

# **Competency Framework - Principles and Standards for Podiatrist Prescribers**

**Draft Document**



# Competency Framework - Principles and Standards for Podiatrist Prescribers

## Introduction

The Podiatrists Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa is required by the [Health Practitioners Competence Assurance Act 2003](#) to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by podiatry health practitioners.

The [Principles and Standards for the Practice of Podiatry in Aotearoa New Zealand \(PSPPANZ\)](#) describe the minimum standards of ethical conduct, and clinical and cultural competence that people can expect from all podiatry health practitioners. The PSPPANZ supports the Board's [Ethical Codes and Standards of Conduct](#) which are a profession's definition of appropriate behaviour to be observed by all podiatry practitioners.

This competency framework for the scope of practice of podiatrist prescriber builds upon these foundation principles, standards and codes by defining the specific knowledge, skills, and behaviours required for safe and effective prescribing, ensuring that podiatrist prescribers can make appropriate treatment decisions.

A practitioner must be registered in the podiatrist scope of practice with a current practising certificate before they can apply for the additional podiatrist prescriber scope of practice.

## Context

Currently, other health practitioner groups that have prescribing authority in Aotearoa New Zealand include medical practitioners, dentists, dieticians, midwives, nurses, nurse practitioners, optometrists and pharmacist prescribers.

The Competency Framework – Principles and Standards for Podiatrist Prescribers is aligned with the [Principles for Quality and Safe Prescribing Practice \(2024\)](#); a collaborative document developed and produced by seven Aotearoa New Zealand responsible authorities and adopted by the Podiatrists Board in May 2025. The primary rationale for the development of this statement was:

- a. to improve the quality of prescribing (and therefore contribute to improved health outcomes) by expecting that all prescribers practise according to the principles that the statement outlines, and
- b. to mitigate risk to the public by ensuring consistent regulation for prescribers (with respect to the prescribing activity) irrespective of professional background.

In practice, these Principles for Quality and Safe Prescribing Practice will sit as an umbrella above the Competency Framework – Principles and Standards for Podiatrist Prescribers, which is discussed later in this document.

## Key Requirements

- The Competency Framework presumes that podiatrist prescribers will act in a way that is consistent with best professional, ethical, and competency practices as defined by the Podiatrists Board.
- Podiatrist prescribers must work within the legal framework that impacts upon the practice of health care in Aotearoa New Zealand. In the case of a complaint or legal action against a podiatrist, the Health and Disability Commissioner (HDC) or the Health Practitioners Disciplinary Tribunal (HPDT) may refer to the Competency Framework – Principles and Standards for Podiatrist Prescribers to establish whether a podiatrist prescriber was practising to the level expected by the Podiatrist Board and the profession.

- Podiatrist prescribers must meet all principles, standards, codes and competence requirements for both the podiatrist and the podiatrist prescriber scopes of practice, as published by the Podiatrists Board.

## Person-Centred Care

Person-centred care is widely recognised as the cornerstone of safe, high-quality healthcare. This Competency Framework places the person receiving care at the heart of the prescribing process, emphasising the importance of a collaborative partnership between the prescriber and the person to achieve optimal health outcomes.

Effective person-centred care involves:

- Discovering and understanding what matters most to the person (and their whānau, where appropriate)
- Respecting and responding to their preferences, values, and needs
- Building trust and fostering a positive, therapeutic relationship

An equally essential aspect of person-centred care is constructive collaboration between the prescriber and other health professionals. As an example, it is essential that critical communication channels are developed between podiatrist prescribers and their patients' general practices to safeguard safe and effective patient care. Working together in a respectful and coordinated manner ensures that care is holistic, integrated, and aligned with the person's goals.

## Quality Use of Medicines and Antimicrobial Stewardship

Competent prescribing supports the quality use of medicines by ensuring that medicines are selected and used judiciously, safely, and effectively to achieve therapeutic goals. This approach aims to:

- Optimise health outcomes
- Minimise medication-related harm
- Promote wellness and recovery

**Integral to this is Antimicrobial Stewardship. All prescribers must recognise its importance and adhere to relevant national and regional guidelines to prevent antimicrobial resistance and ensure responsible use.**

## Framework Structure

The Principles and Standards for Podiatrist Prescribers (illustrated below) describe the minimum core foundational knowledge, skills and attributes required of all podiatrist prescribers. (A glossary of terms can be found at Annex A).

