

Guidelines

For registered nurses applying for and with the endorsement for scheduled medicines – designated registered nurse prescriber

Effective from: 30 September 2025

Introduction

These guidelines provide information about how to meet the Nursing and Midwifery Board of Australia's (NMBA) requirements when you are applying for an endorsement for scheduled medicines as a designated registered nurse (RN) prescriber (designated RN prescriber) and when you have the endorsement for scheduled medicines as a designated RN prescriber. You are expected to understand and apply these guidelines together with the *Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber* (the registration standard).

The NMBA will audit compliance with the requirements of these guidelines. You should retain relevant evidence that you meet the requirements of these guidelines.

What is designated RN prescribing?

Designated RN prescribing occurs when an RN with the endorsement for scheduled medicines – designated RN prescriber undertakes prescribing within their level of competence and scope of practice in partnership with an authorised health practitioner¹. The designated RN prescriber is responsible and accountable for prescribing within their scope of practice and authorisation. The designated RN prescriber can only prescribe medicines that are authorised by legislation, meet the requirements of the NMBA related to the endorsement and the policies of the jurisdiction, employer or health service.

Do these guidelines apply to me?

These guidelines apply to RNs:

- applying for the endorsement for scheduled medicines as a designated RN prescriber², and/or
- whose registration is endorsed for scheduled medicines as a designated RN prescriber.

Summary

These guidelines help you to understand:

1. the endorsement application requirements
2. the clinical mentoring requirements
3. your responsibilities in working in accordance with a clinical governance framework

¹ An authorised health practitioner is a registered health practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner (more than one authorised health practitioner may work with the designated RN prescriber).

² Applications for endorsement may be made by registered nurses who hold registration with the NMBA or persons that are in the process of applying for registration as a registered nurse with the NMBA. Registration as a registered nurse must be granted before the endorsement can be granted.

Ahpra and the National Boards acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and Elders past and present.

4. the requirements of designated prescribing including the responsibilities and accountabilities of the designated RN prescriber and the authorised health practitioner, and
5. safe and effective prescribing – what you need to do to administer, obtain, possess, prescribe, supply and/or use scheduled medicines when prescribing.

Applying for the endorsement

You must be able to demonstrate that you meet the following requirements of the registration standard at the time of your application for endorsement:

1. Current general registration as an RN in Australia with no conditions or undertakings relevant to this endorsement.
2. The equivalent of three years' full-time post initial registration clinical experience (5,000 hours) as an RN within the past six years, from the date when the complete application seeking endorsement for scheduled medicines as a designated RN prescriber is received by the NMBA.
3. Successful completion of:
 - a) NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber, or
 - b) units of study that are equivalent to the NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber.

The evidence that you will need to provide when applying for the endorsement for scheduled medicines as a designated RN prescriber is provided at [Attachment 1](#).

The requirements of designated prescribing

Scope of endorsement

The scope of the endorsement for scheduled medicines as a designated RN prescriber indicates that a designated RN prescriber is qualified to **administer, obtain, possess, prescribe, supply and/or use** Schedule 2, 3, 4 and 8 medicines with an authorised health practitioner, in accordance with this guideline and associated guidelines and relevant state and territory legislation, for the purposes of the practice of nursing.

Clinical mentorship

Once you are endorsed, and in clinical practice, you will be required to complete a six-month period of clinical mentorship with an authorised health practitioner. The period of clinical mentorship is an important component for the establishment of the designated RN prescribing model.

The education programs for an RN to become qualified to prescribe will ensure that the RN is competent to prescribe scheduled medicines within their scope of practice. The purpose of clinical mentorship is to enable the designated RN prescriber to develop confidence in prescribing. The role of the mentor is to provide the designated RN prescriber with support in developing the confidence to prescribe.

The clinical governance framework

To enable the model of designated RN prescribing to be flexible and responsive, whilst also protecting the public, a clinical governance framework is to be established by organisations. Health services and employers are best placed to develop and approve clinical governance frameworks for this designated RN prescribing model as they have established clinical governance frameworks in accordance with the relevant standards, for example:

- National Safety and Quality Health Standards (NSQHSS)
- Australian Commission on Safety and Quality in Health Care (ACSQHC)
- ACSQHC's National Safety and Quality Primary and Community Healthcare Standards, and
- Aged Care Quality Standards.

