Communicable Diseases Agency Singapore
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Introduction to Primary Care Antimicrobial Utilisation Surveillance Initiative

The Primary Care Antimicrobial Utilisation Surveillance Initiative (GP-AMU) is a programme that seeks to monitor trends of antimicrobial utilisation in the community and facilitate data-driven feedback for participating clinics' internal monitoring on an annual basis. Participating clinics submit AMU data, which is analysed and reviewed by national expert panels comprising infectious diseases clinicians, microbiologists, pharmacists and public health specialists. Feedback is provided to participating clinics on an annual basis.

Frontier Family Medicine Clinic is one of the general practitioner (GP) clinics which participated in GP-AMU. **Dr Koh Thuan Wee, Clinical Head, Frontier Family Medicine Clinic shares more about why the clinic decided to participate in the programme and how it has benefitted its patients.**

1. Why is AMR a threat to patients?

AMR is an increasing problem arising from the indiscriminate use of antimicrobials globally, including in Singapore, resulting in adverse outcomes including potential deaths when the infecting microbes are resistant to all available antimicrobials. AMR is a threat because it renders a treatable infection into one that is untreatable, potentially bringing us back to pre-penicillin days.

2. Why did you decide to participate in the GP-AMU initiative and how has your experience been?

Clinical practice should be guided by objective data as much as possible. The GP-AMU report is an eye-opener on the varying antibiotic prescription habits of physicians. It provides valuable feedback that merits a deeper reflection of our current practices and a search for solutions to the various practice conditions that promotes "indiscriminate" antimicrobial prescriptions.

3. Has the GP-AMU initiative contributed to improvements in your antimicrobial prescribing practices?

Yes, in terms of knowledge of antimicrobial prescribing patterns; and no, because the fundamental issues surrounding antimicrobial prescriptions faced by a busy GP are not addressed. For example, there is a lack of objective indicators to decide between viral and bacterial infections. Although there are swabs in the market on panels of microorganisms, the cost is prohibitive. Doctors currently resort to clinical signs and

scores, which at times are still best-guess efforts. Other factors include time, which the GP can ill-afford to counsel a patient who is bent on requesting antibiotics. In this respect, patient education is paramount as the pressure frequently comes from patients to prescribe them with antibiotics.

4. Has the GP-AMU initiative benefitted your patients?

The GP-AMU initiative has benefitted the patients in its outreach to educate patients and care providers alike in the judicious use of antimicrobials. However, the change in prescribing habits will not be consistent for all physicians who are given this report. For *Knowledge* to become *Convictions/Attitudes* and then to *Actions/Practices*, a whole host of enablers such as education, objective clinical tools or investigations, specific intervention strategies, etc are required before any change can take place. This is applicable not only to physicians but patients alike. Hence, Singapore's NSAP on AMR is important as it targets AMR through core strategies such as surveillance, including ground-level surveillance initiatives for the primary care sector.

Interested to participate in the GP-AMU programme? Contact amrco@cda.gov.sg to find out more.