



Government of **Western Australia**
Department of **Health**

WA Designated Registered Nurse Prescriber Prescribing Guidelines

April 2026

Background

These prescribing guidelines outline how to meet the requirements of the Nursing and Midwifery Board of Australia's (NMBA) *Registration Standard: Endorsement for scheduled medicines – designated registered nurse prescriber*. Their purpose is to support safe, evidence-based, and culturally responsive prescribing practices.

Designated registered nurse (RN) prescribing occurs when an RN who holds the endorsement for scheduled medicines undertakes prescribing within their level of competence and scope of practice in partnership with an authorised health practitioner. This designated RN prescribing model of care enhances access to schedule 2, 3, 4 and 8 medicines, strengthens multidisciplinary care, and aligns with the National Prescribing Competency Framework. It represents an extended scope of practice and should not be conflated with advanced practice or autonomous prescribing.

	Registered Nurse	Designated RN Prescriber	Nurse Practitioner
Qualification and experience	<ul style="list-style-type: none"> • AQF 7 Bachelor • AQF 9 Masters (Direct Entry) • No previous experience required prior to registration 	<ul style="list-style-type: none"> • AQF 8 Grad Cert / Dip units NMBA approved course • 5,000 hours post initial registration clinical experience within last 6 years 	<ul style="list-style-type: none"> • AQF Masters (NP) NMBA approved course • 5,000 hours advanced practice level within last 6 years
NMBA endorsement	No	Yes Registration Standard: Endorsement for scheduled medicines – Designated registered nurse prescriber	Yes Registration Standard: Endorsement as a nurse practitioner
Scope of prescribing	<p>Can administer medications prescribed by authorised health practitioners.</p> <p>Can supply medicines via approved standard protocol/policy e.g. SASA</p>	<p>Can assess and prescribe schedule 2,3,4 and 8 medicines for a limited range of conditions defined by scope of practice.</p> <p>Must prescribe in partnership with an authorised health practitioner and under a formal prescribing agreement.</p>	<p>Can autonomously diagnose and initiate prescriptions for schedule 2,3,4 and 8 medicines within defined scope of practice.</p>
Prescribing authority	<p>No independent prescribing authority.</p> <p>Authority is limited to agreed medicines as per approved SASA.</p>	<p>Authorised to prescribe schedule 2,3,4 and 8 medicines under a prescribing agreement that complies with state and territory medicines and poisons legislation/regulations.</p>	<p>Full independent prescribing rights for schedule 2,3,4 and 8 medicines in line with state and territory medicine and poisons legislation/regulations.</p>

Applicability

The guidelines are applicable to all WA Health employees and contracted staff involved in designated RN prescribing.

Steps to becoming a designated RN prescriber

1. Complete a NMBA approved program of study.
2. Apply for NMBA Endorsement for Scheduled Medicines – designated registered nurse prescriber.
3. Gain approval to use designated RN prescriber endorsement.
4. Establish a prescribing agreement (Appendix A) with an authorised health practitioner.
5. Establish a clinical mentorship agreement (Appendix B) with an authorised health practitioner.
6. Complete a six-month clinical mentorship period.
7. Prescribe within scope of practice and comply with local service policy.
8. Participate in ongoing monitoring, audit, and governance requirements.
9. Review the prescribing agreement, at least annually, consistent with NMBA requirements.

Guideline Principles

WA Health's approach to designated RN prescribing is underpinned by the following principles:

- Supporting RNs who hold endorsement for scheduled medicines to prescribe safely within their defined scope of practice and in partnership with an authorised health practitioner.
- Fostering multidisciplinary collaboration and a shared understanding of the respective roles and responsibilities of the designated RN prescriber and the authorised health practitioner.
- Promoting high-quality, safe, culturally responsive and evidence-based person-centred care supported by robust clinical governance.
- Ensuring transparency and accountability in all prescribing decisions and related processes.
- Advancing equitable, timely, safe and reliable access to medicines for all consumers across WA Health.

Roles and Responsibilities

The designated RN prescriber must:

- ensure prescribing of scheduled medicines is undertaken within their defined scope of practice and in accordance with their approved prescribing agreement.
- accurately document all prescriptions using the appropriate systems and tools (e.g., Digital Medical Record [DMR], medication charts, prescription pads).

- inform consumers of any cost implications associated with non-PBS subsidised medicines and, where possible, offer an alternative solution to minimise financial impact.
- support consumers to make informed treatment decisions in line with WA Health consent requirements.
- consider the capacity of hospital pharmacy services to dispense prescribed outpatient medicines.
- ensure all prescribing practices comply with relevant WA legislation, including the *WA Medicines and Poisons Act 2014* and corresponding regulations.
- collaborate effectively with the multidisciplinary team to remain informed and actively involved in the planning and delivery of safe, high-quality person-centred care.

The authorised health practitioner must:

- support the designated RN prescriber to prescribe medicines safely within their scope of practice.
- participate in scheduled clinical mentorship sessions with the designated RN prescriber.
- assist in developing the designated RN prescriber's clinical reasoning, safe decision-making, and prescribing confidence.
- provide respectful, timely and supportive guidance to help the designated RN prescriber build competence and confidence in prescribing practise.

