

Quick break

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Shared discussion

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Wrap up and next steps

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Wrap up and next steps



What we heard



Immediate actions



What the outputs
will be



Next meeting/s
planned

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Karakia

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Karakia whakakapi

Closing karakia

**Ka whakairia te tapu
Kia wātea ai te ara
Kia tūruki whakataha ai
Kia tūruki whakataha ai
Haumi ē, hui ē, tāiki ē!**

*Restrictions are moved aside
So that the pathway is clear
So we may move forward
Join, group, and affirm*

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Session 2: Preparing for ADHD Prescribing Changes: Health Sector update

Date: 24 November 2025

Time: 5-6pm

Format: Microsoft Teams meeting

Roles and attendees

Lead: Ministry of Health, supported by Medsafe and Pharmac.

Chair: Dr Anna Skinner

Support: Dr Jin Russell

Attendees:

- Session 1 attendees
- Care delivery organisations
- Quality, safety & rights agencies
- Prescriber bodies
- PHOS's

Purpose

- Provide clear, practical information about upcoming ADHD prescribing changes, including:
 - Regulatory, operational, and funding changes – what is changing and what is not.
 - Roles and responsibilities – who is accountable for what in the system.
 - Expectations for health sector organisations and professionals – acknowledging that uptake will vary and that GPs and NPs will need time to build competence and confidence.
 - Regulation and governance – how health professionals and services will be overseen.
 - Equity considerations and risks – identify gaps and mitigate unintended consequences.
 - Visibility of readiness activities – understand who is developing services and what is happening across the sector.
 - Get feedback from the sector

The session will also share practical messages to support consistent communication with clinicians, pharmacists, consumers, and whānau.

Agenda and Timing

Time	Duration	Agenda Item	Details / What we're aiming for	Presented by
5pm-5.03pm	3 min	Karakia / Opening	Set a respectful tone and acknowledge shared purpose.	Chair: Anna
5.03pm-5.07pm	4 min	Session outline and housekeeping	<p>Framing of the session, who's involved, what we're seeking etc.</p> <p>Explain Town Hall format: attendees muted, Use chat for any questions or queries. You might want to pause your questions until after the presentations as we'll answer lots as we go. We will respond to a selection of questions after the presentation and the rest will be reviewed/included in upcoming FAQ document.</p>	<p>Chair: Anna</p> <p>Support: Jin</p> <p>Alice, Jin, Natalie.</p>
5.07pm-5.12pm	5 min	Framing from ADHD New Zealand – lived experience perspective	<p>Provide lived experience perspective. Aim: remind attendees why this matters for patients and whānau. Hoping to create a positive atmosphere, everyone thinking about this being an opportunity, and helping to break through resistance. Constructive and collaborative. Patient centred.</p>	<p>Sarah Hogan, ADHD NZ - Talk to about tone</p> <p>Jin/Claudia tone and framing</p>
5.12pm-5.35pm	23 min	System update and key information - Ministry of Health, Medsafe & Pharmac	<p>Medsafe (4 mins): Regulatory changes – what the new prescribing rules allow, what remains unchanged.</p> <p>MoH (9 mins): Broader context, roles and responsibilities for</p>	<p>Medsafe - Alastair</p> <p>MoH – Jin</p> <p>Slides and clinical principles frameworks</p>

			<p>implementation, expectations for impact, competence in ADHD Clinical Principles Framework .</p> <p>Joint presentation from Medsafe & Pharmac about managing switching ADHD medicines and the regulatory and funding considerations.</p> <p>Pharmac (4 mins): Special Authority changes and supply management – how access will work, any constraints or monitoring.</p>	<p>Pharmac – Robyn</p> <p>Clarify- Who is speaking- reduce time and not repeat.</p>
5.35pm-5.45pm	10 mins	Presentation from Michael Buckley	Giving an example of the expected service model in primary care, to demonstrate to others what could emerge in different regions	Michael Buckley
5.45-5.50pm	5-10 min	FAQ: Respond to 2 FAQ	<p>Panel response (MOH/Pharmac/Medsafe) to 2 FAQ questions, selected by Anna.</p> <p>Suggested FAQ themes:</p> <ul style="list-style-type: none"> - Where to get education and training/Who pays - How will clinical quality be maintained - How will equity be maintained <p>Defer FAQ about preparedness of other agencies, e.g., HNZ escalation pathways</p>	Chair: Anna
5.55pm-6pm	5 min	Wrap up		Anna

		Karakia to close		
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Additional opportunities for sharing with the sector:

- Primary care clinical leaders forum – will provide another forum for that – Anna
- Pharmacy Hui – for particular issue around funding and legislation for pharmacy

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Preparing for ADHD Prescribing Changes

Health sector update

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Karakia

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Karakia whakatuwhera

Opening karakia

Kia hora te marino

**Kia whakapapa pounamu te
moana**

Hei huarahi mō tātou i te rangi nei

Haumi ē, hui ē, tāiki ē!

