

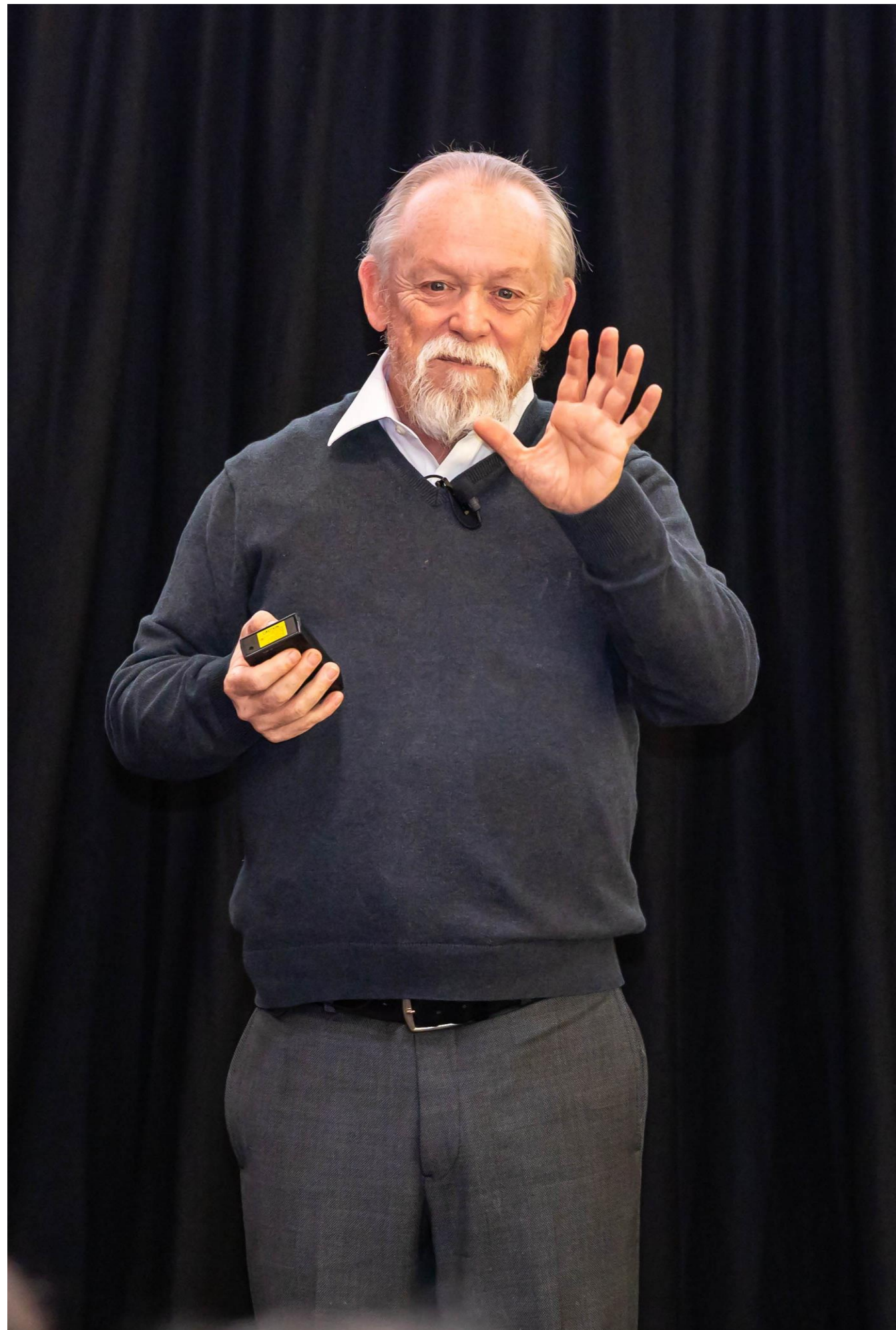


2025 Annual General Meeting

27 October 2025 | 6:00PM AEDT



Welcome



▶ Professor David Coghill, AADPA President

2025 was the year ADHD moved from the margins of policy into the centre of the national conversation.

It was also the year we confronted why that momentum matters so much—and how fragile progress can be without a sustained commitment to accurate and evidence-based models of care.

At last, the sole recommendation from the 2023 Senate Inquiry that was supported for action by the Commonwealth government is being actioned by the Federal Health Department who have committed to national prescribing regulations and consistent diagnostic frameworks.

We see this is a welcome step toward realising the ADHD Clinical Practice Guideline but there's still more to do.

I extend my gratitude to the board, our members, and our partners for their unwavering commitment to this work.



Agenda

- | | | |
|---|--|--------------------|
| 1 | Acknowledgement of Country and Welcome | President |
| 2 | Apologies/Proxies | Company Secretary |
| 3 | Minutes from previous AGM, 29 October 2024 | President |
| 4 | 2024/2025 AADPA Annual Report | President |
| 5 | Proposed Special Resolutions | Chair - Governance |
| 6 | Election to the Board of Directors | Company Secretary |
| 7 | Other Business/Questions | President |
| 8 | Close | Chair |