This Framework has two domains:

### ***Domain 1: Prescribing Principles***

### ***Domain 2: Prescribing Governance***

There are three areas of competency within these two domains. Each competency area contains a Performance Outcome statement that generally describes the expected level of competence and capabilities for the podiatrist prescriber.

## Performance Outcomes

Each Competency Area is defined by a Performance Outcome, which describes the expected level of performance in real-world practice. These outcomes are specific, measurable, and observable, demonstrating how podiatrist prescribers apply their knowledge and skills in clinical settings. They also provide guidance on how the competencies can be integrated into everyday practice.

The capability statements within each Competency Area describe the tasks, behaviours, and outcomes that podiatrist prescribers should be able to demonstrate — both during initial training and consistently throughout their professional careers.

Performance Outcomes also serve as a foundation for education providers to design learning programmes that reflect the intent and expectations of the Standards.

The three Competency Areas are:

### 1. The Person-centred prescribing process

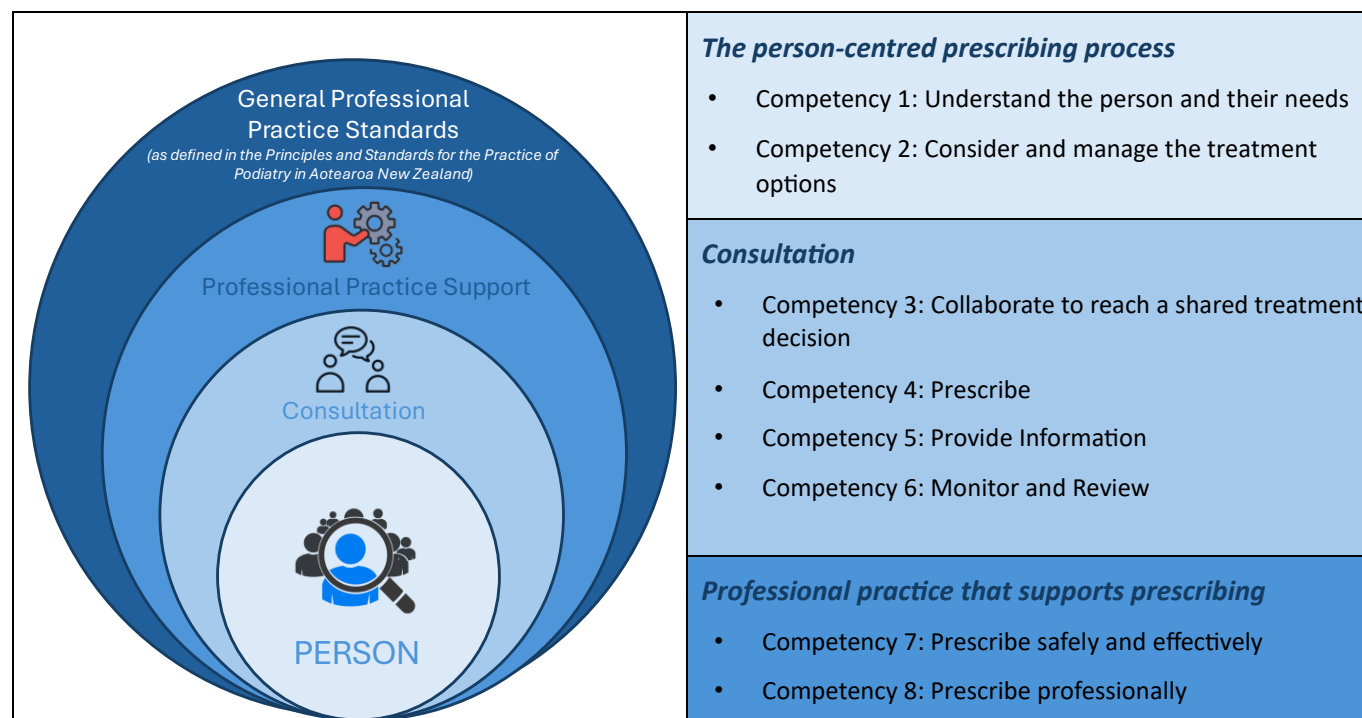
Focuses on understanding the person's needs, formulating treatment options, and engaging in shared decision-making.

