

September 2025

Medicines and Poisons (Medicines) Amendment Regulation (No 4) 2025

AMA Queensland thanks Queensland Health for its consultation on proposed amendments to the *Medicines and Poisons (Medicines) Regulation 2021*. We note this consultation follows on from that conducted by the department in December 2024 to which AMA Queensland provided a submission. We resubmit that feedback as part of our response to the current proposal.

The feedback below is limited to that for the proposed amendments specified. The absence of feedback on the other proposals in the consultation paper is not endorsement of those proposals by our organisation or members.

GP prescribing for adults with ADHD

AMA Queensland supports the proposal to authorise specialist GPs to prescribe psychostimulants for adults with ADHD. Our members have expressed considerable concern about the rise in online and instant script medicinal cannabis models and are anxious to ensure this does not happen for ADHD. Restricting prescribers to those with fellowship of a college mitigates against the risks associated with such models. It also increases the likelihood of follow-up and continued care for improved patient safety and outcomes.

In addition, doctors advised that restriction to GP fellows enables ongoing training for GPs through their relevant college. That said, AMA Queensland members were keen to emphasise that such training should be encouraged through incentives and not mandated. As stated further below, GPs are already authorised to treat children aged 4-18 years and will routinely refer complicated patients to paediatricians and/or psychiatrists as appropriate. Instead of mandatory training requirements for adult patients, AMA Queensland members were of the view that the provision of incentives and support for collaboration with other health practitioners and voluntary training modules is adequate.

AMA Queensland members were keen to recommend Queensland Health support voluntary GP training through courses like Project ECHO (as per our previous submission) and the model currently being offered by NSW Health. It is imperative that GPs are supported to treat adult ADHD patients, including the provision of training incentives and supports, lest the proposed reforms fail to achieve the desired policy intent (i.e. increased access for adult patients). The funding of training aligned with that in NSW would also facilitate national uniformity and better care for patients living in border regions.

Transition to adulthood for children with ADHD

AMA Queensland supports the proposal to enable paediatricians to continue prescribing for young adults up to 25 years of age. Patient access to psychiatry appointments, especially in regional areas and public hospitals, is significantly constrained and patients report low MBS rebates as a further barrier to accessing private psychiatric assessment. Enabling paediatricians to continue prescribing will relieve some of the pressure on this age cohort and support continuity of care until these patients can transition to a new treating team.

In addition, this amendment will enable paediatricians to support GPs, who have not been authorised to prescribe psychostimulants for adults (over 18 years) for ADHD to date. It has the potential to facilitate collaborative practice and interdisciplinary education, thereby providing a smoother transition of care of young adults from their treating paediatrician to their GP.

That said, AMA Queensland urges the government to provide associated supports, including training incentives and adequate telehealth funding, to support collaboration between paediatricians and GPs (e.g. via the Project ECHO model as stated in our previous submission and that provided by NSW Health). Another suggestion was the provision of funding for paediatricians to provide on-site training in GP clinics (e.g. six sessions per year in conjunction with the Thriving Kids program to build collaborative relationships, expertise and best practice).

Training and collaborative practice should be encouraged, including via guideline recommendations, however, we urge against mandatory requirements. Given current workforce shortages and the fact GPs are already experienced in treating ADHD in children aged 4-18 years, imposing additional training as a mandatory requirement is regarded as unnecessary and could act as a disincentive to GP participation.

Emergency physiotherapists

AMA Queensland notes Queensland Health consulted on prescribing of S8 medicines by ED physiotherapists in December 2024. As stated in our submission at that time, AMA Queensland recognises ED physiotherapists as highly valued and respected assets to ED teams.

ED physicians were concerned, however, about S8 prescribing and remain so. Where an emergency physiotherapist is of the view that a patient requires an S8 medicine, this should be done in collaboration with a medical practitioner. AMA Queensland supports collaborative, multidisciplinary models of care as best practice and urges Queensland Health to support those models over independent prescribing.

RN prescribing

AMA Queensland again notes Queensland Health consulted on proposed amendments to enable RNs to prescribe medicines in April 2025. We made a submission at that time and resubmit our feedback in relation to the current proposal.

While we acknowledge Queensland Health's proposed amendments follow the agreements made by health ministers in December 2024, we request Queensland Health consider the following points for inclusion in the draft regulations:

- The structured prescribing arrangement must be limited to medical practitioners and occur in a collaborative, medically-led and delegated team environment
- Medicines must not include S8 medicines due to the higher risks involved with this class
- RN prescribing of S2-4 medicines must be:
 - from a limited formulary within the RN's scope of practice in that it is rationally related to their practice and existing core qualifications and competencies
 - in accordance with an active prescribing agreement

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- the prescribing is consistent with the evolution of the healthcare system and existing dynamics among health professionals within the collaborative, medically-led model
- only where there is quality evidence of a demonstrable patient benefit, no new safety risks and lower costs to the health system and patients
- through documented protocols for collaboration with medical practitioners to minimise fragmentation of care.