



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

# WA Designated Registered Nurse Prescriber Prescribing Agreement

# WA Designated Registered Nurse Prescriber Prescribing Agreement

The WA Designated Registered Nurse Prescriber Prescribing Agreement (prescribing agreement) fulfills the requirements of the [Nursing and Midwifery Board of Australia \(NMBA\) Endorsement for scheduled medicines - designated registered nurse \(RN\) prescriber](#)<sup>1</sup>. 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

### Prescribing Agreement

The prescribing agreement is a written agreement between the designated RN prescriber and an authorised health practitioner/s approved by the employing health organisation and clearly documents the role of both parties<sup>2</sup>. 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 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 defined 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 authorisation<sup>3</sup>.

## Roles and Responsibilities

### Responsibilities of designated RN prescriber

- Comply with all relevant NMBA standards, codes and guidelines

---

<sup>1</sup> 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>

<sup>2</sup> 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>

<sup>3</sup> Ibid

- Clearly define and work within their scope of clinical practice when prescribing scheduled medicines
- Work with the authorised health practitioner to establish the prescribing agreement
- Prescribe in accordance with their approved prescribing agreement and its specifications
- Maintain proficiency in current practices related to the medical 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 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
- Participate in monitoring and audit related to prescribing practice
- Engage in the annual review of the prescribing agreement

### **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

### **For further information**

- NMBA Guidelines for registered nurses applying for and with the endorsement for scheduled medicines – designated registered nurse prescriber<sup>4</sup>
- WA Designated Registered Nurse Prescriber Prescribing Guidelines

---

<sup>4</sup> 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

<b>Demographic information</b>	
<b>Designated RN prescriber name and title</b>	
<b>NMBA endorsement details</b> (e.g., number, date)	
<b>Authorised health practitioner name and title</b>	
<b>Review dates</b> (dates prescribing agreement been previously reviewed where relevant)	
<b>Name and address of organisation</b>	
<b>Clinical service</b> (e.g., specialty or department name)	
<b>Clinical Service Director</b>	
<b>Line Manager</b>	
<b>Clinical mentorship details</b>	Clinical mentorship agreement in place: yes/no Start date: End date:
<b>Scope of Practice</b>	
<b>Postgraduate education and training relevant to designated prescribing role</b> (assist to clarify scope)	
<b>Scope of practice</b> When, where, how, and with whom will the RN provide care and prescribe? Can include requirements to be on call etc.	<b>Outline the role of the designated RN prescriber in the clinical service and as part of the multidisciplinary team</b>
<b>Specific prescribing conditions</b>	
<b>Prescribing Scope</b>	<b>General prescribing guidance</b> Prescribes medicines in accordance with the Quality Use of Medicines, National Prescribing Framework and WA Medicines and Poisons Act 2014.

Utilises current best practice guidelines, medication reference texts and local procedures or protocols to support safe prescribing including but not limited to Therapeutic Guidelines, Australian Medicines Handbook, Australian Injectable Drug Handbook.

**Authorised medical conditions**  
 The designated RN may prescribe or deprescribe new and continuing medications to manage the following condition/s as listed below

Name of condition/s

**Authorised medicines**  
 The designated RN prescriber will use their clinical judgement to determine their role in continuing medicines or starting new medicines. This includes consulting with their prescribing partner where appropriate.  
 NB. Document schedule 8 medicines in separate section below

Medicine Class (Class of drug)	New (Y/N)	Continuing (Y/N/change)	Exclusion

**Adjunct medicines\* (optional)**  
 May prescribe adjunct medicines and therapies that support or control known symptoms, side effects or allergic reactions within recommended referenced texts or guidelines and within their scope of practice (e.g., Therapeutic Guidelines).  
 Unanticipated reactions/responses should be simultaneously clinically escalated consistent with (insert relevant deteriorating patient policy/guideline)

Medicine Class (Class of drug)	New (Y/N)	Continuing (Y/N/change)	Exclusion

**Schedule 8 medications**

Authorised to prescribe schedule 8 medicines according to the WA Medicines and Poisons Act 2014 and WA Medicines and Poisons Regulations 2016

Medication	Conditions	Exceptions/limitations

**Specific jurisdictional regulations or approvals.**

WA Medicines and Poisons Act 2014  
WA Medicines and Poisons Regulations 2016

**Prescribing medicines based on situational need**

The designated RN prescriber is responsible for determining the appropriateness of prescribing continuing medications within their approved scope of practice.

