

RACP Proposal for a National Model for ADHD Care

The Royal Australasian College of Physicians (RACP) proposes a national approach of a staged, tiered model of care for attention deficit hyperactivity disorder (ADHD), built on expert recommendations, shared-care frameworks, and best-practice policy.

The staged, tiered model recognises the complexity of ADHD, particularly paediatric and adolescent ADHD, and maintains the safety and quality of ADHD care in Australia.

The proposal supports a nationally consistent, equitable, safe, sustainable and accessible ADHD care system across Australia for appropriate assessment, diagnosis and management.

Key reforms include expanded workforce capacity, nationally consistent training standards, legislative changes for prescribing, medication supply safeguards, monitoring and evaluation systems, and equity-focused service delivery.

Vision and principles

The **National Model for ADHD Care** aims to enable:

- Timely, equitable, safe and consistent access to high quality ADHD assessment, diagnosis and treatment, regardless of where care is sought or delivered.
- Agreed and coordinated spheres of responsibility between general practitioners (GPs), paediatricians, and psychiatrists, recognising and valuing the different skills and expertise that each profession brings to ADHD care.
- GPs, paediatricians and psychiatrists ensure standards of care are maintained, regardless of where care is being provided, not impeded by different regimes and with appropriate referral pathways.
- Consistency across jurisdictions through unified training, continuing professional education, clinical models, referral pathways, and regulation.
- Smooth operation across borders, e.g. ensuring patient access to medications when travelling across Australia or when consulting a clinician in a different jurisdiction.
- Culturally safe, trauma-informed, and developmentally appropriate care built on best practice.
- A robust system of monitoring and evaluation of uptake, impact, safety and health outcomes.
- Sustainability through workforce enablement and data-informed policy.

An integral element of this model is **Federal, State and Territory governments working collaboratively with key medical Colleges and other peak bodies** to ensure a fit-for-purpose model that draws on the broad range of expertise necessary for successful delivery.

Steps required

1. **Immediately pause or delay the implementation of separate jurisdiction-based changes, or immediately adapt those initiated, to align with national harmonisation**, as agreed by all Health Ministers in 2025. Jurisdictions developing their

own models and rollout will detract from this important agreement, risk implementing models that do not reflect best practice, and risk subjecting their populations to care that is out of alignment with the national model of care.

2. **Engage all relevant medical Colleges to enable fit-for-purpose initiatives to be supported and successful** – the RACP, the Royal Australian College of General Practitioners (RACGP), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and the Australian College of Rural and Remote Medicine (ACRRM) – **with representation on a national group and within each jurisdiction for specific ADHD working plans.**
3. **Develop accredited education and training for GPs, with appropriate advice, collaboration, referral pathways, and mechanisms for ongoing training and support**, endorsed by the RACP, RACGP, RANZCP, and ACRRM. Medical college endorsement/accreditation of courses, and national harmonisation of all courses, is vital. Initial training for ADHD diagnosis and management must also be separate to the establishment of a community of practice for ongoing learning.
4. **Develop and support the implementation of a staged, tiered model for ADHD care that is consistent across all jurisdictions**, endorsed by the RACP, RACGP, RANZCP, and ACRRM. Including consideration of complex clinical cases requiring escalation through appropriate pathways, but also into existing caseloads and waitlists. Funding public neurodevelopmental and disability healthcare services is important, especially in paediatric and child health care and in hub models.
5. **There must be ongoing monitoring data collection and data sharing to understand the short, medium and long-term benefits and issues with the ADHD reforms.**

Value of the RACP

The RACP:

- Is eager to offer its expertise and provide support to governments with ADHD reforms in a way that safeguards patient safety and ensures the best outcomes for patients, and their families and carers.
- Draws together key specialists who lend their expertise to this conversation, such as paediatricians, adolescent and young adult medicine physicians, clinical pharmacologists, addiction medicine specialists, neurologists and cardiologists.
- Works closely with the other relevant medical Colleges.
- Includes ADHD assessment, diagnosis and treatment in its training and ongoing continuing professional practice programs.
- Is committed to supporting multidisciplinary care models which involve physicians (including paediatricians and many others) working closely with other specialists, primary care, nursing and allied health professionals to ensure Australians can access the care they need when they need it.
- Welcomes the opportunity to work with governments and stakeholders on innovative, collaborative models of care.

Avoiding unintended consequences

Without nationally consistent guidance and appropriate education and training that reflects the nuances and complexity of ADHD, especially in children, expanding GP scope of practice to assess, diagnose and initiate treatment may lead to unacceptable risks for patients.

