



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

Consultation discussion paper: Designated Registered Nurse Prescriber Prescribing Agreement and Guidelines

March 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 prescribing in a 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

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>

Regulation Agency and the Australian Nursing and Midwifery Advisory Council. The IOG reports quarterly to the Health Workforce Taskforce.

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 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 was to work towards national consistency while allowing flexibility to localise according to jurisdictional legislation or policy.

The Western Australia (WA) Chief Nursing and Midwifery Office (CNMO) is now seeking feedback on the Prescribing Agreement from consumers, family members, support people, and clinical and non-clinical health employees from all sectors. In addition, the WA CNMO has prepared the WA Designated Registered Nurse Prescribing Guidelines (Guidelines) to support the Prescribing Agreement and is also seeking feedback on this document.

Consultation of the proposed Prescribing Agreement and Guidelines is critical to ensure governance structures for designated RN prescribing are safe, equitable, and align with contemporary healthcare needs.

Designated Registered Nurse Prescriber Prescribing Agreement

The proposed Prescribing Agreement is a written agreement between the designated RN prescriber and their authorised health practitioner/s and is a key component of the designated RN prescriber endorsement requirements.

The Prescribing Agreement is signed by the designated RN prescriber and the authorised health practitioner/s with both roles clearly documented and is approved by the employing health organisation. A copy of the Prescribing Agreement is retained by the designated RN prescriber, the authorised health practitioner/s and the employer.

The Prescribing Agreement is informed by and supports the designated RN prescriber's scope of practice, providing clarity for the designated RN prescriber, the authorised health practitioner/s, the health organisation and other members of the multidisciplinary team.

WA Designated Registered Nurse Prescriber Guidelines

The proposed Guidelines provide the foundation for consistent, safe, and accountable implementation of both the Prescribing Agreement and the Mentorship Agreement. The purpose of the document is to help all parties understand their roles, responsibilities, and boundaries within the designated RN prescribing model.

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>

The proposed Guidelines support the governance requirements of the Registration Standard by ensuring prescribing partnerships with authorised health practitioners and mentorship agreements are applied uniformly across all health settings.

Definitions

Authorised health practitioner	A registered health practitioner who is an authorised autonomous prescriber e.g., a medical practitioner or nurse practitioner. More than one authorised health practitioner may work with the designated RN prescriber.
Clinical mentorship	A structured partnership between the authorised health practitioner and the designated RN prescriber that includes collaboration and personal professional development. It differs from clinical supervision which tends to be more task oriented and involves an assessment of competence.
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. The designated RN prescriber has an authorisation to prescribe medicines that is determined by legislation, will meet the requirements of the NMBA related to the endorsement and policies of the jurisdiction, employer or health service.
Mentorship agreement	A written agreement between the designated RN prescriber and a mentor who is an authorised health practitioner. It outlines the expectations, responsibilities and working relationship to guide the development of prescribing competence.
Prescribe a medicine	To authorise the supply and/or administration of a medicine to a person e.g., a nurse who writes a prescription for a person to be dispensed by a pharmacist is exercising their authority to prescribe. Also includes de-prescribing of medicines.
Prescribing agreement	A written agreement between the designated RN prescriber and the authorised health practitioner and approved by the health organisation/service or employer.
Scope of practice	A RN's scope of practice is that to which they are educated, competent and authorised to perform within regulatory and organisational frameworks. It is further determined by the employer's requirements, the health needs of consumers and practice context.

Table 1: Definitions adapted from NMBA¹¹

¹¹ Nursing and Midwifery Board Australia. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-for-scheduled-medicines-designated-RN-prescriber.aspx>

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

Prescribing Agreement template

This section seeks feedback on specific sections of the Prescribing Agreement. Please refer to the Prescribing Agreement for details of each section. If you do not have any feedback on a particular section, please leave the field blank.

Key Points

4. **Prescribing Agreement**
 - Yes
 - No

Is the description of the Prescribing Agreement easy to understand?
- 4b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
5. **Scope of Practice**
 - Yes
 - No

Is the description of Scope of Practice easy to understand?
- 5b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
6. **Accountability**
 - Yes
 - No

Is the description of Accountability easy to understand?
- 6b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text

Roles and Responsibilities

7. **Responsibilities of designated RN prescriber**
 - Yes
 - No
- Are the responsibilities of the designated RN prescriber clear and easy to understand?
- 7b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
8. **Responsibilities of authorised health practitioner prescribing partner**
 - Yes
 - No
- Are the responsibilities of the authorised health practitioner prescribing partner clear and easy to understand?
- 8b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text

Prescribing Agreement

9. **Demographic information**
 - Yes
 - No
- Do you consider the demographic information captures all the necessary requirements for the Prescribing Agreement?
- 9b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
10. **Scope of Practice**
 - Yes
 - No
- Do you consider Scope of Practice captures all the necessary requirements for the Prescribing Agreement?
- 10b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
11. **Specific prescribing conditions**
 - Yes
 - No
- Prescribing scope – general prescribing guidance**
- Is the general prescribing guidance clear and easy to understand?
- 11b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free text
12. **Prescribing scope – Authorised medical conditions**
 - Yes
 - No
- Is the authorised medical conditions section clear and easy to understand?
- 12b. If you answered “No”, please provide suggested actions, feedback or drafting changes.
 - Free Text
13. **Prescribing Scope – Authorised medicines**
 - Yes
 - No
- Is the authorised medicines section clear and easy to understand?

