**Additional file 1:** GP-AMS survey instrument

|  |
| --- |
|  Please tick the option that best describes your opinion  |
|  Section A Demographic information  |
| 1 | Are you? | Male  | Female  |
| 2 | Your highest educational degree | B.Med Science | MBBS | MD | Masters | PhD |
| 3 | No. of years in practice as a GP |  ≤5 | 6-10 | >10 |
| 4 | Your current practice location | Metro | Regional | Rural |  Remote  |
| 5 | Main state or territory where you work | NSW QLD VIC ACT SA WA TAS  NT  |
| 6 | Was your medical training completed outside of Australia? | Yes | No | If so, where- |  |
| 7 | Have you completed the National Prescribing Service (NPS) Medicine Wise antimicrobial prescribing courses? | Yes | No | I am not aware of these courses  |
| Section B Perceived awareness of antimicrobial stewardship (AMS)  | **Strongly****agree** | **Agree** | **Neither agree nor disagree** | **Disagree** | **Strongly****disagree** |
| 1 | I am familiar with the term antimicrobial stewardship (AMS) |  |  |  |  |  |
| 2 | AMS programs in my practice will significantly reduce inappropriate use of antimicrobials |  |  |  |  |  |
| 3 | AMS programs will reduce health care costs associated with infections |  |  |  |  |  |
| 4 | Individual efforts at AMS have minimal impact on the problem of antimicrobial resistance  |  |  |  |  |  |
| 5 | I require adequate training to undertake AMS in my practice |  |  |  |  |  |
| Section C My current approach to prescribing of antimicrobials for my patients | **Always** | **Often** | **Occasionally** | **Rarely** | **Never** |
| 1 | I use national antimicrobial guidelines when considering how to treat common infections |  |  |  |  |  |
| 2 | I use back-up or delayed prescribing strategies for antimicrobial prescribing when appropriate |  |  |  |  |  |
| 3 | I record the clinical indication for the antimicrobial(s) prescribed in the clinical records |  |  |  |  |  |
| 4 | I educate my patients or their carers about unintended consequences of antimicrobial use like antimicrobial resistance, impact on gut microbiota etc. |  |  |  |  |  |
| 5 | I use rapid point-of-care testing to guide clinical decision making whether to prescribe an antibiotic in treating a patient with infection like pharyngitis or the flu  |  |  |  |  |  |
| 6 | I share patient information leaflets about infections when I counsel my patients or carers who require antimicrobials or may have an infection |  |  |  |  |  |
| 7 | I am being involved in a practice that undertakes audit on antimicrobial prescribing and provide feedback outcome of the audit |  |  |  |  |  |
| 8 | I review and discuss antimicrobial prescribing at my practice in comparison to peer prescribers at least once a year |  |  |  |  |  |
|   |
|  | **Section D** **Strengthening GP-pharmacist collaborations in AMS** | **Strongly****agree** | **Agree** | **Neither agree** **nor disagree** | **Disagree** | **Strongly****disagree** |
| 1 | Improving AMS in the community will need a policy that supports better collaboration between general practice and pharmacy |  |  |  |  |  |
| 2 | GPs should be receptive to pharmacists providing advice about the choice of antimicrobial prescribed |  |  |  |  |  |
| 3 | GPs should be receptive to pharmacists making recommendations in consultation to the doses or formulations of the antimicrobial prescribed  |  |  |  |  |  |
| 4 | An electronic prescription exchange technology between GP and pharmacy should be introduced for reviewing the appropriateness of antimicrobial prescriptions |  |  |  |  |  |
| 5 | Pharmacists with knowledge of antimicrobials and infections should attend regular group meetings of GPs within general practice clinic to discuss antimicrobial pharmacotherapy |  |  |  |  |  |
| 6 | A pharmacist co-located within general practice can help optimise antimicrobial therapy of patients with infections |  |  |  |  |  |
| 7 | The “My Health Record” could improve communication between GPs and community pharmacists about antimicrobial prescriptions |  |  |  |  |  |
| Section E Building stronger AMS intervention in the general community | **Strongly****Agree** | **Agree** | **Neither agree** **nor disagree** | **Disagree** | **Strongly****disagree** |
| 1 | I would be willing to participate in a program of training focused on AMS  |  |  |  |  |  |
| 2 | I support the introduction of standard guidelines for GPs to assist in the implementation of AMS programs  |  |  |  |  |  |
| 3 | I support a policy that limits the prescribing of selected antimicrobial to certain clinical conditions  |  |  |  |  |  |
| 4 | I support a policy that supports mandatory documentation of the clinical indication (in the notes and on the script) for antimicrobial prescribing  |  |  |  |  |  |
| 5 | I support the involvement of a specialist physician and a pharmacist in providing individualised antimicrobial prescribing advice and feedback to GPs  |  |  |  |  |  |
| 6 | Professional organisations (e.g. RACGP) should define my roles and responsibilities regarding AMS in my practice |  |  |  |  |  |
| 7 | I support a system that better supports the integration of eTG (Therapeutic Guidelines) with prescribing software |  |  |  |  |  |

What do you believe are the major barriers and facilitators to implementing AMS in your practice?

**Barriers**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Facilitators:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………….

**I would be interested in participating in a brief interview of approximately 30 minutes on this topic:**

**☐ Yes –My contact details are: Name:**

 **Address:**

**Email:**

**Best contact No:**

 **☐ No**