



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

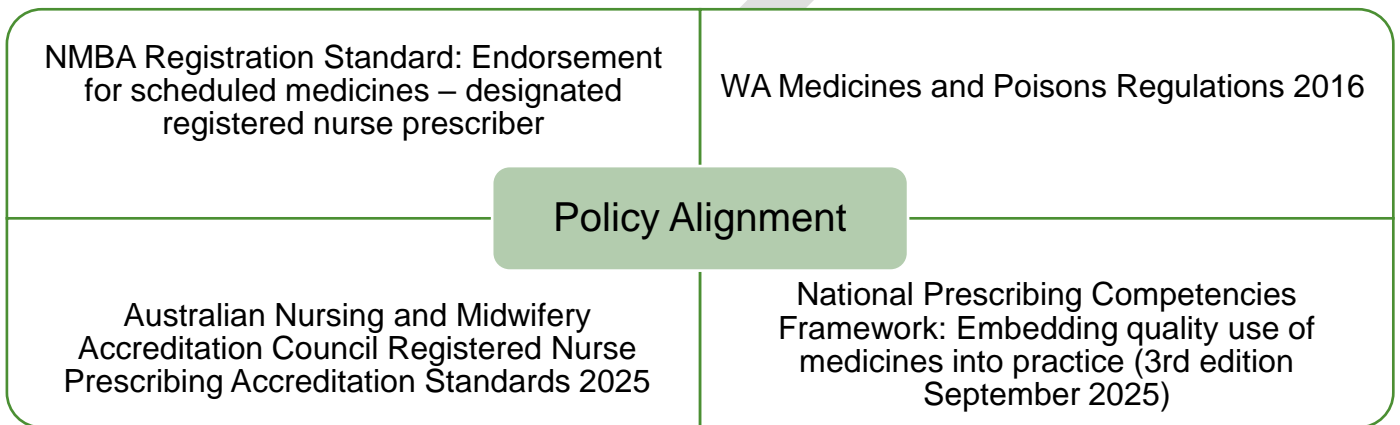
WA Designated Registered Nurse Prescriber Mentorship Framework

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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

- “By next review, complete three observed prescribing episodes for Schedule 8 medicines.”
- Ensure goals align with relevant prescribing standards, 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

Mentoring can be affected by workload pressures, limited time availability and competing clinical priorities.

Geographical factors, particularly in rural and remote settings, may require alternative formats such as virtual mentoring.

Cultural safety considerations are essential when supporting practice in Aboriginal and Torres Strait Islander health contexts.

Supporting the Mentor

Health service providers can support mentors by:

- providing training in mentorship and prescribing standards
- recognising workload in performance planning
- offering organisational support and escalation pathways

Mentorship in Complex Contexts

Virtual mentoring models can support equitable access for remote clinicians.

Multidisciplinary collaboration – multiple clinical mentorship agreements (nurse practitioners, medical practitioners).

Managing high-risk medicines (Schedule 8).

Organisational Roles

Prescribing agreement approval and compliance monitoring.

Provide governance framework and risk management tools.

Ensure cultural safety and equity in mentorship access.

Changes in Personal Situation

Mentor no longer meets requirements or leaves primary practice → reassign promptly.

Designated RN prescriber leaves primary practice → formal exit process and documentation.

Mentorship Grey Areas

Avoid the mentoring role creeping into performance management.

Maintain boundaries between mentoring and controlling.

Evaluation & Quality Assurance

Key Performance Indicators (KPIs): prescribing audits, mentee self-assessment, mentor feedback.

Annual review of the mentorship program.

Continuous improvement based on evaluation data.

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

1. Mentorship Session Agenda Tool

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

	<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>	

2. 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?"	

3. Designated RN Prescribing Evaluation & Feedback Form

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>	

References

1. Nursing and Midwifery Board of Australia. *Registration Standard: Endorsement for scheduled medicines – designated registered nurse prescriber*. [Nursing and Midwifery Board of Australia - Endorsement for scheduled medicines designated RN prescriber](#)
2. Department of Education and Training Victoria. *Mentoring Capability Framework*. Melbourne: State of Victoria; 2019. [mentoringcapabilityframework.pdf](#)
3. South Eastern Sydney Local Health District. *Mentoring Toolkit: Connecting people to knowledge, experience and inspiration*. NSW Health; 2020. [SESLHD Mentoring Toolkit Feb 2020.pdf](#)
4. Australian Nursing and Midwifery Accreditation Council. *Registered Nurse Prescribing Accreditation Standards 2025*. Canberra: ANMAC; 2025. [Registered Nurse Prescribing Accreditation Standards 2025.pdf](#)
5. Western Australia Department of Health. *Monitored Medicines Prescribing Code*. Perth: WA Health; 2024. [Monitored Medicines Prescribing Code](#)
6. Australian Health Practitioner Regulation Agency. *National Prescribing Competencies Framework: Embedding quality use of medicines into practice*. 3rd ed. Canberra: Ahpra; 2025. [Ahpra-National-Prescribing-Competencies-Framework.PDF](#)
7. Rutgers School of Nursing. *Mentorship Program Tool Kit*. Rutgers University; 2014. [Mentorship-Program-Toolkit.pdf](#)
8. NHS England. *Supporting mentors scheme guidance for 2023–24*. London: NHS England; 2023. [Professional development and mentorship: Nursing retention toolkit - Canada.ca](#)
9. Agnel J, Molle J, Colson S, Chays-Amania A. The impact of the evidence-based practice mentor on nurses: a scoping review. *Worldviews Evid Based Nurs*. 2025;22(2): e70016. doi:10.1111/wvn.70016.
10. Drake, Kirsten DNP, RN, OCN, NEA-BC. Coaching vs. mentoring. *Nursing Management (Springhouse)* 52(8):p 56, August 2021. | DOI: 10.1097/01.NUMA.0000758704.21425.0c
11. Alexander G. Behavioural coaching—the GROW model. *Excellence in coaching: The industry guide*. 2010:83-93.