

# January Meeting

## Minutes

### VOLUNTARY ASSISTED DYING REVIEW BOARD

<b>Date</b>	Wednesday 25 January 2023		
<b>Time</b>	8.30 am – 12.30 pm		
<b>Venue</b>	R8.08, Level 8, 33 Charlotte Street, Brisbane		
	<b>Name</b>	<b>Position</b>	<b>Attendance</b>
<b>Review Board</b>	Associate Professor Helen Irving	Chair	IP
	Professor Eleanor Milligan	Deputy Chair	IP
	Professor Lindy Willmott	Member	IP
	Dr Jenny Brown	Member	VC
	Ms Donisha Duff	Member	VC
	Dr Bav Manoharan	Member	IP
	Dr Will Cairns OAM	Member	IP
	Professor Lisa Nissen	Member	VC
	Mr Geoff Rowe	Member	A
<b>Guests</b>	s.73	s.73 QVAD Support and Pharmacy Service	IP
	s.73	s.73 QVAD Support and Pharmacy Service	IP
<b>VAD Program, Queensland Health</b>	Tricia Matthias	Executive Director, Voluntary Assisted Dying Program, Clinical Excellence Queensland	IP
	Sally Stubbington	Manager, Office of the Review Board (ORB)	IP
<b>Secretariat</b>	Holly Atkinson	Principal Policy Officer, ORB	IP

Attendance: IP = In Person, VC = Videoconference, A = Apology, P = Proxy



Item	Topic
1.	<b>Welcome and overview</b>
1.1	<p data-bbox="336 376 906 409"><b>Acknowledgement of Country and apologies</b></p> <p data-bbox="336 432 1407 501">The Chair welcomed members, acknowledged the complexity of voluntary assisted dying and noted the apology for Mr Geoff Rowe.</p>
1.2	<p data-bbox="336 539 592 573"><b>Conflicts of interest</b></p> <p data-bbox="336 595 596 629">Members discussed:</p> <ul data-bbox="336 651 1407 763" style="list-style-type: none"> <li data-bbox="336 651 1407 763">• Prof. Lindy Willmott noted she would like to confirm the register of interests discussed at the inaugural meeting and confirm the process for raising new conflicts of interest.</li> </ul> <p data-bbox="336 786 560 819">Members agreed:</p> <ul data-bbox="336 842 1407 1182" style="list-style-type: none"> <li data-bbox="336 842 1407 911">• The register of interests would be presented at the February 2023 meeting for endorsement.</li> <li data-bbox="336 934 1407 1046">• Once endorsed, the register of interest will be uploaded to the Convene document library and amended as necessary when brought back to Review Board meetings.</li> <li data-bbox="336 1068 1246 1102">• Conflicts of interests to be a standing agenda item at each meeting.</li> <li data-bbox="336 1124 954 1158">• No additional conflicts recorded for January.</li> <li data-bbox="336 1180 1161 1214">• Review Board members agreed to not video record meetings.</li> </ul> <p data-bbox="336 1236 432 1270"><b>Actions</b></p> <ul data-bbox="336 1292 1407 1314" style="list-style-type: none"> <li data-bbox="336 1292 1407 1314">• <b>Jan 23-001:</b> Register of interests to be endorsed by members at the February 2023 meeting.</li> </ul>
1.3	<p data-bbox="336 1346 544 1379"><b>Actions register</b></p> <p data-bbox="336 1402 1407 1514"><b>Action item – Nov 22-001:</b> s.73 [REDACTED] s.73 [REDACTED] QVAD Support and Pharmacy Service and s.73 [REDACTED] s.73 [REDACTED] of Pharmacy, QVAD Support and Pharmacy Service to speak at first Review Board meeting in 2023:</p> <ul data-bbox="336 1536 1294 1615" style="list-style-type: none"> <li data-bbox="336 1536 1294 1570">• s.73 [REDACTED] and s.73 [REDACTED] presented at January 2023 meeting</li> <li data-bbox="336 1592 564 1626">• Action closed.</li> </ul> <p data-bbox="336 1648 1407 1682"><b>Action item – Nov 22-002:</b> ORB to share WA practice directions with board members:</p> <ul data-bbox="336 1704 1007 1783" style="list-style-type: none"> <li data-bbox="336 1704 1007 1738">• ORB uploaded WA practice directions to Convene</li> <li data-bbox="336 1760 564 1794">• Action closed.</li> </ul> <p data-bbox="336 1816 1407 1883"><b>Action item – Nov 22-003:</b> ORB to circulate approved forms to Board Members once approved by DG:</p> <ul data-bbox="336 1906 927 1984" style="list-style-type: none"> <li data-bbox="336 1906 927 1939">• ORB uploaded approved forms to Convene</li> <li data-bbox="336 1962 564 1995">• Action closed.</li> </ul>

	<p><b>Action item – Nov 22-004:</b> ORB to update Review Board on first VAD request processed after 1 Jan 2023:</p> <ul style="list-style-type: none"> <li>• ORB updated Review Board via email</li> <li>• Action closed.</li> </ul>
1.4	<p><b>Summary of QVAD Review Board IMS data (Meeting Papers for Agenda Item 1.4)</b></p> <ul style="list-style-type: none"> <li>• Tricia Matthias presented a summary of the QVAD Review Board IMS data of the prescribed information under section 8 of the <i>Voluntary Assisted Dying Regulation 2022</i> that is required to be recorded and kept by the Review Board.</li> </ul> <p><b>Actions</b> Nil.</p>
<b>2.</b>	<b>Presentation</b>
2.1	<p><b>QVAD Support and Pharmacy Service update, presented by s.73 and s.73</b></p> <ul style="list-style-type: none"> <li>• QVAD Support and Pharmacy (QVAD SPS) received over 100 referrals since commencement of scheme. This does not reflect activity State-wide - cases are also received through HHSs and GPs. Estimated referrals are currently at 120-125, and hence total numbers per annum may exceed modelling. Over 60% of referrals are coming from patients. 15-20% of people referred to QVAD SPS not eligible.</li> <li>• The interest from members of the community for information and access to VAD is high and ability to meet with demand will be constantly reviewed.. QVAD Support just meeting demand. Median length of phone calls is 1 hour.</li> <li>• As VAD is seen as a more common end of life choice in the community, demand may increase.</li> <li>• With initiation of VAD, there can be a perception that VAD is an emergency, which has an impact upon service provision. It is hoped that with time this will become more manageable. .</li> <li>• Discussion of specific case - prolonged time to death after taking the self-administration substance. The Review Board discussed: <ul style="list-style-type: none"> <li>– Current Act does not allow a practitioner to provide IV administration if self-administration is interrupted for whatever reason. Legislative amendments would be required to enable this to occur. .</li> <li>– Approved forms and the ability of the approved forms to capture required information.</li> <li>– Provision of information to the person with respect to substance administration, and informed consent was discussed. With respect to the case presented, specific administration information and guidance was provided to the contact person who conveyed this to the person</li> </ul> </li> </ul>

	<p><b>s.47(3)(b)</b></p> <ul style="list-style-type: none"> <li>– Other issues discussed included end of life pathways, palliative care referrals and involvement and times when/or if transfer from residential site to hospital may be required for optimal care of the person.</li> <li>• QVAD Pharmacy is meeting demand within KPIs.</li> <li>• Demonstration of self-administration and practitioner administration kits .</li> <li>• Discussion around impediments of the carriage service provisions in the Commonwealth Criminal Code, particularly the potential delays/lost mail in posting the script.</li> <li>• <b>s.73</b> invited members to attend QVAD Support and Pharmacy for a tour .</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Jan 23-002</b> – ORB to organise for <b>s.73</b> and <b>s.73</b> to attend February 2023 meeting to provide an update of QVAD Support activity, and then attend every second Review Board meeting.</li> </ul>
	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Jan 23-003</b> – ORB to organise for standing item on agenda for Review Board <i>in camera</i> session for 15 minutes at end of every meeting.</li> <li>• <b>Jan 23-004</b> – ORB to amend Code of Conduct to enable Review Board members to print agenda materials from Convene. Review Board to endorse at February meeting.</li> </ul>
<b>Morning tea</b>	
<b>3. QVAD Review Board IMS update</b>	
3.1	<p>Tricia Matthias provided an update on the IMS developments.</p> <ul style="list-style-type: none"> <li>• IMS enhancements to be made on 31 January 2023 will: <ul style="list-style-type: none"> <li>– allow a practitioner to complete and submit a form in any order, once a First Assessment Record form has been submitted</li> <li>– remove the authorised practitioner’s address from showing on forms given to the person</li> <li>– improve security roles between the Review Board, Voluntary Assisted Dying Unit and QVAD Support. For example, ensuring practitioners’ correspondence during their application for authorisation remains confidential and only viewable by the VAD Program Unit</li> <li>– minor bug fixes (typos etc).</li> </ul> </li> <li>• Lunchtime session for authorised practitioners on the IMS changes on 1 February 2023.</li> </ul>