- 13b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
14. **Prescribing Scope – Adjunct medicines** • Yes
• No
Is the adjunct medicines section clear and easy to understand?
Note: This section is optional and can be removed by health services/sectors.
- 14b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
15. **Prescribing Scope – Schedule 8 medications** • Yes
• No
Is the schedule 8 medications section clear and easy to understand?
- 15b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
16. **Prescribing Scope – Specific jurisdictional regulations or approvals.** • Yes
• No
Have all jurisdictional regulations and approvals been considered?
- 16b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
17. **Prescribing Scope – Prescribing medicines based on situational need.** • Yes
• No
Is the prescribing medicines based on situational need section clear and easy to understand?
- 17b. Have all situations been considered? • Yes
• No
- 17c. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
18. **Prescribing enabler** • Yes
• No
Real time prescription monitoring
Is the real time prescription monitoring section clear and easy to understand?
- 18b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
19. **Diagnostic investigations** • Yes
• No
Is the diagnostic investigations section clear and easy to understand?
Note: This section is optional and can be removed by health services/sectors.

- 19b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
20. **Specific Approvals** • Yes
• No
Is the specific approvals section clear and easy to understand?
- 20b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
21. **Escalation Processes** • Yes
• No
Clinical Escalation
Is the clinical escalation section clear and easy to understand?
- 21b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
22. **Clinical dispute resolution** • Yes
• No
Is the clinical dispute resolution section clear and easy to understand?
- 22b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
23. **Professional dispute resolution** • Yes
• No
Is the professional dispute resolution section clear and easy to understand?
- 23b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
24. **Monitoring** • Yes
• No
Safety and quality governance processes
Is the safety and quality governance processes section clear and easy to understand?
- 24b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
25. **Planned monitoring and audit process** • Yes
• No
Is the planned monitoring and audit process section clear and easy to understand?
- 25b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
26. **Prescribing Agreement** • Yes
• No
Is the Prescribing Agreement (Pg 9) clear and easy to understand?
- 26b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text

27. **Approvals** • Yes
• No
Is the approvals section clear and easy to understand?
- 27b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
28. **Please provide any general feedback, comments or suggestions to improve the draft prescribing agreement.** • Free Text

WA Designated Registered Nurse Prescriber Prescribing Guidelines

This section seeks feedback on specific sections of the WA Designated Registered Nurse Prescriber Prescribing Guidelines. Please refer to the Guidelines for details of each section. If you do not have any feedback on a particular section, please leave the field blank.

29. **Guideline Statement** • Yes
• No
Is the guideline statement clear and easy to understand?
- 29b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
30. **Applicability** • Yes
• No
Is the applicability section clear and easy to understand?
- 30b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
31. **Background** • Yes
• No
Is the background section clear and easy to understand?
- 31b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
32. **Guideline Principles** • Yes
• No
Are the guiding principles clear and easy to understand?
- 32b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
33. **Roles and responsibilities** • Yes
• No
Designated RN Prescriber
Are the roles and responsibilities of the designated RN prescriber clear and easy to understand?
- 33b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
34. **Authorised Prescriber** • Yes
• No
Are the responsibilities of the authorised prescriber clear and easy to understand?

- 34b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
35. **Accountabilities of the Designated RN Prescriber and Authorised Prescriber** • Yes
• No
- Are the accountabilities of the designated RN prescriber and authorised prescriber clear and easy to understand?
- 35b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
36. **Requirements for Designated RN Prescribers Eligibility** • Yes
• No
- Is the eligibility section clear and easy to understand?
- 36b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
37. **Prescribing Agreement** • Yes
• No
- Is the prescribing agreement section clear and easy to understand?
- 37b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
38. **Clinical Mentorship** • Yes
• No
- Is the clinical mentorship section clear and easy to understand?
- 38b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
39. **Governance** • Yes
• No
- Is the governance section clear and easy to understand?
- 39b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
40. **Mandatory related documents** • Yes
• No
- Have all mandatory related documents been considered?
- 40b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
41. **Supporting information** • Yes
• No
- Has all relevant supporting information been considered?
- 41b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
42. **Definition of Terms** • Yes
• No
- Are the definition of terms clear and easy to understand?

- 42b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
- 42c. If any definitions have been missed and should be incorporated into the Guidelines, please provide these. • Free Text
43. **Implementation and Monitoring** • Yes
Is the implementation and monitoring section clear and easy to understand? • No
- 43b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
44. **Prescribing Process** • Yes
Is the prescribing process section clear and easy to understand? • No
- 44b. If you answered “No”, please provide suggested actions, feedback or drafting changes. • Free Text
45. **Please provide any general feedback, comments or suggestions to improve the draft prescribing agreement.** • 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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