



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

Consultation discussion paper: WA Designated Registered Nurse Prescriber Mentorship Framework

April 2026

Introduction

Australia is experiencing a significant health workforce shortage, with acute gaps in rural and remote communities. As the largest regulated health profession under the National Registration and Accreditation Scheme, registered nurses (RNs) play a central role in meeting the country's growing healthcare needs. Their broad scope of practice and integral position within multidisciplinary teams make them vital to the delivery of safe, holistic, high-quality care across all settings.

Medicine prescribing authority has traditionally been limited to medical practitioners and dentists with Nurse Practitioners (NP) entering the prescribing arena approximately 20 years ago. Extending the RN scope of practice to include a prescribing in partnership model has been identified as a strategy to improve safe, timely and effective access to healthcare while reducing inefficiencies, addressing inequities and improving health outcomes, especially in underserved populations. Internationally, RN prescribing using a variety of prescribing models is well established and recognised as a significant skill to complement basic nursing functions and responsibilities¹. Evidence consistently demonstrates nurse prescribing to be as safe as medical prescribing², with nurses shown to adopt more risk-averse approaches and enhanced clinical judgement due to providing holistic and full episodes of care.

Nurse prescribers globally are responsible for ensuring their prescribing remains safe, contemporary, evidence-based, and aligned with current standards. This is achieved through additional continuing professional development (CPD). In Australia, NPs have legal authority to prescribe medications within their defined scope of practice³. To retain this endorsement, NPs must complete an additional 10 hours of CPD annually specifically relating to prescribing and medication management.

Australian RNs can currently engage in the administration, adjustment, and supply of medicines under locally authorised formularies and protocols/policy. However, they are unable to prescribe additional necessary medicines and must rely on authorised prescribers (e.g., medical practitioner, NP, or endorsed midwife) to undertake this task. This can lead to unnecessary delays, fragmented care and inefficiency causing potential suffering and distress to the health consumer.

In 2016, the Nursing and Midwifery Board of Australia (NMBA) and the former Australian and New Zealand Council of Chief Nursing and Midwifery Officers partnered to develop a RN prescribing model aimed at improving access to safe, affordable medicines. In 2018, the NMBA released a preliminary consultation paper on the proposed *Registration Standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership*. Consultation, adaptation and finalisation of the Registration Standard continued until December 2024 when the Australian Health Ministers endorsed the new *Registration*

¹ Nursing and Midwifery Board Australia. Decision regulation impact statement. Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber. 2024. Available from: <https://oia.pmc.gov.au/published-impact-analyses-and-reports/expanded-role-registered-nurse-improve-access-healthcare>

² Week G, George J, Maclure K, Stewart D. Non-medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care. 2016. Available from: <https://doi.org/10.1002/14651858.CD011227.pub2>

³ Nursing and Midwifery Board Australia. Nurse practitioner standards for practice. Available from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

*Standard: Endorsement for scheduled medicines – designated registered nurse prescriber (Registration Standard)*⁴.

The Registration Standard came into effect on 30 September 2025⁵. This reform allows suitably qualified RNs to prescribe, possess, obtain, supply, administer, and/or use schedule 2, 3, 4 and 8 medicines in partnership with an authorised health practitioner under a prescribing agreement, marking an historic and significant extension of nursing practice. The multiple benefits of designated RN prescribing include improved access to timely care, increased consumer choice, effective and efficient use of resources⁶, and reduced emergency department presentations, hospital admissions and length of stay⁷. In addition, possessing the endorsement for designated RN prescribing can result in increased professional recognition and enhanced career development.

However, endorsement itself does not authorise prescribing. A designated RN prescriber's authority to prescribe is granted under the relevant medicine and poisons legislation in the state or territory in which they practice. In addition, the designated RN prescriber can only prescribe when they possess an active prescribing agreement with an authorised health practitioner.

To be eligible for the endorsement, RNs must meet several core requirements:

- hold current general registration as a registered nurse
- have no conditions or undertakings relevant to prescribing attached to their registration
- demonstrate a minimum of three years' full-time post-registration clinical experience
- complete a NMBA-approved postgraduate qualification or equivalent units of study leading to endorsement for scheduled medicines as a designated RN prescriber.

