

18 February 2025

Pharmac
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By email to: consult@pharmac.govt.nz

Tēnā koe

Re: Proposal to amend prescriber regulations for stimulant medications

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on PHARMAC and Medsafe's proposal to amend the prescriber restrictions for access to stimulant medicines methylphenidate, dexamfetamine and lisdexamfetamine.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Aotearoa New Zealand and Australia and is responsible for training, educating, and representing psychiatrists. The RANZCP has over 8400 members, including more than 5900 qualified psychiatrists and is guided on policy matters by a range of expert committees. The feedback provided within this submission is based on expert advice from members of Tu Te Akaaka Roa, the New Zealand National Committee, and the RANZCP's NZ Faculty of Child and Adolescent Psychiatry, as well as expansive discussion with psychiatrists, paediatricians, and primary care providers.

Tu Te Akaaka Roa supports easier and more equitable access to diagnosis and treatment of Attention Deficit Hyperactivity Disorder (ADHD) for tāngata whai ora of all ages. Given the current access barriers resulting from ongoing psychiatry workforce shortages and increasing demand, we support a wider group of specialists being able to conduct **comprehensive ADHD assessments** and implement **holistic ADHD treatment**. Any changes to the regulation of psychostimulants must consider the risks of medication use, abuse and diversion and support provision of good clinical care.

To ensure safe and appropriate prescribing of psychostimulant in Aotearoa New Zealand, we recommend:

- additional qualifications and training requirements for GPs and nurse practitioners prescribing psychostimulants, so that ADHD assessments always include the identification of relevant psychosocial stressors, possible differential diagnoses and co-occurring conditions relevant to the development of individualised treatment plans. While such knowledge is intrinsic to paediatric, psychiatric and psychological training, it is not a core part of nurse practitioner or general practitioner training.
- adequate resourcing and implementation planning (see below)
- development of a practical implementation guide for the diagnosis and treatment of ADHD in Aotearoa New Zealand
- delaying regulatory changes until adequate planning has been completed

Requirements for training and qualifications

Tu Te Akaaka Roa supports the diagnosis and initial stimulant prescriptions by psychiatrists, nurse practitioners under specialist supervision, or General Practitioners (GPs) with advanced training. However, it is critical that all medical professionals engaged in the assessment and treatment of ADHD receives appropriate education, training, and resources to ensure a consistently high standard of care is met across the motu.

As outlined in the RANZCP's [Position Statement 55: ADHD across the lifespan](#), ADHD symptoms may present in a variety of ways, depending on the person's age, gender, co-morbidities, and psychosocial circumstances. Similarly, the risk and benefits of psychostimulant use and non-pharmacological interventions vary across the lifespan. We therefore support the proposed separation of regulatory settings for young people (up to the age of 17) and those aged 18, to ensure specific training requirements can be met.

However, Tu Te Akaaka Roa recommends additional requirements for medical practitioners engaged in the assessment and treatment of ADHD in adults, e.g., completion of extended training in mental health and addiction. While we recognise the advanced clinical training of GPs and nurse practitioners, vocational training pathways currently provide limited education on mental health conditions or neurodevelopmental disorders. As a result, primary health care providers' understanding, attitudes and confidence in treating such conditions is greatly variable. [1, 2]

We acknowledge that relevant advanced training opportunities are limited in Aotearoa New Zealand. We recommend the development of specific post-graduate training opportunities for primary care physicians such as the [RANZCP Certificate of Postgraduate Training in Clinical Psychiatry](#), recently launched in Australia, as well as the extension of primary/secondary care networks to ensure a collaborative approach and adequate support for primary care practitioners.

Resources and implementation planning

As highlighted in a recent case report by the Deputy Health and Disability Commissioner [3], appropriate and comprehensive diagnostic assessments are critical to ensure an adequate standard of care. Appropriate diagnosis of ADHD must be guided by multiple information sources, and take into consideration the person's psychosocial circumstances, and potential co-morbid conditions. Completing such complex assessments will be challenging in a primary care setting, particularly in the context of current resource constraints. According to the New Zealand Health Survey, 25.7% of adults were unable to access primary health care due to long wait times in 2023/2024, which has more than doubled since 2021/2022 (11.6%). [4] We are concerned that the proposal will further limit access to primary health care in Aotearoa New Zealand and additional resources will be required to supports the implementation of this shift.

While the proposed changes are concerned with the initial prescription of stimulant medications for the treatment of ADHD, the changes must be considered within the context of the recent removal of special authority reviews and holistic clinical care. Psychostimulants play a key role in the effective management of ADHD symptoms, but they should not be considered standalone treatments. Effective clinical care is grounded in a comprehensive assessment and management plan and incorporating pharmacological and non-

pharmacological interventions, ongoing monitoring and treatment reviews. We reiterate the need for regular prescriber follow-up, including:

- benefits of the medication,
- cardiovascular function and weight,
- potential adverse effect
- risk of diversion and prescribing trend

Additionally, more extensive review should be completed for children and young people at least every two years, including:

- confirmation of ongoing clinical symptoms and functional impairment, including clinical assessment of mental state,
- review of adverse effects of medication, including monitoring of growth.
- reviewing comorbid health conditions and their management; and
- confirmation of individual consent or parental consent and child assent for continuation of medication.

To ensure adequate access and an appropriate standard of care for all New Zealanders, we recommend additional implementation and resource planning and the development of a practical guide for the assessment and treatment of ADHD in the primary care setting in Aotearoa New Zealand. We suggest adapting the [guidelines](#) published by the Australasian ADHD Professionals Association (AADPA) which offer a comprehensive and up-to-date resource and have been endorsed by the RANZCP.

Timeline of regulatory changes

Tu Te Akaaka Roa raises concerns about the short timeline with changes proposed to come into effect on 1 July 2025. Premature changes to the regulatory settings may further restrict access to primary health care services and increase the risk of inappropriate diagnosis and prescribing of psychostimulant medication which may cause long-term harm.

We recommend delaying regulatory changes until appropriate implementation planning and has been completed, including appropriate resource provision, development of appropriate guidelines for practitioners and tāngata whai ora, and as well as the extension of primary/secondary care networks.

Thank you for the opportunity to provide feedback; we look forward to working with PHARMAC and Medsafe in the future. If you have any further questions regarding this letter, please contact the New Zealand National Office - Tu Te Akaaka Roa via nzoffice@ranzcp.org or on +64 (0)4 472 7247.

Ngā manaakitanga



Dr Hiran Thabrew
National Chair, Tu Te Akaaka Roa

References

1. Kwon S, Bhurawala H, Munoz A, Kramer J, Poulton A. General practitioners' attitudes and knowledge about attention-deficit hyperactivity disorder (ADHD): Insights from a survey. *Australasian Psychiatry*. 2024;32(1):18-22.
2. Tatlow-Golden M, Prihodova L, Gavin B, Cullen W, McNicholas F. What do general practitioners know about ADHD? Attitudes and knowledge among first-contact gatekeepers: systematic narrative review. *BMC family practice*. 2016;17:1-15.
3. Commissioner HaD. A Decision by the Deputy Health and Disability Commissioner (Case 21HDC01771). 2025.
4. Health Mo. Annual Data Explorer 2023/2024. <https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer/2024>.