



The GP Antibiotic Education Initiative

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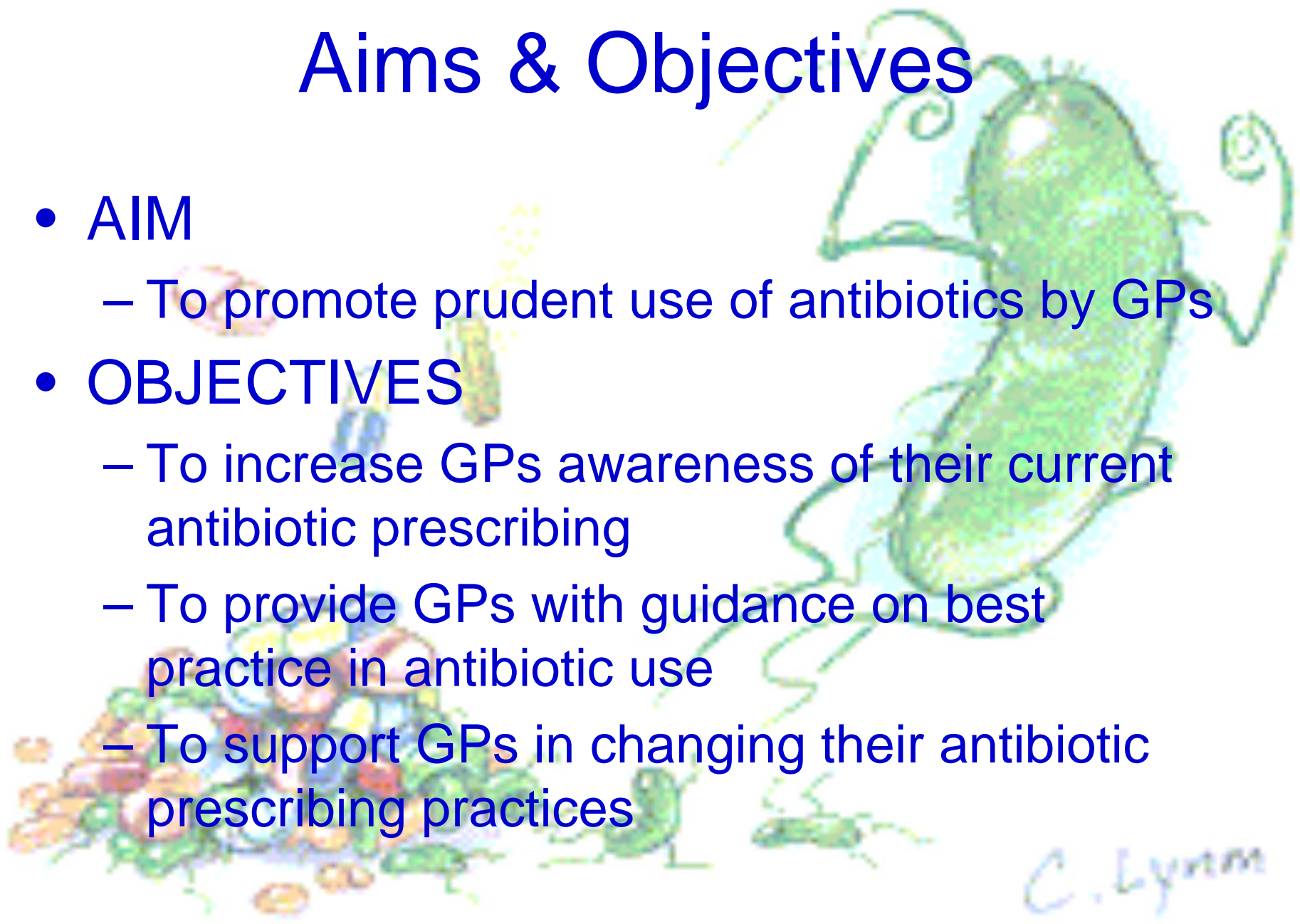
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Funded by HSE, Population Health

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Aims & Objectives

- AIM
 - To promote prudent use of antibiotics by GPs
- OBJECTIVES
 - To increase GPs awareness of their current antibiotic prescribing
 - To provide GPs with guidance on best practice in antibiotic use
 - To support GPs in changing their antibiotic prescribing practices



Methodology I

- GPs recruited via CME (continuing medical education) groups
- GPs provide data on antibiotics prescribed to a cohort of 100 consecutive patients
- GP prescribing data is analysed and GP provided with individualised feedback on his/her antibiotic prescribing (related to guidelines)
- Group feedback also collated and provided to GP Tutor and all group members (peer comparison)

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Methodology II

- GP CME Tutor presents guidelines to group
- Group data is then discussed in the light of the guidelines
 - Choice of agents
 - Duration of course
 - Doses used
 - Prescribing when not clinically indicated
- Re-evaluation to look for changes in prescribing patterns

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Key findings of pilot work

- Antibiotics prescribed in 20-25% of all consultations (in winter months)
- Over 70% prescribed for respiratory tract infections
- Up to 20% of prescribing was for antibiotics not recommended as first line in guidelines (some of which may have been clinically justified)
- CME group discussion led to significant improvements in prescribing

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National Roll Out of GP Education Initiative

- Initiative now being rolled out through the GP CME (continuing medical education) network
- 37 CME Tutors holding meetings with up to 2,000 GPs monthly
- Aim to recruit at least of half CME groups this winter/spring and the rest next winter/spring
- Analysing data on 100,000 consultations per year (including 20,000 plus antibiotic prescriptions)
- Feedback to GPs in individual small groups

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Anticipated outcomes

- More awareness among GPs of need to be prudent in antibiotic use
 - Prescribing only when definite clinical need is apparent rather than ‘just in case’
 - Prescribing of older, first line antibiotics for simple community acquired infections
 - Prescribing of appropriate doses and durations
 - Conservation of newer antibiotics for situations of serious infections with resistant organisms or significant threat to future health

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Can we do it?



Yes we can