

P1300

Paper Poster Session

Education and competencies in antimicrobial stewardship

Assessment of cross-specialty engagement in antimicrobial stewardship; a cross-sectional, observational analysis of UK medical specialty curricula

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Background: Antimicrobial resistance (AMR) is a public health priority and leading patient safety issue. Globally, antimicrobial stewardship (AMS) has been integral in promoting therapeutic optimisation whilst minimising harmful antimicrobial use. However, few studies have assessed the level of engagement with the AMS agenda amongst leading clinical specialties. A cross sectional, observational study was undertaken to investigate the coverage of AMS and AMR across UK clinical specialty training curricula in 2015, as a surrogate marker for awareness and attributed importance within that speciality.

Material/methods: UK clinical specialties were identified and training curricula for each speciality were extracted and interrogated. Curriculum characteristics were described. Categories and individual curriculum points were analysed to determine those which were related to AMS and AMR, using a previously validated systematic search criteria. Inter-specialty variation was assessed using chi-squared with Yate's correction statistical analysis. The speciality with the greatest proportion of AMS-AMR coverage was used as a reference standard. Finally, published speciality rates of antimicrobial usage and healthcare associated infections were stratified to describe individual specialties "risk". This allowed comparison of risk versus apparent engagement with AMS-AMR through speciality curricula.

Results: In total, 36 clinical specialties were analysed representing a total of 2231 curriculum categories and 39315 individual curriculum points. All curricula had been originally published between August 2009 and May 2014. Thirteen had been updated since publication. On analysis of curriculum categories, only infectious diseases and tropical medicine (ID&TM) had curriculum categories relating to AMS-AMR (n=8/65, 12%). ID&TM also had the greatest proportion of individual curriculum points related to AMS-AMR (43/747, 6%). Genito-urinary medicine had the second greatest proportion (9/776, 1.2%). All other clinical specialties had less than 1% coverage of AMS-AMR in their training curricula (figure 1). On comparison with the speciality with highest AMS-AMR coverage in its training curricula (ID&TM), all other specialties had significantly lower AMS-AMR coverage (p<0.01 for all). This includes specialties previously deemed as "high risk" for levels of antimicrobial usage and risk of healthcare associated infections such as haematology (4/767, 0.5%), nephrology (3/860, 0.3%) and intensive care (14/3594, 0.7%).

Conclusions: Despite current AMR/AMS strategies being advocated by infection specialists and discussed by national and international policy makers, AMS/AMR coverage remains limited across

clinical specialty curricula in the UK. Further work is required to compare curriculum coverage across other nations training curricula. We call for further intervention to ensure specialty engagement with AMS programmes and promote the AMR agenda across clinical practice.

Figure 1. The percentage of individual UK specialty training curricula focusing on antimicrobial stewardship and antimicrobial resistance