Note: The authorised health practitioner named in the Prescribing Agreement does not need to be the same individual identified in the Clinical Mentorship Agreement.

Accountabilities

Designated RN Prescriber	Authorised Health Practitioner
Understand and prescribe within own level of prescribing competence and as outlined in an active prescribing agreement.	Understand the designated RN prescriber's defined scope of practice.
Work collaboratively with the authorised health practitioner to establish the prescribing agreement.	Work collaboratively with the designated RN prescriber to establish the prescribing agreement.
Participate in clinical mentoring with the authorised health practitioner for the first six months following endorsement.	Provide clinical mentoring to the designated RN prescriber during the first six months of endorsed practice.
Consult and refer to the authorised health practitioner or other relevant health practitioner(s) when person's care needs fall outside their defined scope of practice.	Collaborate effectively with, and accept referrals from, the designated RN prescriber when a person's care needs fall outside the RN's defined scope of practice.
Participate in regular reviews (at least annually) of the prescribing agreement.	Participate in regular reviews (at least annually) of the prescribing agreement.
Participate in monitoring and auditing related to prescribing practice.	Participate in monitoring and auditing related to the designated RN prescriber's prescribing practice.
Comply with the NMBA <i>Registration Standard: Endorsement for scheduled medicines – designated registered nurse prescriber</i> and all other relevant NMBA standards, codes and guidelines.	Comply with the NMBA <i>Registration Standard: Endorsement for scheduled medicines – designated registered nurse prescriber</i> and all other relevant NMBA standards, codes and guidelines.

Prescribing Agreement

The WA Designated Registered Nurse Prescriber Prescribing Agreement (Prescribing Agreement) is a central component of the designated RN prescribing model. It is a formal written agreement between the designated RN prescriber and one or more authorised health practitioners and must be approved by the relevant health organisation, service or employer. The prescribing agreement must be retained and stored by the employing organisation, reviewed regularly (at least annually), and may be subject to audit by the NMBA. It is also recommended that the designated RN prescriber retains a copy for their own records.

The prescribing agreement clearly outlines the respective roles of the designated RN prescriber and the authorised health practitioner. It must be signed by all parties and updated whenever changes occur that affect either the designated RN prescriber and/or the authorised health practitioner.

Requirements for designated RN prescriber

Designated RN prescribers must meet the following requirements:

Eligibility

- Hold current general registration as a RN in Australia.
- Hold the NMBA *endorsement for scheduled medicines – designated registered nurse prescriber*.
- Have no conditions or undertakings on their registration that impact their endorsement or prescribing practice.
- Maintain recency of practice relevant to prescribing as part of annual registration renewal.
- Complete Continuing Professional Development activities specifically related to prescribing, as required by the NMBA and local governance processes.
- Have a Pharmaceutical Benefits Scheme (PBS) prescriber number from the Australian Government when practising outside the hospital setting.
- Be employed in a designated RN prescriber role and prescribe only within the approved scope, location, and service.

Prescribing Agreement

- Partner with an authorised health practitioner - multiple authorised health practitioners may be involved.
- Establish an approved designated RN prescriber prescribing agreement with an authorised health practitioner.
- Retain an up-to-date copy of the prescribing agreement and ensure it is updated when service needs, scope of practice, or partnering authorised health practitioner change.

Clinical Mentorship

- Complete a six-month period of clinical mentorship with an authorised health practitioner upon commencing practice as a designated RN prescriber.
- Complete additional periods of clinical mentorship when scope of practice or clinical area changes.
- Schedule regular mentorship sessions and document outcomes, reflections and learning.
- Demonstrate active engagement in clinical mentorship through critical reflection and integration of feedback into practice.

Governance

The designated RN prescriber and the authorised health practitioner must work within a clinical governance framework. This framework builds on the employer organisation's existing governance systems for the quality use of medicines and defines the client groups and prescribing scope for the designated RN prescriber.

It is the employer's responsibility together with the designated RN prescriber and authorised health practitioner to ensure that an appropriate clinical governance framework is in place to support the prescribing model.

The following governance requirements must be implemented before designated RN prescribing can commence:

- Define the designated RN prescriber's scope of clinical practice to ensure clarity, safety, and alignment with service need.
- Monitor and evaluate prescribing practices through medication safety audits, incident reporting, and other quality assurance processes.
- Establish clear escalation pathways for addressing prescribing concerns or clinical issues.
- Establish clear protocols for clinical incident reporting to support transparency, accountability and continuous improvement.
- Capture and review consumer feedback related to prescribing through existing organisational feedback systems.
- Ensure prescribing agreements are retained, monitored and regularly reviewed through local governance processes.
- Allocate sufficient time and resources to support effective clinical mentorship activities.
- Assess service suitability and workforce capability before implementing designated RN prescribing roles.
- Ensure compliance with all relevant mandatory instructions and procedures governing designated RN prescribing.

Implementation and Monitoring

These guidelines should be implemented through policy development, prescribing agreements, and mentorship processes. Compliance may be assessed through audits and reporting mechanisms.