Health services also understand organisational functions and service needs. This provides the foundation for balance between registration requirements, protecting the public and safety and quality of prescribing practices. The designated RN prescriber and the authorised health practitioner will work in accordance with a clinical governance framework. The clinical governance framework will build on the existing established clinical governance frameworks for the quality use of medicines of the employer organisation to establish the client groups and scope of prescribing of the designated RN prescriber.

It is the employer's responsibility together with the designated RN prescriber and authorised health practitioner to ensure there is an appropriate clinical governance framework in place to support the model of prescribing. State and territory health departments and/or employer organisations will have clinical governance frameworks that comply with Quality use of Medicines (QUM). When implementing the designated RN prescribing model, these may need to be reviewed in order to ensure that the introduction of this new model of prescribing is adequately covered. The clinical governance framework must include, but is not limited to, the following elements:

- a multidisciplinary medicines advisory committee to provide expert advice and guidance on designated prescribing policies, guidelines and procedures
- establishment/approval of the medicines the designated RN prescriber is authorised to prescribe, and to provide for its constant review; where Schedule 8 medicines are included specific details must be outlined within the prescribing agreement that includes information regarding the relevant state or territory medicines and controlled substances legislation
- development of the prescribing agreement, the prescribing agreement must include details of the initial clinical mentorship
- development of local and/or organizational policies related to designated RN prescribing
- risk management systems and processes for adverse event reporting, incident report, reporting of near misses and medication errors
- processes for monitoring, review and audit of prescribing practices
- processes for communicating the prescribing agreement with other health practitioners and consumers, and
- processes for resolving or escalating differences of opinion.

The clinical governance framework must be reviewed on a regular basis.

To note, the clinical governance framework is not a prerequisite by the NMBA for the endorsement for scheduled medicines as a designated RN prescriber. However, a clinical governance framework, together with a prescribing agreement, must be in place before commencing prescribing in partnership as a designated RN prescriber.

Prescribing relationship

A designated RN prescriber and authorised health practitioner work together in partnership in the provision of healthcare.

The designated RN prescriber is educated to make diagnostic and treatment decisions within their level of competence and scope of practice. The designated RN prescriber will be able to prescribe scheduled medicines in accordance with the clinical governance framework. In line with professional practice expectations, the designated RN prescriber will be responsible for seeking guidance and/or referring people when their care is outside their agreed clinical governance framework or scope of practice. The designated RN prescriber is responsible and accountable for the prescribing decisions they make, and actions taken. It is the responsibility of the designated RN prescriber to recognise when care of the person is outside their scope of practice and to refer that person to the authorised health practitioner or other relevant health practitioner in a timely and effective manner.

The authorised health practitioner is responsible for working with the designated RN prescriber in accordance with the clinical governance framework. The authorised health practitioner must be aware of the designated RN prescriber's scope of practice with regards to prescribing and ensure their scope and area of practice align with the designated RN prescriber's scope of prescribing. The authorised health practitioner is expected to work in partnership with the designated RN prescriber

and collaborate with the designated RN prescriber when the people in their care are outside the designated RN prescriber's scope of practice.

There is a requirement that the authorised health practitioner has no conditions or undertakings on their registration, relevant to the prescribing partnership.

The prescribing agreement

The prescribing agreement is a key document for the designated RN prescribing model. This is a written agreement between the designated RN prescriber and the authorised health practitioner and must be approved by the health organisation/service or employer. This should be retained and stored by the health organisation/service or employing organisation, reviewed regularly, and be subject to audit by the NMBA. Details of the prescribing agreement must clearly document the role of both the designated RN prescriber and the authorised health practitioner. The prescribing authorisation may vary according to the health organisation/venue, prescribing agreement and the specific clinical context of its application and must include:

