Queensland's ADHD prescribing reform: what GPs need to know

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Dr Owen Bradfield Chief Medical Officer of MIPS
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From 1 December 2025, Queensland will become the first Australian state to allow all general practitioners to diagnose and prescribe ADHD medication for adults without additional training requirements. While this represents a significant step forward in improving access to ADHD care, understanding exactly what the reform covers and where gaps remain is essential for managing patient expectations and your own scope of practice.

What the reform delivers

The changes to the Medicines and Poisons (Medicines) Regulation 2021 enable Queensland GPs to initiate, modify and continue psychostimulant medications for adults with ADHD. This builds on existing authorisations that already allow doctors to prescribe ADHD medication for children aged 4 to 17 years in Queensland.

For many patients, particularly those in regional and remote areas, this reform addresses a critical access barrier. Adults with ADHD previously faced lengthy waits for specialist appointments, often at considerable cost, simply to obtain formal diagnosis and treatment. The change recognises the role and skills of general practitioners in managing chronic conditions, and delivering comprehensive ADHD care.

The reform means GPs can now provide timely, affordable care closer to home with a trusted health professional who already knows your patient's medical history. For neurodivergent patients especially, continuity of care with a familiar GP can make a meaningful difference to treatment outcomes and ongoing engagement.

What falls outside the reform

Despite its breadth, this reform has boundaries worth noting. First, the changes apply only to adult ADHD diagnosis and prescribing. Paediatric ADHD care continues under existing frameworks, where GPs already have prescribing authority but may still refer complex cases to specialists.

Second, while the reform removes the mandatory training requirement, it does not remove your professional obligation to work within your scope of competence. The Medical Board of Australia's Code of Conduct still requires you to recognise the limits of your competence and refer when appropriate. If you lack confidence or experience in ADHD assessment and management, referring to colleagues with relevant expertise or undertaking voluntary professional development remains preferred practice.

Third, the reforms impact prescribing for patients in Queensland by practitioners based by Queensland. They do not apply to patients or prescribers located outside of Queensland, where you would still be required to comply with prescribing requirements in that state or territory (in addition to the requirements in Queensland). This is relevant to practitioners prescribing via telehealth.

Finally, the reform does not resolve broader systemic challenges around ADHD care. Access to diagnostic tools, ongoing monitoring requirements, medication shortages and the complexity of treating comorbid conditions all remain considerations in day-to-day practice.

Managing medico-legal considerations

As with any expansion of scope, this reform brings medico-legal implications worth considering. Diagnosing ADHD requires careful clinical assessment, excluding differential diagnoses and managing comorbidities such as anxiety, depression or substance use disorders. Initiating psychostimulant medications carries risks including cardiovascular effects, dependency concerns and potential misuse.

Clear documentation of your diagnostic reasoning, informed consent discussions and monitoring plans strengthens your position should questions arise. Consider discussing with patients the evidence base for treatment, alternative management options and the importance of regular review. Shared decision-making not only supports better outcomes but also demonstrates patient-centred practice.

If claims or complaints do emerge, having robust clinical records and evidence of working within recognised clinical guidelines will

be essential. MIPS members benefit from comprehensive indemnity cover up to $20 million, 24/7 access to expert medico-legal advice and support navigating regulatory processes. When you're expanding your clinical practice into new areas, knowing you have that backing can provide confidence to deliver care that genuinely benefits your patients.

MIPS recommendations for Queensland GPs

Before initiating or continuing ADHD medications in Queensland, please ensure that you understand your prescribing obligations, including any restrictions or limitations. As a MIPS member, you have access to 24/7 expert medico-legal advice and support. If claims or complaints do emerge, having robust clinical records and evidence of working within recognised clinical guidelines will be essential. MIPS members benefit from comprehensive indemnity cover up to $20 million. When you're expanding your clinical practice into new areas, knowing you have that backing can provide confidence to deliver care that genuinely benefits your patients.

Looking ahead

Queensland's reform sets a precedent that other jurisdictions are likely to watch closely. South Australia and Western Australia have already announced ADHD training programs, though these still require GPs to complete additional education before prescribing. The RACGP continues to advocate for nationally consistent approaches to ADHD reform, recognising that fragmented state-by-state regulations create unnecessary complexity for both practitioners and patients.