	<p><b>Actions</b></p> <p><b>Jan 23-005</b> – Holly Atkinson to contact Review Board members for IMS training once logins have been finalised.</p>
4.	<p><b>Completed request reviews</b></p>
4.1	<p><b>s.47(3)(b) Completed Request Reviews</b></p> <p>Recommendations:</p> <p>That the Review Board:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the following s.47(3)(b) completed requests: <ol style="list-style-type: none"> <li>1. VCASE s.73</li> <li>2. VCASE</li> <li>3. VCASE</li> <li>4. VCASE</li> <li>5. VCASE</li> <li>6. VCASE</li> <li>7. VCASE</li> </ol> </li> </ul> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• Detailed consideration of compliance checklist and details in VCASE s.73, VCASE-s.73 and VCASE-s.73</li> <li>• Residency exemption processes and appeal options for a person that contests a residency exemption decision. A decision by the coordinating or consulting practitioner is reviewable by QCAT but not the exemption decision by the DG or delegate.</li> <li>• Chief Executive, Queensland Health has delegated exemptions for residency criteria to the CMO and ED, VAD Program</li> <li>• Compliance checklist still under development, ORB sought the Review Board's feedback for improvements. The purpose of the checklist was discussed and proposed ORB processes considered.</li> <li>• Process for time management and review of completed requests at future meetings: <ul style="list-style-type: none"> <li>– Checklists will be uploaded with the agenda in Convene without the approved forms. The Review Board will have access to the IMS to review approved forms for completed requests.</li> <li>– s.47(3)(b)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>– Terminology to be settled by Review Board for s.47(3)(b) and endorsed at the March 2023 meeting.</li> <li>• Person's that have had multiple first assessments by different practitioners – will be reviewed by the ORB.</li> <li>• Process for submitting notification of death forms when not VAD related and the addition of Birth's, Death's and Marriages (BDM) data.</li> <li>• Notifying coordinating practitioner where board is notified of death via form 17 or BDM data. ORB will contact coordinating practitioner in these cases.</li> <li>• Discussion about unused substance and contacting contact person. It was noted that the s.47(3)(b) to be provided to Review Board at February meeting.</li> <li>• Explanation of how completing the approved forms in the IMS works, compared to the PDF versions. In the IMS, additional questions for some parts of the forms are only included if the practitioner ticks 'yes', e.g., speech pathologist.</li> </ul> <p><b>Agreed Outcomes</b></p> <p>Members:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the s.47(3)(b) completed requests. Letters of compliance to be sent to the coordinating practitioners.</li> </ul> <p><b>Actions</b></p> <p><b>Jan 23-006</b> – ORB to amend compliance checklist to include page numbers, additional deceased options, move diagnosis to front page and incl. administration decision, update headings for summary and compliance checklist, forms summary section – incl. notified by BDM data as an option, provide updated version to Review Board for endorsement.</p> <p><b>Jan 23-007</b> – ORB to provide Review Board with the Voluntary Assisted Dying Program Unit's residency exemption process document and application form.</p> <p><b>Jan 23-008</b> – ORB to collate residency exemption reasons and provide Review Board with a one page summary of exemptions granted/not granted at each meeting.</p> <p><b>Jan 23-009</b> – ORB to finalise s.47(3)(b) and present to Review Board for endorsement at March meeting.</p> <p><b>Jan 23-010</b> – ORB to amend completed request contents page that accompanies the meeting agenda to include sections for completed request s.47(3)(b) then add 'N/A' if no cases for section.</p>
5.	<b>Other business</b>
5.1	<p><b>For discussion – 2023 work plan</b></p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• Consideration of risks. System issue monitoring framework is still under development. Amend title to 'System Improvement and Monitoring'. As</li> </ul>

	<p>patterns/similar issues are identified through the review of completed requests, Systems Improvement will be developed over time. The initial framework to be considered by the Review Board in February and March 2023.</p> <ul style="list-style-type: none"> <li>• Consider research earlier. Agreed to invite <b>s.73</b> from QUT for a 30 min QUT presentation about research occurring in Australia and internationally.</li> <li>• Noted work plan is an ongoing process.</li> </ul> <p><b>Actions</b></p> <p><b>Jan 23-011</b> – ORB to provide updated version of 2023 Review Board work plan at February meeting.</p> <p><b>Jan 23 012</b> – ORB to invite QUT to present at the April 2023 meeting.</p>
5.2	<p><b>Template completed request letter to practitioners and contact phone numbers</b></p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• Letter is similar to other jurisdictions.</li> <li>• Practitioners automatically join the Community of Practice once they become authorised practitioners and there is no need to include this in the letter.</li> </ul> <p>Members <b>endorsed</b>:</p> <ul style="list-style-type: none"> <li>• The letter to practitioners to confirm a completed request has been reviewed. To include a minor amendment to include a sentence about welcoming feedback.</li> <li>• Sharing personal contact phone numbers with Review Board members to Convene.</li> </ul> <p><b>Actions</b></p> <p><b>Jan 23-013</b> – ORB to amend letter to practitioners to include sentence about welcoming feedback.</p>
5.3	<p><b>Standing items</b></p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• External requests and media appearance requests <ul style="list-style-type: none"> <li>– semi-regular media requests are made to the Department about the numbers of authorised practitioners and the numbers of people accessing VAD. The Department provides the numbers of practitioners who have applied to be authorised and state that the Review Board will provide the numbers of people accessing VAD through its annual report</li> <li>– noted interview with DP</li> <li>– Lindy Willmott received media requests in December and January. These were passed on to the QUT team</li> <li>– Will Cairns received request to speak at a residential aged care and at a festival - will speak about death generally and not related to the Review Board.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>No correspondence for consideration</li> </ul> <p><b>Actions</b></p> <p>Nil.</p>
5.4	<p><b>Reflection</b></p> <ul style="list-style-type: none"> <li>Jenny Brown: discussion of outreach with medical practitioners to understand obligations under the VAD Act.</li> <li>Discussion around inviting Medical Board Chair and s.73 to a Review Board meeting.</li> <li>Tricia Matthias: VAD Implementation Unit had provided information to the Medical Board in December. The VAD Program Unit will follow up with QMB and Ahpra about the best way to get information to practitioners.</li> <li>Donisha Duff: how do we close off unused substance in the community? How do we manage burden of fatigue on coordinating practitioners? Authorised Practitioners are invited to participate in the Community of Practice and have access to healthcare worker support systems. For ongoing consideration.</li> </ul> <p><b>Actions</b></p> <p>Nil.</p>
5.5	<b><i>In camera session from 12.30pm to 12.45pm.</i></b>
<b>6.</b>	<b>Next meeting – Thursday 23 February 2023</b>
<b>7.</b>	<b>Close – Meeting was closed at 12:45 pm</b>



# February Meeting

## VOLUNTARY ASSISTED DYING REVIEW BOARD

### Draft Minutes

<b>Date</b>	Thursday 23 February 2023		
<b>Time</b>	8.30 am – 12.30 pm		
<b>Venue</b>	R8.08, Level 8, 33 Charlotte Street, Brisbane		
	<b>Name</b>	<b>Position</b>	<b>Attendance</b>
<b>Review Board</b>	Associate Professor Helen Irving	Chair	IP
	Professor Eleanor Milligan	Deputy Chair	IP
	Professor Lindy Willmott	Member	IP
	Dr Jenny Brown	Member	VC
	Ms Donisha Duff	Member	IP
	Dr Bav Manoharan	Member	A
	Dr Will Cairns OAM	Member	VC
	Professor Lisa Nissen	Member	VC
	Mr Geoff Rowe	Member	IP
<b>Guests</b>	s.73	s.73 QVAD Support and Pharmacy Service	IP
<b>VAD Program, Queensland Health</b>	Tricia Matthias	Executive Director, Voluntary Assisted Dying Program, Clinical Excellence Queensland	IP
	Sally Stubbington	Manager, Office of the Review Board (ORB)	IP
<b>Secretariat</b>	Holly Atkinson	Principal Policy Officer, ORB	IP