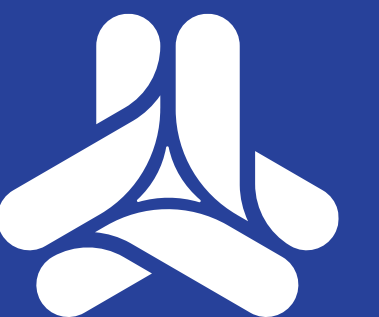
2025 Annual Report

Prof. Dave Coghill

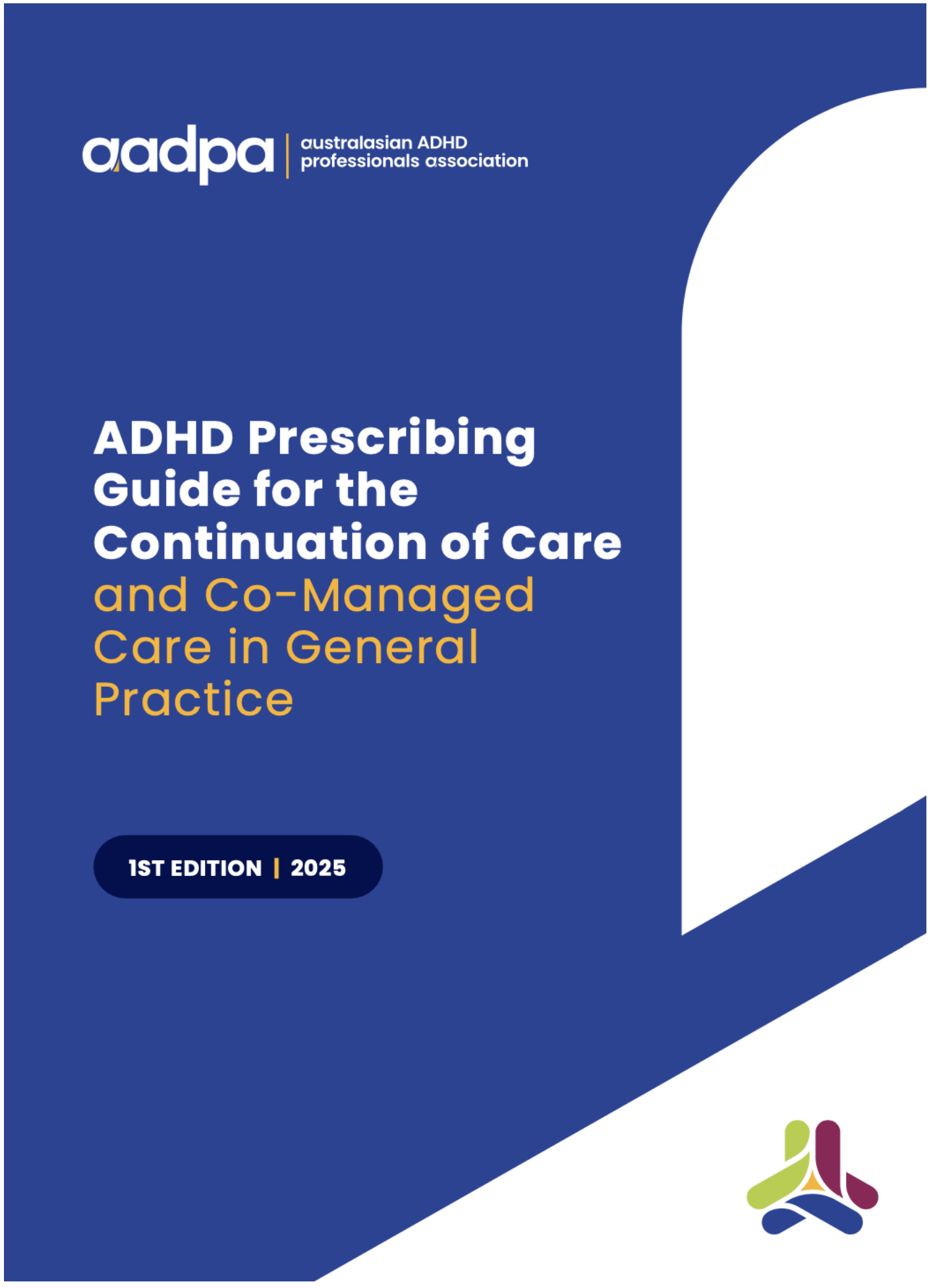
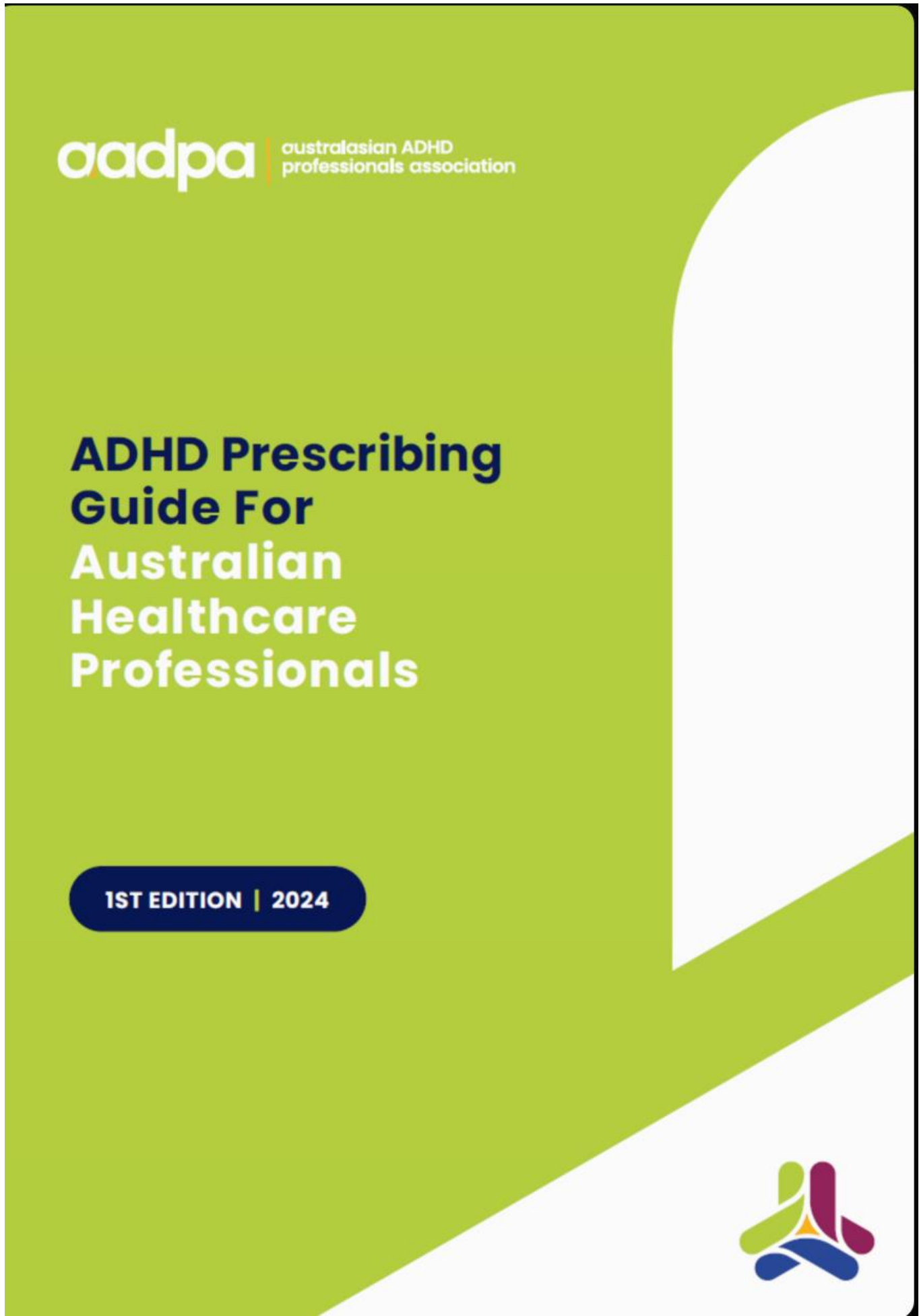


2024 – 2025 Key Achievements

- Guideline & Prescribing Guides
- Education & Training
- Information Sheets
- Research Leadership
- Governance & Operations
- Improving Financial Sustainability

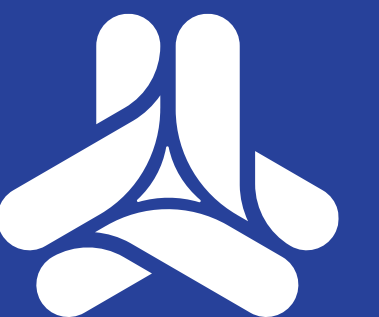


AADPA Resources



GP Reform Policy, Education, Submissions

- There is explicit guidance that GPs should be supported to increase their skills in:
 - Identifying ADHD, Diagnosing ADHD, Treating ADHD and
 - Prescribing stimulants for ADHD (see recommendation 7.4.3)
- Recommendations for increasing capacity in primary settings (7.1.5)
- Universal endorsement of the Guideline
- Partnering with the RACGP in WA to develop a comprehensive peer learning program
- Consulting to NSW Government to develop two e-learning modules being used in various local health districts.
- Queensland Government's Consultation Paper – Medicines and Poisons (Medicines) Amendment Regulation (No. 4) 2025
- Submission to the Federal Government's inquiry into the Thriving Kids initiative



ADHD ADVOCACY

TGA Medication Shortage Sheets

Download Here

MANAGING ADHD MEDICATION SHORTAGES

FOR USE DURING THE 2025 LONG-ACTING METHYLPHENIDATE SHORTAGE

Current until December 2025

This information sheet supports prescribing during the ongoing shortage of long-acting methylphenidate products through safe and evidence-informed medication switching guidance. This guidance is designed to minimise treatment interruption while preserving therapeutic benefit during national supply constraints. The content aligns with the AADPA ADHD Prescribing Guide (2024) and the Australian ADHD Guidelines (2022).

The Therapeutic Goods Administration's (TGA's) Supply Snapshot August 2025

Methylphenidate LA	Limited supply: Current shortages affecting all brands
Methylphenidate IR	Available: However shortage of one brand is anticipated*
Dexamfetamine IR	Available
Lisdexamfetamine	Available

- Ritalin 10mg: Anticipated shortage from end of August – end of October 2025.
- Artige 10mg: Available.

The TGA's Medicine Shortage Reports Database includes up-to-date information about shortages of reportable medicines in Australia.

General Clinical Principles

Where possible, switch within the same stimulant class first before considering a change of class. Cross-class switching requires new titration.

- The dose equivalence tables should only be used for within-class switching.
- Switching across medication classes requires new titration protocols.
- Approximately 70% of individuals with ADHD show a clinically meaningful response to either methylphenidate or amphetamine-based stimulants.

These response groups are only partially overlapping, meaning non-responders to one class often respond to the other.

Cumulatively, up to 95% of individuals will respond adequately to at least one of the two stimulant classes when both are trialled under appropriate dosing and monitoring.

- Monitor effectiveness and side effects carefully during transition remembering that people may experience different responses and side effect profiles on different formulations. This is particularly relevant around sleep and appetite.
- Document rationale, consent, and treatment plan.

IMPORTANT NOTICE & DISCLAIMER: This guidance is intended solely for qualified healthcare professionals in Australia. It is derived from the Australian Evidence-Based Clinical Practice Guideline For ADHD, and AADPA's ADHD Prescribing Guide (2024), and expert clinical consensus. It does not override local legal requirements for Schedule 8 prescribing. Individual clinical judgement must guide all treatment decisions. These information sheets were drafted in consultation with the TGA.



BRIDGING WITH METHYLPHENIDATE IR

FOR TEMPORARY USE DURING LONG-ACTING METHYLPHENIDATE SHORTAGE

Current until December 2025

WHEN IS THIS APPROPRIATE?

When a patient is **already stabilised on long-acting methylphenidate** and needs a **short-term alternative** while long-acting formulations are unavailable. IR methylphenidate (short acting) may be used as a **bridging strategy**, provided supply permits.

