**Evaluating an online intervention for GPs to use delayed prescribing for acute respiratory infections in general practice Ethics approval number: \*\*\*\*\*\***

**Purpose**

Antibiotic resistance is a major public health issue. This has been caused by the overuse of antibiotics in Primary Health Care settings for respiratory tract infections which are common in the community and the reason for most GP presentations. Antibiotics continue to be prescribed for this common presentation although there is significant research indicating antibiotics are not an effective treatment. Currently there are few interventions supporting GPs during the consult to manage patients who request antibiotics when the GP thinks they are unnecessary. Delayed prescribing - where the patient is advised to wait for at least the expected natural history of the illness before using the prescription - is an evidence based strategy that has not been trialled in Australia. Previous research in Australia identifies GPs would use this strategy more if there was a supporting website.

**Contacts**

The research team consists of Principle Researcher Lucy Sargent (PhD student), Professor John Lowe (Head, School of Health and Sport Sciences, University of the Sunshine Coast) and Dr Chris Del Mar (Centre for Research in Evidence-Based Practice, Faculty of Health Sciences and Medicine, Bond University Gold Coast, Queensland). Please direct questions to:

Lucy Sargent: Email: lsargent@usc.edu.au. Tel: 0400 447335

**Participant experience**

You have been invited to take part in this project because you are a practicing General Practitioner. If you agree to take part in this research, you will be randomly allocated to an intervention group or a control group. The intervention is a website designed to support GPs to do delayed prescribing. The primary outcome is the rate of antibiotic dispensing of the target antibiotics (number of consultations for which one of the target antibiotics was dispensed per year). Target antibiotics are those routinely used for ARIs (amoxicillin, amoxicillin/clavulanic acid, cefaclor, doxycycline, erythromycin and roxithromycin). Antibiotic dispensing data for the target antibiotics will be collected from the Pharmaceutical Benefits Scheme (PBS), by prescriber number. Consultation data will be collected from the Medicare Benefits Scheme -recorded long and short consultations by provider number. The analysis will use dispensing data over 3 months (June, July and Aug 2018), adjusted for baseline prescribing rate from the same 3 months of the previous year (June, July and Aug 2017). The total number of MBS-recorded consultations for each GP for the same periods so that adjustment can be made based on the number of billed consultations for each GP. If you are allocated to the n intervention group, the same data will be collected and the website will be made available after the trial is compete.

**Risks and benefits**

There are no specific risks involved in this research project, as your data will be non-identifiable.

**Participation and consent**

Participation in this research is voluntary, and you may withdraw at any. There are two consent forms attached for you to sign if you agree to participate.

**Confidentiality and results**

Your responses will be kept confidential and de-identified on analysis.

**Complaints / Concerns**

If you have any complaints about the way this research project is being conducted you can raise them with the Principal Researcher. If you prefer an independent person, contact the Chairperson of the Human Research Ethics Committee at the University: (c/- the Research Ethics Officer, Office of Research, University of the Sunshine Coast, Maroochydore DC 4558; telephone (07) 5459 4574; email [humanethics@usc.edu.au](mailto:humanethics@usc.edu.au)).

*The researchers thank you for consideration of this study.*