- roles and responsibilities of both the designated RN prescriber and authorised health practitioner
- clients and/or conditions within the scope of prescribing practice of the designated RN prescriber
- medical conditions for which the designated RN prescriber has authority to prescribe
- medicines that the designated RN prescriber is authorised to prescribe; where Schedule 8 medicines are included, specific details must be outlined that includes information regarding the relevant state or territory medicines and controlled substances legislation.
- responsibility for aspects of care regarding diagnosis and associated prescribing including use of the Real Time Prescription Monitoring³ system
- clearly documented processes for consultation and referral including provisions where proximity and/or availability of the authorised health practitioner to the designated RN prescriber may need consideration
- arrangements where the agreement is with multiple authorised health practitioners
- a plan for regular review (at least annually)
- a process for monitoring and auditing designated RN prescribing, and
- processes for resolving or escalating differences of opinions

The prescribing agreement should also be amended to reflect any changes affecting the designated RN prescriber and/or authorised health practitioner as required.

Accountabilities of the designated RN prescriber

The designated RN prescriber is accountable for prescribing within their scope of practice. In addition to complying with organisational policies and/or procedures the designated RN prescriber must:

- understand their level of prescribing competence
- work with the authorised health practitioner to establish the prescribing agreement
- only prescribe medicines as agreed within the prescribing agreement
- not prescribe medicines unless there is an active prescribing agreement in place
- consult and refer to the authorised health practitioner or other relevant health practitioner(s) when person(s) being cared for are outside their scope of practice
- participate in regular reviews (at least annually) of the prescribing agreement
- participate in monitoring and audit related to prescribing practice, and
- comply with all relevant NMBA standards, codes and guidelines.

³ Real time prescription monitoring www.health.gov.au/our-work/national-real-time-prescription-monitoring-rtpm

For RNs working as a sole practitioner, individuals in private practice or in a primary health care setting⁴

The NMBA acknowledges that some designated RN prescribers will not be working in a direct employment relationship and may work in a contractual arrangement or may be self-employed and contract their services to an aged care facility or a community health service, for example.

The requirement to work in accordance with a clinical governance framework, and within a prescribing agreement, applies to all designated RN prescribers regardless of the designated RN prescriber's context of practice and/or employment arrangements.

For designated RN prescribers working outside of the health organisation/service or employer structure, copies of the clinical governance framework and the prescribing agreement should be retained by both the authorised health practitioner, the designated RN prescriber and the work location.

Accountabilities of the authorised health practitioner

The authorised health practitioner is expected to work in partnership with the designated RN prescriber, the responsibilities of the authorised health practitioner include:

- understanding the scope of prescribing practice of the designated RN prescriber
- working with the designated RN prescriber to establish the prescribing agreement
- clinical mentoring with the designated RN prescriber for the first six months of practice with the endorsement
- effectively collaborate with and accept referrals from the designated RN prescriber when the person(s) being cared for are outside the RN's scope of practice
- participating in regular reviews (at least annually) of the prescribing agreement, and
- participating in monitoring and audit related to the designated RN prescriber.

Other requirements

Changes to scope of prescribing practice

The scope of practice for a designated RN prescriber may change over time. If the designated RN prescriber decides to expand or change their scope of practice, the RN will need to complete further education requirements and/or skill development relevant to the new area of practice.

Designated RN prescribers planning to change scope are required to use the NMBA's [National framework for the development of decision-making tools for nursing and midwifery practice](#). This will ensure that designated RN prescribers are competent in their proposed expanded or new scope of practice.

It is the responsibility of the designated RN prescriber, and where employed, an employer, to ensure that, should a designated RN prescriber be required to expand or change their scope of practice, that they have completed the relevant education and skill development.

Maintaining prescribing competence

The NMBA's [Recency of practice registration standard](#) and [Continuing professional development registration standard](#) apply to the designated RN prescriber. This means that designated RN prescribers are required to demonstrate recency of practice relevant to the endorsement for scheduled medicines when they renew their annual registration and complete an additional ten (10) hours of continuing professional development related to prescribing and the quality use of medicines annually.

⁴ Primary health care settings are the first point of contact that individuals, families and communities have with the healthcare system, This includes, aged care, community health, correctional health, general practice, schools and Aboriginal community- controlled health services www.health.gov.au/topics/primary-care/about

Registered nurse prescribers who aren't working directly for an organisation might find it helpful to take part in interactive professional development. These activities can help them share and learn from others, access useful resources, get support and feedback from peers, and receive advice to help them grow and improve in their practice.