Attendance: IP = In Person, VC = Videoconference, A = Apology, P = Proxy



Item	Topic
1.	<b>Welcome and overview</b>
1.1	<p><b>Acknowledgement of Country and apologies</b></p> <p>The Chair welcomed members, acknowledged the complexity of voluntary assisted dying and noted the apology for Mr Bav Manoharan.</p>
1.2	<p><b>Minutes January meeting</b></p> <p><u>Members:</u></p> <ul style="list-style-type: none"> <li>• Endorsed the minutes for the January 2023 Review Board meeting.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Feb 23-001:</b> ORB to upload January 2023 Review Board minutes to Convene.</li> </ul>
1.3	<p><b>Conflicts of interest</b></p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• Additional conflicts identified by members to be added to the register of interests: <ul style="list-style-type: none"> <li>– Assoc Prof. Helen Irving: member of CHQ VAD Steering Committee</li> <li>– Prof. Lindy Wilmott: appointed as QCAT sessional member</li> <li>– Donisha Duff: reappointment to Metro South HHB</li> <li>– Geoff Rowe: appointed to Public Trustee Advisory and Monitoring Board.</li> </ul> </li> </ul> <div style="background-color: #cccccc; padding: 10px; margin: 10px 0;"> <p style="font-size: 48px; color: red; text-align: center;">s.73</p> </div> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>• To endorse the Register of Interests (with additional conflicts added).</li> <li>• The endorsed Register of Interests will be uploaded to the Convene document library.</li> <li>• To seek clarity from s.73 about s.73</li> <li>• Tricia Matthias, Executive Director, Voluntary Assisted Dying Program to raise the potential conflict with the Minister's office once it is known what s.73</li> </ul>

	<ul style="list-style-type: none"> <li>To consider whether a policy statement beyond what is in the Code of Conduct is necessary to manage conflicts about s.73 s.73 is required.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li><b>Feb 23-002:</b> ORB to update endorsed Register of Interest with additional conflicts raised by members.</li> <li><b>Feb 23-003:</b> ORB to upload endorsed Register of Interests to Convene.</li> </ul>
1.4	<p><b>Actions register</b></p> <p><b>Action item – Jan 22-001:</b> Register of interests to be endorsed by members at the February 2023 meeting.</p> <ul style="list-style-type: none"> <li>Register of Interests endorsed at agenda item 1.3 of the February agenda.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-002:</b> ORB to organise for s.73 and s.73 s.73 to attend February 2023 Review Board meeting to provide an update and then attend every second Review Board meeting:</p> <ul style="list-style-type: none"> <li>Meeting invites have been provided to s.73 and s.73</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-003:</b> ORB to organise for standing item on agenda for Review Board in camera session for 15 minutes at end of every meeting:</p> <ul style="list-style-type: none"> <li>In camera session included as standing agenda item.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-004:</b> ORB to amend Code of Conduct to enable Review Board members to print agenda materials from Convene. Review Board to endorse at February meeting:</p> <ul style="list-style-type: none"> <li>Amended Code of Conduct included at agenda item 3.3.3 of the February agenda.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-005:</b> Holly Atkinson to contact Review Board members for IMS training once logins have been finalised:</p> <ul style="list-style-type: none"> <li>Board members received email about IMS training.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-006:</b> ORB to amend compliance checklist and provide updated version with changes to Review Board for endorsement:</p> <ul style="list-style-type: none"> <li>Amended Compliance Checklist template included at agenda item 3.3.4 of the February agenda.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-007:</b> ORB to provide Review Board with the Voluntary Assisted Dying Unit’s residency exemption process document and application form:</p>

	<ul style="list-style-type: none"> <li>The Voluntary Assisted Dying Unit's residency exemption process document Exemption process uploaded to Convene.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-008:</b> ORB to collate residency exemption reasons and provide Review Board with a one-page summary of exemptions granted/not granted at each meeting:</p> <ul style="list-style-type: none"> <li>Residency exemptions granted/not granted included at agenda item 3.4.4 of the February agenda.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-009</b> ORB to finalise s.47(3)(b) and present to Review Board for endorsement at March meeting:</p> <ul style="list-style-type: none"> <li>s.47(3)(b) included at agenda item 3.2.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-010</b> ORB to amend completed request contents page that accompanies the meeting agenda to include sections for completed request s.47(3)(b) then add 'N/A' if no cases for section:</p> <ul style="list-style-type: none"> <li>Updated Completed Request Contents page included at agenda item 2.1 of the February agenda.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-011</b> ORB to provide updated version of 2023 Review Board work plan at February meeting:</p> <ul style="list-style-type: none"> <li>Updated Work Plan included at agenda item 3.3.2 of the February agenda.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-012</b> ORB to invite QUT to present at the April 2023 meeting:</p> <ul style="list-style-type: none"> <li>ORB invited s.73, QUT to present at the April 2023.</li> <li>Action closed.</li> </ul> <p><b>Action item – Jan 22-013</b> ORB to amend letter to practitioners to include sentence about welcoming feedback:</p> <ul style="list-style-type: none"> <li>Updated letter to practitioners included at agenda item 3.3.5 of the February agenda.</li> <li>Action closed.</li> </ul> <p><b>Actions endorsed and closed</b></p>
1.5	<p><b>Summary of QVAD Review Board IMS data</b></p> <p><b>1.5.1 Snapshot of January 2023</b></p> <ul style="list-style-type: none"> <li>There were 73 first assessments in the first month of the scheme. If the numbers continue, it is likely that Qld Health's forecast of 1,000 plus first assessments will be reached.</li> </ul>

- Activity in the IMS is increasing with the ORB reviewing 398 forms for January.
- Most cases are clustered in the south-east corner.
- Cancers are the primary diagnoses accounting for 54 of the first assessments in January.

#### **1.5.2 IMS activity from 20 Jan to 10 Feb 2023.**

- The team is beginning to track weekly activity in the IMS as an indicator of workload and load on the IMS itself. There were 113 cases on 10 February and 633 forms had been submitted by practitioners.
- Another indication of workload and how people are progressing through the process is that the number of forms being submitted for each case is increasing. It was an average of 4 forms per case in early January to now 7 forms per case.

#### **1.5.3 Register of prescribed information report**

- The meeting pack contains a table listing the information that is required to be kept by the Board under s.117(1)(d) of the Act.
- The age of persons requesting access to VAD is grouped by decade, consistent with WA.
- The region of persons requesting access to VAD is grouped by the 2016 ABS geography standard of remoteness, which has 5 categories of major city, inner regional, outer regional, remote, very remote. There have been no remote or very remote cases.
- The disease or medical condition of persons requesting access to VAD has been categorised using ICD-11 (International Classification of Diseases 11<sup>th</sup> revision).

#### **1.5.4 Practitioner Information**

- Data presented shows:
  - 47% of authorised medical practitioners have not yet been involved in a VAD case.
  - 35 medical practitioners have acted as coordinating practitioner in 145 cases.
  - Nine have performed the role in over 5 cases (61% of cases).
  - Nine have only performed the role once.
  - 54 medical practitioners have never acted as coordinating practitioner.
  - 35 medical practitioners have acted as the consulting practitioner in 120 cases.
  - 17 medical practitioners have been involved in over five VAD cases as coordinating or consulting practitioner.

#### Members discussed:

- The use of the word 'cumulative' in the IMS snapshot. Wording will be amended.

	<ul style="list-style-type: none"> <li>• Prof. Lindy Willmot suggested aligning language with other jurisdictions for <i>disease or medical condition of eligible person</i> in agenda 1.5.3. Language will be amended.</li> <li>• Mapping people who access VAD against Queensland’s population (i.e. location, age etc).</li> <li>• Whether practitioners in similar locations can find each other – confirmed they are linked through QVAD Support.</li> <li>• Barriers for practitioners, in particular travel and the time and cost involved. Also discussed the option of a user-pay arrangement. Confirmed Queensland Health will always provide the service, but GPs could provide VAD as a fee for service if they choose to.</li> <li>• Operation of QVAD-Access discussed.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Feb 23-004:</b> ORB to provide Review Board with 2016 ABS geography standard of remoteness.</li> <li>• <b>Feb 23-005:</b> ORB to provide Review Board with QVAD-Access information.</li> </ul>
1.6	<p><b>QVAD Review Board IMS update</b></p> <ul style="list-style-type: none"> <li>• On 1 Feb 2023, updates were made to the IMS.</li> <li>• Practitioners can now <ul style="list-style-type: none"> <li>– search for a voluntary assisted dying case using the person’s family name and date of birth, and</li> <li>– complete and submit a form in any order, after a First Assessment Record Form has been submitted.</li> </ul> </li> <li>• A lunch and learn session was held with practitioners to walk them through the changes and answer questions about using the IMS. 29 practitioners attended.</li> <li>• Updates were also made to the IMS/ORB application to improve security permissions for internal users.</li> <li>• Further updates are planned in mid-March to: <ul style="list-style-type: none"> <li>– allow practitioners to see all their active cases in one list view, including if they are the consulting practitioner – currently this view only exists for the coordinating practitioner</li> <li>– allow practitioners to see the signed forms (second request, contact person and administration forms) uploaded to the IMS. Currently they cannot view these once uploaded</li> <li>– allow practitioners to review a form in its entirety before pressing submit</li> <li>– minor improvements such as re-naming the “Cancel” button to “Delete Draft Form”.</li> </ul> </li> <li>• The team has answered 69 IMS queries from practitioners covering difficulty understanding how to complete forms, technical bugs with submitting forms or accessing the IMS. Queries were high during the first three weeks and have been steady through February.</li> </ul>