### 2. Consultation

Encompasses the communication, information-sharing, and monitoring required to support safe and effective prescribing.

### 3. Professional practice that supports prescribing

Covers the legal, ethical, and governance responsibilities that underpin safe, competent, and accountable prescribing.





## Prescribing Competencies Framework

### DOMAIN 1: PRESCRIBING PRINCIPLES

This section describes the competencies that the podiatrist prescriber should demonstrate during the consultation.

#### THE PERSON-CENTRED PRESCRIBING PROCESS (Competencies 1–2)

##### 1. Understand the person and their needs

###### Performance Outcome:

The podiatrist prescriber is able to assess and understand the person, using information collected from the consultation, medical records, social history, investigations, and clinical/physical assessment.

1.1	Practise whakawhānaungatanga to establish rapport and promote a positive professional partnership with the person.
1.2	Elicit and listen to the person's ideas, beliefs, and expectations in relation to their health and their presenting condition.
1.3	Take an appropriate comprehensive medical <sup>1</sup> , social <sup>2</sup> and medication history <sup>3</sup> including allergies and intolerances. This must include but is not limited to: <ol style="list-style-type: none"><li>1. Family medical history</li><li>2. Consideration of the person's cultural history and identity when gathering information to understand their needs</li><li>3. Current and previously prescribed and non-prescribed (over the counter) medicines, Rongoā, complementary and alternative therapies, vaccines and recreational drugs</li></ol>
1.4	Undertake an appropriate clinical assessment using relevant techniques and equipment, to evaluate the nature, severity, significance, and progression of the clinical problem, taking the clinical context and the podiatrist's scope of practice into account.
1.5	Access and interpret all available and relevant patient records to ensure knowledge of the person's current health and wellbeing management, to allow understanding of their needs and current treatment.
1.6	Appropriately request and interpret relevant investigations to inform diagnosis and treatment planning, within the podiatrist's scope of practice and refer appropriately if outside scope.
1.7	Demonstrate clinical reasoning to make, or review and understand, the diagnosis and key clinical issues by systematically considering the various possibilities, including considering the possibility that current medicines or activities may contribute to current health issues.

1.8	Demonstrate understanding of the condition(s) being treated, its natural progression and how to assess severity, deterioration and anticipated response to treatment and impact of co-morbidities.
1.9	Engage the person in shared decision-making regarding the clinical issues and implications of the treatment plan, including adherence to and effectiveness of current medicines.
<b>2. Formulate and manage person-centred treatment options</b> <u>Performance Outcome:</u> The podiatrist prescriber integrates clinical findings, patient preferences, and contextual factors to formulate a safe, effective, and culturally responsive treatment plan, including pharmacological and non-pharmacological options.	
2.1	Consider a range of evidence-informed treatment options (pharmacological and non-pharmacological) that may benefit the person by modifying disease and promoting health. Assess the risks and benefits of using or not using a medicine or treatment.
2.2	Identify appropriate pharmacological options, including initiating, adjusting, or discontinuing treatment. Recognise when it is clinically appropriate not to prescribe.
2.3	Identify and evaluate non-pharmacological options, including lifestyle intervention, preventative measures, and the option of no treatment.
2.4	Incorporate individual factors (e.g. age, pregnancy, organ function, cultural identity, values, beliefs, and practical ability to use medicines) into treatment planning in a culturally safe and person-centred manner.
2.5	Conduct a comprehensive risk-benefit analysis of proposed treatments, considering co-morbidities, current medications, allergies, contraindications, and impact on quality of life.
2.6	Apply knowledge of pharmacology, including mode of action and pharmacokinetics of medicines, and understand how these may be altered by individual factors (e.g. genetics, age, renal/hepatic function, pregnancy), and how this affects the choice of treatment and dose regimen.
2.7	Access and critically appraise reliable, validated, and current information sources to support safe and effective prescribing decisions. Critically evaluate supplementary information that may be offered by others (e.g. patients, caregivers, manufacturers).
2.8	Collaborate with other health professionals to ensure safe coordinated care and appropriate use of medicines, especially when prescribing intersects with other treatment plans. where necessary.
2.9	Prescribe within the podiatrist prescriber scope of practice and refer to other health professionals when treatment needs exceed scope.
2.10	Make evidence-informed prescribing decisions that consider clinical effectiveness, resource efficiency, and the financial cost and affordability for the person.

