



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

WA Designated Registered Nurse Prescriber Prescribing Guidelines

1. Guideline Statement

These prescribing guidelines provide information on the requirements for registered nurses (RNs) endorsed by the Nursing and Midwifery Board of Australia (NMBA) to prescribe Schedule 2, 3, 4, and 8 medicines in partnership with an authorised health practitioner within Western Australia (WA) hospitals and health services.

2. Applicability

Applicable to all WA Health employees and contracted staff involved in designated RN prescribing.

3. Background

Designated RN prescribing supports improved access to medicines, enhances multidisciplinary care, and aligns with national prescribing competency frameworks. These prescribing guidelines aim to ensure safe, evidence-based, and culturally responsive designated RN prescribing practices.

4. Guideline Principles

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

- Supporting RNs with NMBA *endorsement for scheduled medicines – designated registered nurse prescriber* to prescribe within their defined scope of practice and in partnership with an authorised health practitioner.
- Promoting multidisciplinary collaboration and a shared understanding of the roles and responsibilities of the designated RN prescriber and the authorised health practitioner.
- Advocating for high-quality, safe, culturally responsive and evidence-based person-centred care supported by clinical governance.
- Ensuring transparency and accountability in all decision-making.
- Supporting equitable, timely, safe and reliable access to medicines for all consumers.

5. Roles and Responsibilities

The designated RN prescriber must:

- ensure all prescribing of scheduled medicines is undertaken within their defined scope of practice and in line with the approved Prescribing Agreement
- accurately document all prescriptions using the appropriate systems and tools (e.g., Digital Medical Record [DMR], medication charts, prescription pad)
- ensure consumers understand any cost implications associated with non-PBS subsidised medicines and be offered an alternative solution to minimise financial impact
- support consumers to make informed decisions about their treatment in accordance with WA Health consent requirements

- consider the capacity of pharmacy services to dispense prescribed outpatient medicines
- ensure all prescribing practices comply with relevant WA legislation, including the *Medicines and Poisons Act 2014* and corresponding regulations
- work in collaboration with the multidisciplinary team to remain informed and included in the planning and delivery of safe, high-quality person-centred care.

The authorised prescriber must:

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

6. Designated RN Prescriber and Authorised Prescriber Accountabilities

Designated RN Prescriber	Authorised Prescriber
Understand their own level of prescribing competence.	Understand the defined scope of prescribing practice of the designated RN prescriber.
Only prescribe medicines according to an active designated RN prescriber prescribing agreement.	Mentor the designated RN prescriber for the first six months of practice following endorsement.
Consult and refer to the authorised health practitioner or other relevant health practitioner(s) when person(s) being cared for are outside their defined scope of practice.	Effectively collaborate with and accept referrals from the designated RN prescriber when the person(s) being cared for are outside the RN's defined scope of practice.
Participate in regular reviews (at least annually) of the designated RN prescriber prescribing agreement.	Participate in regular reviews (at least annually) of the designated RN prescriber prescribing agreement.
Participate in monitoring and audit related to designated RN prescriber's prescribing practice.	Participate in monitoring and audit related to the designated RN prescriber's prescribing practice.
Comply with the NMBA Registration Standard: <i>Endorsement for scheduled medicines – designated registered nurse prescriber</i> and all relevant NMBA standards, codes and guidelines.	Comply with the NMBA Registration Standard: <i>Endorsement for scheduled medicines – designated registered nurse prescriber</i> and all relevant NMBA standards, codes and guidelines.

7. Requirements for Designated RN Prescriber

Designated RN prescribers must meet the following requirements relating to eligibility, prescribing agreement and clinical mentorship:

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 affect their endorsement or prescribing practice.
- Maintain recency of practice relevant to prescribing at annual registration renewal
- Complete CPD activities specifically related to prescribing as required by the NMBA and local governance.
- Have a Pharmaceutical Benefits Scheme (PBS) prescriber number from the Australian Government if practising outside the hospital setting.
- Be employed in a designated RN prescriber role and prescribe only within approved scope/location/service.

Prescribing Agreement

- Establish an approved designated RN prescriber prescribing agreement with an authorised health practitioner (e.g., medical practitioner, nurse practitioner, or endorsed midwife).
- Partner with an authorised health practitioner - the designated RN prescriber may partner with multiple authorised health practitioners.
- Retain an up-to-date copy of the Prescribing Agreement and ensure updates occur when service needs, scope, or partnering practitioners change.

Clinical Mentorship

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

8. Governance

The following governance requirements must be implemented for designated RN prescribing to commence:

- Define the designated RN prescriber's scope of clinical practice.

- Monitor and evaluate prescribing practices through medication safety audits and incident reporting.
- Establish clear escalation pathways for prescribing concerns.
- Establish clear protocols for clinical incident reporting.
- Ensure consumer feedback related to prescribing is captured and reviewed through existing feedback systems.
- Ensure Prescribing Agreements are retained and monitored through local governance processes.
- Allocate appropriate time and resources to support clinical mentorship activities.
- Assess service suitability and workforce capability before implementing designated RN prescribing roles.
- Ensure compliance with relevant mandatory instructions or procedures related to designated RN prescribing.