Paediatric ADHD care must manage the complexities of presentation, co-morbidities, assessment and diagnosis, alongside risks of misdiagnosis and masking of other conditions, overdiagnosis, labelling and stigma. Additional considerations include:

- Medication side effects
- Risk of growth suppression
- Diagnosis and management of co-morbidities including sleep disorders, screen addiction, nutritional deficiencies, learning disabilities, vision and hearing impairment, other neurodevelopmental conditions and mood disorders
- Impacts on long-term neurodevelopment
- Potential over-reliance on medication, rather than non-pharmacological options
- Psychostimulant misuse, diversion, dependence and related harm
- Ongoing medication shortages
- Medico-legal risks
- Equity and access
- Fragmented care
- Pressure from external systems - e.g. schools or parents seeking an ADHD diagnosis to access funding, accommodations, or support services.

Staged, tiered model of care for ADHD

A national approach to a safe, shared model of care for ADHD will improve access for patients and their families/carers and support safe, timely, appropriate management.

It is essential that the national approach is implemented as a staged, tiered model with clear specialist referral pathways and robust assessment processes to support accurate diagnosis in a way that accounts for the relative complexity of different patient presentations and the range of different management approaches, which may or may not include medication.

Important components of the approach will be:

- Ensuring appropriate and sustainable models of care, that also include MBS items that facilitate shared collaborative care and case conferencing access.
- The requirement for education and training for GPs before expanding scope of practice, which must be endorsed by the RACP, RANZCP and ACRRM.
- The establishment of formal 'Communities of Practice' encompassing GPs, paediatricians and psychiatrists to support ongoing learning, information sharing, collaboration and shared care.

The staged, tiered model enables a gradual rollout of changed GP roles in ADHD care, including diagnosis and management. Each tier can be implemented once the previous tier has been monitored, evaluated and confirmed to be safe and efficacious.

- **Tier 1:** GP management of ongoing ADHD medication prescription following diagnosis by a paediatrician or psychiatrist.
- **Tier 2A:** GP diagnosis and any necessary initiation of ADHD medication for adults (18+ years).
- **Tier 2B:** GP diagnosis and any necessary initiation of ADHD medication for children (<18 years).

Monitoring and evaluation should include numbers of:

- Participating GPs
- GPs who have completed the education/training
- Patients seeing a GP for ADHD assessment
- Patients diagnosed by a GP with ADHD and other conditions vs those who did not meet diagnostic threshold
- Patients referred from a GP to a paediatrician or psychiatrist, by nature of referral (e.g. for confirmatory ADHD diagnosis, further advice etc)
- Patients initiated on ADHD medication and/or other management (including its nature)
- Adverse outcomes following GP assessment/diagnosis/prescribing/management, including patients referred to a paediatrician and/or psychiatrist.

Further evaluative measures should include data on:

- The value of GP education and training
- The efficacy of ongoing supports for GPs
- The nature and value of paediatrician and psychiatrist interactions and supports.

Systems for triage and ongoing care

Paediatric ADHD is complex and often co-occurs with other developmental and mental health conditions such as autism, anxiety, learning difficulties, sleep disorders, screen addictions, dyslexia, disability, trauma, and more. Many of the conditions present with similar symptoms and this can result in over and under diagnosis of conditions.

Diagnosing ADHD, particularly in children and young people, requires very specific, specialist expertise. Without a comprehensive and nuanced assessment, there is a risk of misdiagnosis, inappropriate treatment, and harm. Longitudinal care and ongoing reviews are needed for children, young people and adults to monitor treatment and ensure other neurodiverse conditions and mental health have not been impacted and/or evolved.

A complexity-based triage system is a critical part of each proposed tier, recognising that certain patient presentations may involve such degrees of complexity that it is necessary for a paediatrician or psychiatrist to be responsible for each of assessment, diagnosis, treatment and

ongoing management. However, it is expected this would only be for a minority of patients, particularly for GP management of continuing ADHD medication.

Key considerations in developing this triage system include:

- The number and severity of co-morbidities, including anxiety or mood disorders, learning disabilities, autism, developmental delay, neurological conditions and/or substance use issues.
- The nature and extent of assessments or ongoing care required from other health professionals, including psychologists and allied health professionals.
- Clear frameworks needed to identify potential needs for liaison, advice and referral at each stage of ongoing ADHD care.
- The need for GPs to have clear and functional referral pathways and support from a suitably resourced community of practice, which includes specialist input.

