

ADHD prescribing reform: an update for GPs

Reading time:

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Since Queensland became the first state to relax ADHD prescribing rules for GPs in December 2025, most other jurisdictions have followed with their own legislative and regulatory reforms. If you prescribe Schedule 8 psychostimulants for ADHD, or are considering starting this, the rules in your state may have changed since you last checked.

What's changed

New South Wales, South Australia, Tasmania, the ACT and Victoria have all introduced pathways allowing GPs who complete additional training to diagnose ADHD and/or continue or initiate psychostimulant prescribing with reduced specialist involvement. Western Australia permits GPs to continue, but not initiate, prescribing under a shared care model. The Northern Territory has not proposed changes, and remains the most restrictive jurisdiction alongside Victoria's current settings. Requirements also differ depending on whether you're prescribing for a new patient, continuing treatment a specialist started, or working across a state border, so a rule that applies in your home jurisdiction may not apply to a patient located elsewhere.

What doesn't change

Whatever your state permits, three things stay constant:

- The standard of care. Civil liability law across Australia holds GPs to the standard of a reasonable professional peer, regardless of how relaxed the prescribing pathway is.
- PBS Authority Required rules. State-level prescribing reform doesn't change Pharmaceutical Benefits Scheme criteria. Dose, duration and age-of-diagnosis restrictions still apply if you want the medication subsidised.
- Documentation obligations. Diagnostic reasoning, informed consent discussions (including risks such as cardiovascular effects and dependency), and monitoring plans should be recorded regardless of how much autonomy your jurisdiction gives you.

Before you prescribe

- Confirm your jurisdiction's current requirements. This is a fast-moving area and guidance issued even a few months ago may be superseded.
- Check whether you need to register with, or check, your state's real-time prescription monitoring database. Requirements range from voluntary to mandatory depending on where you practise.
- Confirm whether you are required to apply for an authority or permit in your jurisdiction, even if you are now permitted to initiate medication.
- If prescribing via telehealth, consider whether the consultation genuinely allows you to verify the patient's identity and assess prescribing risk, in accordance with the Medical Board of Australia's telehealth guidelines.
- If a patient is located in a different state to you, check whether their jurisdiction's requirements apply in addition to your own.

References

Bradfield O, Fernando D. Balancing care with compliance: Medicolegal issues for general practitioners treating attention deficit hyperactivity disorder. *Australian Journal of General Practice* 2026;55(9):595-601.

Medical Board of Australia, Ahpra. Guidelines: Telehealth consultations with patients. Ahpra, 2025.

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