Immediately following endorsement, designated RN prescribers are required to complete a 6-month period of clinical mentorship with an authorised health practitioner, enter a prescribing partnership with an authorised health practitioner, and possess an active prescribing agreement. The designated RN prescriber's scope of prescribing will be determined by the individual's clinical role and scope of practice, local clinical governance structures, the prescribing partnership agreement, and state and territory medicines legislation and regulations.

National Approach

An Implementation Oversight Group (IOG) has been established to guide the national implementation of designated RN prescribing and support consistency in approach and content. IOG membership includes representatives from jurisdictional and Commonwealth Chief Nursing and Midwifery Offices (CNMO), the NMBA, the Australian Health Practitioner Regulation Agency and the Australian Nursing and Midwifery Advisory Council. The IOG reports quarterly to the Health Workforce Taskforce.

⁴ Health Ministers' Meeting Communique 6 December 2024. Available from: <https://www.health.gov.au/resources/publications/health-ministers-meeting-hmm-communique-6-december-2024?language=en>

⁵ Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

⁶ Lennon R, Fallon A. The experiences of being a registered nurse prescriber within an acute service setting. *Journal of Clinical Nursing*. 2018. 27(3-4),523-534. Available from: <https://doi.org/10.1111/jocn.14087>

⁷ Nutall D. Nurse prescribing in primary care: a metasynthesis of the literature. *Primary Healthcare Research and Development*. 2018.19(1),7-22. Available from: <https://doi.org/10.1017/S1463423617000500>

Consultation purpose

The IOG has endorsed key resources which are a requirement of, and will support, the implementation of the NMBA Endorsement for scheduled medicines – designated registered nurse prescriber. The resources are a Designated Registered Nurse Prescriber Prescribing Agreement (Prescribing Agreement) and a Designated Registered Nurse Prescriber Clinical Mentorship Agreement (Mentorship Agreement).

The Prescribing Agreement and Mentorship Agreement were developed by nursing and midwifery advisors from each jurisdiction based on the *NMBA Guidelines for registered nurses applying for and with the endorsement for scheduled medicines – designated registered nurse prescriber*⁸, quality use of medicines principles⁹ and the Australian Quality and Safety Healthcare Standards¹⁰. The aim is to achieve national consistency while allowing flexibility to localise according to jurisdictional legislation or policy.

The Western Australia (WA) Chief Nursing and Midwifery Office (CNMO) has completed consultation of the Prescribing Agreement and Mentorship Agreement with feedback being considered by the IOG.

The WA CNMO has prepared the WA Designated Registered Nurse Prescriber Mentorship Framework (Framework) to support the Mentorship Agreement and is seeking further feedback on the Framework from consumers, family members, support people, and clinical and non-clinical health employees from all sectors. Consultation is critical to ensure governance structures for designated RN prescribing are safe, equitable, and align with contemporary healthcare needs.

Designated Registered Nurse Prescriber Clinical Mentorship Agreement

The Mentorship Agreement is a key component of the designated RN prescriber governance requirements. Following endorsement, designated RN prescribers must complete a 6-month period of clinical mentorship to develop experience and confidence in prescribing within their scope of practice.

The proposed Mentorship Agreement is a written agreement between the designated RN prescriber and their clinical mentor, who must be an authorised health practitioner but does not need to be their prescribing partner. The mentorship period may be extended, or a new agreement commenced, should the designated RN prescriber's scope of practice change, or at the direction of the employer.

WA Designated Registered Nurse Prescriber Mentorship Framework

The proposed Framework supports designated RN prescribers to practice safely, competently, and confidently within their authorised scope of practice. The Framework outlines how mentorship should be delivered, governed, and evaluated to ensure high-quality prescribing, patient safety, cultural safety, and compliance with NMBA requirements. The Framework defines roles, responsibilities, and escalation pathways and provides practical templates to support consistent mentoring practice across all clinical settings.

⁸ Nursing and Midwifery Board Australia. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

⁹ Available from: <https://www.safetyandquality.gov.au/our-work/medicines-safety-and-quality/quality-use-medicines>

¹⁰ Available from: <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

Citizen Space Survey Questions

The survey questions and response options are listed in the tables below.