	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Nil – reports on the IMS will be ongoing.</li> </ul>
2.	<p><b>Completed Request Reviews</b></p>
2.1	<p><b>Completed Request Reviews</b></p> <p><b>s.47(3)(b) Completed Request Reviews</b></p> <p>Recommendations:</p> <p>That the Review Board:</p> <ul style="list-style-type: none"> <li>• <b>Endorse</b> the following s.47(3)(b) completed requests: <ol style="list-style-type: none"> <li>1. VCASE s.73</li> <li>2. VCASE</li> <li>3. VCASE</li> <li>4. VCASE</li> <li>5. VCASE</li> <li>6. VCASE</li> <li>7. VCASE</li> <li>8. VCASE</li> <li>9. VCASE</li> <li>10. VCASE</li> <li>11. VCASE</li> <li>12. VCASE</li> <li>13. VCASE</li> <li>14. VCASE</li> <li>15. VCASE</li> </ol> </li> </ul> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• Removing the question: <i>did the person die without being administered a supplied VAD substance</i> – will be removed.</li> <li>• Dr Jenny Brown noted no referrals to specialists have been included. Tricia Matthias confirmed the referral provisions only relate to referrals for determination of eligibility for VAD where the authorised practitioner can't determine diagnosis, prognosis etc (s21 of the VAD Act). Authorised practitioners are seeking case notes and information from treating doctors to decide about eligibility. Similarly, authorised practitioners can also arrange referrals for assessment of capacity if required.</li> <li>• Prof. Lindy Wilmott noted some checklists had missed fields, such as education. Discussion about which sections of the approved forms are mandatory under the</li> </ul>

VAD Act. s.47(3)(b)

s.47(3)(b)

s.47(3)(b)

**Agreed Outcomes**

Members:

- **Endorsed** the s.47(3)(b) completed requests. Letters of compliance will be sent to the coordinating practitioners.

**s.47(3)(b) Completed Request Reviews**

Recommendations:

That the Review Board:

- **Endorse** the following s.47(3)(b) completed requests:

1. VCASE s.73
2. VCASE
3. VCASE
4. VCASE
5. VCASE
6. VCASE

Members discussed:

1. VCASE-s.73

- s.47(3)(b)
- s.47(3)(b)

- See also Section 4.1

2. VCASE s.73 and VCASE s.73

- s.47(3)(b)
- s.47(3)(b)
- s.47(3)(b)

3. VCASE-s.73 and VCASE-s.73

- s.47(3)(b)

4. VCASE s.73



	<ul style="list-style-type: none"> <li>• s.47(3)(b)</li> <li>• See also section 4.1</li> </ul> <p><b>Agreed Outcomes</b></p> <p>Members:</p> <ul style="list-style-type: none"> <li>• <b>Endorsed</b> the s.47(3)(b) completed requests and associated recommendations.</li> <li>– s.47(3)(b)</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Feb 23-006:</b> Review Board to seek advice from QVAD Support and Pharmacy Service about the risks associated with providing a VAD substance to a nominated contact person.</li> <li>• <b>Feb 23-007:</b> Review Board to ask QVAD Support and Pharmacy Service whether documentation should make clear the requirement to s.47(3)(b) s.47(3)(b)</li> <li>• <b>Feb 23-008:</b> Review Board to ask QVAD Support and Pharmacy Service to clarify the requirements for practitioner disposal of any unused substance (specifically after Practitioner Administration).</li> </ul>
<p><b>Morning tea</b></p>	
<p>3.</p>	<p><b>Other Business</b></p>
<p>3.1</p>	<p><b>Annual Report</b></p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• The tone the Review Board may wish to take with the Annual Report, with reference to s.47(3)(b) Annual Reports provided to review during the discussion.</li> <li>• Two questions for consideration designed by the Unit’s Communication Manager – see slide.</li> <li>• Queensland Health to confirm their report requirements – ORB to follow up.</li> <li>• Primary difference between reports is that s.47(3)(b) sets a compassionate and thoughtful tone whereas s.47(3)(b) are more analytical, and data driven.</li> <li>• Prof. Eleanor Milligan noted it would be important for people providing quotes to know their information would be deidentified. Liked the use of different graphics.</li> <li>• s.73</li> <li>• s.47(3)(b) – emphasis on data.</li> </ul>

	<ul style="list-style-type: none"> <li>• s.73 preference a focus on the patients and their experience.</li> <li>• Next month will look to determine the topics for the Annual Report.</li> <li>• Draft chapter topics will be sent prior to the March meeting. Members should email the ORB if they have any topics they would like included.</li> </ul> <p>Members agreed:</p> <ul style="list-style-type: none"> <li>• Next month will look to determine the topics for the Annual Report</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Feb 23-009:</b> ORB to confirm with the Review Board the Queensland Health requirements for the Annual Report.</li> <li>• <b>Feb 23-010:</b> Review Board members to email suggested Annual Report topics into the ORB prior to the March 2023 meeting.</li> </ul>
3.2	<p>s.47(3)(b) <b>Framework</b></p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• s.47(3)(b) framework sets out: <ul style="list-style-type: none"> <li>– s.47(3)(b)</li> <li>– s.47(3)(b)</li> <li>– s.47(3)(b)</li> </ul> </li> <li>• The ORB is working on a s.47(3)(b) s.47(3)(b)</li> <li>• Prof. Eleanor Milligan proposed minor amendments to s.47(3)(b) – removal of first dot point in the left-hand column and rewording of s.47(3)(b) s.47(3)(b) s.47(3)(b)</li> </ul> <p>Members:</p> <ul style="list-style-type: none"> <li>• Endorsed the s.47(3)(b) Framework with minor amendments.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Feb 23-011:</b> s.47(3)(b) Framework to be uploaded onto Convene.</li> </ul>
3.3	<p><b>Documents for review</b></p> <p><b>For endorsement</b></p> <ul style="list-style-type: none"> <li>• s.47(3)(b)</li> <li>• 2023 Work Plan</li> <li>• Updated Code of Conduct</li> <li>• Compliance Checklist template</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>• s.47(3)(b)</li> </ul>

	<p>Members discussed:</p> <ul style="list-style-type: none"> <li>The intended audience for the s.47(3)(b) - confirmed the audience is the Review Board.</li> <li>Adding a phone number to the letter to practitioners for completed requests – agreed not to do so as no appropriate mobile number available. Practitioners can call the IMS mobile number for immediate IMS help.</li> </ul> <p>Members:</p> <ul style="list-style-type: none"> <li><b>Endorsed</b> the s.47(3)(b)</li> <li><b>Endorsed</b> the 2023 Work Plan</li> <li><b>Endorsed</b> the updated Code of Conduct</li> <li><b>Endorsed</b> the Compliance Checklist</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li><b>Feb 23-012:</b> ORB to set up a meeting to take Review Board members through the Compliance Checklist process.</li> </ul>
3.4	<p><b>Standing items</b></p> <ol style="list-style-type: none"> <li>External requests and media appearance requests       <ul style="list-style-type: none"> <li>Article in <i>The Australian</i> on 17 February regarding VAD training for medical students – raised by Dr Will Cairns</li> <li>Positive media stories sent by Tricia on 20 February 2023 (Monday)</li> </ul> </li> <li>Consideration of correspondence       <ul style="list-style-type: none"> <li>s.73 s.73 Chair, has asked for support in disseminating a VAD practitioner survey.</li> <li>Email requesting ongoing assistance disseminating information regarding medical practitioners' role, responsibilities and legal obligations regarding voluntary assisted dying, including pre-drafted content.</li> <li>Email sent to:           <ul style="list-style-type: none"> <li>Ahpra – s.73</li> <li>RACGP – s.73</li> <li>ACCRM – s.73 - has confirmed will publish information in Qld members e-newsletter for w/c 13 February. Advised happy to continue to circulate this sort of info to members as we send it through.</li> <li>AMA Queensland – s.73 and s.73</li> <li>PHNs – s.73</li> </ul> </li> <li>Correspondence from s.73, s.73 RACGP notes they have included a section on VAD (in relation to legal compliance) and links to the VAD Webpage, Handbook and Education sessions in the Jan/Feb e-newsletter last week to 7,500+ RACGP QLD Members. They will also include links to the messaging provided by the VAD Unit on the RACGP QLD Members Facebook Group Page.</li> </ul> </li> <li>Update: Practitioner numbers [Covered in Agenda Item 1.5.4]</li> <li>Update: Residency exemptions granted/not granted</li> </ol> <p>Members discussed:</p>

