



# Matters taken on notice - ADHD Inquiry - Hearing 8 November 2024

January 2025

## Response to Questions on Notice

### Question 1: Access to ADHD services and medicines in Australian jurisdictions

There's a lot that – people talk about, 'Tasmania doesn't allow this, when other states do', like the single prescriber thing. Even the Senate inquiry into the same issue acknowledged that pretty much across the board, nationally, we're sort of behind where we should be, as far as – as you said, it's our understanding of ADHD has changed, not just – it's like, even over the last 10 years it's changed. It's a very rapidly moving space.

With that said, are there any states that have either gotten it right or a closer– you know, are **there any states that we should be looking at, saying, 'Look, we should be doing something similar to what these guys are doing?'**

- Ideally, the real-time prescription monitoring system (RTPM) should be consulted before prescribing stimulant medication for ADHD, then once medication is prescribed by a specialist, the GP may continue prescribing with specialist review after set period of time.
- The table developed by the Australasian ADHD Professionals Association outlines differences between stimulant prescribing regulations between jurisdictions: [ADHD Stimulant Prescribing Regulations & Authorities in Australia & New Zealand – AADPA – Australasian ADHD Professionals Association](#)
- A schedule 8 script written in one jurisdiction cannot be dispensed in another – especially a key issue for people who live at borders between jurisdictions
- Currently, Tasmanian GPs must apply for authority to prescribe certain medicines and have them dispensed by local pharmacists. However, as [announced recently by the Tasmanian Government](#), the Poisons Act 1971 will be amended to improve access to medication for Tasmanian residents, with ADHD singled out as a particular issue.

Pharmacists in Tasmania will then be able to dispense prescriptions issued by doctors and qualified healthcare professionals on the Australian mainland.

- In Tasmania, this will enable specialists and GPs with Special Interests in ADHD and the appropriate training to be authorised to prescribe medications for up to three years before requiring another specialist review, increased from the current two years.
- Thus, Tasmania in comparison to other jurisdictions, has improved and slightly less onerous medicines access arrangements for patients with ADHD, whilst maintaining appropriate safeguards to support quality use of medicines and medicines safety.

## Question 2: Secure messaging in My Health Record

**Mr YIK – I think one of the issues that we have, that a lot of organisations and clinicians have talked to the federal government about, is having a secure messaging service for clinicians. I think when we have the My Health record, a lot of clinicians wanted that record to also be a platform where doctors and pharmacists could communicate with one another, provide referrals and discuss patients online through a secure messaging service, so that you wouldn't have to have that really destructive phone call or using a third-party email server.**

**I think to your question, I think that is potentially something that could be explored. I have a feeling the federal government has made some remarks around secure messaging. I'm not sure. I'm happy to take this on notice and provide you what I may have heard in the past. I think that could be one way to mitigate some of those risks, is you do actually provide a platform for prescribers and pharmacists and other team members of the multidisciplinary care team to communicate. That would potentially resolve some of these issues. Because I think it goes to your point around we can't not do anything. We can't just assess any new proposals or any new ideas against zero because that's not appropriate.**

As stated by the [Australian Digital Health Agency](#), the use of post, fax and email to share patient and clinical information puts it at risk. Secure messaging not only reduces this risk, but improves the coordination of care as a result of better communication between healthcare providers. However, this feature is dependent on the individual clinical information system of each provider.

My Health Record does not have any secure messaging functions and there is no plan for this to be developed.

The [Tasmanian eReferral system](#) is currently being rolled out, which allows secure electronic referral communication to be sent between primary healthcare providers, hospitals, specialists and allied health practitioners. This also enables a GP referral to be made to other GPs, so could allow a referral to a GP with special interest in ADHD.