GP's need the right education and training

A nationally consistent approach to GP education and training is required. The RACP recommends this education and training is:

- Formally reviewed and endorsed by the RACP, RANZCP and ACRRM
- Required to be completed by GPs who wish to expand their scope of practice with ADHD management
- The same for all jurisdictions.

Education and training resources produced for GPs would greatly benefit from formal and comprehensive consultation and co-development with medical Colleges, to benefit from the Colleges' leadership and expertise in ADHD care.

Paediatric training has clear competence to understand, diagnose, assess, and manage neurodevelopmental conditions, including ADHD, with a minimum of 6 months focusing on development, behavioural and psychosocial work in their minimal of 6 years training program to be a specialist in paediatric and child health.

Paediatricians who train in neurodevelopmental paediatrics complete 3 years of advanced training in Community Child Health, which includes time in specialised developmental paediatric clinics and multidisciplinary teams.

ADHD assessment and management have not been part of standard GP training and education programs but offered as optional additional training for those interested.

The RACGP and ACRRM, as accredited education and training organisations for GPs, are best placed to deliver the necessary training. However, the involvement and support of the RACP and RANZCP is essential. Each medical college has specialised knowledge that is fundamental to understand in collaborative care. Both the RACP and RANZCP are willing to support and endorse the RACGP's development of education, training and support for GPs providing ADHD care.

A national competency framework should be established to ensure current and future courses are aligned to an agreed framework for child, young person and adult care.

Medication considerations

While stimulant medication has been safely used to treat ADHD for several decades, they are medications that are Schedule 8 controlled substances and have several side effects that need to be appropriately monitored and managed.

The use of stimulant medication should occur as part of a treatment plan that also addresses co-morbidities such as learning difficulties, sleep disorders, and mood disorders. Appropriate screening for cardiovascular conditions which may be exacerbated by stimulant medication, and monitoring for growth and other side effects is crucial. Titration of medication is a complex and specialised task.

Given the nature, potency and potential harms associated with ADHD medication, it is imperative that proper frameworks are in place to support all health professionals when medication is an appropriate treatment option.

This requires nationally harmonised regimes – including under the Pharmaceutical Benefits Scheme and various State and Territory medicines prescribing legislation. Key matters for harmonisation include:

- The need for appropriate authorities/permits
- The use of real-time prescription monitoring systems
- Reducing duplication between Provider Digital Access (PRODA) and State and Territory based systems
- Maximum dosages, as well as consideration of starting/titration doses especially in young children.

There is also a critical need for the Federal Government to work with medicine suppliers and health professions to develop strategic responses to ADHD medication shortages, including timely approvals of Pharmaceutical Benefits Scheme (PBS) subsidies for appropriate substitute medications.

Other considerations

Governments must ensure there is adequate provision of non-pharmacological support services (such as access to psychologists, including school psychologists and counsellors, and allied health services) following diagnosis.

For a national model of ADHD to work well, there is also a need for:

- **Workforce planning and strategic funding of training by governments**, working with medical Colleges and other stakeholders to help address workforce shortages (particularly in regional, rural and remote areas), and to ensure Australia has the paediatricians, psychiatrists and GPs needed to provide equitable ADHD care into the future.

- **Sufficient funding for public services** to ensure equitable access for all children and adolescents, including through community hub models integrating primary care, paediatrics, psychiatry, and allied health for comprehensive management.
- **Fit-for-purpose Medicare items for all professionals involved in ADHD care**, particularly to recognise the complexity of presentations, the need for cross-professional liaison and the extent of ongoing review required.
- **Partnering with Aboriginal Controlled Community Health Organisations and culturally and linguistically diverse communities/healthcare providers** to support community trust and culturally safe care.
- **Supporting access to school-based educational psychology assessments** to appropriately diagnosis learning disabilities and assist in timely diagnosis and referrals. Building the capacity of the school sector to implement evidence-based, differentiated programs for children with learning disabilities such as dyslexia as well as resources to support children with ADHD to access the curriculum.
- **Ensuring transitions of care don't reduce equitable access to care**, for example, between paediatric care to adult care, or between jurisdictions.
- **Public education to reduce misunderstandings that medication is the 'only' treatment for ADHD** and to bring awareness to the wide range of appropriate treatment approaches.
- **Australian governments to support a shared commitment to ongoing data collection, monitoring and evaluation of ADHD care across the country.**
- **Funding research** into ADHD prevalence, drivers and optimal treatment approaches.

The RACP is committed to working with the Federal Government and all State and Territory Governments to implement the recommendations of the Senate Inquiry "Assessment and support services for people with ADHD" [report](#).