	<ul style="list-style-type: none"> <li>• Dr Will Cairns will send information about a conference focusing on regional and remote medicine to Tricia Matthias.</li> <li>• Appropriateness of disseminated s.73 survey. Board considered ethical and reputational risks.</li> <li>• Prof. Lindy Willmott noted a systemic and considered approach to research was required from the Review Board.</li> </ul> <p>Members agreed:</p> <ul style="list-style-type: none"> <li>• not to disseminate the s.73 survey and to respond to s.73</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Jan 23-013:</b> Review Board to respond to s.73 regarding the dissemination of the s.73 survey.</li> <li>• <b>Jan 23-014:</b> ORB to send ABC Radio interview with Dr Claus Bader to Review Board.</li> </ul>
3.5	<p><b>VAD Advisory Group</b></p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• Purpose: <ul style="list-style-type: none"> <li>– Assist the VAD Program Unit to discharge its responsibilities.</li> <li>– Will operate similarly to the Implementation sub-committees and assist with: <ul style="list-style-type: none"> <li>– maintaining and improving statewide clinical and practitioner resources, including the mandatory training, Handbook, and other resources</li> <li>– maintaining and improving statewide consumer materials</li> <li>– insight on VAD in Queensland, drawn from members' involvement in service delivery and/or their networks and stakeholders</li> <li>– identification, advice and input on emerging issues as required.</li> </ul> </li> <li>– Meet every 2 months, with reviews to occur in June and November 2023.</li> </ul> </li> <li>• Membership was selected by EOI from the VAD Implementation subcommittee members. Includes 2 consumer representatives as well as representatives from HHS VAD teams, Primary Health Networks, palliative care, Qld Ambulance Service, First Nations Health Office, ADA Australia, QVAD SPS, and the Dept. of Health.</li> <li>• Out of scope - the Advisory Group will not: <ul style="list-style-type: none"> <li>– consider matters that fall under responsibilities of the Voluntary Assisted Dying Review Board</li> <li>– act as a community of practice</li> <li>– discuss individual cases or numbers of people accessing VAD.</li> </ul> </li> </ul> <p>Members discussed:</p>

	<ul style="list-style-type: none"> <li>• Dr s.73 noted he did not apply to be on the VAD Advisory Group because of a potential conflict with the Review Board.</li> </ul> <p>Members agreed:</p> <ul style="list-style-type: none"> <li>• Tricia Matthias would provide regular updates when appropriate. Next update likely to be June 2023.</li> </ul> <p><b>Actions</b></p> <p>Nil.</p>
4.	<b>Presentation</b>
4.1	<p><b>QVAD Support and Pharmacy Service presentation</b></p> <p>Standing discussion items:</p> <ul style="list-style-type: none"> <li>• QVAD Support and Pharmacy demand.</li> <li>• Availability of practitioners across Queensland.</li> </ul> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• <b>Appendix 1</b> document provided by s.73</li> <li>• Demand of service – 165 referrals to QVAD Support in first week.</li> <li>• 55% of referrals coming from person themselves, 21% from family. 76% of referrals coming from community.</li> <li>• QVAD Support is currently meeting demand, but it is intensive for practitioners. Sustainable practice is critical.</li> <li>• As noted in 1.5.4 – 47% of authorised practitioners have not yet been involved with a case, and 17 medical practitioners have been involved in over five VAD cases as coordinating or consulting practitioner.</li> <li>• Gaps have been identified in some HHSs – for example; there is no dedicated VAD Coordinator at s.47(3)(b) HHS, with a NP performing this role.</li> <li>• s.73 recommended adding a standing agenda item on workforce development and capacity for discussion at each Review Board meeting</li> <li>• Concerns have been raised from HHSs that no additional funding has been provided from QH for the provision of VAD services within the HHS</li> <li>• Whether the Review Board should raise the issue of funding and capacity, and the most appropriate way to do this.</li> <li>• Balance between the Review Board raising awareness and being seen as reactive. Important for the Review Board to have enough data to support claims when raising concerns.</li> <li>• The Minister is writing a letter to the Commonwealth Attorney-General regarding the Commonwealth Criminal Code. This is in particular recognition of the need for face-to-face consultations when discussing access to and administration of the voluntary assisted dying substance, in such a geographically diverse state as Queensland.</li> </ul>

	<ul style="list-style-type: none"> <li>• The role of the Review Board in recognising and supporting the QVAD Support and Pharmacy Service.</li> <li>• Review Board raised with s.73 <ul style="list-style-type: none"> <li>○ issue of whether practitioners understand obligations to dispose of substance for practitioner administration and complete Form 15</li> <li>○ provision of substance to the contact person and the risks involved</li> <li>○ s.47(3)(b)</li> </ul> </li> <li>• s.73 responded: <ul style="list-style-type: none"> <li>○ QVAD Support will confirm with practitioners the disposal obligations for practitioner administration.</li> <li>○ A clinical risk assessment is undertaken to determine whether it is appropriate for a contact person to be provided the substance. In 98% of cases the substance is delivered to the person. Sometimes a question of meeting the person's timeframe and the availability of staff to deliver the substance.</li> <li>○ A video is provided with the substance which provides clear instructions.</li> <li>○ s.47(3)(b)</li> </ul> </li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Feb 23-015:</b> ORB to arrange meeting between Prof. Helen Irving and Dr Helen Brown DDG, CEQ, to discuss VAD workforce capacity and funding.</li> <li>• <b>Feb 23-016:</b> Review Board to draft letter to the Director-General, Queensland Health, and Minister for Health and Ambulance Services regarding VAD workforce capacity and funding. Letter to be discussed at March 2023 meeting.</li> <li>• <b>Feb 23-017:</b> Standing agenda item to be added on workforce development and capacity for discussion at each Review Board meeting.</li> </ul>
6.	<b>Other Business</b>
6.1	Members discussed: <ul style="list-style-type: none"> <li>• Prof. Lindy Willmott proposed a meeting of interstate VAD Board members in person, subject to budget available. Tricia Matthias noted she would confirm budget when it was available.</li> <li>• Assoc. Prof. Helen Irving noted there was a proposed meeting with other VAD Board Chairs on 2 March 2023. The outcomes of this meeting will be reported to the Review Board.</li> </ul>
	<b><i>In camera session</i></b>
5.1	<b><i>In camera session</i></b>

	<p>Members discussed:</p> <ul style="list-style-type: none"> <li>The VAD activity across the state, and ongoing need for support, advocacy for practitioners. Importance and strength of the work of the ORB and the need for sustainability and care.</li> </ul> <p>Members agreed:</p> <ul style="list-style-type: none"> <li>To continue in camera sessions each meeting.</li> </ul> <p><b>Actions</b></p> <p>Nil.</p>
6.	<b>Next meeting – Thursday 30 March 2023</b>
7.	<b>Close – Meeting was closed at 12:45 pm</b>

Appendix 1: Document provided by s.73 [REDACTED], QVAD Support and Pharmacy Service.

# Referrals to QVAD SPS

as at 20 Feb 2023

## Eligibility of referrals

Patient does not appear to have an obvious organic disease (reason: diagnosis)	13	8%
Patient is unlikely to meet criteria at time of initial interaction (reason: prognosis)	26	16%
Patient will likely meet criteria	126	76%
<b>TOTAL</b>	<b>165</b>	

Out of 165 referrals to QVAD Support to date (20/02/2023), 76% of patients (n=126) were likely to meet eligibility criteria.