9. 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](#)
- [Medicines and Poisons Act 2014 - \[00-I0-00\].pdf](#)
- [Medicines and Poisons Regulations 2016 - \[00-s0-00\].pdf](#)
- WA Designated Registered Nurse Prescriber Prescribing Agreement
- WA Designated Registered Nurse Prescriber Clinical Mentorship Agreement
- WA Designated Registered Nurse Prescriber Mentorship Framework.
- [Quality Use of Medicines](#)
- [National Prescribing Framework](#)
- [Registered Nurse Prescribing Accreditation Standards 2025.pdf](#)
- [Monitored Medicines Prescribing Code](#)
- [Ahpra-National-Prescribing-Competencies-Framework.PDF](#)

10. 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](#)
- [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](#)

11. Definition of Terms

Key Terms	Definitions
Active prescribing agreement	A prescribing agreement where there is a current relationship with the authorised health practitioner.
Authorised health practitioner	A registered health practitioner who is an authorised autonomous prescriber e.g., a medical practitioner, nurse practitioner or endorsed midwife.
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.
Endorsed midwife	A midwife who holds the NMBA Endorsement for scheduled medicines for midwives and is qualified to prescribe scheduled medicines and provide associated services required for midwifery practice in accordance with relevant state and territory 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 an advanced practice level, meets and complies with the NMBA Nurse Practitioner Standards for Practice. The nurse practitioner has direct clinical contact and practices within their scope under the legislatively protected title 'nurse practitioner' under the National Law.
Scope of practice	The roles, functions, responsibilities, activities and decision-making capacity which the registered nurse is educated, experienced, competent and authorised to perform and as determined by legislation and professional standards.
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>

12. 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.

13. Steps to becoming a designated RN prescriber

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

14. Appendices

Appendix A: WA Designated Registered Nurse Prescriber Prescribing Agreement

Appendix B: WA Designated Registered Nurse Prescriber Clinical Mentorship Agreement

Appendix C: WA Designated Registered Nurse Prescriber Mentorship Framework.

Appendix A

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](#)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

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 parties². 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 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
- 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 prescriber⁴
- 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 (e.g., number, date)	
Authorised health practitioner name and title	
Review dates (dates prescribing agreement been previously reviewed where relevant)	
Name and address of organisation	
Clinical service (e.g., specialty or department name)	
Clinical Service Director	
Line Manager	
Clinical mentorship details	Clinical mentorship agreement in place: yes/no Start date: End date:
Scope of Practice	
Postgraduate education and training relevant to designated prescribing role (assist to clarify scope)	
Scope of practice When, where, how, and with whom will the RN provide care and prescribe? Can include requirements to be on call etc.	Outline the role of the designated RN prescriber in the clinical service and as part of the multidisciplinary team
Specific prescribing conditions	
Prescribing Scope	General prescribing guidance 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>Inpatient settings</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>Outpatient/ community settings</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"> • The patient has had a recent (within preceding XX months) clinical review and prescription for the medicine from their primary treating clinician (e.g. GP or specialist) • The medicine being prescribed is unchanged but necessary for continued therapeutic benefit. • 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). <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>
Prescribing enablers	
Real time prescription monitoring	The designated RN prescriber is responsible for checking WA Script Check when prescribing monitored medicines.
Diagnostic investigations* (optional)	<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>Insert Local Policy</p>
Specific approvals	List any additional local approvals held by the designated RN prescriber

Escalation processes	
Clinical escalation	In the event of patient deterioration designated RN prescribers must follow name of local deterioration policy
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 responsible treating medical or nurse practitioner.</p> <p>Urgent clinical</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 insert name of local policy and or local procedure on clinical deterioration</p>
Professional dispute resolution	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.
Monitoring	
Monitoring	<p>Safety and quality governance processes</p> <p>Utilises existing safety and quality governance processes to review prescribing practices in alignment with insert jurisdictional policy.</p> <p>Planned monitoring and audit process</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 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:		

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:		

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Appendix B

WA 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 Name: Position:		Signature	Date
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:		

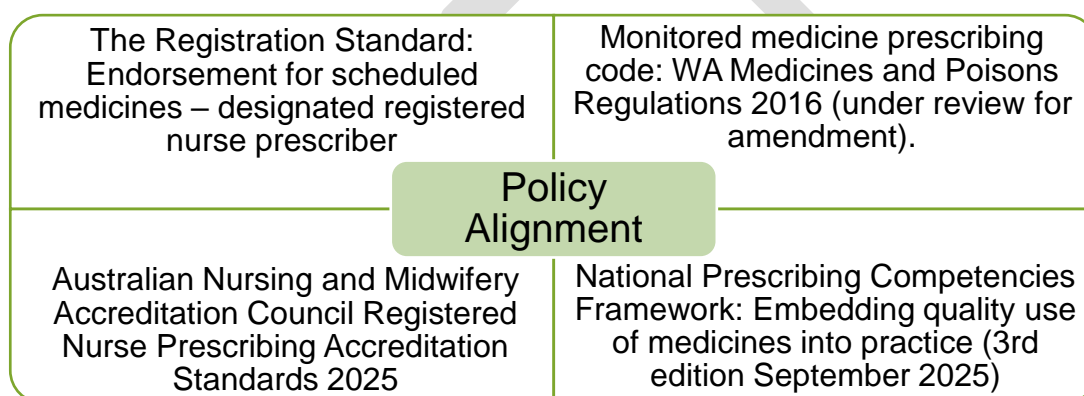
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WA Designated Registered Nurse Prescribing Mentorship Framework

