



# ADHD in primary care

From 1 February 2026, GPs and nurse practitioners will no longer require a psychiatrist endorsement to start medical treatment for adults with ADHD.

Assessment, diagnosis and treatment of ADHD within primary care should align to the principles outlined in the [New Zealand Clinical Principles Framework for Attention Deficit Hyperactivity Disorder](#) | Ministry of Health.

The following document provides ADHD information, advice and guidance for GPs and practices to refer to when the changes take effect on 1 February 2026. This information has been collated from various sources by the College's Medical Director.

## When the changes take effect

*(from the Ministry of Health webinar, 24 November 2025)*

### 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 GPs and nurse practitioners with a specific 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 from developing professional training requirements or recommended education packages.
- Specialist GPs are recommended to refer to their professional body (RNZCGP) for further information regarding education packages.

### ADHD care is delivered by specialist GPs with a specific interest

- There is no Ministerial expectation that ADHD assessment, diagnosis and treatment will become a 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.

#### **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 such as psychologists and psychiatrists.
- Over time, it is expected that the changes will improve access to ADHD treatment.

### **Who will be able to diagnose ADHD?**

Those competent in working with ADHD and for patients over the age of 18 this may include:

- Vocationally registered psychiatrists, paediatricians and specialist GPs who have developed further expertise in ADHD
- Nurse practitioners working within their area of practice
- Psychologists.

### **Expectations of those diagnosing ADHD**

- Competence in diagnostic assessment using DSM or ICD classifications
- This requires competence in:
  - Conducting clinical interviews
  - Administering and using standardised rating scales related to ADHD
  - Assessment of functional impairment
- Clinicians diagnosing ADHD require:
  - Clinical expertise in ADHD diagnostic assessments

**or**

  - The ability to conduct assessments under the active supervision of an experienced clinician.

### **Assessment process**

(see the Health New Zealand | Te Whatu Ora [Clinical Principles Framework](#) for further detail)



- The primary tool is an in-depth clinical interview with collateral information from multiple sources.
- Validated rating scales should be used as part but NOT the sole basis of diagnosis.
- In summary, the assessment needs to establish:
  - Pervasive symptoms across time and in multiple settings
  - Collateral evidence if symptoms before age 12
  - Evidence of significant impairment across multiple settings
  - Consideration of differential diagnosis and alternative explanations of symptoms
  - The diagnosis needs to explicitly reference DSM or ICD criteria
  - Consider Te Ao Māori world views and the cultural content and consideration of the person presenting.

## Adult assessment

A comprehensive assessment includes:

- Gathering a detailed history of ADHD symptoms, concurrent conditions and differential diagnoses, undertaking a medical assessment, family history, and developmental assessment including attachment and trauma history.
- Obtaining comprehensive and longitudinal information supporting the clear presence of ADHD symptoms in childhood – for example, previous school reports, and collateral history from a known adult in childhood using a SNAP ADHD rating scale or similar and/or gaining retrospective history.

**Examples of standardised rating scales – some tools are under copyright and require a license**

- Adult Symptom Rating Scale (ASRS)
  - Looks at current symptoms in adults
- Wender Utah Rating Scale (WURS)
  - Looks at childhood symptoms
- Connors Adult ADHD Rating Scale (CAARS)
- Barkley ADHD Adult Rating Scale (BAARS)
  - Aligns with DSM criteria, self-reported adult symptom scale



- SNAP IV
  - Teacher and parent symptom scale

Standardised ratings scales (advantages)	Standardised ratings scales (risks)
Can assist in gathering information from multiple informants	Lack depth (in comparison to interviews)
Uncomplicated, quick and inexpensive	Can lead to an over-diagnosis if not balanced with interviews/multiple sources of information
Helpful to screen, gauge symptom severity and monitor treatment outcomes	Respondent bias
	Should augment rather than replace the clinical interview

#### **Semi-Structured Interview – some tools are under copyright and require a license**

- DIVA
- Connors Adult ADHD Diagnostic Interview for DSM-IV
- ACE + ADHD Adult Evaluation

### **Factors to consider if offering ADHD assessments**

- Choice of screening tool
- Choice of semi-structured interview tool
- Length of appointments (face to face assessment time estimated between 60 -120 minutes, depending on clinical scenario)
- Non-contact time required to write up the assessment
- Appointment length and frequency for medication initiation and titration
- How patients are informed about timings, cost and length of consultation/s.
- Consider developing a practice information sheet outlining this information to help people understand the diagnostic process
- Consider using a multidisciplinary team approach working with psychologists, Health Improvement Practitioners and psychologists.



## Developing a practice policy and process for ADHD assessments

- No funding has been attached to the change in who can diagnose and initiate treatment for ADHD in adults aged 18 years and over
- Practices will need to consider the time requirements to complete an assessment, and it must be made clear to patients that these appointments are not funded via capitation funding
- An assessment that is compliant with the [Clinical Principles Framework](#) is likely to take a minimum of 60 minutes (more likely 90 minutes or longer).
- Some guidance recommends that the assessment takes place over two consultations
- GPs providing this service will need to consider peer group/supervision time, relevant CME time and costs.

## Advice for GPs and practices not offering ADHD assessment and initiation of treatment

- It is important that clinicians do not feel obliged to provide ADHD assessment and initiation of treatment. In these circumstances, GPs should continue to support their patients as they currently do to obtain the care that they need.
- GPs can continue to refer patients to private psychiatrists and, in time, to other GPs in their area who are offering this service.

## Clinical, education and training resources

Resources are in development or are already available from:

- RNZCGP (e.g. endorsed training courses, ADHD Specific Interest Group). **Please refer to the [College's ADHD hub](#) for more information.**

The following courses are not endorsed by the College but still useful resources:

- [GoodFellow Unit](#) (e.g. e-learning)
- [BPAC NZ](#) (e.g. educational resources)
- [Australasian ADHD Professionals Association](#) (e.g. ADHD Clinical Guidance 2022, ADHD Prescribing Guides)
- ADHD community organisations (e.g. [ADHD New Zealand](#))
- Pharmac (e.g. [methylphenidate supply webpage](#))



- Ministry of Health (e.g. [NZ Clinical Principles Framework for ADHD](#))
- [Nurse Practitioners New Zealand](#) (e.g. educational packages)

Health New Zealand | Te Whatu Ora is working with HealthPathways 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.**

### Membership options

- Canadian ADHD Resource Alliance (CADDRA)
- Australasian ADHD Professional Association

### Treatment and management – Pharmacology

Guidance is available via:

- Australasian ADHD Professional Association - \$149 for prescribing guidelines
- Canadian ADHD Resource Alliance (CADDRA) - \$195pa for international affiliate membership
- NICE UK – Free Section 1.5.15 - 1.5.18 are related to adult treatment, with section 1.7.11 – 1.7.15 on medication choice in adults (2018).

### Patient education websites

- [ADHD NZ](#)
- [Beehyve Health](#) provides a full hub of services support Adult ADHD in NZ.
  - Has a section of community curated recommended resources including websites and apps.
- [ADDitude](#) - ADD & ADHD Symptom Tests, Signs, Treatment, Support
- [ADHD – adults | Healthify](#)
- [Driven to Distraction \(Revised\)](#): Recognizing and Coping with Attention Deficit Disorder: Hallowell, Edward M, Ratey, John J: Amazon.com.au: Books
- [Adventures In Fast Forward](#), by Kathleen G. Nadeau on Apple Books

### Source material and acknowledgements

Information above is from the Clinical Principles Framework, HealthPathways, and resource recommendations include suggestions from Dr Antonia Arlidge and books from Dr David Codyre.



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