

23 February 2016

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Via email: [guidelines@bpac.org.nz](mailto:guidelines@bpac.org.nz)

Dear Mark

**Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use within human health and healthcare**

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the proposed guideline for antimicrobial stewardship from the Best Practice Advocacy Centre New Zealand (bpacNZ). Antimicrobial resistance is one of the most significant global health issues of the 21<sup>st</sup> century, with enormous projected costs to the global economy if no action is taken. Antimicrobial stewardship is an evidence-based, multi-sector approach to adapting and managing a new environment with increased resistance in many pathogens<sup>1,2</sup>.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

**Scope**

We note the scope of this guideline pertains to human health care in hospital and community settings, and look forward to this guideline being part of a suite of resources under a long-awaited New Zealand National Action Plan on Antimicrobial Resistance. It is critical that New Zealand adopts a one world, one health approach, which acknowledges the interactions between human health, animal health and the environment<sup>2</sup>.

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<sup>1</sup> The Royal Australasian College of Physicians. Antimicrobial resistance: the most significant global health issue of the 21<sup>st</sup> century. Media release. 2016; 21 September. Available from: <https://www.racp.edu.au/docs/default-source/default-document-library/media-releases/mr-antibiotic-resistance-the-most-important-global-health-issue-of-the-21st-century.pdf?sfvrsn=2> [accessed 2 February 2017]

<sup>2</sup> The Royal Australasian College of Physicians. Antimicrobial Resistance: the evidence and a call to action. NZ M J 2016; 129(1444).

### ***Clinical need for the guideline***

The RACP has advocated publically for New Zealand to urgently develop and initiate policy and programmes to combat increases in antimicrobial resistance, and introduce nationwide stewardship programmes which consider local and regional profiles of infectious disease<sup>1 2 3</sup>. We believe that New Zealand must act now to reduce the risks of increased resistance, particularly as international trade, tourism and migration take greater roles in the New Zealand economy, and as resistance continues to develop worldwide.

The RACP welcomes the inclusion of patient safety and harm reduction in the rationale for the guideline, such as in instances where the use of antimicrobials is not clinically indicated. The RACP's EVOLVE programme is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions. Specialty societies work with the RACP to determine lists of the top five practices – whether medical tests, procedures or interventions – should have their indications or value question and discussed by physicians<sup>4</sup>. A number of EVOLVE lists include points on use of antimicrobials, including the Australasian Society for Infectious Diseases, the Australian and New Zealand Society for Geriatric Medicine, and the Australasian Chapter of Sexual Health Medicine<sup>5</sup>.

## **1. Recommendations**

### ***1.1 All antimicrobials***

#### ***Antimicrobial stewardship programmes***

The guideline includes defined roles and responsibilities for several organisations, including the Ministry of Health, PHARMAC and the Health Quality and Safety Commission. We recommend the establishment of a NZ Antimicrobial Stewardship Committee (NZAMSC) to provide centralised oversight and leadership.

The guideline could include a reference to the need for ongoing education, training and continuing professional development (CPD) where the NZAMSC could work with CPD providers, such as medical colleges and speciality societies, to develop or advise suitable resources. Antimicrobials are medicines used in many areas of health care (primary and secondary) and across specialties: ongoing guidance and advice will be useful in many areas of the system, and for a broad range of clinicians.

#### ***Antimicrobial stewardship teams***

Infectious Diseases physicians are not included in the guideline and are only mentioned in the scoping document in reference to restrictions on antimicrobial prescribing. Infectious Diseases physicians and paediatricians are key experts to utilise in hospital antimicrobial stewardship teams, and promote stewardship colleagues, staff, patients and visitors. Infectious Diseases specialists should be referenced specifically in the document.

We support the recommendation to establish antimicrobial stewardship teams in each District Health Board (DHB). While regional collaboration will assist smaller DHBs in accessing advice and expertise, it could also assist DHBs in more heavily-populated areas with mobile populations in creating a profile of disease, prescribing and resistance. Once

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<sup>3</sup> The Royal Australasian College of Physicians and the Australasian Society for Infectious Diseases. Urgent need to tackle antibiotic resistance in New Zealand. Media release 2016; 4 November. Available from <https://www.racp.edu.au/docs/default-source/default-document-library/media-release---urgent-need-to-tackle-antibiotic-resistance-in-new-zealand.pdf?sfvrsn=0>

<sup>4</sup> The Royal Australasian College of Physicians. EVOLVE: Evaluating evidence. Enhancing efficiencies. 2016. Available from <http://evolve.edu.au/about> [accessed 3 February 2017]

<sup>5</sup> The Royal Australasian College of Physicians. EVOLVE: Published lists. 2016. Available from <http://evolve.edu.au/published-lists> [accessed 3 February 2017]

established, DHB Antimicrobial Stewardship Teams should look at the benefits of regional collaboration to share knowledge, learnings and reduce duplication.