Clinical Process

- Useful as a short-term bridge while long-acting methylphenidate supply is disrupted.
- IR duration is 3–4 hrs; requires 2–3 doses per day.
- Dose conversions (refer to table):
 - 20 mg Ritalin LA ≈ 10 mg IR BD
 - 45 mg Concerta LA ≈ 10 mg IR TDS
 - 72 mg Concerta LA ≈ 15 mg IR TDS

Practical Considerations and monitoring

- Coordination of in-school dosing may be needed.
- Reinforce the benefits of continued adherence, particularly for adolescents.
- Monitor for wear-off effects (e.g. irritability or challenging behaviours).
- Not usually recommended as a long-term solution.
- Initial frequent reviews are recommended to ensure optimal effectiveness and tolerability.
- Track appetite, sleep, mood, and functioning across the day.

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SWITCHING FROM METHYLPHENIDATE TO LISDEXAMFETAMINE

FOR USE DURING THE 2025 LONG-ACTING METHYLPHENIDATE SHORTAGE

Current until December 2025

Due to ongoing shortages of long-acting methylphenidate products (e.g. Ritalin LA, Concerta), clinicians may need to initiate a new stimulant class.

Why switch to lisdexamfetamine?

Lisdexamfetamine is a long-acting amphetamine-based stimulant and is currently **NOT affected by supply constraints**.

Clinical Overview*

- Long-acting prodrug of dexamfetamine with 12–14 hour coverage.
- Once-daily dosing; can open capsule and mix with liquid.
- Lower misuse potential than IR dexamfetamine.
- Common side effects: appetite suppression, insomnia, irritability, headache.
- Schedule 8 medicine: prescribing requirements vary by jurisdiction. Abide by relevant state, territory, or New Zealand regulations.

Titration and Switching Guidance

- Start at 30 mg/day; titrate by 10–20 mg weekly.
- Max. dose: 70 mg/day. As per Australian product information.
- Not a direct substitute for methylphenidate — requires new titration.
- Monitor appetite, sleep, mood, BP/HR; assess benefit/side effects regularly.

Side Effects & Monitoring

- Very Common:** appetite suppression, insomnia, headache.
- Common:** Gastrointestinal upset (e.g. nausea, stomach pain, irritability, anxiety, dry mouth, tachycardia).
- Less common but important:** hallucinations, palpitations, growth delay.
- Monitor:**
 - Weight, sleep, cardiovascular status.
 - Emotional regulation and school functioning.
 - Family feedback on timing and response.

* **Note:** No dose equivalence exists between lisdexamfetamine and methylphenidate or dexamfetamine products. Each requires independent titration.

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TGA Medication Sheets For Consumers



ADHD MEDICATION SHORTAGES IN AUSTRALIA
INFORMATION FOR YOUNG ADULTS AND ADULTS WITH ADHD
Current until December 2025

WHAT'S GOING ON?
Australia is experiencing a national shortage of methylphenidate ADHD medications in particular the long-acting products Concerta® and Ritalin LA®. If your usual treatment includes one of these products, you may need to temporarily switch to another dosage plan or medication.

DISCLAIMER: This fact sheet is for informational purposes only and should not be interpreted as medical advice. SOURCE: Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD).



ADHD MEDICATION SHORTAGES IN AUSTRALIA
INFORMATION FOR EDUCATORS SUPPORTING STUDENTS WITH ADHD
Current until December 2025

WHAT'S HAPPENING?
Australia is currently facing a national shortage of long-acting ADHD medications — specifically those containing methylphenidate, such as Concerta® and Ritalin LA®. These medications help many students regulate attention, behaviour, and emotional control throughout the school day. Some students may have to temporarily switch medications or dosing schedules, and this might result in changes in their learning, classroom behaviour, energy, focus, and emotional regulation.

DISCLAIMER: This fact sheet is for informational purposes only and should not be interpreted as medical advice. SOURCE: Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD).



ADHD MEDICATION SHORTAGES IN AUSTRALIA
INFORMATION FOR PARENTS AND CARERS OF CHILDREN AND TEENAGERS
Current until December 2025

WHAT'S HAPPENING?
Australia is currently experiencing a national shortage of ADHD medications — especially long-acting methylphenidate-based medicines like Concerta® and Ritalin LA®. These shortages are expected to last at least until December 2025. Some children may need to change their dosing schedules or even switch to another medication, which can temporarily affect how they feel or function during the day.

DISCLAIMER: This fact sheet is for informational purposes only and should not be interpreted as medical advice. SOURCE: Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD).



Finance Report

Rebecca Alexander

Chartered Accountant
Certified Internal Auditor



Management Report – Summary

- Strongest financial result to date (post 2018 Government grant), with a **net surplus of \$212,800**,
- Bringing conference management fully in-house;
- Expanded sponsorships and delegate participation
- Diversified income through clinical resources .
- The year also saw a focus on strengthening governance, refining financial systems, and laying the groundwork for deductible-gift-recipient (DGR) endorsement in 2026.
- Under the new model, **all revenue and expenditure are now recorded directly in AADPA's accounts**, giving a complete picture of conference performance and improving transparency and auditability.



Statement of Financial Position FY2025

Category	2025 (\$)	2024 (\$)
Current Assets		
Cash and cash equivalents	610,575	424,216
Trade and other receivables	22,825	—
Total Current Assets	633,400	424,216
Total Assets	633,400	424,216
Current Liabilities		
Trade and other payables	11,745	18,944
Current Tax Liabilities	20,530	20,842
Total Current Liabilities	32,275	39,786
Net Assets	601,125	384,430
Equity		
Reserves	200,000	—
Retained income / (deficit)	601,125	384,430
Total Equity	601,125	384,430



Statement of Profit & Loss FY2025

Category	2025 (\$)	2024 (\$)
Revenue	1,095,541	462,286
Cost of Sales – Events and Clinical Resources	672,492	224,685
Administration Services	73,568	68,676
Advertising & Promotion	4,656	20,945
Insurance - General	5,116	4,723
Finance Costs	–	386
Other Expenses	126,909	91,578
Total Operating Expenditure	882,741	410,993
Income before income tax	212,800	51,293
Income tax expense	–	–
Total Comprehensive Income for the Year	212,800	51,293



Income Summary FY2025

Income Stream	FY 2025 (\$)	FY 2024 (\$)
Conference Ticket Sales	663,113	265,842
Sponsorship Income	121,000	37,000
Membership Income	204,261	135,099
Clinical Resource Sales	103,276	20,454
Interest Income	3,891	3,891
Total Operational Revenue	1,095,541	462,286



Expenditure Summary FY2025

Expenditure Category	FY 2025 (\$)	FY 2024 (\$)
Conference and Event	467,726	133,836
Contractors	165,710	80,040
Clinical Resources	39,056	10,809
Administration Services	73,568	68,676
Advertising & Promotion	4,656	20,945
Insurance - General	5,116	4,723
Finance Costs	-	386
Other Expenses	126,909	91,578
Total Operating Expenditure	882,741	410,993



Looking ahead...

Net surplus of \$212,800 for year ending June 30 , 2024

- Investment to bring Conference in house created more transparency and increased profit
- Continue diversifying income streams
- We have commenced negotiations with the ACNC regarding charity status
- Scoping process to transfer to calendar year reporting
- Allocate funding to enable the work of the Committees

Under the new model, **all revenue and expenditure are now recorded directly in AADPA's accounts**, giving a complete picture of conference performance and improving transparency and accountability.



