Letters

IN THEIR ARTICLE about management of urinary tract infections (UTIs) in residential aged care facilities (RACFs; *AJGP* August 2022),[1] Lim and Bennett highlight the importance of antimicrobial stewardship. Antibiotics should be reserved for clinically relevant UTIs and not prescribed for asymptomatic bacteriuria.

The authors state that general practitioners (GPs) are 'well placed to improve UTI management in RACFs' and list the 'key practices' for GPs to do this. While evidence-based recommendations are essential, improvements in health outcomes require more than the dissemination of evidence and recommendations. Healthcare is a complex adaptive system, and successful change needs to take account of the challenges of delivery of healthcare at the coalface.[2] In this case, improvement in management of UTIs is unlikely to occur without addressing the current challenges to the delivery of appropriate general practice care for patients in RACFs.[3]

It is well known that aged care in Australia is in crisis.[4] In addition to the structural problems in the aged care sector, GPs are struggling to provide the care that patients in RACFs need. Inadequate remuneration for GPs attending RACFs has led to GPs either having to resign from seeing patients in RACFs or juggle the demands of RACF care among other practice work. There is no funding at all for GPs to speak with staff or relatives; funded time could allow the GP to explain why antibiotics may not be indicated. There is also a shortage of nursing staff and other well-trained staff, making it difficult to assess patients and communicate treatment plans. The inability to provide appropriate care in RACFs and the resultant distress amounts to moral injury for healthcare workers.[5] Some GPs will withdraw their services completely rather than continue in a dysfunctional system.

Evidence-based practice, and specifically antibiotic stewardship, must remain at the core of good medical practice. However, exigent circumstances may have an impact on the delivery of evidence-based care. GPs are well placed to have an understanding of the challenges in delivery and may be the best group to advise about these barriers.

The GP crisis is a fundamental reason why GPs are not always 'well placed' to do things that seem to be an obvious part of good practice. Nowhere is this more apparent than in RACFs.[6]

We suggest that *Australian Journal of General Practice* consider introducing a policy whereby at least one author is a GP. As an example, *British Journal of General Practice* recommends that articles have a GP co-author, reasoning that 'articles written by specialist colleagues alone are unlikely to meet the needs of our readership'.[7] Another option is to consider a GP-authored editorial accompanying some articles that do not have a GP author to contextualise recommendations and provide suggestions for addressing barriers to implementation.

Authors

Karen Magraith BMBS, FRACGP, General Practitioner, General Practice Plus, South Hobart, Tas; Clinical Senior Lecturer, University of Tasmania, Tas; President, Australasian Menopause Society, Healesville, Vic

Mary Beth MacIsaac MD, CCFP, FRACGP, DCH, MPTHM, Senior Medical Officer – Primary Care, Royal Flying Doctor Service South Eastern Section, Surry Hills, NSW; Research Affiliate, School of Medicine, University of Sydney, Camperdown, NSW; Deputy Chair, RACGP NSW&ACT Faculty Council, NSW and ACT; Chair, Far West Clinical Council, Western NSW PHN, Dubbo, NSW

References

1. Lim LL, Bennett N. Improving management of urinary tract infections in residential aged care facilities. Aust J Gen Pract 2022;51(8):551–57. doi: 10.31128/AJGP-05-22-6413.
2. Braithwaite J. Changing how we think about healthcare improvement. BMJ 2018;361:k2014. doi: 10.1136/bmj.k2014.
3. Burgess S, Davis J, Morgans A. General practice and residential aged care: A qualitative study of barriers to access to care and the role of remuneration. Australas Med J 2015;8(5):161–69. doi: 10.4066/AMJ.2015.2368.
4. Royal Commission into Aged Care Quality and Safety. Final report. Canberra, ACT: Royal Commission into Aged Care Quality and Safety, 2021. Available at https://agedcare.royalcommission.gov.au/publications/final-report [Accessed 29 September 2022].
5. Williamson V, Murphy D, Phelps A, Forbes D, Greenberg N. Moral injury: The effect on mental health and implications for treatment. Lancet Psychiatry 2021;8(6):453–55. doi: 10.1016/S2215-0366(21)00113-9.
6. Iannuzzi A. Why GPs don't visit nursing homes. 25 March 2019. MJA InSight. Available at https://insightplus.mja.com.au/2019/11/why-gps-dont-visit-nursing-homes [Accessed 29 September 2022].
7. British Journal of General Practice. Writing for BJGP: Other sections. London, UK: BJGP, [date unknown]. Available at https://bjgp.org/authors/writing-bjgp-other-sections [Accessed 29 September 2022].

correspondence **ajgp@racgp.org.au**

© The Royal Australian College of General Practitioners 2022