.</p> <p>Antimicrobial resistance (AMR) is a significant global and Australian health issue. Global and local efforts are needed to conserve antibiotic effectiveness, and to contain and reduce AMR.</p> <p>The RACGP agrees that comprehensive, coordinated and effective surveillance of AMR and antimicrobial use is a national priority. A unified and strategic approach to addressing the problem is necessary. The Australian Government's 'One Health' approach for addressing antimicrobial resistance across the human and animal health, food and agriculture sectors is supported.</p> <p>The RACGP supports the primacy of patient safety and endorses those interventions which prevent AMR whilst minimising harm, morbidity and mortality from infectious disease. This will require selective interventions, with appropriate surveillance systems to monitor patient outcomes, antimicrobial use and AMR patterns.</p> |
| <b>Incorporating Environment into the Next AMR Strategy</b>   |
| <b>3. How do we best incorporate the environment into the next Strategy, which will extend over the next 20 years?</b>  |
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| <b>4. What are the current challenges to incorporate the environment into the next Strategy?</b>  |
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| <b>5. Are you aware of any organisations or experts that would be relevant to AMR and the environment context?</b>  |
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| <b>6. What would you consider the priority areas for action in relation to the environment?</b>   |
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| <b>7. Are there any existing programs/projects/policies that could provide an 'entry point' for deeper environmental impact?</b>  |
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| <b>Vision and Goal</b>  |
| <b>8. Does the Vision remain appropriate for the next longer term Strategy? If not, do you have any suggestions for a revised 20 year vision?</b>   |
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| <b>9. Is a Vision and a Goal still required? If both are required, does the Goal remain appropriate, or if not, what are your suggestions for a revised goal?</b>   |
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| <b>10. What does success look like for Australia in responding to the threat of AMR?</b>  |
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| <b>Objectives</b>   |

**Objective 1: Increase awareness and understanding of antimicrobial resistance, its implications and actions to combat it, through effective communication, education and training**

**11. For your organisation/sector:**

**a) Describe your achievements**

- Published a public [RACGP position statement on antimicrobial stewardship](#)
- Worked with other organisations (such as the National Prescribing Service, NPS MedicineWise) to develop and promote awareness of, and educational resources for, the need to reduce antibiotic use.
- Addressed the topic of antibiotic prescribing/AMR in residential aged care facilities (RACFs) in the forthcoming RACGP *Medical care of older persons in residential aged care facilities (Silver book) 5th edition*.
- Published a number of articles regarding AMR in primary care in RACGP publications (both member-only and public access).

**b) Describe your challenges**

Funding

The RACGP would require external funding to develop a more comprehensive suite of resources and education and implement evidence-based strategies that support GPs to reduce antibiotic use safely.

**c) Describe what you see as your next steps**

Public demand for antibiotics is one driver of prescribing antibiotics. The RACGP undertakes to contribute to educating Australians on the harms antibiotic resistance consequent on antibiotic use, and will continue to work with other organisations on health promotion campaigns to reduce patient demand for antibiotics.

Depending on adequate funding, the RACGP would ideally like to implement strategies that have proven effectiveness:

- provide educational resources and strategies for GPs for the safe reduction of antibiotic prescribing in an online toolkit, including:
  - Audit and feedback<sup>1</sup>, a quality improvement mechanism in which healthcare practitioners are given information that shows whether their prescribing behaviour is consistent with a set target.
  - Delayed prescribing<sup>2</sup>, whereby a prescription is given to the patient on the proviso that it should only be used if symptoms do not resolve (or worsen) within a specified period.
  - 'Nudge' behavioural technique<sup>3</sup>, in which the aim is to modify clinician behaviour by asking them to make a public commitment to judicious use of antibiotics
  - Shared decision making<sup>4</sup>, in which the GP takes time to evaluate the patient's concerns and expectations and explain the advantages and disadvantages of an antibiotic prescription, in order to come to an agreement about whether to proceed with this treatment.
  - Patient decision aids<sup>5</sup>, which are information sheets specially tested with patients to support shared decision making.
  - Patient information sheets<sup>6</sup> on inappropriate antibiotic use and its harms.
- support the implementation of clinical guidelines on antibiotic prescribing by:
  - integrating them into GP clinical information system software
  - supporting GPs to access existing clinical guidelines on antibiotic prescribing (such as Therapeutic Guidelines Limited's *Therapeutic Guidelines: Antibiotic and Therapeutic Guidelines: Respiratory*)