## Referral Source for Eligible Patients

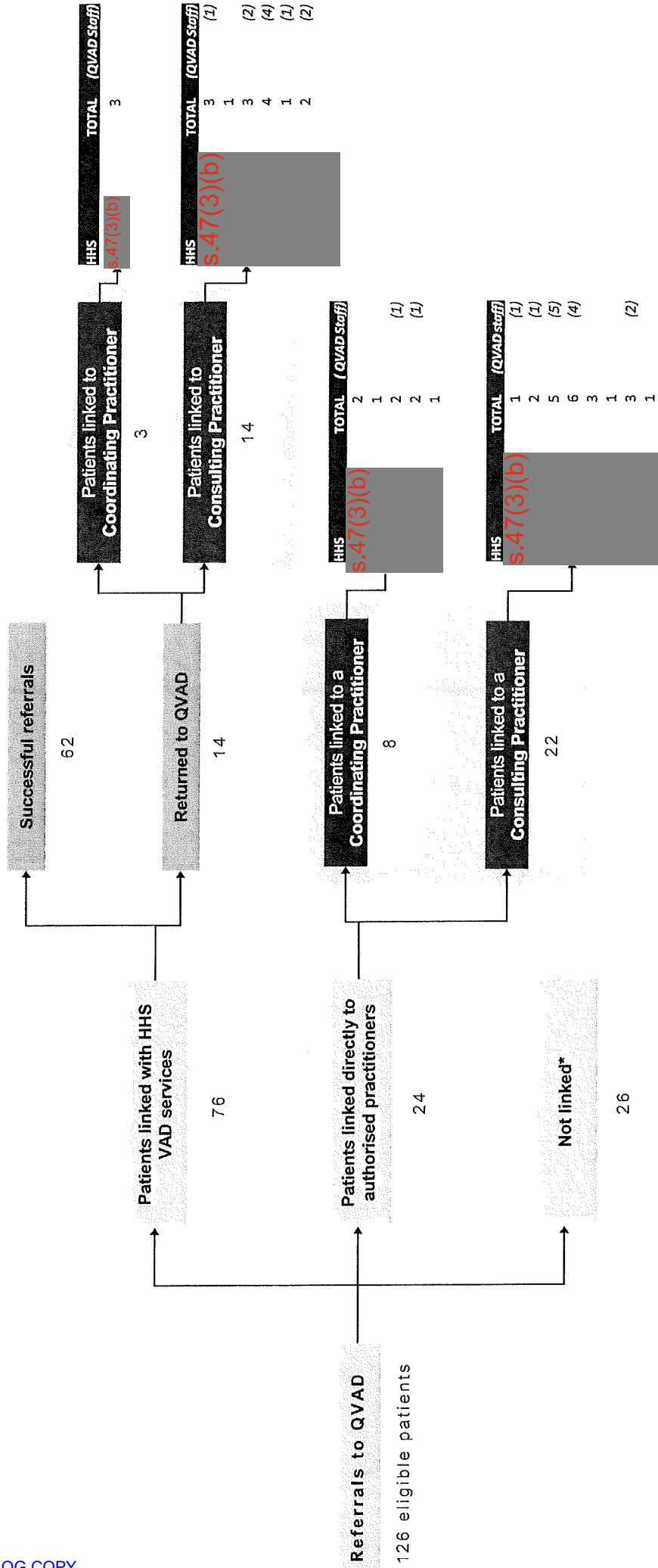
Coordinating Practitioner	7	6%
Family member/friend	27	21%
GP	9	7%
Healthcare provider -Community	2	2%
Healthcare provider - Organisation	1	1%
Other	1	1%
Person	69	55%
Public Hospital	10	8%
<b>TOTAL</b>	<b>126</b>	

Of 126 likely eligible patients, self-referrals were the most frequent form of initial contact with QVAD Support.



# QVAD referrals and HHS unmet demand

as at 20 Feb 2023



\* Linkage to practitioner or HHS not applicable due to patient not progressing (not ready, passed away, etc.).

# March Meeting

## Draft Minutes

### VOLUNTARY ASSISTED DYING REVIEW BOARD

<b>Date</b>	Thursday 30 March 2023		
<b>Time</b>	8.30 am – 12.30 pm		
<b>Venue</b>	R9.08, Level 9, 33 Charlotte Street, Brisbane		
<b>Review Board</b>	<b>Name</b>	<b>Position</b>	<b>Attendance</b>
	Associate Professor Helen Irving	Chair	IP
	Professor Eleanor Milligan	Deputy Chair	A
	Professor Lindy Willmott	Member	VC
	Dr Jenny Brown	Member	IP
	Ms Donisha Duff	Member	VC
	Dr Bav Manoharan	Member	VC
	Dr Will Cairns OAM	Member	IP
	Professor Lisa Nissen	Member	VC
	Mr Geoff Rowe	Member	IP
<b>VAD Program, Queensland Health</b>	Tricia Matthias	Executive Director, Voluntary Assisted Dying Program, Clinical Excellence Queensland	IP
	Sally Stubbington	Director, Office of the Review Board (ORB)	IP
<b>Secretariat</b>	Holly Atkinson	Manager, ORB	IP

Attendance: IP = In Person, VC = Videoconference, A = Apology, P = Proxy

Item	Topic
1.	<b>Welcome and overview</b>
1.1	<p data-bbox="331 349 903 383"><b>Acknowledgement of Country and apologies</b></p> <p data-bbox="331 405 1401 479">The Chair welcomed members, acknowledged the complexity of voluntary assisted dying, and noted the apology for Professor Eleanor Milligan.</p>
1.2	<p data-bbox="331 517 671 551"><b>Minutes February meeting</b></p> <p data-bbox="331 571 459 604"><u>Members:</u></p> <ul data-bbox="331 627 1238 660" style="list-style-type: none"> <li>• Endorsed the minutes for the February 2023 Review Board meeting.</li> </ul> <p data-bbox="331 676 427 710"><b>Actions</b></p> <ul data-bbox="331 725 1353 759" style="list-style-type: none"> <li>• <b>Mar 23-001:</b> ORB to upload February 2023 Review Board minutes to Convene.</li> </ul>
1.3	<p data-bbox="331 786 587 819"><b>Conflicts of interest</b></p> <p data-bbox="331 840 587 873"><u>Members discussed:</u></p> <ul data-bbox="331 896 1299 1059" style="list-style-type: none"> <li>• No additional conflicts of interest have been identified by Review Board members since the February 2023 meeting.</li> <li>• The endorsed Register of Interests has been uploaded to the Convene document library.</li> </ul> <div data-bbox="323 1093 1031 1379" style="background-color: #cccccc; color: red; font-size: 48px; text-align: center; padding: 50px;"> <p>s.73</p> </div>

	s.73
1.4	<p><b>Actions register</b></p> <p><b>Action item – Feb 23-001:</b> ORB to upload January 2023 Review Board minutes to Convene:</p> <ul style="list-style-type: none"> <li>• Minutes uploaded to Convene.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Feb 23-002:</b> ORB to update endorsed Register of Interests with additional conflicts raised by members:</p> <ul style="list-style-type: none"> <li>• Register of Interests updated.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Feb 23-003:</b> ORB to upload endorsed Register of Interests to Convene:</p> <ul style="list-style-type: none"> <li>• Register of Interests uploaded to Convene.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Feb 23-004:</b> ORB to provide Review Board with 2016 ABS geography standard of remoteness:</p> <ul style="list-style-type: none"> <li>• Email to Review Board members on 2 March 2023.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Feb 23-005:</b> ORB to provide Review Board with QVAD-Access information:</p> <ul style="list-style-type: none"> <li>• Document uploaded to Convene.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Feb 23-006:</b> Review Board to seek advice from QVAD Support and Pharmacy Service about the risks associated with providing a VAD substance to a nominated contact person:</p> <ul style="list-style-type: none"> <li>• Raised and discussed with s.73 on 23 February 2023 Review Board meeting.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Feb 23-007:</b> s.47(3)(b)</p> <p style="background-color: #cccccc; text-align: center; font-size: 2em; color: red; margin: 5px 0;">s.47(3)(b)</p> <ul style="list-style-type: none"> <li>• Raised and discussed with s.73 on 23 February 2023 at Review Board meeting.</li> <li>• Action closed.</li> </ul>

**Action item – Feb 23-008:** Review Board to ask QVAD Support and Pharmacy Service to clarify the requirements for practitioner disposal of any unused substance (specifically after Practitioner Administration):

- Raised and discussed with s.73 on 23 February 2023 at Review Board meeting.
- Action closed.

**Action item – Feb 23-009** ORB to confirm with the Review Board the Queensland Health requirements for the Annual Report:

- Review Board updated at March 2023 meeting.
- Action closed.

**Action item – Feb 23-010** Review Board members to email suggested Annual Report topics to the ORB by March 2023 meeting:

- Action closed.

**Action item – Feb 23-011** s.47(3)(b) Framework to be uploaded onto Convene:

- s.47(3)(b) Framework uploaded onto Convene.
- Action closed.

**Action item – Feb 23-012** ORB to set up a meeting to take Review Board members through the Compliance Checklist process:

- Invite sent on 15 March 2023.
- Action closed.

**Action item – Feb 23-013** Review Board to respond to s.73 regarding the dissemination of the s.73 survey:

- Letter sent and noted by Board.
- Action closed.

**Action item – Feb 23-014** ORB to send ABC Radio interview with Dr Claus Bader to Review Board:

- Emailed to Review Board on 2 March 2023.
- Action closed.

**Action item – Feb 23-015** ORB to arrange meeting between Prof. Helen Irving and Dr Helen Brown DDG, CEO, to discuss VAD workforce capacity and funding:

- Meeting arranged for 13 April 2023.
- In progress.

