A study from Ontario with a cohort of more than 180 000 older patients with acute upper respiratory tract infections found that almost half were prescribed unnecessary antibiotics.[3] This is consistent with data from the United States showing similar rates of inappropriate antibiotic use in the community.[4] We believe the results of this national survey by Smith et al highlight the discordance between observed overprescribing of antibiotics in the community and physicians' perceptions of appropriate use.

The authors also indicate that most physicians correctly identified that not taking a full course of antibiotics increases the risk of AMR. While we concur that adherence to medication regimens is important, a large proportion of antibiotic prescriptions are prescribed for longer than necessary. A multitude of studies have noted that shorter courses (7 days or fewer) are as effective as long courses for common infections managed in the community (eg, urinary tract infections,[5] pneumonia,[6] chronic obstructive pulmonary disease exacerbation[7]). Despite this, approximately 35% of all Ontario prescriptions are longer than 8 days' duration. Not completing the course of antibiotics has in fact not been linked to increasing levels of AMR. Furthermore, there is evidence that longer courses of antibiotics lead to more AMR.[8,9] As a result, this "finish the course" counseling point has been addressed in a number of recent commentaries calling on clinicians to reconsider this dogma.[10-12]

We encourage future efforts to identify characteristics of physician antibiotic prescribing, understand the barriers to appropriate antibiotic use, and incorporate behavioural science theory to optimize antibiotic stewardship interventions. It is vital that family physicians take an active role in antimicrobial stewardship to prescribe antibiotics only when needed, to select the most appropriate agent, and to select the shortest duration necessary to effectively treat the infection. Adopting these principles will ensure that we have effective, and lifesaving, antibiotics for future generations.

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Competing interests
None declared

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Learner-centred research mentoring in academic family medicine

Further to the article by Stubbs et al in the December 2016 issue,[1] there continues to be room for improving the mentorship we provide on research and scholarship, particularly to early career and clinician-teacher faculty. A common challenge is helping the new researcher identify an area of focus and develop a researchable question. A new approach to this challenge is the P3 (Pursuing Personal Passion) mentoring method for learner-centred research mentoring.[2]

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Competing interests
Dr Phillips refers readers to a recent article he wrote on the topic of learner-centred research mentoring.

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