Governance Report

Dr Kyle Hoath



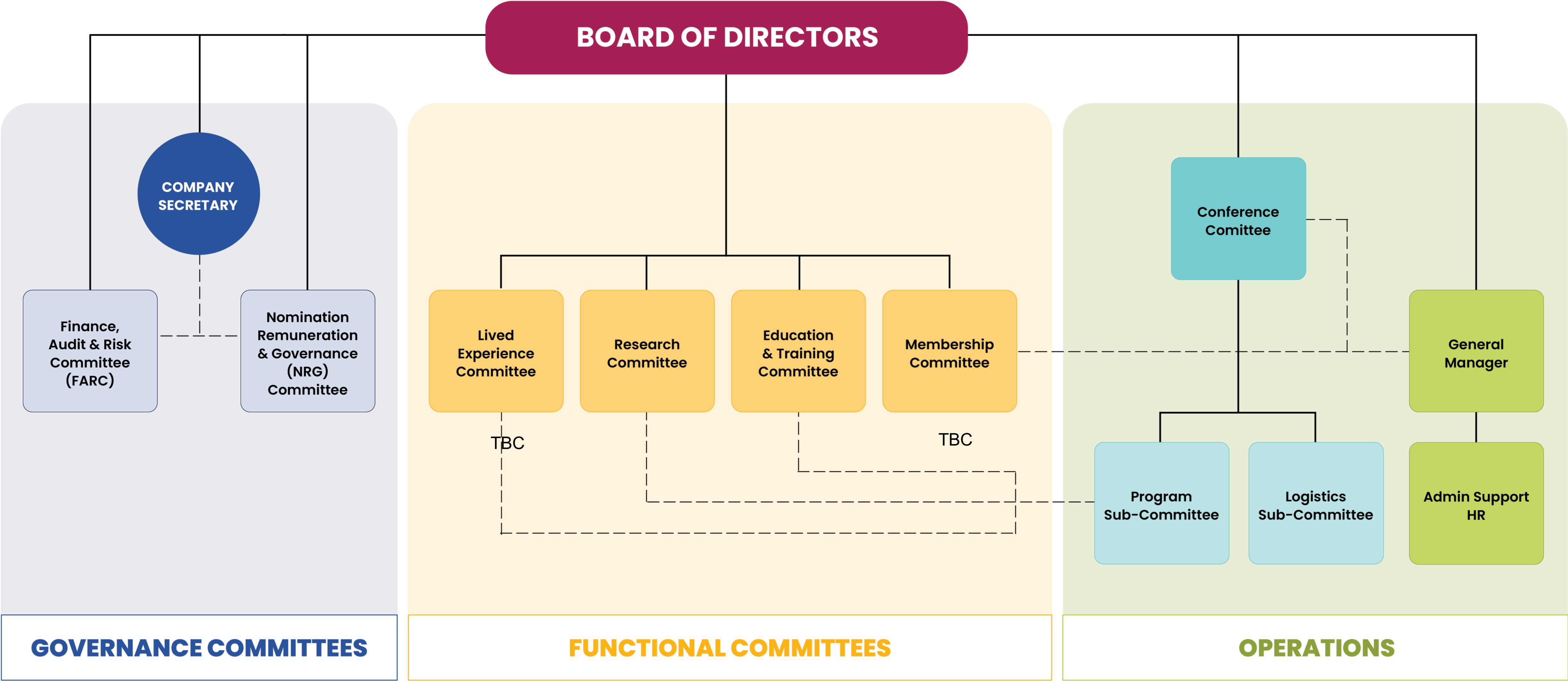
Enhancing Governance

IN 2025

- Recruit a Director from New Zealand. *Achieved*
- 2025 Constitutional review – *Early 2026*
- Developing criteria for a lived experience Director. *The Lived Experience Project is in progress*
- Recruit a General Manager. *In progress*
- Commenced charity status application with the ACNC *In progress*
- Created a risk register, improved Conflict of Interest processes and a suite of Governance Policies
Further work to be done



Current Organisation Chart



Operational capability

Current AADPA Admin and Support Team

Michele Warbrooke – Administration

Rachael Unwin – Committee Secretariat

Pip Quinn – Interim Operations Manager

Kim Fuller – Marketing & Digital Lead

Book Cents – Financial Services

Highview Accounting – Financial Services

Fast Print Services – Guides

Felicity Everest – Graphic Design

Lauren Cosgrove – LE Project Secretariat

Sam Fewings – LE Project Lead

Future business structure

Operations:

Membership, Conference, Finance,
Administration, Website & IT, Marketing.

Policy & Advocacy

Policy development, thought leadership
and advocacy across all audiences

New Business & Partnerships

Education resources, Research
partnerships, Workplace partnerships



Looking ahead

- **Expand administrative and back-office support** to reduce Board workload and strengthen delivery across programs and committees.
- **Recruit and onboard a General Manager or Executive Officer** to provide operational leadership, structure, and continuity.
- **Refine and communicate annual strategic priorities** providing KPIs and deliverables.
- **Develop a formal succession and renewal plan** for Directors, office bearers, and committee chairs.
- **Maintain and actively review the Risk Register** as a live tool for identifying and mitigating emerging risks.
- **Ensure new investments are fiscally responsible**, balancing capability growth with preservation of future project funds.
- **Embed lived-experience perspectives** within governance structures and advisory roles.
- **Reinforce AADPA's collaborative Board culture** through regular reflection, feedback, and governance review.



FY25 Conference Report

Nikki Searby



8th Annual Conference



8th Annual Conference



Assessing the costs and wait times of ADHD private care in Australia



Kaitlyn McKenna¹, Monique Seymour², Lisa Gold³, Tim J Silk², Harriet Hiscock³, David Coghill⁴, Ha N.D Le¹

Background & Purpose

Families are facing long waiting times and high costs for appointments with specialists for ADHD assessment and treatment, making it harder to access timely support for their children.

Purpose: To assess 1) the out-of-pocket cost and wait times for ADHD assessment and initial treatment appointments for children 0-18 years with private specialists; and 2) whether costs and wait times differ by metropolitan/regional area and socio-economic area.

Methods

- The audit ‘secret shopper’ methodology was used to collect data on the availability and cost for an initial assessment or treatment appointment and total assessment cost for ADHD via anonymous phone calls from April - July 2024 with private clinics.
- Clinics were private paediatrician, psychiatrist, and psychologists across Victoria.
- The calls were guided by vignettes of a child or adolescent with symptomatic ADHD.
- Quantitative descriptive analysis was conducted, and costs are reported in AU\$2024.

Results: Clinic Availability



Of 151 clinics, almost **one quarter** of paediatrician and psychiatrist, and **14%** of psychologist clinics were **closed to new referrals or at full capacity**.



The **estimated reopening time** to accepting new referrals ranged from a **couple of months to the following year** (2025, ≥6 months).

Assessment

Waiting Times



21 weeks
Paediatricians



15 weeks
Psychiatrists



4.8 weeks
Psychologists

Out-of-Pocket Costs

The amount that families can typically expect to **pay out-of-pocket** for an ADHD assessment:

\$563-2000

(\$563 Paediatrician, \$873 Psychiatrist, & \$2000 Psychologist clinics)

There were significantly **higher out-of-pocket costs** for paediatricians in **metropolitan** (\$607) and **high SES** (\$633) compared to regional/rural areas (\$401, p=0.032), and low SES areas (\$465, p=0.018), respectively.

Treatment

Waiting Times



11 weeks
Paediatricians



13.5 weeks
Psychiatrists



4 weeks
Psychologists

Out-of-Pocket Costs

The amount that families can typically expect to **pay out-of-pocket** for an initial treatment appointment:

\$118-258

(\$185 Paediatrician, \$258 Psychiatrist, & \$118 Psychologist clinics)

Psychologist **wait times** were **3x longer in regional/rural** compared to metropolitan areas (6 vs 2 weeks, p=0.005). Paediatrician and psychologist **out-of-pocket costs** were higher in **high SES areas** compared to low SES areas (\$210 vs \$147, p=0.004, \$123 vs \$107 p=0.036, respectively) and **higher in metropolitan** (\$208) compared to regional/rural areas (\$144, p=0.022) for paediatricians.

Implications

Improving policies and workforce strategies could help reduce long waiting times for specialists and make services more affordable and accessible for families, such as:

- Informing clinicians on **evidence-based practices** for assessment and diagnosis.
- Ensure that caregivers can make an **informed decision** about the **type of assessment** being offered.
- Increase the availability of **low-cost cognitive assessments** where needed.
- **Improve ADHD supports** in the educational setting.
- Exploring **effective** and **cost-effective** ADHD care models.

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Bid for ADHD World Congress



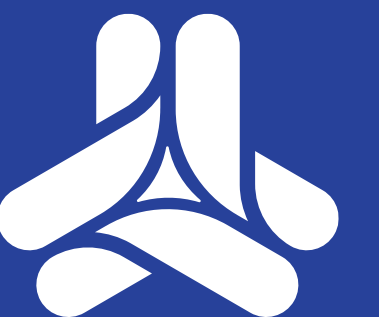
FY25 Research Committee Report

Prof. Tim Silk



Committee progress

- Research Publication Published: Establishing the Research Priorities of ADHD Professionals: An International Delphi Study was published in the Journal of Attention Disorders.
- Early Career Researcher (ECR) Network Event - The Meet the Experts and Networking event was led by Emily Friedel, Monique Hassarati, Mengxun (Dara) Hong and Julie Kos. The session facilitated discussions with leading researchers: Prof Mark Bellgrove, Prof Ian Hickie, Prof Patrick Ip, A/Prof Melanie Porter, Prof Luis Rodhe, and Prof Tim Silk. Approx. 35 Early to Mid-Career Researchers attended.
- Grant Applications: Established a process for researchers seeking a Letter of Support for grant applications and participated in two MRFF Early to Mid-Career Research grant applications; with Monash University and The University of Sydney.
- Strengthening AADPA's position as a collaborative research convener.



Participatory Research Guide



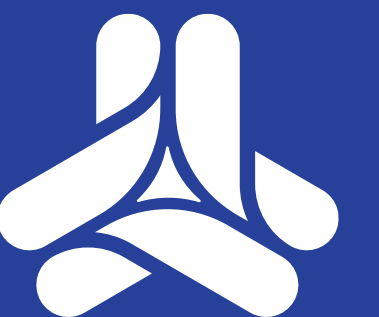
Developed a Guide for Participatory ADHD Research:

This guide aims to empower researchers and community members to collaborate effectively on ADHD research, ensuring research is conducted with respect for people with ADHD, and is focused on their needs. The guide has been developed with input from 6 lived experience researchers and 2 community lived experience.