Overview

Designated Registered Nurse (RN) Prescribing enables registered nurses with Nursing and Midwifery Board of Australia (NMBA) endorsement to prescribe 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].

The 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 in achieving prescribing competence, confidence, and accountability while ensuring patient safety and compliance with national standards.

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	Authorisation verification (NMBA endorsement, prescribing agreement).
	Orientation to Organisational policies and cultural safety principles.
	Establish clinical mentorship agreement and confidentiality terms.
Development	Goal setting using the IGROW model.
	Clinical observation and reflective discussions.
	Identify learning needs and prescribing scenarios.
Implementation	Supervised prescribing activities.
	Regular feedback and documentation.
	Escalation pathways for complex cases.
Completion	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, and address challenges.

Reflection questions: "What influenced your prescribing decision?"

Documentation: Date, topics, outcomes, next steps.

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 prescribers 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

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Goal Setting (IGROW Model)

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 prescriber to work in partnership to identify the 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 consistently improving prescribing practice [4].

<i>IGROW</i>	<i>Examples</i>	<i>Authorised Prescriber's Role</i>
<p>Issue</p> <p><i>Identify and clarify prescribing challenges or development need.</i></p>	<ul style="list-style-type: none"> • Difficulty determining appropriate first-line therapy. • Uncertainty regarding opioid initiation. • Applying cultural safety principles in shared decision-making. • Identifying clinical red flags before prescribing. 	<ul style="list-style-type: none"> • 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.
<p>Goal</p> <p><i>Define the desired prescribing outcome in clear, measurable terms.</i></p> <p><i>Goals should be specific and measurable, aligned with NMBA standards and local protocols, achievable within timeframes and focused on safety and capability.</i></p>	<ul style="list-style-type: none"> • “Within six weeks, demonstrate consistent application of antimicrobial stewardship guidelines when prescribing antibiotics.” • “By next review, complete three observed prescribing episodes for Schedule 8 medicines.” 	<ul style="list-style-type: none"> • Support the designated RN prescriber to define clear, measurable and safety-focused goals by ensuring they align with relevant prescribing standards, organisational protocols and agreed timelines.
<p>Reality</p> <p><i>Explore current competence, contextual enablers, and barriers.</i></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. 	<ul style="list-style-type: none"> • Provide constructive, objective feedback. • Support honest reflection. • Highlight strengths alongside gaps.

- Self-assessment against NMBA prescribing standards.
- Identifying environmental or system constraints.

Options

Generate practical strategies to strengthen prescribing capability.

Options may include:

- 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.

- Encourage designated RN prescriber-led idea generation.
- Offer suggestions that match learning style and practice environment.
- Ensure safety and evidence underpin selected options.

Wrap-Up (Way Forward)

Agree on specific actions, timelines, and responsibilities.

The Wrap-Up should document:

- 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.

- 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.</p> <p>Multidisciplinary collaboration – multiple clinical mentorship agreements (nurse practitioners, medical practitioners, endorsed midwives).</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>

Templates

1. Mentorship Session Agenda Tool

Mentorship Session Agenda
Date:
Topics Discussed: 1. 2. 3.
Outcomes:
Next Steps:
Authorised Prescriber Signature:
Designated RN Prescriber Signature:

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	
Safe prescribing	
Documentation	
Cultural safety	

3. Designated RN Prescribing Evaluation & Feedback Forms

Feedback	Comment / Notes
Designated RN Prescriber	
What worked well?	
What could be improved?	
Authorised Prescriber	

Areas for improvement	
Designated RN prescriber readiness for prescribing	
Strengths observed	
Organisational Review	
Alignment with policies	

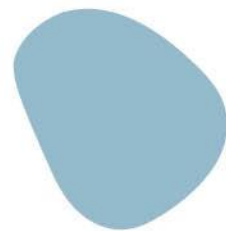
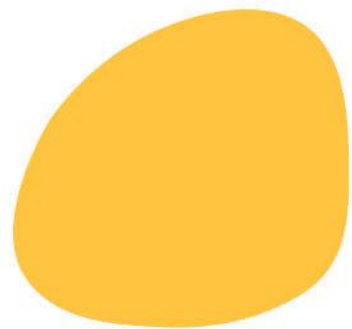
DRAFT

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