Mandatory Related Documents

The following documents must be complied with to the extent that they are relevant:

- [Nursing and Midwifery Board of Australia - Endorsement for scheduled medicines designated RN prescriber](#)
- [Nursing and Midwifery Board of Australia - Professional standards](#)
- [Nursing and Midwifery Board of Australia - Continuing professional development](#)
- [Nursing and Midwifery Board of Australia - Registered nurse standards for practice](#)
- [Medicines and Poisons Act 2014 - \[00-l0-00\].pdf](#)
- [Medicines and Poisons Regulations 2016 - \[00-s0-00\].pdf](#)
- [Monitored Medicines Prescribing Code](#)
- [National Medicines Policy](#)
- [Quality Use of Medicines](#)
- [National Prescribing Competencies Framework](#)
- [ANMAC Registered Nurse Prescribing Accreditation Standards 2025.pdf](#)
- WA Designated Registered Nurse Prescriber Prescribing Agreement
- WA Designated Registered Nurse Prescriber Clinical Mentorship Agreement
- WA Designated Registered Nurse Prescriber Mentorship Framework.

Supporting Information

- [Guidelines for registered nurses applying for and with the endorsement for scheduled medicines - designated registered nurse prescriber](#)
- [Quality Standards | Aged Care Quality and Safety Commission](#)
- [NDIS Practice Standards | NDIS Quality and Safeguards Commission](#)
- [The NSQHS Standards | Australian Commission on Safety and Quality in Health Care](#)

Definition of Terms

Key Terms	Definitions
Active prescribing agreement	A written agreement between the designated RN prescriber and the authorised health practitioner and approved by the health organisation/service or employer.
Authorised health practitioner	A registered health practitioner who is an authorised autonomous prescriber e.g., a medical practitioner, nurse practitioner. More than one authorised health practitioner may work with the designated RN prescriber.
Autonomous prescriber	A registered health practitioner who can diagnose, treat and prescribe medications independently within their scope of practice.
Clinical mentor	An authorised health practitioner who provides the designated RN prescriber with support in developing the confidence to prescribe.
Clinical mentorship	A structured partnership between the authorised health practitioner and the designated RN prescriber, that includes collaboration and personal professional development to enable the designated RN prescriber to develop confidence in prescribing.
Defining the scope of clinical practice	The process of determining the extent (scope) of an individual health practitioner's clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability. It includes determining the need of the organisation and its capability to support the health practitioner's scope of clinical practice.
Designated RN prescriber	A RN with an endorsement for scheduled medicines who undertakes prescribing within their level of competence and scope of practice together with an authorised health practitioner. The designated RN prescriber is responsible and accountable for prescribing within their scope of practice and authorisation as determined by legislation.
Nurse practitioner	A registered nurse endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia (NMBA). The nurse practitioner practices at a clinical advanced level, meets and complies with the NMBA <i>Nurse Practitioner Standards for Practice</i> , is able to practice independently and has direct clinical contact. Nurse practitioners practice collaboratively in multi-professional environments, within their scope under the

	legislatively protected title 'nurse practitioner' under the National Law.
Scope of practice	Encompasses all activities, responsibilities, and decision-making capacity that individuals within that profession are trained and authorised to perform. An individual's scope of practice is more specific and depends on their education, competence, authorisation, and experience.
Statewide services	Healthcare services delivered across all of WA, hosted by a designated Health Service Provider to ensure consistent, equitable access.

Nursing and Midwifery Board Australia. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

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Appendix A

WA Designated Registered Nurse (RN) Prescriber Prescribing Agreement

This agreement fulfills the requirements of the [Nursing and Midwifery Board of Australia \(NMBA\) Endorsement for scheduled medicines - designated registered nurse \(RN\) prescriber](#)¹. It is a key component of the designated RN prescriber role as outlined in the NMBA standard and the WA Designated Registered Nurse Prescriber Prescribing Guidelines. The prescribing agreement must be signed by all parties, including the representative of the authorising organisation.

Key Points

Authorised health practitioner

A registered health practitioner who is an authorised autonomous prescriber, for example a medical practitioner or a nurse practitioner. More than one authorised may work with the designated RN prescriber. One authorised health practitioner may work with more than one designated RN prescriber.

Prescribing Agreement

The prescribing agreement is a written agreement between the designated RN prescriber and an authorised health practitioner/s approved by the employer². The agreement clearly documents the role of both parties. A copy of the prescribing agreement is to be retained by the designated RN prescriber, the partner authorised health practitioner/s and the employer.

Scope of practice

The scope of practice of an individual RN is that to which they are educated, competent and authorised to perform within regulatory and organisational frameworks. An individual's scope of practice is also determined by the employer's requirements, the health needs of people and practice context. The prescribing agreement is informed by and supports the designated RN prescriber's scope of practice. It provides clarity for the designated RN prescriber, the authorised health practitioner, the organisation and other members of the multidisciplinary team.

Accountability

The designated RN prescriber is responsible and accountable for prescribing within their defined scope of practice and authorisation³.