**Action item – Feb 23-016:** Review Board to draft letter to the Director-General, Queensland Health, and Minister for Health and Ambulance Services regarding VAD workforce capacity and funding. Letter to be discussed at March 2023 meeting:

- Reviewed and discussed by Board at March 2023 meeting.
- Action closed.

**Action item – Feb 23-017:** Standing agenda item to be added on workforce development and capacity for discussion at each Review Board meeting:

	<ul style="list-style-type: none"> <li>• Added as standing item.</li> <li>• Action closed.</li> </ul> <p><b>Actions endorsed and closed</b></p>
1.5	<p><b>Summary of QVAD Review Board IMS data</b></p> <p><b>1.5.1 Snapshot of February 2023</b></p> <ul style="list-style-type: none"> <li>• There were 95 first assessments in February; an increase of 28% from January, which had 74 first assessments.</li> <li>• Cancer continue to be the primary diagnoses for eligibility, accounting for 77% of diagnoses in all first assessments.</li> <li>• The majority of people requesting access to VAD continues to be in major centres.</li> <li>• Demographic information collected from the first assessment is now available visually.</li> </ul> <p><b>1.5.2 IMS activity</b></p> <ul style="list-style-type: none"> <li>• There continues to be a large volume of forms submitted to the IMS, with an average of 7 to 8 forms per case.</li> </ul> <p><b>1.5.3 Register of prescribed information report</b></p> <ul style="list-style-type: none"> <li>• The meeting pack contains a table listing the information that is required to be kept by the Board under s.117(1)(d) of the Act.</li> </ul> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• Additional figures for consideration – the numbers/percentage of people in major cities and the other areas listed, and the percentage of those accessing VAD.</li> <li>• The mean period of 16 days is positive (Assoc. Prof. Helen Irving).</li> <li>• Whether nurse practitioners are being properly utilised (Dr Jenny Brown). Coordinating practitioners are only handing the role of administering practitioner over to a nurse practitioner or registered nurse if they are known to them. At the moment, transfer of the role as only occurring in a hospital setting to a NP or RN who is employed in the VAD service at the hospital.</li> <li>• A future research question could be: whether people die at the same place where their first assessment occurs?</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Mar 23-003:</b> ORB to include figures on the numbers/percentage of people in major cities and the other areas listed, and the percentage of those accessing VAD.</li> <li>• <b>Mar 23-004:</b> ORB to present cumulative numbers for VAD deaths across months in data.</li> </ul>

<p>1.6</p>	<p><b>QVAD Review Board IMS update</b></p> <ul style="list-style-type: none"> <li>On 15 March 2023, updates were made to the practitioner portal and to the IMS back-end application.</li> <li>Changes to the practitioner portal improved the practitioners' case view by including a complete list of all their cases, including where they are consulting or administering practitioner.</li> <li>Additional download functionality has been provided for practitioners to download the signed copies of signed forms (second request, contact person and practitioner administration forms).</li> <li>The IMS security profiles roles were updated.</li> <li>The Power BI reports dashboard is expected to be available by the first week of April.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Nil – reports on the IMS will be ongoing.</li> </ul>																																	
<p>2.</p>	<p><b>Completed Request Reviews</b></p>																																	
<p>2.1</p>	<p><b>Completed Request Reviews</b></p> <p><b>s.47(3)(b) Completed Request Reviews</b></p> <p>Recommendations:</p> <p>That the Review Board:</p> <ul style="list-style-type: none"> <li><b>Endorse</b> the following <b>s.47(3)(b)</b> completed requests:</li> </ul> <table border="1" data-bbox="328 1211 1240 1921"> <tr> <td>1. VCASE-<b>s.73</b></td> <td>15. VCASE-<b>s.73</b></td> <td>29. VCASE-<b>s.73</b></td> </tr> <tr> <td>2. VCASE-<b>s.73</b></td> <td>16. VCASE-<b>s.73</b></td> <td>30. VCASE-<b>s.73</b></td> </tr> <tr> <td>3. VCASE-<b>s.73</b></td> <td>17. VCASE-<b>s.73</b></td> <td>31. VCASE-<b>s.73</b></td> </tr> <tr> <td>4. VCASE-<b>s.73</b></td> <td>18. VCASE-<b>s.73</b></td> <td>32. VCASE-<b>s.73</b></td> </tr> <tr> <td>5. VCASE-<b>s.73</b></td> <td>19. VCASE-<b>s.73</b></td> <td>33. VCASE-<b>s.73</b></td> </tr> <tr> <td>6. VCASE-<b>s.73</b></td> <td>20. VCASE-<b>s.73</b></td> <td>34. VCASE-<b>s.73</b></td> </tr> <tr> <td>7. VCASE-<b>s.73</b></td> <td>21. VCASE-<b>s.73</b></td> <td>35. VCASE-<b>s.73</b></td> </tr> <tr> <td>8. VCASE-<b>s.73</b></td> <td>22. VCASE-<b>s.73</b></td> <td>36. VCASE-<b>s.73</b></td> </tr> <tr> <td>9. VCASE-<b>s.73</b></td> <td>23. VCASE-<b>s.73</b></td> <td>37. VCASE-<b>s.73</b></td> </tr> <tr> <td>10. VCASE-<b>s.73</b></td> <td>24. VCASE-<b>s.73</b></td> <td>38. VCASE-<b>s.73</b></td> </tr> <tr> <td>11. VCASE-<b>s.73</b></td> <td>25. VCASE-<b>s.73</b></td> <td>39. VCASE-<b>s.73</b></td> </tr> </table>	1. VCASE- <b>s.73</b>	15. VCASE- <b>s.73</b>	29. VCASE- <b>s.73</b>	2. VCASE- <b>s.73</b>	16. VCASE- <b>s.73</b>	30. VCASE- <b>s.73</b>	3. VCASE- <b>s.73</b>	17. VCASE- <b>s.73</b>	31. VCASE- <b>s.73</b>	4. VCASE- <b>s.73</b>	18. VCASE- <b>s.73</b>	32. VCASE- <b>s.73</b>	5. VCASE- <b>s.73</b>	19. VCASE- <b>s.73</b>	33. VCASE- <b>s.73</b>	6. VCASE- <b>s.73</b>	20. VCASE- <b>s.73</b>	34. VCASE- <b>s.73</b>	7. VCASE- <b>s.73</b>	21. VCASE- <b>s.73</b>	35. VCASE- <b>s.73</b>	8. VCASE- <b>s.73</b>	22. VCASE- <b>s.73</b>	36. VCASE- <b>s.73</b>	9. VCASE- <b>s.73</b>	23. VCASE- <b>s.73</b>	37. VCASE- <b>s.73</b>	10. VCASE- <b>s.73</b>	24. VCASE- <b>s.73</b>	38. VCASE- <b>s.73</b>	11. VCASE- <b>s.73</b>	25. VCASE- <b>s.73</b>	39. VCASE- <b>s.73</b>
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13. VCASE-	27. VCASE-	41. VCASE-
14. VCASE-	28. VCASE-	42. VCASE-

Members discussed:

- Assoc. Prof Helen Irving noted:
  - There were several expedited or 'quick' cases in February.

- **s.47(3)(b)**

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**s.47(3)(b)**

- **s.73**
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- **s.47(3)(b)**



• s.47(3)(b)  
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**Agreed Outcomes**

Members:

- To contact the coordinating or consulting practitioner for VCASE-**s.73** and clarify **s.47(3)(b)**
- **Endorsed** the **s.47(3)(b)** completed requests except VCASE-**s.73** Letters **s.47(3)(b)** will be sent to the coordinating practitioners.

**s.47(3)(b) Completed Request Reviews**

Recommendations:

That the Review Board:

- **Endorse** the following **s.47(3)(b)** completed requests:
  1. VCASE-**s.73**
  2. VCASE-
  3. VCASE-

Members discussed:

1. VCASE-**s.73**
  - The process with QVAD-Pharmacy and Form 9. Agreed that Form 9 is important and QVAD-Pharmacy should require a Form 9 to be in the IMS when prescribing.
  - Amendments to the IMS requiring Form 9 to be in the IMS before a Form 13 is fillable.
  - Whether information should be sent to practitioners about forms and the IMS.