Looking ahead

- Support implementation of the Participatory Research Guide across ADHD research communities
- Expand AADPA's Early Career Researcher (ECR) development program
- Leverage AADPA's Delphi Study to shape future research opportunities and funding alignment
- Continue supporting researchers through partnerships, Letters of Support, and sector leadership
- Broaden institutional partnerships
- Build AADPA's role as a trusted research collaborator and convener



FY25 Education & Training Committee Report

2023/2024

2023/2024 Annual Report

Dr Sarahn Lovett



Committee Progress

New Information Sheets: Completed five information sheets for regularly used ADHD medications and one covering Frequently Asked Questions about Medication. Sheets can be used for patients and families, educators and all professionals working in ADHD care. Appropriate for use across Australia and in New Zealand.

Webinar Series: The committee has hosted a successful monthly webinar series. Webinars featured topics which catered to prescribers, all ADHD clinicians and coaches and those with lived experience. Two presentations were delivered by trans-Tasman speakers and have been well-received by audiences.



Medication Information Sheets

 **aadpa** | ADHD INFORMATION GUIDE



ATOMOXETINE FOR ADHD

This guide is for people with ADHD, parents, and carers. Always follow your doctor's advice and read the Consumer Medicines Information (CMI) for full details.

WHAT IS ATOMOXETINE?

Atomoxetine is a non-stimulant medication used to treat **attention-deficit hyperactivity disorder (ADHD)**. It works by increasing levels of **norepinephrine** in the brain, helping to improve attention, reduce impulsivity, and manage hyperactivity.

Atomoxetine can be prescribed for:

- Children (usually over 6 years), adolescents, and adults with ADHD.
- People who do not tolerate or respond well to stimulant medications.
- Those with co-occurring anxiety or tics, where stimulants may worsen symptoms.

It is usually prescribed under the brand name **Strattera®** in Australia and New Zealand.

Available in 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, and 100mg capsule strengths.

DISCLAIMER: This fact sheet is for informational purposes only and should not be interpreted as medical advice. SOURCE: Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder (ADHD).

 **aadpa** | ADHD INFORMATION GUIDE



METHYLPHENIDATE FOR ADHD

This guide is for individuals, parents, and carers. It explains how methylphenidate is used to manage ADHD. Always follow your doctor's instructions and check the Consumer Medicines Information (CMI) for full details on side effects.

WHAT IS METHYLPHENIDATE?

Methylphenidate is a **psychostimulant medication** used to treat:

- **ADHD** – improves attention, reduces impulsivity and hyperactivity.
- **Narcolepsy** – helps with excessive daytime sleepiness.

Common brand names (Australia & NZ):

- **Immediate Release (IR):** Ritalin (AU/NZ), Artige (AU), Rubifen (NZ)
- **Modified Release (MR):** Ritalin LA (AU/NZ), Rubifen SR (NZ), Concerta OROS (AU/NZ), Methylphenidate Teva XR (AU/NZ)

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 **aadpa** | ADHD INFORMATION GUIDE



LISDEXAMFETAMINE FOR ADHD

This guide is for individuals, parents, & carers. It explains how lisdexamfetamine is used to manage ADHD. Always follow your doctor's advice and read the Consumer Medicines Information (CMI) for full details.

WHAT IS LISDEXAMFETAMINE? (Psychostimulant Medication)

Lisdexamfetamine is a **long-acting stimulant** used to treat:

- **ADHD** – improves attention, reduces impulsivity and hyperactivity.
- **Binge Eating Disorder (BED)** – approved overseas, but not in Australia/NZ.

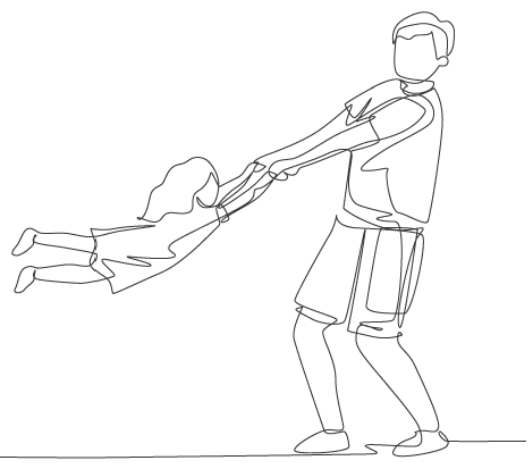
Brand name (AU/NZ): Vyvanse capsules (20mg, 30mg, 40mg, 50mg, 60mg, 70mg).

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Consumer Information sheets

 **aadpa** | ADHD INFORMATION SHEET



HOW TO TALK TO MY CHILD ABOUT THEIR ADHD

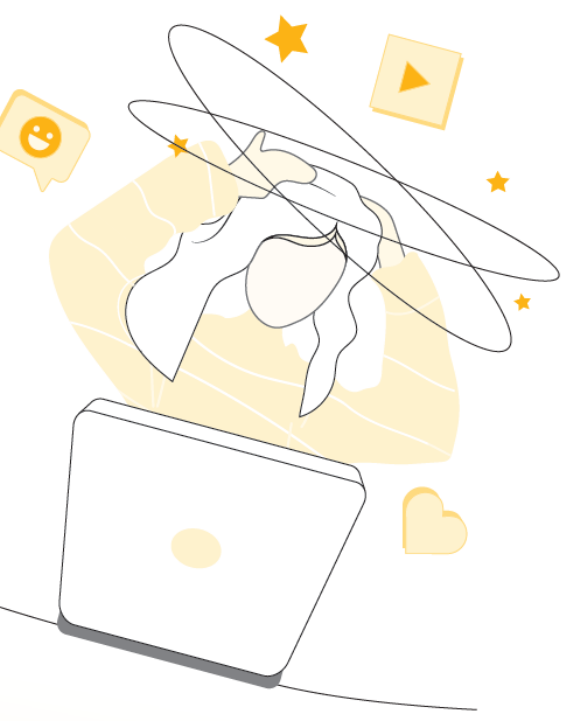
We encourage all parents to discuss health issues with their children and do it as a family.

General tips for starting the conversation:

- **Be open and honest:** trust is key in your relationship.
- **Use age-appropriate language:** adjust your explanation based on your child's age and understanding.
- **Choose the right time:** there's no perfect moment, trust your instincts.
- **Show your love and support:** reassure them of your unconditional love.
- **Admit what you don't know:** it's okay to say you'll find out together.

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 **aadpa** | ADHD INFORMATION SHEET



WHAT IS IT LIKE TO HAVE ADHD? LIVED EXPERIENCE

Does your brain ever feel like this all at once?

The ADHD brain is overflowing with potential, but sometimes it can feel like a whirlwind of ideas and competing priorities. Your brain can also be overwhelmed with sensory distractions.

Harnessing this potential, and doing it at the right time, can be hard. For people with ADHD it can be difficult to focus, take action and complete tasks.

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 **aadpa** | ADHD INFORMATION SHEET



ADHD LIVED EXPERIENCE POST DIAGNOSIS

JUST BECAUSE I CARRY IT WELL DOESN'T MEAN THE LOAD I CARRY ISN'T HEAVY

How an ADHD diagnosis might impact a person with lived experience, what it can mean:

- Greater self-awareness and self-compassion.
- A different way to explain your experience, your strengths and your challenges.
- An understanding that my challenges may be somewhat beyond my control.
- Access to medication, education, other treatments and ADHD friendly strategies.
- Community and acceptance — engaging with other people who share and understand your experiences.
- Access to supports and accommodations.