**12. Is the objective still appropriate for Australia's next AMR Strategy for 2020 and beyond? If not, how would you refine it? Please consider the ASTAG consultation outcomes in your answer.**

**13. Are the current Priority Areas for Action under this Objective still relevant for 2020 and beyond? If not, what else would you include?**

**Objective 2: Implement effective antimicrobial stewardship practices across human health and animal care settings to ensure the appropriate and judicious prescribing, dispensing and administering of antimicrobials**

**14. For your organisation/sector:**

**a) Describe your achievements**

**b) Describe your challenges**

**As per Objective 5**, the RACGP is keen to see further research in the area of antibiotic use/AMR as it pertains to the primary care sector, so that AMR stewardship practices relevant to general practice can be developed. In particular, near patient testing and shared decision-making approaches have been implemented overseas with success, for example C-reactive protein testing, but more research is needed to test these in an Australian context. There are also regulatory barriers to near patient testing in general practice that need to be removed, as detailed in the RACGP's [position statement](#) on Point of Care Testing.

The RACGP views the lack of a functional patient-level data hub that would allow monitoring of antimicrobial use for different patient groups and potentially lead to more targeted AMS interventions a major challenge that should be addressed.

Little is understood regarding the complexity and uncertainties surrounding antibiotic prescribing in community settings. There is an urgent need to gather community prescribing data, and to meaningfully analyse it to drive improvement activities. To effectively implement stewardship practices, there is a need for:

- accurate measures of the extent of current prescribing, and its impacts, by GPs, and
- consensus indicators that can be used to monitor progress in antimicrobial stewardship in general practice.

**c) Describe what you see as your next steps**

Work with government bodies to monitor, at a national, state and PHN level, the following:

- levels of antibiotic prescribing activity in primary care, by health professional groups
- rates of community antibiotic microbiome (commensals) resistance in Australia
- hospital admission, and Emergency Department, presentation rates for serious infections that might have been mitigated by antibiotic use in the community setting (eg community acquired pneumonia, quinsy, otitis media, and mastoiditis).

**15. Is the objective still appropriate for Australia's next AMR Strategy for 2020 and beyond? If not, how would you refine it? Please consider the ASTAG consultation outcomes in your answer.**

**16. Are the current Priority Areas for Action under this Objective still relevant for 2020 and beyond? If not, what else would you include?**

**Objective 3: Develop nationally coordinated One Health surveillance of antimicrobial resistance and antimicrobial usage**

**17. For your organisation/sector:**

**a) Describe your achievements**

**b) Describe your challenges**

Before targets can be set for reduction in prescribing in the community, there is a need to accurately measure the extent of current prescribing and its impacts by GPs. Little is agreed as to what indicators should be used to monitor progress in antimicrobial stewardship in general practice.

While antibiotic use in Australian hospitals is monitored through the National Antimicrobial Utilisation Surveillance Program (AURA), there is no equivalent system in primary care. Community prescribing rates are estimated using composite data drawn from a variety of sources. General practice prescribing rates reported in AURA may be adulterated by non-GP prescribing (ie, by nurse practitioners or hospital-based GPs).

Clean data is required on GP and non-GP prescribing rates, as well as rates of AMR in the community and the unintended consequences of a decline in community prescribing. The RACGP is in favour of efforts to collect this data at national, state, and regional levels. This would pave the way for the setting of benchmarks for reduction in prescribing.

**c) Describe what you see as your next steps**

Develop appropriate antibiotic usage indicators for use within general practice.

Work with government bodies to monitor, at a national, state and PHN level, the following:

- levels of antibiotic prescribing activity in primary care, by health professional groups
- rates of community antibiotic microbiome (commensals) resistance in Australia
- hospital admission, and Emergency Department, presentation rates for serious infections that might have been mitigated by antibiotic use in the community setting (eg community acquired pneumonia, quinsy, otitis media, and mastoiditis).