In certain non-routine situations, a designated RN prescriber may be required to prescribe a medication (or dose) that is not commonly encountered in their usual clinical practice. This may arise due to a change in the patient's condition or when requested to prescribe a patient's ongoing regular medications.

**The designated RN prescriber must not prescribe medications which are outside of their scope of practice**

**Prescribing for a medical condition which is less frequently encountered**

- a. The designated RN prescriber must consult with another senior authorised practitioner. In this scenario the authorised practitioner may decide to assume the prescribing responsibility (i.e. take over prescribing via a phone order) or
- b. provide advice to the designated RN prescriber and support them to proceed and prescribe the medicine, dependant on the individual circumstances.

A record of the collaborative discussion and the outcome should be recorded in the patient medical record.

**When required to prescribe continuing medication prescribed by another prescriber**

When a designated RN prescriber continues the treatment initially prescribed by another prescriber, they are accountable and responsible for the prescribing decisions they make.

	<p>On occasions designated RN prescribers may be requested to prescribe a patient's continuing regular medications.</p> <p><b>Inpatient settings</b></p> <p>In most circumstances, inpatient prescribing for continuing regular medications should default to the inpatient/medical team (i.e. charting regular medications). If there is a delay to charting medications the designated RN prescriber may decide to chart the medicines, ensuring they are able to undertake medication reconciliation for patient safety.</p> <p><b>Outpatient/ community settings</b></p> <p>When deciding if it is appropriate to prescribe a patient's regular medications the designated RN prescriber must consider if:</p> <ul style="list-style-type: none"> <li>• The patient has had a recent (within preceding <b>XX</b> months) clinical review and prescription for the medicine from their primary treating clinician (e.g. GP or specialist)</li> <li>• The medicine being prescribed is unchanged but necessary for continued therapeutic benefit.</li> <li>• There is a time sensitive need and / or the patient would be at risk if the continued prescription is not provided (e.g., Sinemet for Parkinson's).</li> </ul> <p>If the decision is made to issue the continuing prescription the patient must be encouraged to return to the primary treating clinician as soon as practical.</p> <p>If the above criteria are not met, the designated RN prescriber must contact their authorised health practitioner or a senior medical or nurse practitioner for advice.</p>
<b>Prescribing enablers</b>	
<b>Real time prescription monitoring</b>	The designated RN prescriber is responsible for checking <b>WA Script Check</b> when prescribing monitored medicines.
<b>Diagnostic investigations* (optional)</b>	<p>The designated RN prescriber is approved to order relevant investigations as required to support clinical decision making and safe prescribing practice, including monitoring therapeutic medication levels.</p> <p><b>Insert Local Policy</b></p>
<b>Specific approvals</b>	List any additional local approvals held by the designated RN prescriber

<b>Escalation processes</b>	
<b>Clinical escalation</b>	In the event of patient deterioration designated RN prescribers must follow <b>name of local deterioration policy</b>
<b>Clinical dispute resolution</b>	<p><b>Non urgent clinical</b></p> <p>Where dispute arises regarding the clinical management of a consumer, which is non time critical, escalation should occur to the responsible treating medical or nurse practitioner.</p> <p><b>Urgent clinical</b></p> <p>Where dispute arises regarding the management of a patient which impacts patient safety, including but not limited to medication type, dosage or frequency, escalation must occur via the <b>insert name of local policy and or local procedure on clinical deterioration</b></p>
<b>Professional dispute resolution</b>	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 line manager.
<b>Monitoring</b>	
<b>Monitoring</b>	<p><b>Safety and quality governance processes</b></p> <p>Utilises existing safety and quality governance processes to review prescribing practices in alignment with <b>insert jurisdictional policy</b>.</p> <p><b>Planned monitoring and audit process</b></p> <p>Outline agreed local processes</p>

## Prescribing Agreement

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 <a href="#">NMBA registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber</a> .		
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:		

## Approvals

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

DRAFT

DRAFT

**This document can be made available in alternative formats on request for a person with disability.**

© Department of Health 2025

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

[health.wa.gov.au](https://health.wa.gov.au)