Professional indemnity insurance

The designated RN prescriber and authorised health practitioner must comply with the requirements of the [Professional indemnity insurance arrangements registration standard](#) applicable to their profession. As such they are responsible for ensuring that their insurance arrangements cover all aspects of their practice.

Ongoing endorsement

Ongoing endorsement for scheduled medicines as a designated RN prescriber is contingent upon the RN meeting the NMBA's requirements for renewal of registration annually.

Under section 109 of the National Law, designated RN prescribers are required to make an annual declaration that they have met the professional indemnity insurance and recency of practice requirements and completed the required continuing professional development.

Safe and effective prescribing

Quality use of medicines

Designated RN prescribers must comply with *Quality Use of Medicines* (QUM), which is one of the central objectives of Australia's National Medicines Policy⁵.

QUM means:

- a. Selecting management options wisely by:
 - considering the place of medicines in treating illness and maintaining health, and
 - recognising there may be better ways than medicine to manage many disorders.
- b. Choosing suitable medicines (if a medicine is considered necessary) so that the best available option is selected by taking into account:
 - the individual
 - the clinical condition
 - risks and benefits
 - dosage and length of treatment
 - any coexisting conditions
 - other therapies
 - monitoring considerations, and
 - costs for the individual, the community and the health system as a whole.
- c. Using medicines safely and effectively to get the best possible results by:
 - monitoring outcomes
 - minimising misuse, over-use and under-use
 - improving people's ability to solve problems related to medicines, such as negative effects
 - managing multiple medicines
 - de-prescribing, and
 - undertaking medicines reviews.

⁵ Australian Government. (2022). *National Medicines Policy* <https://www.health.gov.au/resources/publications/national-medicines-policy>

Safe and effective prescribing by a designated RN prescriber does not include:

- self-prescribing
- prescribing to anyone with whom the designated RN prescriber has a close personal, familial or professional relationship with
- asynchronous prescribing by text, email or online (or equivalent).
- the provision of one prescription for multiple people (known as bulk or batch prescribing) - every person must have an individual prescription, or
- prescribing for a person without a real-time direct consultation, whether in-person, via video or telephone

Adverse event reporting

Designated RN prescribers must report all suspected adverse events associated with medicines in accordance with organisational policies and/or procedures – this may include reporting to the Therapeutic Goods Administration (TGA).

The TGA is part of the Australian Government Department of Health, and is responsible for regulating therapeutic goods including medicines, medical devices, blood and blood products. The TGA also collects reports of adverse events associated with medicines and medical devices. Monitoring of adverse events allows the TGA to investigate and take action on medicines safety issues.

Further information can be found on the [TGA website](#).

Prescriptions

A prescription is a legal document. It is a precise written instruction from a prescriber to a pharmacist for preparing and dispensing a drug for a person.

The designated RN prescriber has a duty of care to provide a prescription that is legible; this reduces the potential for errors in treatment. Computer generated prescriptions are generally more legible than those that are handwritten.

Regardless of the format of the prescriptions, designated RN prescribers need to check the details of the prescription for appropriateness, completeness and correctness.

The essential information needed for a legal prescription may vary between states and territories. Designated RN prescribers need to be aware of these variances if practising in different jurisdictions.

The requirements generally include:

- prescribers name, address, telephone number and qualifications
- person's full name, address and date of birth
- date the prescription is written
- drug name in full
- drug strength
- drug form (e.g. tablet, capsule, or mixture)
- quantity of drug to be supplied
- drug dose, route of administration, frequency, and duration of treatment (if necessary)
- clear instructions for the person (in English) – it is not appropriate to write 'take as directed'
- any further instructions necessary for the pharmacist, and
- the signature of the prescriber in ink.

Supply of scheduled medicines

The NMBA supports the view that the division of responsibility between a designated RN prescriber who prescribes a scheduled medicine and a pharmacist, who dispenses the scheduled medicine to the person, provides an important check designed to safeguard people. This is supported by state and territory legislation and the use of Real Time Prescribing Monitoring.

The expertise of the pharmacist in counselling people is important in the follow-up care of the person. This includes checking adherence to the prescriber's instructions, confirming administration times and techniques, screening for adverse reactions and referring back to the prescriber for further investigations or advice when required.