**18. Is the objective still appropriate for Australia's next AMR Strategy for 2020 and beyond? If not, how would you refine it? Please consider the ASTAG consultation outcomes in your answer.**

**19. Are the current Priority Areas for Action under this Objective still relevant for 2020 and beyond? If not, what else would you include?**

**Objective 4: *Improve infection prevention and control measures across human health and animal care settings to help prevent infections and the spread of resistance.***

**20. For your organisation/sector:**

**a) Describe your achievements**

- Updated the RACGP *Standards for general practice* to outline practice-based infection control policy (5th edition).
- Disseminated the RACGP resource *Infection prevention and control standards for general practices and other office-based and community-based practices* (5th edition).

**b) Describe your challenges**

**c) Describe what you see as your next steps**

The RACGP will continue to advise the profession on best practice for prevention and control of the spread of infection, through the development of standards for general practices.

**21. Is the objective still appropriate for Australia's next AMR Strategy for 2020 and beyond? If not, how would you refine it? Please consider the ASTAG consultation outcomes in your answer.**

**22. Are the current Priority Areas for Action under this Objective still relevant for 2020 and beyond? If not, what else would you include?**

**Objective 5: *Agree a national research agenda and promote investment in the discovery and development of new products and approaches to prevent, detect and contain antimicrobial resistance.***

**23. For your organisation/sector:**

**a) Describe your achievements**

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| <b>b) Describe your challenges</b>   |
| <p>While there is a growing body of evidence to support various strategies for addressing AMR in general practice,<sup>1</sup> replication of findings would strengthen support for their widespread use. In particular, near patient testing and shared decision-making approaches have been implemented overseas with success, but more research is needed to test these in an Australian context.</p> <p>Australian researchers are now turning to the development of AMS programs specific to primary care.<sup>15</sup> This research is in its infancy and longitudinal studies are needed to examine the outcomes and cost-effectiveness of such programs. Patient safety is of integral importance in implementing an AMS program for general practice, and such a program would need to be tailored to address local issues, resources and expertise.</p> <p>Funding and support for implementation is essential. The RACGP would like to see a commitment from governments for funding for research to this end. Initiatives such as the Medical Research Future Fund (MRFF) could be used for this purpose.</p> |
| <b>c) Describe what you see as your next steps</b>   |
| <p>The RACGP is keen to see further research in the area of antibiotic use/AMR as it pertains to the primary care sector, particularly areas in which scientific enquiry has been limited to date.</p> <p>Research questions of interest include:</p> <ul style="list-style-type: none"> <li>• Strategies for safely reducing antibiotic use in general practice</li> <li>• The benefits of antibiotic treatment for common skin and soft tissue infections (such as wound infections, cellulitis, or infections following minor skin surgery) in primary care</li> <li>• Drivers of antibiotic prescribing in residential aged care facilities, to determine how to support GPs reduce safely reduce antibiotic use.</li> </ul>   |
| <b>24. Is the objective still appropriate for Australia's next AMR Strategy for 2020 and beyond? If not, how would you refine it? Please consider the ASTAG consultation outcomes in your answer.</b>  |
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| <b>25. Are the current Priority Areas for Action under this Objective still relevant for 2020 and beyond? If not, what else would you include?</b>   |
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| <b>Objective 6: <i>Strengthen international partnerships and collaboration on regional and global efforts to respond to antimicrobial resistance.</i></b>  |
| <b>26. For your organisation/sector:</b>   |
| <b>a) Describe your achievements</b>   |
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| <b>b) Describe your challenges</b>   |
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| <b>c) Describe what you see as your next steps</b>   |
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| <b>27. Is the objective still appropriate for Australia's next AMR Strategy for 2020 and beyond? If not, how would you refine it? Please consider the ASTAG consultation outcomes in your answer.</b>  |
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| <b>28. Are the current Priority Areas for Action under this Objective still relevant for 2020 and beyond? If not, what else would you include?</b>   |
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**Objective 7: Establish and support clear governance arrangements at the local, jurisdictional, national and international levels to ensure leadership, engagement and accountability for actions to combat antimicrobial resistance.**

**29. For your organisation/sector:**

**a) Describe your achievements**

Advocating for the utilisation of Medicare funding as a resource to improve AMS strategies in general practice.