## CONSULTATION (Competencies 3 – 6)

### 3. Partner with the person to reach a shared treatment decision

#### Performance Outcome:

The podiatrist prescriber partners with the person to explore treatment options, ensuring they are supported to make an informed, values-aligned decision that reflects their goals, preferences, and right to choose.

3.1	Clearly explain the rationale, benefits, risks, and potential adverse effects of treatment options in a way that supports informed choice, including the person's right to decline or limit treatment.
3.2	Actively engage the person in decision-making by providing sufficient accessible, evidence-based information about available pharmacological, non-pharmacological, and lifestyle management options.
3.3	Reflect on and acknowledge how your own beliefs, biases, and values may influence your prescribing decisions, and take steps to mitigate their impact.
3.4	Practise in a culturally safe and respectful manner that honours the person's identity, beliefs, values, goals, and preferences. Minimise power imbalances to facilitate genuine informed consent.
3.5	Explore what matters most to the person regarding their wellbeing and treatment. Encourage open dialogue, questions, and honest feedback about their concerns and expectations.
3.6	Co-create a treatment plan with the person that aligns with their health goals and preferences, while incorporating clinical expertise and the podiatrist prescriber's scope of practice.

### 4. Prescribe safely, legally, and effectively

#### Performance Outcome:

The podiatrist prescriber uses prescribing and health information systems to prescribe medicines safely, legally, and effectively, and maintains accurate and comprehensive clinical records.

4.1	Maintain current and adequate knowledge of medicines, including their actions, indications, efficacy, dosage, contraindications, interactions, cautions, and adverse effects.
4.2	Understand, anticipate, and manage potential adverse effects and drug interactions. Take proactive steps to minimise risk and respond appropriately when issues arise.
4.3	Prescribe medicines only when clinically justified, in accordance with best practice, relevant legislation, and local/national guidelines.
4.4	Apply principles of Quality Use of Medicines (QUM) and Antimicrobial Stewardship to ensure safe, effective, and responsible prescribing.
4.5	Ensure that the prescribed medicine, its dose, frequency, route of administration, and duration of supply are appropriate, safe, and tailored to the person's clinical and personal context.

4.6	Generate prescriptions (electronic or written) that are legible, complete, and meet all legal and professional requirements.
4.7	Identify and manage risks of medicine misuse and take steps to prevent inappropriate or unsafe prescribing practices.
4.8	Recognise that inappropriate prescribing, including excessive, indiscriminate, or reckless use of medicines is clinically and ethically unacceptable.
4.9	Maintain clear, accurate, comprehensive, and up-to-date clinical records that support continuity of care and meet legal and professional standards.

## 5. Support understanding and self-management through clear communication

### Performance Outcome:

The podiatrist prescriber provides clear, culturally safe, and accessible information about the person's condition and treatment, empowering them to understand, manage, and respond to changes in their health.

5.1	Provide information about the person's condition, medicines, and treatment plan in a way that is clear, culturally appropriate, and tailored to their level of health literacy.
5.2	Tailor communication to the person's level of health literacy, and use communication strategies that support health literacy, including plain language, visual aids (e.g. diagrams or written instructions), and interpreter services where needed.
5.3	Ensure the person understands how to use their medicines safely and effectively, including potential adverse effects, how to report them, and the expected duration of treatment.
5.4	Guide the person to reliable, evidence-based sources of information about their medicines and treatments, including digital and community-based resources.
5.5	Guide the person to reliable, evidence-based sources of information about their condition, medicines and treatments, including digital and community-based resources.
5.6	Check the person's understanding of their treatment plan and follow-up requirements and clarify any misunderstandings or concerns.
5.7	Encourage and support the person to take responsibility for their medicines and self-management, in a way that respects their capabilities, preferences, and autonomy.



