

24 December 2024

Queensland Health  
Health Protection and Regulation Branch, Queensland Public Health and Scientific Services  
Medicines Legislative Policy  
Medicines Approval and Regulation Unit

By email to: [mlp.consultation@health.qld.gov.au](mailto:mlp.consultation@health.qld.gov.au)

To Queensland Health

**Re: Queensland Health consultation – Psychostimulant prescribing authorisations**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch welcomes the opportunity to provide comment on the proposed changes to the *Medicines and Poisons (Medicines) Regulation 2021* in relation to psychostimulant prescribing authorisations for adults and children with attention deficit hyperactivity disorder (ADHD).

Given the short timeframe for responses, our submission is preliminary. It does not represent a comprehensive and final submission on behalf of our organisation. The recommendations contained within this submission are based on consultation with the RANZCP ADHD Network and the Queensland Branch Committee. These Committees are made up of community members and psychiatrists with direct working and lived experience of mental ill health. As such, the RANZCP is well positioned to provide assistance and advice about the treatment of ADHD due to the breadth of academic, clinical and service delivery expertise it represents.

The recommendations contained within this document are based on previous submissions and key RANZCP documents, including;

- [Position Statement 55: ADHD across the lifespan.](#)
- [Australian ADHD Professionals Association \(AADPA\) Evidence-Based Clinical Practice Guideline for ADHD.](#)
- [Federal Inquiry into Assessment and support services for people with ADHD.](#)
- RANZCP Tasmania Branch submission to the Tasmania Parliaments' [Inquiry into the Assessment and Treatment of ADHD and Support Services.](#)

The RANZCP Queensland Branch:

- Supports in principle the proposed changes to improve access to psychostimulants for ADHD treatment by authorising medical practitioners to continue treatment initiated by a relevant specialist.
- Supports lifting the Queensland maximum dose limits to align with AADPA evidence-based guidelines, to increase the dose of Dexamfetamine to 60 mg/day and Methylphenidate to 120 mg/day.
- Supports maintaining the status quo, currently nurse practitioners are not authorised under the Poisons and Therapeutic Goods legislation to supply or prescribe psychostimulant medicines, as ADHD is a significant mental disorder that is most often further complicated by co-morbidities and potential medication interactions.
- Urges Queensland Health to consult with key medical colleges in developing mandatory prescriber training for any proposed expansions in prescriber authorisations for psychostimulants.
- Supports a Federal prescribing and monitoring model so that there is improved access to ADHD treatment and uniformity across jurisdictions.

## **Introduction**

The RANZCP acknowledges ADHD as a major mental health condition and welcomes efforts to develop a more appropriate, accessible and equitable health system that caters for the needs of people with ADHD across their lifespan.

The RANZCP considers ADHD as a significant mental health condition that can be further complicated by co-morbidities. Psychiatrists' unique and comprehensive understanding of the bio-psycho-social assessment and treatment of ADHD puts them at the forefront of ADHD diagnosis. It is the RANZCP's position that effective clinical care is grounded in a comprehensive assessment and management plan collaboratively developed by psychiatrists, individuals with ADHD and their caregivers.

Moreover, treatment for ADHD often requires behavioral interventions, psychoeducation and ongoing monitoring, in addition to medication, which necessitates a deep understanding of the condition. Psychiatrists are equipped to provide this level of care, ensuring that persons requiring care receive appropriate and individualised treatment plans for ADHD during the course of the specialist therapeutic relationship.

The RANZCP welcomes further engagement on expanded scope of practice and treatment of ADHD. The RANZCP [ADHD Network](#) reviews relevant resources uploaded and endorsed by RANZCP to ensure that members and the community receive up to date and best practice information on the assessment, diagnosis and management of ADHD.

## **Utilising the General Practice primary care workforce to share ADHD caseload**

The RANZCP Queensland Branch recognises that managing ADHD in the primary care setting would likely significantly reduce the burden on the psychiatry workforce. It may also make treatment and care more accessible throughout the lifespan of the specialist therapeutic relationship and possibly more affordable. The Branch recognises that General Practitioners (GPs) have advanced clinical training and skills in diagnostics, therapeutic interventions and care coordination and leadership, and are an important part of multidisciplinary mental health care teams.

The [Consultation Paper](#) proposes removing the requirement for a child transitioning to adulthood to have their diagnosis confirmed by a psychiatrist, provided the child has had their diagnosis previously confirmed by a paediatrician and/or child psychiatrist. The RANZCP Queensland Branch supports in principle the removal of the requirement for further diagnosis but encourages Queensland Health to consult further with key medical colleges on this proposal.

We fully appreciate the challenging nature of balancing access to ADHD treatment and support with maintaining best practice standards of clinical care. The RANZCP is committed to fostering collaboration between GPs and non-GP specialists to facilitate early access to assessment, diagnosis, treatment and management of people with ADHD throughout their lives.

## **Prevention of online and instant script ADHD models**

The RANZCP Queensland Branch cautions that Queensland Health must mitigate against the proliferation of online and instant script models for ADHD prescribing, as has been seen for other medications, particularly medicinal cannabis.

The RANZCP, alongside the Australian Medical Association (Queensland) and The Pharmacy Guild of Australia (Queensland) wrote a letter in November 2024 to the

Therapeutic Goods Administration urging action to protect persons requiring care for ADHD from these harmful online and instant script models of care in relation to medicinal cannabis. This letter was written following meetings with Queensland's former Chief Health Officer and Chief Psychiatrist who also expressed alarm at the rise of such models.

We therefore urge Queensland Health to exercise due caution in the implementation of the proposed changes and to embed effective controls and safeguards to prevent harm.

Thank you once again for the opportunity to provide feedback. To discuss the contents of this submission please contact me via Ms Nada Martinovic, Policy and Advocacy Advisor, at [nada.martinovic@ranzcp.org](mailto:nada.martinovic@ranzcp.org), or on (07) 3426 2200.

Yours sincerely



Professor Brett Emmerson AM  
**Chair, RANZCP Queensland Branch Committee**