Advocating for regulatory support to reduce unnecessary antibiotic use in the community:

- Removal of the over-the-counter pharmaceutical listing of topical antibiotics (eg chloramphenicol)
- Encouraging clinical information system software vendors to remove automatic prescription repeats for antibiotics,
- Date limits to prevent patients from taking an unnecessary second course and/or attempting to treat other unrelated ailments with a course of antibiotics not intended for the original purpose.
- Authority prescriptions for some antibiotics for which there is a national imperative to reduce use

The RACGP continues to collaborate with the Australian Government to devise interventions for addressing antibiotic resistance at the local and national level. The RACGP has representatives on the Department of Health's General Practitioner Antimicrobial Resistance Expert Group.

**b) Describe your challenges**

**Recognising antimicrobial stewardship through Medicare**

While antimicrobial stewardship programs have been suggested for general practice, the structure of these programs remain unclear. The RACGP supports evidence based interventions to support GPs in prescribing decisions, and monitoring systems to provide frontline GPs with meaningful information about their antibiotic use.

There is good evidence for several interventional strategies; however, implementation by GPs remains a problem. Exploring existing remuneration systems to support AMS strategies in general practice should be undertaken, including incentives, quality assurance mechanisms, audits, and behavioural interventions.

Remuneration through Medicare could support a longer consultation, necessary to facilitate a conversation with patients about antimicrobial resistance and antimicrobial alternatives – in addition to the benefits of increased patient health literacy. This would also allow GPs to record and provide details on reason for prescription and other details to facilitate advanced auditing of antibiotic use.

**Tightening regulatory controls**

Tightening controls around prescribing and dispensing has the potential to reduce overall antibiotic use in the community without impeding access to antibiotics for those patients who require this treatment.

The RACGP would support:

- Re-examination of chloramphenicol's over-the-counter status. Dramatic increases in the sales of topical antibiotics such as chloramphenicol following down-scheduling<sup>5</sup> suggest a need to reconsider this decision.
- Addressing the practice of issuing automatic prescription repeats of antibiotics within clinical information system software,<sup>7</sup> and setting time limits to prevent patients from taking an unnecessary second course.

**Antimicrobial use in Residential Aged Care Facilities (RACFs)**

Targeting approaches to patients in RACF settings is very important strategy. Working with RACF-employed staff to implement best practice in infection control and antimicrobial use is a continuing challenge. The RACGP is updating the *Medical care of older persons in residential aged care facilities* (Silver Book) to support safe decreased antibiotic prescribing for GPs working in this setting. However, effective interventions in this environment, which is very different to that of mainstream general practice, may require different interventions to be effective.

**c) Describe what you see as your next steps**

The RACGP is keen for continued collaboration with the Australian Government to devise interventions for addressing antibiotic resistance at the local and national level.

**30. Is the objective still appropriate for Australia's next AMR Strategy for 2020 and beyond? If not, how would you refine it? Please consider the ASTAG consultation outcomes in your answer.**

**31. Are the current Priority Areas for Action under this Objective still relevant for 2020 and beyond? If not, what else would you include?**

### **Sector Specific Roles and Responsibilities**

**32. Are there other sectors that need to be considered as part of the next strategy?**

**33. What do you see as your sector's role and responsibilities in Australia's response to AMR?**

The RACGP believes that community-based strategies to reduce antimicrobial use provide an opportunity to reduce the spread of AMR. General practice has a major role to play in maintaining antibiotics effectiveness, in addition to educating the public about their appropriate use and emerging resistance. The RACGP is committed to helping GPs deal with expectations, change management and implementing new initiatives to reduce antibiotic usage where safe to do so.

AMS programs in general practice may influence positive change across the health sector. However, such programs are currently underdeveloped in general practice, and will require a different approach from hospital-based antimicrobial initiatives. Specific resourcing is needed to develop AMS programs for primary care.

**34. Do you have any other comments?**

Please refer also to the RACGP's 'Response to antibiotic resistance in primary care', including its 'Position statement on antimicrobial stewardship'. <https://www.racgp.org.au/advocacy/reports-and-submissions/view-all-reports-and-submissions/2017-reports-and-submissions/response-to-antimicrobial-resistance>

## **References**

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