### ***Communication***

DHB Antimicrobial Stewardship Teams (DHBAMSTs) should lead communication, promotion and awareness-raising activities on AMS within DHBs and Primary Health Organisations (PHOs), to ensure messaging is consistent and relevant. Initiatives to peer-review prescribing practices are an important contribution to reducing patient harm, and may mitigate professional isolation for prescribers who are working in sole or private practice.

### ***Recommendations for prescribers: antimicrobial prescribing***

The emphasis on documentation in the guideline encourages prescribers to consider their rationale and decision-making processes in prescribing antimicrobials as a course of treatment, and provides a record.

The importance of communicating to patients and their family/whānau regarding the course of treatment, the benefits and potential harms of antimicrobial therapies are noted. In particular, the guideline includes advice to seek the views of the patient, acknowledging that some patients may expect to be prescribed an antimicrobial. If language is a barrier to communicating with patients and their family/whānau, it is important that prescribers engage the assistance of translators to facilitate the patients' understanding.

### ***1.2 New antimicrobials***

Guidance for the review and evaluation of new antimicrobials is essential, and to this end the guideline promotes sustainability, future proofing and forward planning in the use of antimicrobials in New Zealand.

## **2. Implementation: getting started**

### ***2.1 The challenge: changing prescribing practice for antimicrobials***

Building stewardship practices into existing structures and systems will contribute to widespread uptake, and will not rely heavily on additional resources. Options such as clinical audits, using DHB and PHO communications to inform health professionals of patient safety incidences and results of the Institute of Environmental Science and Research's surveillance of local, regional and national resistance patterns can all contribute to awareness-raising and changing practice.

The RACP recognises that changes to prescribing practice in a variety of clinical contexts is complex and will take time. Programmes to implement widespread change require a range of interventions to ensure prescribing practices evolve in response to stewardship initiatives. The RACP believes practice change should be informed by quality improvement and evidence, as well as engaging all practitioners within multidisciplinary clinical teams. While prescribing practice will impact prescribers, all health practitioners should be aware of antimicrobial resistance and stewardship practices within their hospital or clinic<sup>2</sup>.

## **3. Research recommendations**

### ***3.1 Reducing antimicrobial resistance***

Research on antimicrobial resistance, stewardship and new antimicrobials in the New Zealand is essential. New Zealand has a close relationship between the environment and the human and animal populations, and research which considers an ecological approach to antimicrobial use is needed alongside clinical trials in human subjects. Collaboration between health, agriculture and primary industries sectors could facilitate these types of

research projects. Further, research in Infectious Diseases, Microbiology, infection prevention and control, quality and safety could be resourced and promoted through initiatives such as the National Science Challenges and the NZ Health Research Strategy.

A profile of infectious disease in New Zealand shows a social gradient prevalent in some pathogens (including methicillin-resistant staphylococcus aureus)<sup>6 7</sup>. Culturally-responsive research into how to reduce the impact of recurrent infections in people (particularly children) living in lower socioeconomic areas could contribute to reducing antimicrobial resistance in the community.

The RACP thanks bpacNZ for the opportunity to provide feedback on this consultation, and looks forward to further work in New Zealand on antimicrobial resistance and stewardship. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at [policy@racp.org.nz](mailto:policy@racp.org.nz).

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Christiansen', enclosed in a thin black rectangular border.

Dr Jonathan Christiansen FRACP  
NZ President  
**The Royal Australasian College of Physicians**

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<sup>6</sup> Williamson DA, Monecke S, Heffernan H, et al. High usage of topical fusidic acid and rapid clonal expansion of fusidic acid-resistant Staphylococcus aureus: A cautionary tale. Clin. Infect. Dis. 2014; 59(10):1451–54.

<sup>7</sup> Walls G, Vandal AC, du Plessis T, et al. Socioeconomic factors correlating with community antimicrobial prescribing. N Z Med J. 2015; 128(1417):16–23.