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ADHD Unscripted



“ It’s been five years since I discovered I have ADHD and I’m still fighting the battle.”
LEXY STANILAND

ADHD UNSCRIPTED
Real Stories | Real People

BROUGHT TO YOU BY ADHD AWARENESS MONTH + aadpa



“ The diagnosis led me to understand myself better, to accept myself, and that has really helped.”
ANTHONY BROWN

ADHD UNSCRIPTED
Real Stories | Real People

BROUGHT TO YOU BY ADHD AWARENESS MONTH + aadpa



“ Combined with metaphors like the feisty piwakawaka, Māori can claim new ways of naming and understanding ADHD that restore dignity and possibility.”
BYRON RANGIWAI

ADHD UNSCRIPTED
Real Stories | Real People

BROUGHT TO YOU BY ADHD AWARENESS MONTH + aadpa



“ Looking back, the signs were there my whole entire life, but like many women my age, I grew up in a time when ADHD wasn’t recognised, especially in girls...”
FELICITY HENRY

ADHD UNSCRIPTED
Real Stories | Real People

BROUGHT TO YOU BY ADHD AWARENESS MONTH + aadpa



“ I recently became aware (2 years post diagnosis), that it’s a constant balancing act.”
FELICITY EVEREST

ADHD UNSCRIPTED
Real Stories | Real People

BROUGHT TO YOU BY ADHD AWARENESS MONTH + aadpa



2024/25 Webinar Program

October 2025

Topic: GP Reforms: where are we up to and what it means

Presenter/s: Dave Coghill and Sarahn Lovett

Registrations: 107

Topic: Awareness to Acceptance: Redefining ADHD Advocacy

Presenter/s: Emma-Rose Parsons and Rebecca Alexander

Registrations: 80

September 2025

Topic: Supporting Clients Around ADHD Medication for Non-Prescribing Professionals

Presenter/s: Dr Petra Hoggarth

Registrations: 93

August 2025

Topic: From Fidgeting to Focus—New Biomarkers in ADHD

Presenter/s: Professor Justin Fernandez

Registrations: 118

June 2025

Topic: Understanding Rejection Sensitive Dysphoria in ADHD

Presenter/s: Jennifer Kemp

Registrations: 162

May 2025

Topic: Practical Approaches For Managing Insomnia in ADHD

Presenter/s: Dr Frank Cahill and Dr Joel Aizenstros

Registrations: 130

April 2025

Topic: ADHD and Hormones Across The Lifestage

Presenter/s: Denise Abreu

Registrations: 149

March 2025

Topic: ADHD and the LGBTQIA+ Community

Presenter/s: Dr Yolandie Goodyear

Registrations: 110

February 2025

Topic: ADHD & Problematic Sexual Behaviour

Presenter/s: Shai Hipperson

Registrations: 85

November 2024

Topic: The role of gut microbiome in ADHD Management

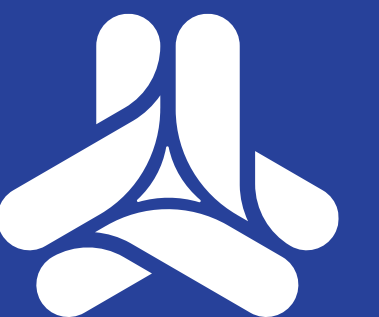
Presenter/s: Dr Rita Ng

Registrations: 114



Looking ahead..

- Advance professional capability through case-based learning, connecting clinicians, share expertise, and problem-solve real-world ADHD cases.
- Combat misinformation and disinformation with better education materials and resources.
- Develop the idea of a trusted members information hub that curates accurate, evidence-based resources.
- Strengthening partnerships and coalitions.
- Improve governance and impact measurement by adding post-webinar analytics, feedback loops, and quality-assurance reviews for all educational outputs.
- Review TOR for the Committee, membership and priorities



New Zealand

Dr Sarah Watson



Progress so far...

- New Zealand Clinical Principles Framework – July 2025
- Recent regulatory changes include:
 - Three-month prescriptions for ADHD medication instead of one-month.
 - Removal of specialist-approval renewals,
 - Funding of Vyvanse (lisdexamfetamine) through Pharmac.
 - From 1 February next year, GPs and nurse practitioners will be able to initiate care for adults
- A review of the AADPA Prescribing Guide to enable use for NZ prescribers, with a release target February 2026
- Approached NZ Government about the review and working together in the future
- Investment in a secretariat to support governance processes for NZ activities
- Establish a NZ member advisory group for AADPA
- Stage professional development workshops in NZ.



Lived Experience Project

Dr Corin Miller



Progress & next steps

Goals

- Appoint a Lived Experience Director as outlined in the Constitution
- Establish appropriate by-laws and governance structures
- Establish an Advisory Group

Next Steps – Lived Experience Project

- Experienced and independent advisor appointed to lead the Project
- Funding to establish a secretariat
- Establish Working Party
- Set Governance Foundations
 - Finalise Terms of Reference
 - Define scope, purpose, and membership structure