## 6. Monitor treatment and review outcomes in partnership with the person

### Performance Outcome:

The podiatrist prescriber monitors the person's condition and treatment response, evaluates effectiveness and safety, and modifies the treatment plan in partnership with the person, based on clinical findings and their preferences.

6.1	Collaboratively develop, establish, and maintain a monitoring and review plan with the person to assess treatment effectiveness and identify potential adverse effects.
6.2	Schedule and conduct timely follow-up assessments to ensure continuity of care and responsiveness to changes in the person's condition.
6.3	Modify or continue the treatment plan based on ongoing monitoring, clinical evidence, and the person's evolving condition, goals, and preferences, in line with accepted best practice.
6.4	Use digital tools and prescribing systems to support monitoring, alerts, and documentation of treatment outcomes.
6.5	Identify and report adverse reactions to treatment or medicines using appropriate reporting systems e.g. CARM.

## DOMAIN 2: PRESCRIBING GOVERNANCE

This domain describes the competencies that the podiatrist prescriber should demonstrate to ensure quality and safe prescribing

### PROFESSIONAL PRACTICE THAT SUPPORTS PRESCRIBING (Competencies 7-8)

## 7. Prescribe safely, ethically, and within scope

### Performance Outcome:

The podiatrist prescriber practises within their scope, maintains current knowledge, and applies risk management strategies to ensure safe, ethical, and evidence-informed prescribing that minimises harm.

7.1	Prescribe only within the limits of the Podiatrist Prescriber Scope of Practice. Recognise the boundaries of personal knowledge and skill and seek advice or refer when appropriate.
7.2	Maintain up-to-date, in-depth knowledge of medicines relevant to your clinical area, including indications, adverse effects, contraindications, interactions, dosages, monitoring requirements, and cost-effectiveness.

7.3	Use accepted, evidence-based resources (e.g. New Zealand Formulary (NZF)), national guidelines) to critically evaluate medicine information and make prescribing decisions that reflect the person's clinical and personal context.
7.4	Understand common causes of prescribing and medication errors and implement proactive strategies to reduce risk (e.g. robust standardised process, collaboration with other health professionals, minimise disruptions, use of digital prescribing systems and alerts, clear documentation, patient education).
7.5	Minimise risks by applying quality assurance processes, especially in high-risk areas such as remote prescribing, repeat prescriptions, and transitions of care.
7.6	Report prescribing errors, near misses, and critical incidents in accordance with organisational policies. Reflect on and review practice to prevent recurrence and improve safety.

## 8. Prescribe with professionalism, accountability, and collaboration

### Performance Outcome:

The podiatrist prescriber complies with legal, ethical, and regulatory obligations, maintains professional boundaries, and accepts accountability for their prescribing decisions. They engage in continuous professional development and collaborate effectively with other health professionals to ensure safe, person-centred care.

8.1	Maintain prescribing competence by actively engaging in continuing professional development, education, (reflective practice is part of CPD) and peer review, in accordance with the Board's CPD Recertification Programme.
8.2	Know and comply with all legal, regulatory, and ethical frameworks relevant to podiatrist prescribing.
8.3	Accept full responsibility and accountability for own prescribing decisions, ensuring each decision is supported by sound clinical reasoning and evidence.
8.4	Maintain professional independence in prescribing decisions. Recognise and manage external influences (e.g. media, patient pressure, colleague input) and uphold personal, professional, and financial boundaries.
8.5	Prioritise the person's needs, preferences, and wellbeing in all prescribing decisions, ensuring care is culturally safe and person-centred.
8.6	Collaborate respectfully and effectively with other health professionals, sharing relevant information to support coordinated care and optimal outcomes.
8.7	Contribute to a culture of safety and learning by engaging in incident reviews, quality improvement initiatives, and interprofessional education.
8.8	Use tools such as self-reflection, peer and patient feedback, prescribing data analysis, and audit to evaluate and improve prescribing practice.