May peace be widespread

May the seas be as flat as pounamu

To provide a path for us today

Join, group, and affirm

Agenda overview

Chair: Dr Anna Skinner

Hosts: Ministry of Health, supported by Medsafe and Pharmac

Attendees: Organisations and professionals involved in implementing the changes, PHOs, Pharmacy organisations, quality & safety organisations

- 1. Intro and housekeeping**
- 2. Framing from ADHD NZ – lived experience perspective**
- 3. System Update** – Ministry of Health, Medsafe, Pharmac
- 4. Presentation from Dr Michael Buckley – GP with Special interest in ADHD –**
Example models of care
- 5. Wrap-up & Next Steps**

Housekeeping

1. This is a **sector update session** – there won't be an opportunity for everyone to speak, but we welcome your input in the **Q & A** after the initial presentations
2. If posting a question in the Q & A, please include your **organisation name** so we can follow up if needed.
3. We'll **collate the questions into an FAQ** document that will be published at a later date.
4. Today is a broad overview for the sector. There will be **dedicated sessions** for PHOs through a Primary Care forum, and for pharmacies through the **Community Pharmacy forum**
5. The session is being **recorded** for those who can't attend live and for transcribing the minutes.

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Lived experience from the ADHD community

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Hearing from Sarah Hogan, ADHD NZ – lived experience perspective from the ADHD community



ADHD
New Zealand

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System update and key information - Ministry of Health, Medsafe & Pharmac

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Approved prescribing settings for ADHD stimulant medicines from 1 February 2026

Alastair Shum

Team Leader, Medicines Control

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Approved prescribing settings from 1 February 2026

Restriction on the Supply of Dexamfetamine, Lisdexamfetamine, and Methylphenidate— Approval to Prescribe, Supply and Administer (Approval No. RI21900002-00)

PRESCRIBING SETTINGS		
PATIENT AGE	INITIATION OF PRESCRIBING	ONGOING PRESCRIBING
17 years and under	Medical practitioners with a vocational scope of practice of paediatrics or psychiatry.	Any medical practitioner or nurse practitioner may prescribe when acting on the written recommendation of one of the practitioners who have initiated prescribing (i.e. nurse practitioners or general practitioners working within their scope of practice).
	Nurse practitioners practising within their area of practice of paediatric services or child and adolescent mental health services.	
18 years and above	Medical practitioners with a vocational scope of practice of paediatrics, psychiatry, or general practice.	
	Nurse practitioners working within their area of practice.	



Te Kāwanatanga o Aotearoa
New Zealand Government

Public Health Agency
Te Pou Hauora Tūmatanui

Document 8
MINISTRY OF HEALTH
MANATŪ HAUORA

The ADHD changes: a health system overview

Dr Jin Russell, Chief Clinical Advisor – Child and Youth

29 October 2025

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Creating the health system environment for safe and effective implementation of the changes

- The uptake of change is *voluntary*.
- The extent of implementation of the changes relies on individual GPs and NPs choosing to develop competence and confidence in providing ADHD care and the voluntary creation of ADHD clinical models of care in the community.

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Ministry of Health goals and activities to support implementation

As the government's lead advisor on policy, regulation, and monitoring of the health system, the Ministry has an interest in:

- improving access to care for people with ADHD
 - supporting high quality, clinically safe practice
 - clear communication to the public and providers about the changes and what to expect
 - monitoring the impacts.
- NZ Clinical Principles Framework for ADHD
 - Endorsement of a single set of clinical guidelines for ADHD (AADPA, 2022)
 - Liaison with key stakeholders for coordination
 - Development of communications and engagement approach. A public FAQ document with official information about the changes is in development.
 - Briefings for Ministers and cross-agency coordination.

What we expect will happen when the changes take effect

1. Uptake of the policy will take time

- The government has not mandated specific training pathways, educational requirements, or established a micro-credentialling system.
- There is an expectation that general practitioners and nurse practitioners with a special interest in ADHD will develop requisite competence and confidence in providing ADHD care.
- There is no additional funding for education or training. Pursuit of further clinical education for new prescribers will be self-directed and self-funded.
- This does not preclude professional bodies developing professional training requirements or recommended education packages.
- GPs and NPs are recommended to refer to their professional bodies (RNZCGP, NPNZ) for further information regarding education packages.