¹ Nursing and Midwifery Board of Australia. 2025. Registration standard: Endorsement for scheduled medicines - designated RN prescriber. [cited 27 Nov 2025]. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

² Nursing and Midwifery Board of Australia. 2025. Guidelines for registered nurses applying for and with the endorsement for scheduled medicines – designated registered nurse prescriber. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

³ Ibid

Roles and Responsibilities

Responsibilities of designated RN prescriber

- Comply with all relevant NMBA standards, codes and guidelines, as well as relevant statewide and local policies.
- Clearly define and work within their scope of clinical practice when prescribing scheduled medicines.
- Work with the authorised health practitioner/s to establish the prescribing agreement.
- Prescribe in accordance with their approved prescribing agreement and its specifications.
- Maintain proficiency in current practices related to the health conditions and medicines in their prescribing agreement.
- Consider their level of knowledge, skills, competence and scope of practice when making clinical decisions, escalating care when necessary.
- Consult with and refer to authorised health practitioner partner/s or other relevant practitioners if care or prescribing falls outside their competence or scope.
- Maintain collaborative, professional relationships with prescribing partners, including agreed communication and escalation processes.
- Practice in clinical mentorship for 6 months post the commencement of prescribing practice.
- Participate in monitoring and audit related to prescribing practice.
- Engage in the annual review of the prescribing agreement.
- Retain/store the prescribing agreement as per employer's requirements.

Responsibilities of authorised health practitioner prescribing partner

- Understand the scope of practice and competence of the designated RN prescriber.
- Maintain awareness of the approved conditions outlined in the designated RN prescriber's approved prescribing agreement.
- Collaborate to establish and maintain the prescribing agreement, including agreed communication and clinical escalation processes.
- Maintain a professional and collaborative prescribing relationship, accepting referrals and/or providing advice when care is outside the RN's scope of practice.
- Participate in the annual review of the prescribing agreement.
- Notify the designated RN prescriber and employer in writing if ceasing the prescribing agreement.

For further information

- NMBA Guidelines for registered nurses applying for and with the endorsement for scheduled medicines – designated registered nurse prescriber⁴
- Fact Sheet: Registration Standard: Endorsement for scheduled medicines – designated registered nurse prescriber
- WA Designated Registered Nurse Prescriber Prescribing Guidelines

⁴ Nursing and Midwifery Board of Australia. 2025. Guidelines for registered nurses applying for and with the endorsement for scheduled medicines – designated registered nurse prescriber. Available from:

<https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

Prescribing agreement

Demographic information	
Designated RN prescriber (name and title)	
NMBA endorsement details (Registration number, initial date of endorsement)	
Employee number	
Authorised health practitioner/s (name, title, role)	
Prescribing agreement review date	
Name and address of organisation (Location and Facility)	
Clinical service/s (e.g., Palliative Care)	
Clinical Service Director (or equivalent) (Name and Title)	
Line Manager (optional) (Name and Title)	
Clinical mentorship details	Clinical mentorship agreement in place: yes/no Start date: End date:

Authorised medicines

The designated RN prescriber may commence, continue and/or cease medications within their scope of practice using their clinical judgement and in consultation with their authorised health practitioner prescribing partner/s as listed below.

Medicines specified cannot exceed the authorised health practitioner’s scope of practice. (Document schedule 8 medicines in separate section below)

List of medications – Therapeutic Classification

Medicine – Therapeutic Class	New (Yes/No)	Continuing Therapy (Yes/No)	Cease (Yes/No)	Exclusion

Schedule 8 medications

The designated RN prescriber is authorised to prescribe schedule 8 medicines in accordance with the *WA Medicines and Poisons Act 2014* and *WA Medicines and Poisons Regulations 2016*

Medicines specified cannot exceed the authorised health practitioner’s scope of practice.

S8 Medicine	Conditions/Indications	Exceptions/limitations

Prescribing enablers

Real time prescription monitoring

The designated RN prescriber is responsible for checking **ScriptCheckWA** prior to prescribing monitored medicines.

Escalation processes	
Clinical escalation	<p>In the event of clinical deterioration, designated RN prescribers must follow their local escalation processes and ensure all local emergency and clinical policies, procedures and protocols are followed.</p> <p>name of local deterioration policy</p>
Clinical dispute resolution	<p>Non urgent clinical</p> <p>Where dispute arises regarding the clinical management of a consumer, which is non time critical, escalation should occur to the prescribing partner or responsible treating medical or nurse practitioner.</p> <p>Urgent clinical</p> <p>Where dispute arises regarding the management of a consumer which impacts safety, including but not limited to medication type, dosage or frequency, escalation must occur via the organisations emergency response system.</p> <p>insert name of local policy and or local procedure on clinical deterioration</p> <p>Consider reporting any disputes via the clinical incident reporting system</p>
Professional dispute resolution	<p>Where dispute arises regarding the designated RN prescriber's scope of practice, prescribing authority or professional responsibility, escalation must occur to the designated RN prescriber's direct manager, employer or agreement holder.</p>
Monitoring	
Safety and Quality Governance Processes	<p>Uses existing safety and quality governance processes to review prescribing practices in alignment with local policy and procedures.</p> <p>insert jurisdictional policy.</p>

Prescribing Agreement Approvals

All parties:	Registered Nurse	Authorised Health Practitioner
Have discussed the purpose of the above prescribing agreement in accordance with the designated registered nurse prescriber's scope of practice and requirements of the NMBA registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber .		
Have discussed and agreed on the designated registered nurse prescriber's scope of practice and their role as a prescriber within this defined scope.		
Have discussed and agreed on a partnership framework including expectations and boundaries of the prescribing agreement.		
Have discussed and agreed to the process for consultation and escalation of care inclusive of referral to other relevant health practitioner's when care requirements are outside the scope of practice of the designated registered nurse prescriber.		
Designated RN Prescriber	Signature	Date
Name: Position:		
Authorised Health Practitioner	Signature	Date
Name: Position:		
Authorised Health Practitioner (Secondary – Optional)	Signature	Date
Name: Position:		

