**GP 18 Abstract Submission**

**Title** Why do we use delayed prescribing of antibiotics for acute respiratory tract infections? A qualitative study of GP registrars and supervisors.

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**Background** Prescribing of antibiotics for acute self-limiting respiratory tract infections (ARTIs – such as the common cold, sinusitis, otitis media and bronchitis) in Australia is higher than international benchmarks, both by GP registrars and their more established colleagues. Antibiotics have relatively little or no efficacy in these conditions, and unnecessary use drives increased antibiotic resistance. “Delayed prescribing” (when a prescription is given to the patient with advice about if and when to use it) has been shown to reduce antibiotic use for ARTI (compared to "immediate" prescribing, but not as much as "no" prescribing), and with similar patient satisfaction.

GP registrars employ delayed prescribing quite frequently compared to established GPs in overseas studies.

**Aims** To explore GP registrars’ and supervisors’ experiences of, perceptions of, and attitudes to delayed antibiotic prescribing for ARTIs.

**Method** A qualitative study using semi-structured telephone interviews and thematic analysis. Australian GP registrars (anticipated n =15) and supervisors (n=10) from across three Regional Training Organisations will be interviewed to explore their experience and perceptions of delayed prescribing of antibiotics in ARTIs. Data collection and analysis will be concurrent and iterative, employing inductive thematic analysis of transcripts and a process of constant comparison by two researchers to determine emerging themes.

**Results** Themes emerging from the interviews will be presented, addressing both registrar and supervisor perspectives.

**Conclusion** Delayed antibiotic prescription, especially for ARTIs, has been promoted as an evidence-based means of reducing antibiotic prescribing in general practice, and is being strongly advocated in Australia.

GP registrars are an important target for strategies to reduce antibiotic prescription. They are at a stage of their clinical careers when long-term prescribing patterns are being acquired. Understanding both registrar and supervisor perspectives will inform educational approaches to support evidence-based use of antibiotics by GP registrars.