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What we expect will happen when the changes take effect

2. ADHD care is delivered by GPs and NPs with a special interest

- There is no Ministerial expectation that ADHD assessment, diagnosis, and treatment is becoming part of core general practice services
- ADHD care is not included in capitation funding
- ADHD services cannot be undertaken in a standard 15-minute consultation.
- Most providers will develop fee-for-service models and fees will vary between providers.

What about equity of access?

- The fee-for-service model has implications for the accessibility of ADHD care.
- The Ministry will monitor the impacts of the policy, including analysis of geographic and between-group variation, and provide further advice to Ministers.

What we expect will happen when the changes take effect

3. Local ways of working will emerge, and will vary

- Primary care providers may seek to refer complex cases to specialists at the local level or establish local supervision arrangements.
- Multidisciplinary clinical models of care may be established that include practitioners working in the private sector.
- Over time, we expect the changes will improve access to ADHD treatment.

How will we manage public expectations?

- Clear communication to the public and prescribers about what to expect is important during the change.
- Publication of an official information document about the changes

The NZ Clinical Principles Framework for ADHD



- The framework sets out expected standards for ADHD assessment, diagnosis, and treatment in the NZ context.
- The framework collates principles from evidence-based guidelines and outlines how these can be used within the NZ context.
- It includes best practice suggestions and considerations for further management based upon emerging evidence.
- Three sections:
 - General principles
 - Principles for children and young people & Principles for adults
 - Pharmacological treatment and non-pharmacological treatment
- Developed by a NZ Clinical Reference Group made up of a range of health professionals, including GPs, NPs, and people with lived experience of ADHD.
- The updated framework was published July 2025:

<https://www.health.govt.nz/publications/new-zealand-clinical-principles-framework-for-attention-deficit-hyperactivity-disorder>

Competency in the NZ Clinical Principles Framework for ADHD

The expectation of competence for health practitioners is set out in the **General Principles (p7)**:

*“A registered health practitioner¹ with the **requisite competence** should undertake assessment and diagnosis of ADHD. Quality care for ADHD is based on the development of competence in working with ADHD, rather than qualification alone.”*

¹As defined in the Health Practitioners Competence Assurance Act 2003

- For the assessment and diagnosis of adults, appropriate health care professionals are those who are competent in working with ADHD and this age group, and may include:
 - vocationally registered general practitioners
 - nurse practitioners working within their area of practice
 - psychologists
 - vocationally registered paediatricians
 - vocationally registered psychiatrists.
- Health professionals involved in the assessment, diagnosis and treatment of ADHD should:
 - be competent in diagnostic assessment using the Diagnostic and Statistical Manual of Mental Disorders (DSM) and/or International Classification of Diseases (ICD)
 - be competent in conducting clinical interviews, administering and interpreting standardised rating scales related to ADHD, and assessment of functional impairment
 - have clinical expertise in ADHD diagnostic assessment or conduct ADHD assessments under the active supervision of an experienced clinician.

Competencies: high quality ADHD care begins with high quality assessment

Knowledge and skills for competency in ADHD care are set out under 'General Principles' of the framework, and include:

- Conducting comprehensive assessments: in-depth clinical interview with multi-source collateral information and clear consideration of differential diagnosis
 - In practice, this is approx. 60 to 120 minutes of face-to-face assessment time, with further administrative time to gather and interpret collateral information and rating scales.
- Administering and interpreting standardised ADHD rating scales
- Explicit use of DSM and/or ICD criteria in assessment and diagnostic reporting
- Responsiveness to Māori and cultural considerations
- Providing access to evidence-informed multimodal treatment and support tailored to individual needs, preferences and developmental level.
- Pharmacological and non-pharmacological approaches are both important and should be offered as part of a comprehensive management plan.

Clinical, education, and training resources

Resources are in development or are already available from:

- The Royal NZ College of General Practitioners (e.g., Adult ADHD GP Masterclass, Specific Interest Group)
- Nurse Practitioners New Zealand (e.g., educational packages)
- GoodFellow Unit (e.g., e-learning)
- BPAC NZ (e.g., educational resources)
- Australasian ADHD Professionals Association (e.g., ADHD Clinical Guideline, 2022; ADHD Prescribing Guides)
- ADHD community organisations, e.g., ADHD NZ
- Pharmac (e.g., methylphenidate supply webpage)
- Ministry of Health (NZ Clinical Principles Framework for ADHD)

We are working with **Health Pathways** to update the **ADHD in Adults pathway** as a landing pad for relevant links to ADHD resources, guidelines, and the ADHD Clinical Principles Framework. The updated national pathway is expected to be published in February 2026.