Approvals

Line Manager (Nursing)	Signature	Date
Name: Position:		
Clinical Lead/Head of Department (Medical)	Signature	Date
Name: Position:		
Professional reporting line	Signature	Date
Name: Position:		
Governance Committee Chair	Signature	Date
Name: Position:		

Appendix B

Designated Registered Nurse Prescriber Clinical Mentorship Agreement

This mentorship agreement fulfills the requirements of the Nursing and Midwifery Board of Australia (NMBA) Endorsement for scheduled medicines – designated registered nurse (RN) prescriber⁵. It is a key component of the designated RN prescriber role as outlined in the NMBA standard, the WA Designated Registered Nurse Prescriber Prescribing Guidelines and the WA Designated Registered Nurse Prescriber Mentorship Framework. The mentorship agreement must be signed by all parties, including the representative of the authorising organisation.

Purpose

Clinical Mentorship

The purpose of clinical mentorship is to enable the designated RN prescriber to develop experience and confidence in prescribing within their scope of practice for the first 6 months of their prescribing practice. The mentorship may be extended or resumed should the designated RN prescriber's scope of practice change, or at the direction of the employer (on the agreement of both mentor and mentee).

The role of the clinical mentor is to provide the designated RN prescriber with support and guidance to assist in the consolidation of knowledge and skills in relation to the prescribing of scheduled medicines. They must be an authorised health practitioner who is able to commit to providing respectful and constructive feedback and guidance through a series of scheduled mentorship sessions.

Roles and Responsibilities

Responsibilities of designated RN prescriber

- Comply with all relevant NMBA standards, codes and guidelines
- Maintain collaborative, professional relationships with prescribing partners, including agreed communication and escalation processes
- Engage in a clinical mentorship agreement with an authorised health practitioner for the first six months of prescribing including scheduling mutually agreed regular mentorship sessions with their allocated mentor
- Reflect and respond proactively on feedback, coaching and advice from the allocated mentor
- Identify opportunities to improve prescribing confidence and practice

⁵ Nursing and Midwifery Board of Australia. 2025. Registration standard: Endorsement for scheduled medicines – designated RN prescriber. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

Responsibilities of clinical mentor *

(*noting this may simultaneously be the prescribing partner if determined by the jurisdiction)

- Commit time to meet regularly with their allocated mentee/s for 6 months post commencement of prescribing
- Provide feedback, coaching and advice to the designated RN prescriber
- Assist in identifying and addressing confidence gaps

For further information:

- [Guidelines for registered nurses applying for and with the endorsement for scheduled medicines – designated registered nurse prescriber⁶](#)
- WA Designated Registered Nurse Prescriber Mentorship Framework

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⁶ Nursing and Midwifery Board of Australia. 2025. Registration standard: Endorsement for scheduled medicines – designated RN prescriber. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

Clinical mentorship agreement

(to be completed in first 6 months of prescribing only)

Part	All parties:	Registered Nurse (initials)	Authorised Health Practitioner (initials)
1	Have discussed the purpose of the mentoring relationship in accordance with the mentee's scope of practice, prescribing agreement and requirements of the NMBA registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber.		
2	Have discussed and agreed on the preferred method and frequency of communication (at least monthly).		
3	Have discussed and agreed on a mentorship framework including expectations and boundaries of our mentoring relationship.		
4	Have discussed and agreed to the process for consultation and escalation of care inclusive of referral to other relevant health practitioner's when care requirements are outside the scope of practice of the designated RN prescriber.		
5	We agree and commit to respectful, professional and genuine communication to enhance the mentoring relationship and to facilitate an opportunity for learning and development.		
Designated RN Prescriber		Signature	Date
Name:			
Position:			
Authorised Health Practitioner (mentor)			
Name:			
Position:			

Approvals

Line Manager (Nursing)	Signature	Date
Name:		
Position:		

Clinical Lead/Health of department (Medical)	Signature	Date
Name: Position:		

Professional reporting line	Signature	Date
Name: Position:		