FY25 Membership Report

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FY25 Membership Report



439

FULL



304

ASSOCIATE



82

STUDENT



2

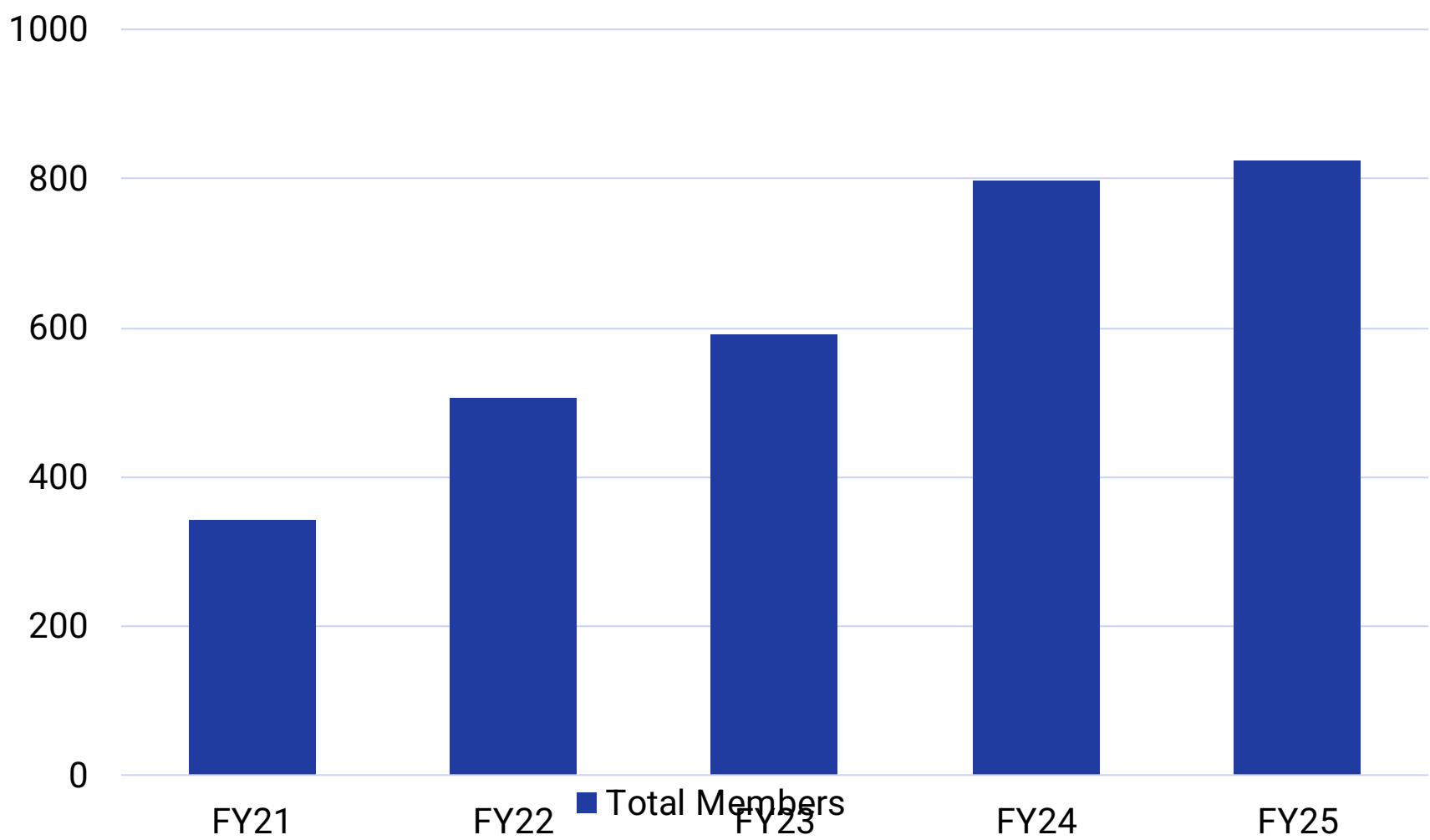
LIFETIME



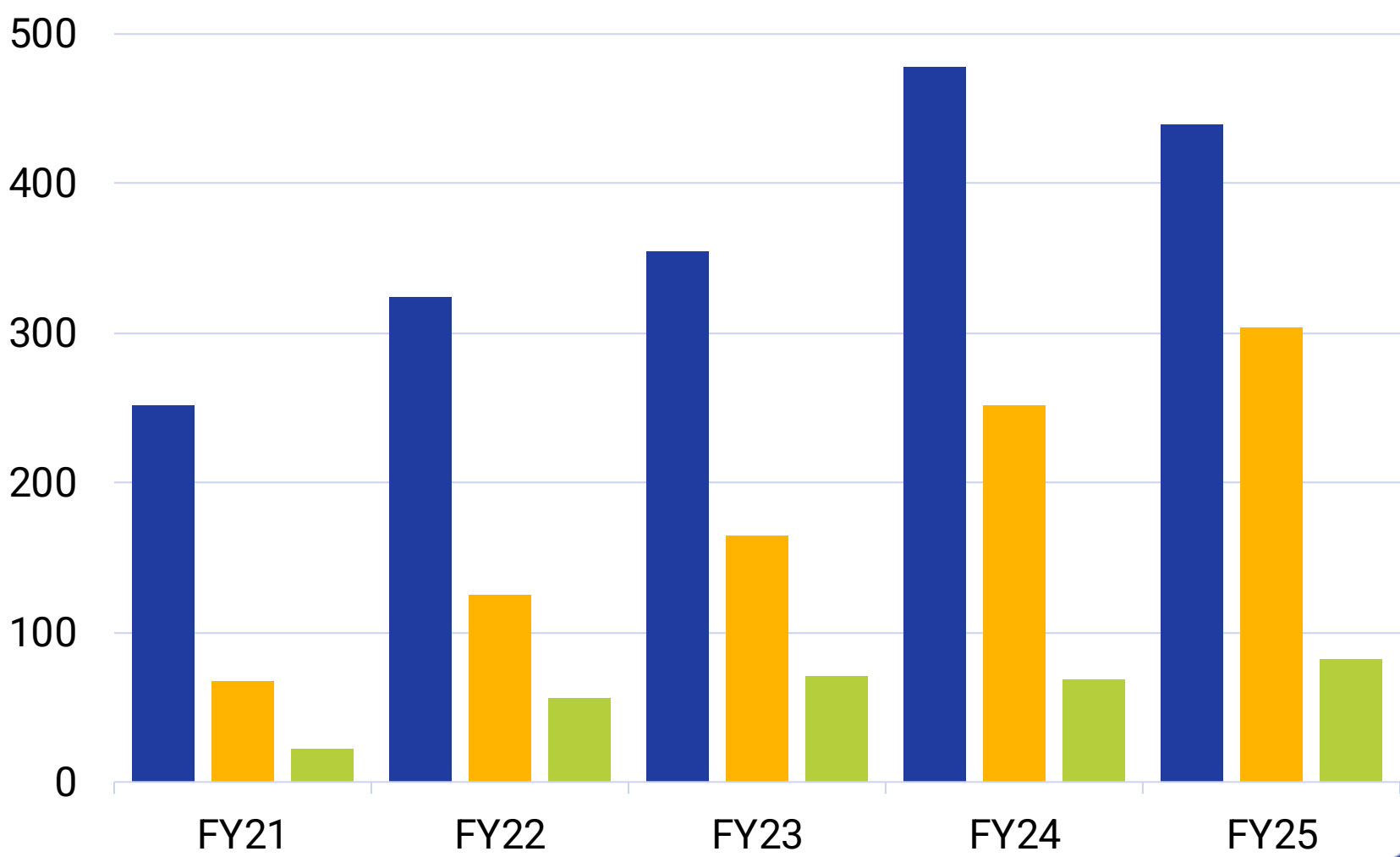
827

TOTAL

Total Members

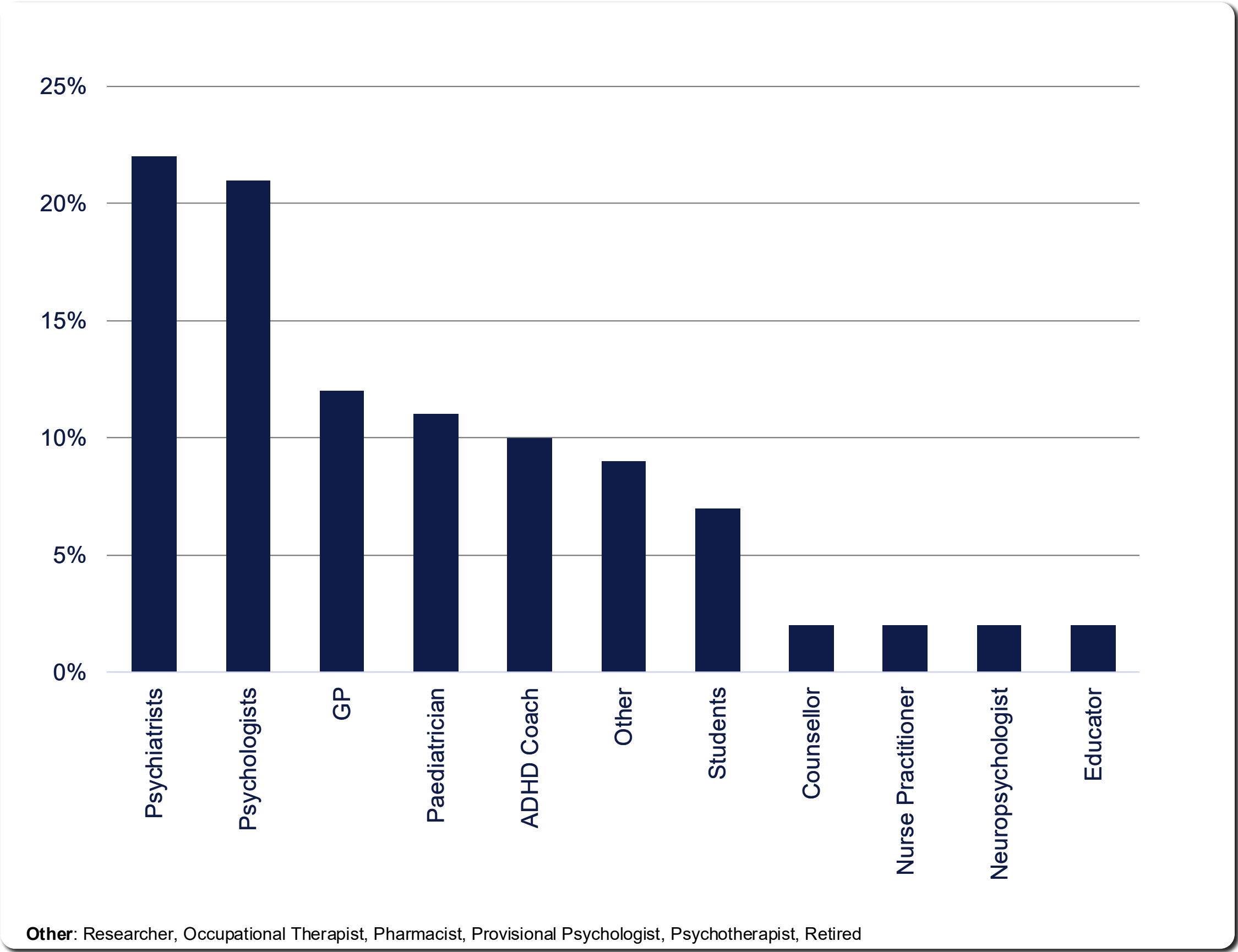


■ Full ■ Associate ■ Student

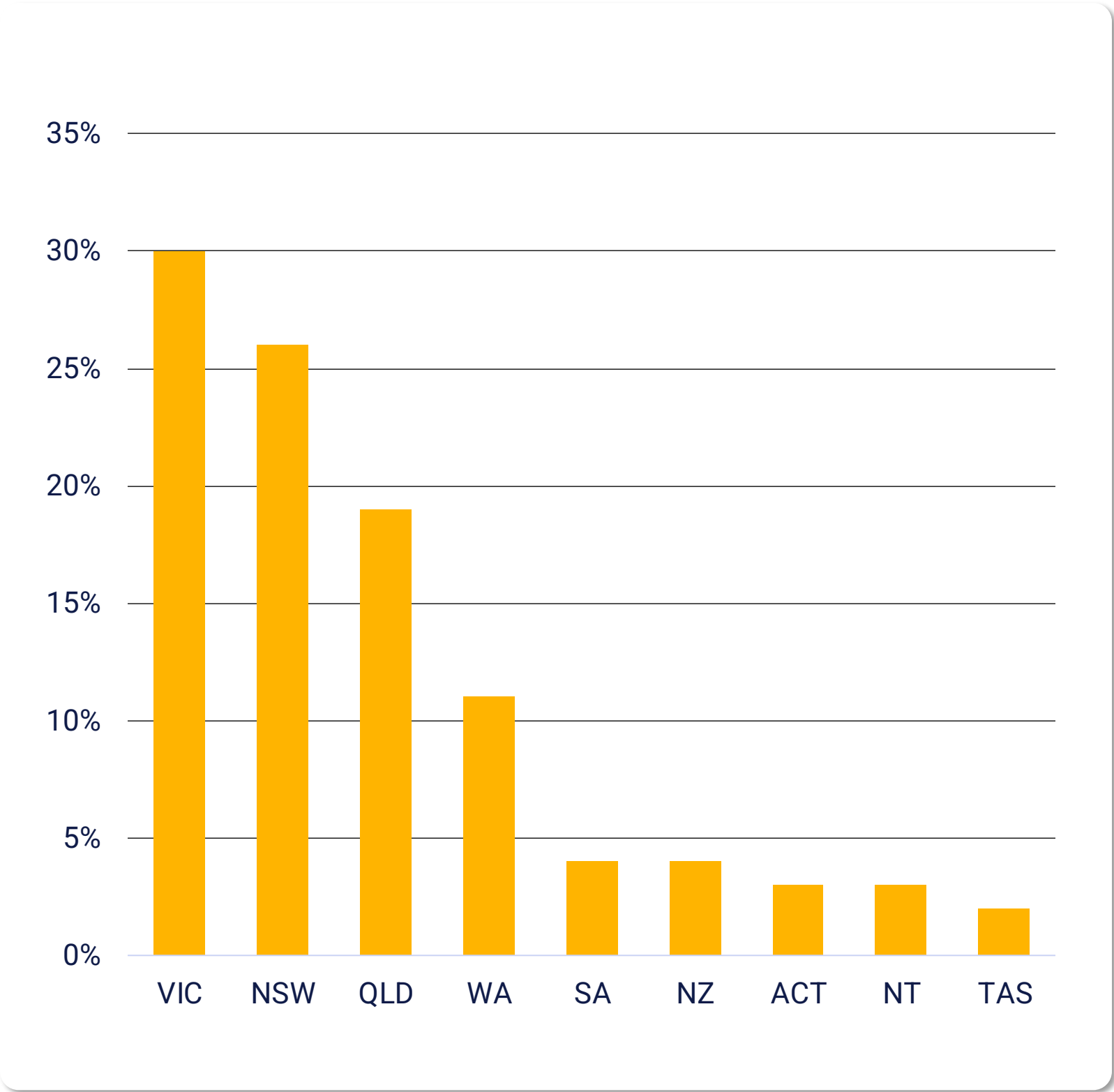


FY25 Membership Report

Member Professions



Member Location



New membership categories



Practicing professionals
>3 years, postgrad or
significant field experience.



Early career
<3 years practicing in
ADHD/relevant fields



NEW: Non-medical/non-allied health
e.g., teachers, educators, consultants,
lawyers, etc.



Undergrad or postgrad
studies relevant to ADHD



NEW: Permanently retired
Full Members



Full Members with
exceptional contribution



Proposed Special Resolution

Dr Kyle Hoath



Special Resolution

Amendment to Constitution regarding Director Tenure

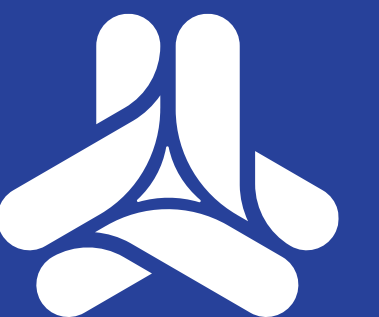
Resolution:

That Clause **38.5** of the Constitution of the Australasian ADHD Professionals Association Ltd be deleted in its entirety and replaced with the following clause:

38.5 Director Tenure

The tenure of Directors will be determined in accordance with the Board Director By-Laws, as adopted and amended by the Board from time to time, provided that such by-laws remain consistent with the *Corporations Act 2001 (Cth)* and the *Australian Charities and Not-for-profits Commission Act 2012 (Cth)*.

Resolution Proposed by: Dr Kyle Hoath - Chair, Nominations, Remuneration and Governance Committee



Special Resolution

Proposed by-law to be attached to 38.5

3.1 Standard Tenure

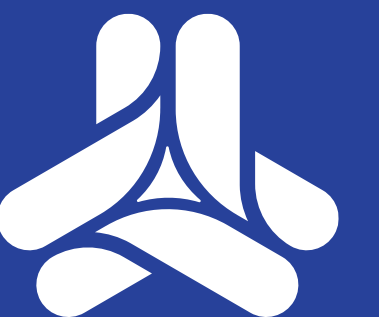
A Director may serve a maximum of **ten (10) consecutive years** on the Board.

Service will be calculated from the date the Director is first elected or appointed to the Board.

3.2 Extension of Tenure

An extension of up to **one (1) additional year** (maximum total tenure of eleven (11) consecutive years) may be granted **only if**:

- a) The Director is elected to a new term in the year immediately prior to reaching the ten-year limit; and
- b) The extension is approved by election under Clause 37 of the Constitution.



Election to the Board of Directors

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Election to the Board of Directors



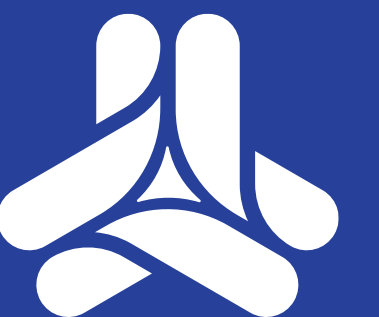
Prof. Dave Coghill



Dr Sarahn Lovett



Prof. Mark Bellgrove



Special Thankyou to Dr Roger Paterson



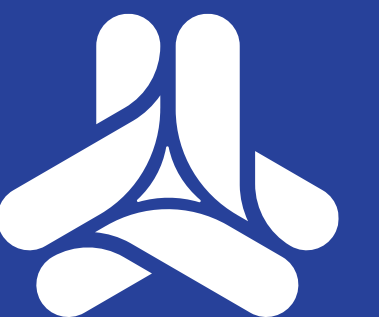
Founding Director of AADPA

Developed and maintained the AADPA website pages devoted to prescribing regulations across Australia. This is one of the most visited pages with thousands of clicks every year.

Served as the moderator of the AADPA list-serv from inception until this year, providing thoughtful evidence-based responses to queries.

Instrumental in setting up the framework for the development of the Prescribing Guide and "recruiting" Kate Tognarini

Helped drive AADPA to its current status as the leading interdisciplinary peak body for ADHD in Australia and one of the largest internationally



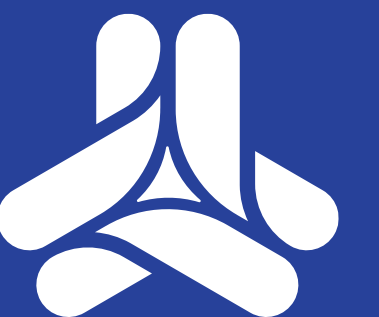
Future Strategic Priorities