## **Additional Requirements**

[Section 42C of the Medicines Act 1981](#) allows authorised prescribers to have an interest in a pharmacy only with the consent of Medicines Control (the Licensing Authority). Podiatrist Prescribers are designated prescribers and so included in the authorised prescribers' class.

Medicines Control can impose a condition which prevents the pharmacy from dispensing prescriptions issued by a prescriber holding an interest in the pharmacy. Prescribers must not allow these interests to influence their prescribing practice or the advice they give to patients.

Podiatrist prescribers must always act in the patient's best interests and respect their freedom to choose where to have the medicines dispensed.

## Annex A

### Glossary

<b>Adherence</b>	The extent to which the person's behaviour matches the agreed recommendations of the prescriber. It presumes an agreement between prescriber and patient about the prescriber's recommendations. It is an active choice of patients to follow through with the prescribed treatment while taking responsibility for their own well-being.
<b>Adverse effect</b>	A harmful, unintended reaction to medicines that occurs at doses normally used for treatment.
<b>Antimicrobial Stewardship</b>	Coordinated interventions designed to improve and measure the appropriate use of antimicrobials by promoting the selection of the optimal antimicrobial drug regimen, dose, duration of therapy, and route of administration to preserve their future effectiveness.
<b>CARM</b>	The Centre for Adverse Reactions Monitoring (CARM), located within the New Zealand Pharmacovigilance Centre (NZPhvC) at the University of Otago, is responsible for various national pharmacovigilance activities.
<b>Collaboration</b>	<ul style="list-style-type: none"><li>a. The active involvement of patients (and whanau) in healthcare decisions and planning. It involves partnering with them, respecting their preferences, values, and goals, to deliver the most effective and appropriate care</li><li>b. Healthcare professionals from different backgrounds working together with patients, families, and communities to deliver the best possible care</li></ul>
<b>Cultural safety</b>	A focus on creating an environment where individuals feel respected, valued, and safe in expressing their cultural identity, particularly within healthcare settings.
<b>Evidence-informed practice</b>	Evidence-informed practice is broader than evidence-based practice and integrates the best available research evidence with clinical expertise and patient perspectives to make informed decisions about patient care.
<b>Medicines</b>	<p>Therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological, or metabolic means in or on the body of a human.</p> <p>They are a substance or mixture of substances intended to treat, prevent, or diagnose disease, or to restore, correct, or modify physiological functions.</p>
<b>Non-pharmacological</b>	For this document, non-pharmacological therapies are those that do not achieve their intended purpose by exerting a pharmacological action.
<b>NZF</b>	The New Zealand Formulary (NZF) is an independent free resource providing healthcare professionals with clinically validated medicines information and guidance on best practice, enabling healthcare professionals to select safe and effective medicines for individual patients.
<b>Person</b>	The person requiring or receiving healthcare. In the context of this document, this includes the patient and family/guardian/carer where relevant.
<b>Podiatrist Prescriber</b>	A podiatrist authorised to undertake prescribing within the scope of their practice.

<b>Quality use of medicines (QUM)</b>	<p>A process that involves:</p> <ul style="list-style-type: none"> <li>a. Selecting management options wisely (considering the place of medicines in treating illness and maintaining health; recognising that there may be better ways than medicines to manage many disorders)</li> <li>b. Choosing suitable medicines if a medicine is considered necessary (considering the individual, the clinical condition, risks and benefits, dosage and length of treatment, any co-existing conditions, other therapies, monitoring considerations, costs for the individual, the community and the health system as a whole)</li> <li>c. Using medicines safely and effectively (monitoring outcomes, minimising misuse, over-use and under-use, improving people's ability to solve problems related to medication, such as adverse effects or managing multiple medications)</li> </ul>
<b>Rongoā</b>	Māori healing practices incorporating herbal, spiritual and physical healing methods.
<b>Scope of practice</b>	The range of health services and activities a podiatrist or podiatrist prescriber is legally authorised to undertake.
<b>Treatment</b>	The management of a person's health condition/s. May include the use of medicines and non-pharmacological therapies.
<b>Whakawhānaungatanga</b>	The process of establishing relationships and relating well to others.