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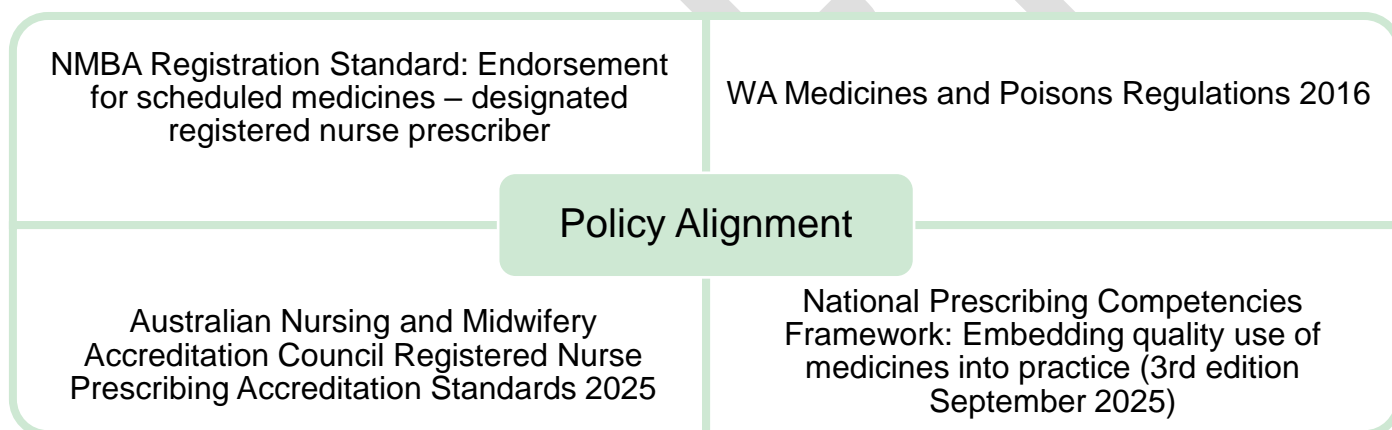
Appendix C

WA Designated Registered Nurse Prescriber Mentorship Framework

Overview

Designated registered nurse (RN) prescribing enables RNs with Nursing and Midwifery Board of Australia (NMBA) endorsement for scheduled medicines to prescribe schedule 2, 3, 4 and 8 medicines within their scope of practice under a structured clinical governance model [1]. Mentorship is a critical component of designated RN prescribing because it strengthens safe clinical decision-making, supports capability development, and promotes culturally safe and reflective prescribing practice [2,3]. Mentorship is a supportive and developmental process and must not be viewed or used as a form of performance management.

This mentorship framework is aligned with key national and state prescribing and accreditation requirements [1,4-6].



Aim

To provide a structured, evidence-based mentorship framework that supports designated RN prescribers to achieve and demonstrate prescribing competence and confidence, while embedding accountability, clinical governance, patient safety and compliance with national standards.

Roles and Responsibilities

Designated RN prescriber	Participate in clinical mentoring with the authorised health practitioner for the first six months following endorsement.
Authorised health practitioner	Provide clinical mentoring to the designated RN prescriber during the first six months of endorsed practice. The authorised health practitioner's scope of practice must align with that of the designated RN prescriber.

Benefits of Mentoring

- Enhances clinical decision-making by supporting designated RN prescribers to apply safe, evidence-informed prescribing principles in a range of clinical contexts [3].
- Contributes to professional development and workforce retention by fostering confidence, capability and sustained engagement in expanded prescribing roles [4].
- Promotes culturally safe practice by enabling reflective dialogue that supports prescribers to integrate cultural considerations, person-centred care and shared decision-making into their prescribing approach [3].
- Strengthens organisational governance and risk management by ensuring prescribing practice is supported, supervised and aligned with established clinical governance mechanisms [5-6].

Phases of Mentoring

The phases of mentoring outline a structured and progressive approach that supports the development of safe and competent prescribing practice [3].

Phases	Description
Planning	<ul style="list-style-type: none">• Authorisation verification (NMBA endorsement/s, prescribing agreement)• Orientation to organisational policies and cultural safety principles• Establish clinical mentorship agreement and confidentiality terms
Development	<ul style="list-style-type: none">• Goal setting using the IGROW model• Clinical observation and reflective discussions• Identify learning needs and prescribing scenarios
Implementation	<ul style="list-style-type: none">• Supervised prescribing activities• Regular feedback and documentation• Escalation pathways for complex cases
Completion	<ul style="list-style-type: none">• Competency assessment against <i>National Prescribing Competencies Framework</i>, embedding quality use of medicines into practice• Formal sign-off and reporting• Feedback from mentor and mentee for quality improvement

What does a Mentoring Session Look Like?

Agenda



- Review Goals
- Discuss prescribing cases
- Address challenges

Reflection



- “What influenced your prescribing decision?”
- “What risks or contraindications did you consider before prescribing e.g., age, renal function, pregnancy?”
- “At what point would you have escalated or sought input from your authorised health practitioner?”

Documentation



- Date
- Topics
- Outcome
- Next steps

It is recommended that mentorship sessions occur at least once per month throughout the 6-month Clinical Mentorship Agreement period. The duration of each session will be determined collaboratively by the designated RN prescriber and their authorised health practitioner, based on learning needs and clinical context.

While face-to-face sessions are preferred, it is recognised that this may not always be feasible. In such cases, a hybrid or virtual format is acceptable, provided it maintains the quality and continuity of mentorship.

All documentation related to the Clinical Mentorship Agreement and mentorship sessions should be retained and stored by the designated RN prescriber and the authorised health practitioner.

Differences Between Mentorship and Coaching

To support clear role delineation and uphold clinical governance requirements, it is essential to distinguish mentorship from coaching so that the most appropriate support mechanism is applied consistently throughout the prescribing development pathway. Mentorship and coaching both support the development of prescribing capability, but they serve different purposes within the clinical governance framework [4], ensuring the designated RN prescriber receives the right type of support at the right time and that authorised health practitioners maintain appropriate boundaries and avoid role drift into performance management [7-10]. The table below outlines this distinction.

