The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

11 February 2025

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Tēnā koe

Pharmac – Proposal to change the regulatory and funding restrictions for stimulant treatments for ADHD

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand. Our membership of 6,439 specialist GPs and rural hospital doctors comprises 40 percent of the specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. We are committed to prioritising the reduction of health inequities experienced by Māori and honouring Te Tiriti o Waitangi and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capabilities through our Training, Continuing Professional Development and Quality programmes.[1]

Our members provide medical care to patients and their whānau. Each year approximately 23 million[1] patient contacts receive first point of contact care from 1,077 general practice clinical teams who effectively manage 90 percent of health concerns across Aotearoa.

Context

The College is a participant in the multi-disciplinary group[2] of experts from around Aotearoa New Zealand who are collaborating to build a consistent model of service to support people with ADHD and increase access to more equitable care. We note that the recent decision by Pharmac to remove renewal criteria will help reduce the treatment gap, inequities, and the likelihood of patients illicitly acquiring medication. It will also reduce the pressure on public-funded adult and child mental health services. It should be noted that the cost for ongoing care has been passed to general practice, and this should be reflected in capitation funding.

Our submission

The College supports the proposed change to restrictions to amend prescriber restrictions as it will further increase equity of access to ADHD medications; Methylphenidate, dexafetamine, and lisdexamfetamine. Our submission provides specific advice about which prescribers can prescribe stimulant treatments for a person living with ADHD to improve access for the treatment of ADHD.

[1] Ministry of Health Data (2023)
[2] ADHD Collaborative Network Group: ADHD NZ, Child and Adolescent Psychiatry, Ministry of Health, RNZCGP, RANZCP, Nurse Practitioners Association, Te Aka Whai Ora, Te Whatu Ora, Clinical Psychology, NZCCP, Pharmac, Mental Health Foundation, Paediatrician, Psychiatrist, General Practitioner, Corrections, Deloitte, Social Wellbeing Agency

We recommend:

1. The alteration of the gazette notice under the Medicine Regulation Act 1981 is expanded to include vocationally registered general practitioners for people aged 16 and above, as it will improve continuity of care, equity, and outcomes for people with ADHD.
2. That specialist GPs, given their longitudinal relationships with patients and skills in differential diagnosis are well positioned to diagnose ADHD.
3. Specialist GPs can be trained to diagnose and prescribe ADHD medication.

We support change to improve equity

The College notes that the removal of the Special Authority renewal criteria will reduce barriers to medications. However, the demand for ADHD assessment will still result in delays of 6 month or longer for access to a psychiatrist. The cost of these assessments is often prohibitive and leads to inequities in accessing care.

- **ADHD dispensing has doubled over the last 10 years**

  The treatment gap shows a wide disparity between those who receive treatment and the population likely to have diagnosable ADHD. Although dispensing is higher, the equity gap is gap remains significant for young people, particularly for young women, and those living in areas with high deprivation and health needs. Māori and Pasifika populations also face substantial challenges:[i]

Young people	*Young women*
- Pasifika – 73%, - Māori youth – 44%, - non-Māori – 30%.	- Pasifika – 88% - Māori – 73%, - non-Māori – 52%

- **Equity – Address treatment gaps to reduce disparity**

  Approximately 5% of New Zealand's population, an estimated 280,000 people, are diagnosed with ADHD. However, less than a third with ADHD are treated. New approaches are needed to increase access to first-line medication while maintaining the appropriateness of diagnosis, limiting the risk of medication diversion, and ensuring continuity of health care for the significant number of people with ADHD. These efforts will result in more equitable outcomes.

We support better access to medication

- Improved access to ADHD assessment and treatment will reduce distress and disability, and impact positively on social costs. This will have particular benefit on employment, education, and corrections as well as reducing the use of substances of abuse. [ii]

- **Stimulant medication is an effective treatment and widely recommended as first-line pharmacological therapy.**[iii]
  - The reduction in additional administrative barriers and costs for doctors and patients reduces pressure on secondary care specialists.
  - Patients will benefit from, increased accessibility, decreased costs, and a reduction in wait times.
  - There are tangible cost-benefits that show 75% of patients responding positively to ADHD medication, and proven results from behavioural therapy. [iv]

- **Improving equity of access to diagnosis and treatment**

  The current system benefits those who can afford to pay. Inability to access first-line medication is a direct consequence of restricting initiation of ADHD medications to paediatricians and psychiatrists under circumstances where access to these doctors is severely limited in the public system and can be onerously expensive in the private system.[v]

In summary

The College endorses access to training and programmes through its CPD and Quality programmes to support vocationally registered specialist GPs in meeting regulations for the diagnosis, management and treatment of ADHD.

1. Access to publicly funded adult ADHD assessments is very limited or not available, and private psychiatry can cost up to $2,000 per visit. By widening the clinician pool able to undertake these assessments, market costings will adjust to increase access.
2. There is paucity of access to youth-assessments (16-18 years old) because paediatric departments nationally do not support this cohort, and they are not accepted by adult mental health services.
3. The College will establish and support Special Interest Peer Groups for specialist GPs who chose to develop ADHD as a clinical interest.
4. We recommend the establishment of training courses specifically for specialist GPs wishing to improve their knowledge of ADHD. The College will endorse these for CPD following our usual endorsement process.
5. Specialist GPs are experts in knowing when to refer patients to other specialist care as demonstrated across the disease spectrum. Thus, in instances of uncertainty of diagnosis specialist GPs are well qualified to liaise with psychiatric care.
6. The College believes that while nurse practitioners (NP) who are clearly trained and are working in a mental health scope are suited to assessing for and managing ADHD, there are concerns that the current nurse practitioner registration does not provide sufficient certainty that any given NP is trained in a specific specialty. We recommend that the Nursing Council addresses this gap.
7. The assessment for, and commencement where necessary, of ADHD medication, cannot happen within the standard GP 15-minute consultation. The College believes that appropriate assessment and formulation would take 1-2 hours of work. Therefore, ADHD work should not be considered part of the capitated services delivered under first contact care. Specialist GPs will be encouraged to establish ADHD Special Interests under similar models to skin cancer work or menopause medicine, i.e., longer appointments attracting fair renumeration paid for by the patient, or government funding.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā

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References

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[ii] New Zealand Drug Foundation. Neurodivergence & substance use. September 2024. https://drugfoundation.org.nz/assets/PageBlocks/Downloads/Neurodivergence-and-substance-use.pdf
[iii] Dr Karl Cole. Presentation to the ADHD Advisory Group. RNZCGP. June 2024.
[iv] Australasian ADHD Professionals Association (aadpa). Australian Evidence-Based Clinical Guideline for Attention Deficit Hyperactivity Disorder (ADHD). 2022. Available at: https://adhdguideline.aadpa.com.au/wp-content/uploads/2024/06/Australian-Clinical-Practice-Guideline-For-ADHD-June-2024.pdf
[v] Lillis S. Ibid.