In circumstances where the designated RN prescriber must also supply a scheduled medicine directly to a person, the supply process must meet the labelling and record-keeping requirements of the jurisdiction in which they are practising and the designated RN prescriber must provide counselling about the use of the medicine, its side effects and potential interactions and if available provide a *Consumer Medicines information leaflet*⁶.

Working with other practitioners

Inherent in the registration standard is the requirement for the designated RN prescriber, when prescribing, to work in partnership with the authorised health practitioner. To ensure that the role and scope of practice of the designated RN prescriber is well understood it is critical that there are clear lines of communication between the designated RN prescriber, the authorised health practitioner and other members of the healthcare team including pharmacists.

Important notes

The endorsement for scheduled medicines as a designated RN prescriber does not give automatic access to provider and prescriber numbers to provide services under the Medicare Benefits Schedule (MBS) or subsidies on the Pharmaceutical Benefits Scheme (PBS). The authorisation to access a Medicare provider number or a prescriber number remains with the Australian Government through Services Australia and is in addition to endorsement by the NMBA to practise as a designated RN prescriber.

Designated RN prescribers must also work within the relevant medicines and poisons legislation in their state or territory and within the remit of their prescribing relationship and clinical governance framework.

Authority

The NMBA has developed these guidelines under section 39 of the National Law.

Guidelines approved by the NMBA may be used as evidence of what constitutes appropriate professional conduct or practice in proceedings against an RN under the National Law, or a law of a co-regulatory jurisdiction.

Definitions

Active prescribing agreement means a prescribing agreement (as defined in the *NMBA Guidelines for registered nurses applying for or with the endorsement for scheduled medicines – as a designated registered nurse prescriber*) where there is a current relationship with the authorised health practitioner.

Administer a medicine means to personally apply or introduce a medicine, or personally observe its application or introduction, to the person's body.

Approved units of study means the educational units of study to develop a registered nurse's knowledge and skills in prescribing medicines that has been accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA under section 49(1) of the National Law for the purpose of enabling the RN to seek endorsement, under section 94 of the National Law, to prescribe Schedule 2, 3, 4 and 8 medicines, in accordance with relevant state and territory legislation.

⁶ Consumer Medicines information sheets are available at www.medicines.org.au.

Asynchronous prescribing is prescribing that does not take place in the context of a real-time continuous consultation and is usually based on the patient completing a health questionnaire without speaking to the prescriber.

Authorised health practitioner means a registered health practitioner who is an authorised autonomous prescriber, for example a medical practitioner or a nurse practitioner. More than one authorised health practitioner may work with the designated RN prescriber.

Clinical mentorship is 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 registered nurse prescriber means an 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.

Medicare Benefits Schedule (MBS) is a component of the Australian Medicare program that (as of 1 August 2020) lists more than 6,000 eligible private medical services for which subsidies are provided to health consumers. Subsidies for clinically relevant services provided by MBS-eligible health professionals, including NPs, take the form of 'Medicare benefits' paid to consumers.

Ministerial Council means the COAG Health Council, or a successor of the Council by whatever name called, constituted by ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health. The Health Ministers' Meeting is the current successor.

National Law means the Health Practitioner Regulation National Law as in force in each state and territory.

Person or people refers to those individuals who have entered into a therapeutic and/or professional relationship with a nurse. These individuals will sometimes be healthcare consumers, at other times they may be colleagues or students, this will vary depending on who is the focus of practice at the time. Therefore, the words person or people include all the patients, clients, consumers, families, carers, groups and/or communities, however named, that are within the nurse's scope and context of practice.

Pharmaceutical Benefits Scheme (PBS) is an Australian Government program that creates a schedule of all the medicines available to be dispensed to health consumers at a government-subsidised price.

Prescribe a medicine for the purpose of this endorsement means to authorise the supply and/or administration of a medicine to a person (for example, a nurse who writes a prescription for a person to be dispensed by a pharmacist is exercising their authority to prescribe) – it also includes de-prescribing of medicines.

Prescribing agreement is a written agreement between the designated RN prescriber and the authorised health practitioner and approved by the health organisation/service or employer.