	Mentorship	Coaching
Description	Mentorship is a long term, developmental, relationship-based approach that supports the designated RN prescriber's overall professional growth [10].	Coaching is a short term, targeted, performance-oriented approach used to address specific prescribing skills or technical tasks [10].
Characteristics	<ul style="list-style-type: none"> • Sustained over time • Holistic focus on clinical reasoning, reflective practice, and safe prescribing judgement • Learner centred and developmental rather than directive • Encourages critical thinking and integration of cultural safety principles • Supports alignment with NMBA standards and organisational governance 	<ul style="list-style-type: none"> • Time limited and focused on discrete competencies • Often directive, with clear instructions and measurable outputs • Useful for addressing identified performance gaps • Offers structured, task-focused feedback
Application to Designated RN Prescribing	<ul style="list-style-type: none"> • Develop confidence in therapeutic decision-making • Manage complexity and uncertainty in prescribing • Strengthen culturally safe practice, particularly in Aboriginal health and CaLD contexts • Build capability in high-risk medicine management (e.g., Schedule 8) 	<ul style="list-style-type: none"> • Improve accuracy and clarity in writing prescriptions • Apply antimicrobial stewardship guidelines • Strengthen documentation for high-risk medicines • Prepare for prescribing audits or competency assessments

Summary Distinction

Feature	Mentorship	Coaching
Duration	Long-term	Short-term
Purpose	Professional growth	Skill/task improvement
Focus	Whole clinician	Specific prescribing tasks
Approach	Developmental, reflective	Directive, performance-focused
Relationship	Ongoing support	Time-bound guidance

Goal Setting (IGROW Model)

Issue, Grow, Reality, Options, Wrap-up

The IGROW model – Issue, Goal, Reality, Options, Wrap-up [11] provides a structured approach to supporting the ongoing development of designated RN prescribers. It enables the designated RN prescriber and the authorised health practitioner to work in partnership to identify any prescribing issue(s), establish specific learning goals, reflect on current practice, consider options to strengthen prescribing capability, and agree on actions that support safe, confident and consistent prescribing practice [4].

IGROW Examples

Authorised Health Prescriber

Issue

Identify and clarify prescribing challenges or development needs

- Difficulty determining appropriate first-line therapy
- Uncertainty regarding opioid initiation
- Applying cultural safety principles in shared decision-making
- Identifying clinical red flags before prescribing

- Use open questions to understand root causes
- Determine whether the issue relates to knowledge, confidence, systems, or process
- Connect the issue to relevant standards, guidelines, or governance requirements

Goal

Define desired prescribing outcome in clear, measurable terms

- Goals should be SMART - specific and measurable, aligned with NMBA standards and local protocols, achievable within timeframes and focused on safety and capability**
- “Within six weeks, demonstrate consistent application of antimicrobial stewardship guidelines when prescribing antibiotics.”

- Support the designated RN prescriber to define clear, measurable and safety-focused goals
- Ensure goals align with relevant prescribing standards,

- “By next review, complete three observed prescribing episodes for Schedule 8 medicines.”

organisational protocols and agreed timelines.

<p>Reality</p> <p>Explore current competence, contextual enablers, and barriers</p>	<p>Ways to assess reality may include:</p> <ul style="list-style-type: none"> • Reviewing prescribing audits • Discussing recent clinical cases • Observing prescribing processes • Self-assessment against NMBA prescribing standards • Identifying environmental or system constraints 	<ul style="list-style-type: none"> • Provide constructive, objective feedback. • Support honest reflection. • Highlight strengths alongside gaps.
<p>Options</p> <p>Generate practical strategies to strengthen prescribing capability</p>	<p>Options may include:</p> <ul style="list-style-type: none"> • review guidelines or clinical pathways • case-based reflection or simulation • shadow an experienced prescriber • complete CPD • discuss culturally safe approaches for specific patient groups • update clinical workflows or checklists 	<ul style="list-style-type: none"> • Encourage designated RN prescriber-led idea generation • Offer suggestions that match learning style and practice environment • Ensure safety and evidence underpin selected options
<p>Wrap-Up (Way Forward)</p> <p>Agree on specific actions, timelines, and responsibilities</p>	<p>The Wrap-Up should document:</p> <ul style="list-style-type: none"> • the agreed action plan • expected practice changes or learning outcomes • required supports (e.g., scheduled check-ins, observations) • review dates and measures of success • escalation pathways if concerns arise 	<ul style="list-style-type: none"> • Confirm clarity of next steps • Reinforce strengths • Ensure the plan aligns with governance and scope

