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Further Reading: Roche, K.F., Morrissey, E.C., Cunningham, J. & Mollo, G.J. The use of postal audit and feedback among Irish General Practitioners for the self – management of antimicrobial prescribing: a qualitative study. *BMC Prim. Care* **23**, 86 (2022). <https://doi.org/10.1186/s12875-022-01695-x>

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The use of postal audit and feedback among Irish General Practitioners for the self – management of antimicrobial prescribing.

Antimicrobial resistance (AMR) is widely regarded as a threat to global public health with the overuse of antibiotics being identified as a key driver of AMR. A widely promoted solution to address the inappropriate prescribing and consumption of antibiotics at multiple levels is that of antibiotic stewardship. Antibiotic stewardship has been described as a collective and multidisciplinary approach to improve the prescribing of antibiotics to improve clinical outcomes and to minimise the negative consequences of antibiotic use such as AMR. One methodology employed in antibiotic stewardship programmes is the provision of audit and feedback on prescribing behaviours to healthcare professionals who prescribe antibiotics. In Ireland the majority of antibiotic prescriptions originate in General Practice (GP) / Primary Care settings and in September 2019 the Health Service Executive (HSE) began disseminating feedback to GPs on their antibiotic prescribing for their General Medical Services (GMS), or what are more commonly referred to as medical card, patients.

Research Findings

The present research examined the perspectives of Irish GPs on the use of a new postal audit and feedback for antimicrobial prescribing. The provision of the feedback was broadly welcomed, and participants reported an increased awareness of their prescribing behaviours subsequently. However, attention was drawn to some limitations with the feedback. There was confusion over whether the feedback data was derived from the individual prescriber, or whether all prescriptions including those written for patients on the doctors' GMS panel i.e. prescriptions written by other prescribers in other parts of the health system. This lack of clarity reduced the credibility of the data from the perspective of the GP participants. Certain aspects of the feedback design were also reported as being overly complex for processing in time pressured working environments with visual presentation of the data being preferable. The analysis also identified that GPs saw feedback on antibiotic prescribing as having a relatively limited impact on patterns of prescribing.

Policy Implications

The two main practical implications from this research relate specifically to the feedback. The first is that there are issues surrounding the veracity of the data used to generate the feedback, namely the reliability and validity and second that the GPs involved in this study felt that the presentation of the feedback could be improved in ways that allow it to more efficiently interpreted and digested e.g. through simplification of the data presentation. Practically some of these issues could be addressed by including more GP input in the design of the later iterations of the feedback in order to make them more user friendly and credible to the target audience.