Scheduled medicine means a substance included in a schedule to the current Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Sole practitioner or individual working in private practice means the RN is working in a business owned solely by the RN or in a partnership or collective; or where an RN or is employed (full-time or part-time) by a company that is owned solely by the RN, or that is owned solely by RNs, where the only directors of that company are registered nurses.

Supply a medicine means to provide a medicine to a person for their later use or administration (for example, a nurse in a hospital in a rural and remote area who is authorised to supply a medicine to a person to take home for self-administration is exercising their authority to supply).

The terms '**obtain**' and '**possess**' should be given their ordinary dictionary meaning.

Note: The NMBA and the Australian Health Practitioner Regulation Agency (Ahpra) operate in a co-regulatory model in some jurisdictions and may not be the only entities involved in undertaking assessment related to a notification. In co-regulatory definitions these terms may be described differently but have the same intent.

Attachment 1

Evidence model for registered nurses applying for endorsement for scheduled medicines – designated registered nurse (RN) prescriber

Requirement	Evidence
Current general registration as an RN in Australia with no conditions or undertakings on registration relevant to the endorsement.	<p>An applicant who is currently registered with the NMBA as an RN and whose registration does not have any conditions or undertakings imposed on their registration relevant to the endorsement.</p> <p>Evidence would be a current registration as reflected on the National register of nurses with no conditions or undertakings on the registration relevant to the endorsement.</p>
The equivalent of three years' (5,000 hours) full-time post initial registration clinical experience within the past six years, from the date when the complete application seeking endorsement for scheduled medicines as a designated RN prescriber is received by the NMBA.	<p>It is likely that some of the clinical experience, knowledge, skills and attributes of the RNs seeking endorsement will be in a specific area of practice to prescribe – this may include formal postgraduate qualifications relevant to the area in which the RN practises.</p> <p>To apply for endorsement, create or log in to your Ahpra practitioner portal and start an application. The following information needs to be entered</p> <p>(a) Work practice history detailing:</p> <ul style="list-style-type: none"> evidence of employment, clearly noting title and description of all clinical nursing practice with sufficient detail to determine three years' (5,000 hours) full-time post initial registration clinical experience, and details of education and professional activities <p>(b) Upload certified copies of statement(s) of service which support the applicant's 5,000 hours clinical nursing practice within the past six years.</p> <p>The statement(s) of service must:</p> <ul style="list-style-type: none"> be on your employer's letterhead be dated and signed by the Director of Nursing or equivalent. Self-employed nurses may provide a statutory declaration as their proof of service
<p>Successful completion of:</p> <ul style="list-style-type: none"> NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber, or units of study that are equivalent to the NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber. 	<p>The NMBA has two pathways that fulfil the education requirements for endorsement for scheduled medicines as a designated RN prescriber.</p> <p>Pathway 1</p> <p>Evidence of successful completion of NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber</p> <p>Pathway 2</p> <p>Evidence of successful completion of units of study that are equivalent to the NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber as determined by the NMBA.</p>

Submit relevant information

All official documents such as certificates, transcripts and statement of service (including those that support claims in the work practice history), letters from employers must be **certified copies**.

Further information regarding the certifying of documents is available on the [Ahpra website](#)

Document history

Approved by: Nursing and Midwifery Board of Australia

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Policy history: Is this a new policy? **Y**

Does this policy amend or update an existing policy? **N**

If so which version **v1.0**

Does this policy replace another policy with a different title? **N**

Approval date	Version	Reason for change
May 2025	v1.0	Advance copy
September 2025	v1.1	<ul style="list-style-type: none">• Editorial changes to reflect document has now taken effect• Editorial changes to provide clarity that the endorsement is for scheduled medicines• Inclusion of additional information regarding professional development• Deletion of <i>Attachment 2 –Designated registered nurse prescribers who are working as sole practitioners or working in private practice</i> due to duplication of information within guidelines and inserted new section <i>For RNs working as a sole practitioner, individuals in private practice or in a primary health care setting</i> at top of page 5• Document history table inserted
February 2026	v1.2	<ul style="list-style-type: none">• Editorial changes to ensure terminology is consistent• Editorial changes to provide clarity of mandatory requirements• Editorial changes to improve readability