Mentorship in Prescribing Practice

Challenges, Support Strategies, and Governance Frameworks

Challenges of Mentorship	<p>Mentoring can be affected by workload pressures, limited time availability and competing clinical priorities.</p> <p>Geographical factors, particularly in rural and remote settings, may require alternative formats such as virtual mentoring.</p> <p>Cultural safety considerations are essential when supporting practice in Aboriginal and Torres Strait Islander health contexts.</p>
Supporting the Mentor	<p>Health service providers can support mentors by:</p> <ul style="list-style-type: none">• providing training in mentorship and prescribing standards• recognising workload in performance planning• offering organisational support and escalation pathways
Mentorship in Complex Contexts	<p>Virtual mentoring models can support equitable access for remote clinicians. Multidisciplinary collaboration – multiple clinical mentorship agreements (nurse practitioners, medical practitioners).</p> <p>Managing high-risk medicines (Schedule 8).</p>
Organisational Roles	<p>Prescribing agreement approval and compliance monitoring.</p> <p>Provide governance framework and risk management tools.</p> <p>Ensure cultural safety and equity in mentorship access.</p>
Changes in Personal Situation	<p>Mentor no longer meets requirements or leaves primary practice → reassign promptly.</p> <p>Designated RN prescriber leaves primary practice → formal exit process and documentation.</p>
Mentorship Grey Areas	<p>Avoid the mentoring role creeping into performance management.</p> <p>Maintain boundaries between mentoring and controlling.</p>
Evaluation & Quality Assurance	<p>Key Performance Indicators (KPIs): prescribing audits, mentee self-assessment, mentor feedback.</p> <p>Annual review of the mentorship program.</p> <p>Continuous improvement based on evaluation data.</p>

Definition of Terms

Key Terms	Definitions
Active prescribing agreement	A written agreement between the designated RN prescriber and the authorised health practitioner and approved by the health organisation/service or employer.
Authorised health practitioner	A registered health practitioner who is an authorised autonomous prescriber e.g., a medical practitioner, nurse practitioner. More than one authorised health practitioner may work with the designated RN prescriber.
Autonomous prescriber	A registered health practitioner who can diagnose, treat and prescribe medications independently within their scope of practice.
Clinical mentor	An authorised health practitioner who provides the designated RN prescriber with support in developing the confidence to prescribe.
Clinical mentorship	A structured partnership between the authorised health practitioner and the designated RN prescriber, that includes collaboration and personal professional development to enable the designated RN prescriber to develop confidence in prescribing.
Defining the scope of clinical practice	The process of determining the extent (scope) of an individual health practitioner's clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability. It includes determining the need of the organisation and its capability to support the health practitioner's scope of clinical practice.
Designated RN prescriber	A RN with an endorsement for scheduled medicines who undertakes prescribing within their level of competence and scope of practice together with an authorised health practitioner. The designated RN prescriber is responsible and accountable for prescribing within their scope of practice and authorisation as determined by legislation.
Nurse practitioner	A registered nurse endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia (NMBA). The nurse practitioner practices at a clinical advanced level, meets and complies with the NMBA <i>Nurse Practitioner Standards for Practice</i> , is able to practice independently and has direct clinical contact. Nurse practitioners practice collaboratively in multi-professional environments, within their scope under the

	legislatively protected title 'nurse practitioner' under the National Law.
Scope of practice	Encompasses all activities, responsibilities, and decision-making capacity that individuals within that profession are trained and authorised to perform. An individual's scope of practice is more specific and depends on their education, competence, authorisation, and experience.
Statewide services	Healthcare services delivered across all of WA, hosted by a designated Health Service Provider to ensure consistent, equitable access.

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Templates

Mentorship Session Agenda Tool

Designated RN Prescribing Mentorship Session Agenda		
Date:	Time:	Mode (circle): Face-to-face / Virtual
I – Issue / Focus of Session	Primary prescribing issue or focus area: Key prescribing activities since last session: Cases or prescribing decisions to review:	
G – Goals	Learning goals for this session: Desired prescribing capability outcomes:	
R - Reality	Presenting issue and assessment findings: Clinical reasoning (key cues, differentials, rationale): Safety considerations (risks, interactions, monitoring):	

	<p>Person-centred and culturally safe practice:</p> <p>Interprofessional communication:</p> <p>Documentation quality (Clarity, reasoning, completeness):</p>
<p>O - Options</p>	<p>Alternative approaches considered:</p> <p>Resources or supports that could assist:</p>
<p>W – Way Forward</p>	<p>Agreed action for Designated RN Prescriber:</p> <p>Agreed actions for mentor:</p> <p>Focus areas for next session:</p>
<p>Authorised Health Practitioner Signature:</p>	
<p>Designated RN Prescriber Signature:</p>	

Reflective Practice Guide: Designated RN Prescribing

Reflective Practice in Designated RN Prescribing

Reflect against National Prescribing Competencies Framework embedding quality use of medicines into practice. Write your reflection under each prescribing principle.

Prescribing Principles	Reflection
Clinical reasoning e.g. "How confident were you in your clinical reasoning, and what factors strengthened or challenged that confidence?"	
Safe prescribing e.g. "What monitoring or follow-up did you plan to ensure the medicine is safe and effective?"	
Documentation e.g. "How did your documentation capture the key elements of your clinical reasoning and prescribing decision, and what could be clearer to support continuity of care?"	
Cultural safety e.g. "How did you ensure the patient's values, preferences, and cultural needs were incorporated into the prescribing decision?"	

Designated RN Prescribing Evaluation & Feedback Forms

Feedback	Comment / Notes
<p>Designated RN Prescriber</p> <p>What worked well?</p> <p>What could be improved?</p>	
<p>Authorised Health Practitioner</p> <p>Designated RN prescriber readiness for prescribing e.g. strengths observed, areas for improvement</p>	
<p>Organisational Review</p> <p>Alignment with policies</p>	

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