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Strategic Priorities 2022–25

- 1** Promote and maintain the National Clinical Practice Guideline for ADHD and develop other education resources. **Continuing to promote the Guideline**
- 2** Develop education, training and advocacy initiatives for all our stakeholders from the Prescribing Guide and Clinical Guideline. **Achieved and expanded**
- 3** Develop education, training and advocacy initiatives for all our stakeholders from the Prescribing Guide and Clinical Guideline. **Achieving & work is ongoing**
- 4** Develop and drive a cutting edge and collaborative research portfolio that prioritises participatory practices. **Collaboration is key. Leveraged opportunities**
- 5** Refine and amend AADPA's constitution and governance arrangements to increase the capacity, reach and influence of AADPA. **Excellent progress. ACNC process commenced.**
- 6** Develop and attain financial sustainability through diversifying revenue streams. **Increased revenues and continuous improvement.**



Winning ambition

To lead a powerful shift in how ADHD is diagnosed and supported across Australia and New Zealand by building an inclusive, expert-led organisation that embeds lived experience, drives practical change, and enables every person with ADHD to thrive.



Vision + Mission

AADPA's Refined Vision

A world where individuals with ADHD, and professionals involved in their care, are supported and empowered.

- **Refined Mission**

To advance accurate, timely, and accessible ADHD diagnosis and care by:

- Building professional capacity
- Amplifying the voice of lived experience
- Foster interdisciplinary partnerships

We connect research, education, and advocacy to create real-world change in health, education, and community systems.



AADPA Strategic Priorities 2025–2030 (Draft)



Transform ADHD Care

Lead systemic change to ensure timely, accurate diagnosis, evidence-based treatment, and ongoing support for all Australians and New Zealanders with ADHD

(Includes Guideline implementation)



Build Coalitions & Partnerships

Develop a national ADHD capability ecosystem that empowers professionals, communities, and people with lived experience by developing and supporting and interdisciplinary networks.



Advance Professional Capability

To accelerate reform, and advance professional capability through targeted ADHD education, particularly in primary care and underserved regional areas.

AADPA Strategic Priorities 2025–2030 (Draft)



Deliver Evidence

Develop research pathways and collaborations to enable the translation of world-class ADHD research into real-world tools, training, and resources that improve outcomes across healthcare, education, and workplaces.



Combat misinformation

Lead national efforts to counter misinformation and disinformation about ADHD through clear, evidence-based resources. This includes embedding lived experience and cultural safety across all AADPA initiatives and broadly amplifying lived experience in the community



Ensure Excellence

Build AADPA’s long-term sustainability through strong governance, financial resilience, and operational best practice as a trusted independent authority.

2025 Annual General Meeting

27 October 2025 | CLOSE