## **Annex B**

### **Essential Resources**

Podiatrists Board of New Zealand - Standards, Policy and Guidance. <a href="https://podiatristsboard.org.nz/standards-policy-forms-resources/standards-policy-guidance/">https://podiatristsboard.org.nz/standards-policy-forms-resources/standards-policy-guidance/</a>
Health Practitioners Competence Assurance Act 2003. <a href="https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html">https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html</a>
Medicines Act 1981. <a href="https://www.legislation.govt.nz/act/public/1981/0118/latest/dlm53790.html">https://www.legislation.govt.nz/act/public/1981/0118/latest/dlm53790.html</a>
Misuse of Drugs Act 1975. <a href="https://www.legislation.govt.nz/act/public/1975/0116/latest/dlm436101.html">https://www.legislation.govt.nz/act/public/1975/0116/latest/dlm436101.html</a>
Health and Disability Commissioner (HDC). <a href="https://www.hdc.org.nz/">https://www.hdc.org.nz/</a>
Office of the Privacy Commissioner - Privacy Act 2020. <a href="https://www.privacy.org.nz/privacy-principles/">https://www.privacy.org.nz/privacy-principles/</a>
Prescribing Principles for quality and safe prescribing practice. <a href="https://podiatristsboard.org.nz/2025/07/28/principles-for-quality-and-safe-prescribing-practice/">https://podiatristsboard.org.nz/2025/07/28/principles-for-quality-and-safe-prescribing-practice/</a>
The New Zealand Formulary. <a href="https://nzformulary.org/">https://nzformulary.org/</a>
Medsafe. <a href="https://www.medsafe.govt.nz/">https://www.medsafe.govt.nz/</a>
Centre for Adverse Reactions Monitoring (CARM). <a href="https://www.medsafe.govt.nz/profs/puarfiles/adrreport.htm">https://www.medsafe.govt.nz/profs/puarfiles/adrreport.htm</a> <a href="https://pophealth.my.site.com/carmreportnz/s/">https://pophealth.my.site.com/carmreportnz/s/</a>
Pharmac. <a href="https://pharmac.govt.nz/">https://pharmac.govt.nz/</a>
NZePS. <a href="https://www.tewhatauora.govt.nz/health-services-and-programmes/digital-health/emedicines-and-the-newzealand-e-prescription-service/eprescriptions/about-nzeps">https://www.tewhatauora.govt.nz/health-services-and-programmes/digital-health/emedicines-and-the-newzealand-e-prescription-service/eprescriptions/about-nzeps</a>
MIMS New Zealand. <a href="https://www.mims.co.nz/MIMSGateway.aspx">https://www.mims.co.nz/MIMSGateway.aspx</a>
Podiatry NZ. <a href="https://www.podnz.org/">https://www.podnz.org/</a>
Pharmacy Council New Zealand. <a href="https://pharmacycouncil.org.nz/">https://pharmacycouncil.org.nz/</a>
Pharmaceutical Society of New Zealand. <a href="https://www.psnz.org.nz/">https://www.psnz.org.nz/</a>

Pharmacy Guild of New Zealand.

<https://www.pgnz.org.nz/>

Clinical Advisory Pharmacists Association (CAPA).

<https://capa.org.nz/>

Health Quality and Safety Commission (HQSC). <https://www.hqsc.govt.nz/>

Antimicrobial Stewardship in New Zealand (Nov 2021). <https://www.hqsc.govt.nz/resources/resource-library/anficrobial-stewardship-in-new-zealand/>

HQSC National Adverse Events Policy 2023. <https://www.hqsc.govt.nz/resources/resource-library/nafionaladverse-event-policy-2023/>

Antibiotic Conservation Aotearoa.

<https://www.anfibioficconservafion.auckland.ac.nz/>

Development of a National Antimicrobial Guideline (NAG).

<https://www.anfibioficconservafion.auckland.ac.nz/anficrobial-stewardship-ams>

Australian Government Department of Health, Disability and Ageing/Therapeutic Goods Administration - acronyms and glossary.

<https://www.tga.gov.au/acronyms-glossary#summary-m>

Australian Government Department of Health, Disability and Ageing - Safe use of medicines.

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>.