Note: In some cases, subsequent questions may be based on the answer to a previous question, meaning respondents may not be asked all questions.

Respondent details

1. Which of the following best describes your role?
 - Medical practitioner
 - Nurse/Midwife
 - Allied health practitioner
 - Patient support
 - Carer/consumer
 - Researcher/educator
 - Policy/safety and quality
 - Health Administrator
 - Other – please specify
2. Are you providing your views as an individual or on behalf of an organisation?
 - Individual
 - Organisation
3. Which organisation/health service/agency do you work with/represent?
 - Free Text

WA Designated RN Prescriber Mentorship Framework

This section seeks feedback on specific sections of the WA Designated RN Prescriber Mentorship Framework. Please refer to the Framework for details of each section.

4. **Overview**
 - Yes
 - No

Is the Overview clear and easy to understand?
- 4b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
5. **Aim**
 - Yes
 - No

Is the Aim clear and easy to understand?
- 5b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
6. **Roles and Responsibilities**
 - Yes
 - No

Are the Roles and Responsibilities of the designated RN prescriber and authorised health practitioner clear and easy to understand?
- 6b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
7. **Benefits of Mentoring**
 - Yes
 - No

Are the Benefits of Mentoring clear and easy to understand?

- 7b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
8. **Phases of Mentoring** • Yes
• No
Are the Phases of Mentoring clear and easy to understand?
- 8b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
9. **What does a mentoring session look like?** • Yes
• No
Is the What does a Mentoring Session look like? section clear and easy to understand?
- 9b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
10. **Mentorship and Coaching** • Yes
• No
Are the Differences between mentorship and coaching clear and easy to understand?
- 10b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
11. **Goal Setting (IGROW Model)** • Yes
• No
Is the IGROW Model clear and easy to understand?
- 11b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
12. **Mentorship in Prescribing Practice: Challenges, support strategies, and governance frameworks** • Yes
• No
Is the Mentorship in Prescribing Practice section clear and easy to understand?
- 12b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
13. **Definition of Terms** • Yes
• No
Are the Definitions of Terms clear and easy to understand?
- 13b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
14. **Templates** • Yes
• No
Mentorship Session Agenda Tool
Is the Mentorship Session Agenda Tool clear and easy to understand?
- 14b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text

15. **Reflective Practice Prescribing Guide**
- Yes
 - No
- Is the Reflective Practice in designated RN prescribing clear and easy to understand?
- 15b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
- Free Text
16. **Evaluation and Feedback Forms**
- Yes
 - No
- Is the Designated RN Prescribing Evaluation and Feedback form clear and easy to understand?
- 16b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
- Free Text
17. **Please provide any general feedback, comments or suggestions to improve the draft mentorship framework.**
- Free Text

How to respond to the consultation

Stakeholders are encouraged to provide responses via the Department's Citizen Space consultation website at <https://consultation.health.wa.gov.au/>. The survey on the website includes the same consultation questions as the Consultation Discussion Paper.

Alternatively, stakeholders may submit their responses by completing the questions within the Consultation discussion paper and emailing a copy to the Chief Nursing and Midwifery Office via DOH.DRNP-CNMO@health.wa.gov.au. If you provide feedback via this pathway, please ensure you also complete the following information or include this information in your covering email:

1. How would you like your submission to be treated (choose ONE option)
 - Publish my submission with my name and/or the name of the organisation
 - Publish my submission anonymously
 - Do not publish my submission (confidential submission)
2. Are you responding as an individual or providing the view of an organisation (Choose ONE option)
 - Responding as an individual
 - Providing the views of an organisation
3. If you are responding as an organisation, please provide the name of the organisation:
4. If you are responding as an individual, please provide your name (optional):
5. If you are responding as an individual, it is optional to provide your name however, please select which ONE of the following options below best describes you. If none of the options applies, please include your own description.
 - Health consumer
 - Medical practitioner
 - Nurse practitioner
 - Pharmacist
 - Dentist
 - Registered Nurse
 - Midwife
 - Enrolled nurse
 - Other registered health practitioner
 - Other health professional, but not Ahpra registered
 - Operator of a health-related business
 - Operator of a non-health-related business
 - Other – enter text

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