• s.47(3)(b)  
•  
•

	<p>2. VCASE <b>s.73</b></p> <ul style="list-style-type: none"> <li>• <b>s.47(3)(b)</b></li> </ul> <p>3. VCASE <b>s.73</b></p> <ul style="list-style-type: none"> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> </ul> <p><b>Agreed Outcomes</b></p> <p>Members:</p> <ul style="list-style-type: none"> <li>• <b>Endorsed</b> the <b>s.47(3)(b)</b> completed requests and associated recommendations with changes to the practitioner letters as identified.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> <li>• <b>s.47(3)(b)</b></li> </ul>
<b>Morning tea</b>	
<b>3.</b>	<b>Other Business</b>
3.1	<p><b>Annual Report</b></p> <ol style="list-style-type: none"> <li>1. <i>Qld Health requirements for annual reports – update</i> <ul style="list-style-type: none"> <li>• DPC have confirmed that because the VAD Review Board has not been established as a statutory body or a public sector entity, there is no requirement for the VAD Review Board to prepare an annual report in</li> </ul> </li> </ol>

	<p>compliance with the Annual Report Requirements for Queensland Government Agencies.</p> <ul style="list-style-type: none"> <li>• DPC also confirmed there is no requirement for the VAD Review Board to follow the corporate identity.</li> <li>• OHSa still encourages the Review Board to adopt some of the ARR protocols including refraining from using colour, photographs, images and infographic content. This approach has been adopted by the small number of other health portfolio bodies that are not required to comply with the ARRs.</li> <li>• There are also mandatory Tabling Office requirements including 100% searchability of all parts of the Annual Report and that full URL addresses are shown – the Tabling Office will not accept reports that do not meet these requirements.</li> </ul> <p>2. <i>Endorse chapter topics</i></p> <ul style="list-style-type: none"> <li>• <b>s.73</b> emailed in a suggested framework for the annual report – all of her suggested topics are included in the proposed framework.</li> </ul> <p>3. <i>Initial observations / recommendations discussion</i></p> <ul style="list-style-type: none"> <li>• Observations / recommendations will be further discussed at the next meeting.</li> </ul> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• The annual report should include a discussion of the workload for practitioners.</li> <li>• The audience for the annual report is the general public and information should be tailored accordingly.</li> <li>• Annual report should include the history of VAD in Queensland.</li> <li>• Annual report should include that VAD is becoming normalised and this is reflected in the numbers we are seeing.</li> <li>• May want to reconsider the order of the annual report once the Review Board is presented with a first draft.</li> <li>• Discussion of regional and remote considerations.</li> </ul> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>• To review the first draft prior to the April 2023 meeting.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Nil.</li> </ul>
3.2	<p><b>Unused substance in the community</b></p> <p><u>Members discussed:</u></p> <ol style="list-style-type: none"> <li>1. Report - Substance in the Community <ul style="list-style-type: none"> <li>– See slide on screen.</li> </ul> </li> <li>2. MPA inspector's lunchbox session</li> </ol>

	<p>– Presentation was given by Ethan in the ORB to the Health Protection Branch lunchbox session.</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>• The unused substance in the community figures should be provided at each Review Board meeting.</li> <li>• Confirmed with QVAD-Pharmacy that the expiry date on the self-administration substance is one year. QVAD-Pharmacy requires people to contact their practitioner if they still have the substance after one year to get an updated prescription.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Mar 23-012:</b> Unused substance in the community figure to be presented to the Review Board every month and added to the agenda.</li> </ul>
3.3	<p><b>Documents for review</b></p> <p><b>For endorsement</b></p> <ul style="list-style-type: none"> <li>• Update: Practitioner numbers</li> <li>• Workforce development and capacity</li> <li>• Draft letter to Director-General, Queensland Health, and Minister for Health and Ambulance Services regarding VAD workforce capacity and funding</li> <li>• Update on Trans-Tasman VAD Board Chairs meeting</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>• Response to <b>s.73</b> regarding the dissemination of the <b>s.73</b> survey.</li> </ul> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• Too early to send draft letter to the Director-General, Queensland Health, and Minister for Health and Ambulance Services regarding VAD workforce capacity and funding.</li> <li>• Assoc. Prof Helen Irving will meet with the CMO and DDG, CEQ re. workforce on 13 April 2023. Next steps will be considered after this meeting takes place.</li> <li>• Brief being provided to the Minister and Director-General about the first three months of operation of VAD.</li> <li>• Review Board Chair will have the opportunity to review the brief and the final brief will be sent to all members after it is progressed due to the tight timeframes.</li> <li>• Minister may make a Parliamentary Statement after reviewing the brief.</li> </ul> <p><u>Members:</u></p> <ul style="list-style-type: none"> <li>• <b>Endorsed</b> Update: Practitioner numbers.</li> <li>• <b>Endorsed</b> Workforce development and capacity.</li> <li>• <b>Reviewed</b> Draft letter to Director-General, Queensland Health, and Minister for Health and Ambulance Services regarding VAD workforce capacity and funding.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Noted</b> Update on Trans-Tasman VAD Board Chairs meeting.</li> <li>• <b>Noted</b> Response to s.73 regarding the dissemination of the s.73 survey.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Mar 23-013:</b> Review Board Chair to review Brief to Minister re the first three months of VAD in Qld and a copy provided to the Review Board members once it is progressed.</li> </ul>
<b>4.</b>	<b>Other Business</b>
4.1	<p><b>Systems Improvement Monitoring</b></p> <p>Systems Improvements and Monitoring Register</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• s.47(3)(b)</li> <li>• s.47(3)(b)</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Mar 23-014:</b> ORB to confirm how QVAD-Support is filling out ARP forms.</li> </ul>
4.2	<p><b>Overview of s.47(3)(b) for the VAD Act 2021</b></p> <ul style="list-style-type: none"> <li>• Discussion about Review Board approach while the scheme is new is to provide advice and education.</li> <li>• A s.47(3)(b) about a graduated response depending on the severity will be brought by the ORB to a future board meeting.</li> </ul>
4.3	<p><b>VAD Implementation Evaluation</b></p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• Tricia Matthias advised the Board about the evaluation being undertaken by s.73 for the implementation of VAD. The focus is up to 1 January 2023 and does not include the Board's functions. Prof. Lindy Willmott raised whether patients and doctors would be interviewed in the evaluation and potential to step into the Review Board's role. Tricia Matthias to confirm with the Review Board who will be interviewed.</li> </ul>
4.4	<p><b>Standing items</b></p> <ol style="list-style-type: none"> <li>1. External requests and media appearance requests <ul style="list-style-type: none"> <li>○ Will Cairns raised James Cook University Centre for Rural and Remote Health Conference – abstract submission has been completed by QVAD-Support and we have registered to receive information.</li> <li>○ s.73 has been invited by s.73 to join the s.73 Group for an s.73</li> </ul> </li> </ol>

	<p>s.73 project on VAD.</p> <ul style="list-style-type: none"> <li>▪ Prof. Lindy Willmott noted this involvement would be low impact – one or two meetings a year.</li> <li>▪ s.41(3)(a) put involvement in this in their Annual Report under their Research capacity.</li> </ul> <ul style="list-style-type: none"> <li>○ Helen Irving received the minutes from the Trans-Tasman VAD Chairs meeting held on 2 March 2023.</li> </ul> <ol style="list-style-type: none"> <li>2. Update: Practitioner numbers [Covered in Agenda Item 3.3.1]</li> <li>3. Workforce development and capacity</li> <li>4. Update: Residency exemptions granted/not granted</li> </ol> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>• ORB to include in future updates for the residency exemptions granted/not granted slide how long people have been a resident in Qld or not.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Mar 23-015:</b> ORB to confirm who will be interviewed in the VAD Implementation Evaluation.</li> <li>• <b>Mar 23-016:</b> ORB to include in the future residency exemptions granted/not granted slide how long people have a been a resident of Qld.</li> </ul>
<b>5.</b>	<b><i>In camera session</i></b>
5.1	<p><b><i>In camera session</i></b></p> <p><u>Members discussed:</u></p> <p><u>Members agreed:</u></p> <p><b>Actions</b></p> <p>Nil.</p>
<b>6.</b>	<b>Next meeting – Thursday 27 April 2023</b>
<b>7.</b>	<b>Close – Meeting was closed at 12:30 pm</b>

Review Board March Meeting (30 March 2023)

Discussion re. **s.73** becoming an authorised voluntary assisted dying practitioner.

Members raised:

**s.73**

S.73



# April Meeting

## Draft Minutes

### VOLUNTARY ASSISTED DYING REVIEW BOARD

<b>Date</b>	Thursday 27 April 2023		
<b>Time</b>	8.30 am – 13.00 pm		
<b>Venue</b>	R9.08, Level 9, 33 Charlotte Street, Brisbane		
	<b>Name</b>	<b>Position</b>	<b>Attendance</b>
<b>Review Board</b>	Associate Professor Helen Irving	Chair	IP
	Professor Eleanor Milligan	Deputy Chair	IP
	Professor Lindy Willmott	Member	IP
	Dr Jenny Brown	Member	IP
	Ms Donisha Duff	Member	IP
	Dr Bav Manoharan	Member	VC
	Dr Will Cairns OAM	Member	IP
	Professor Lisa Nissen	Member	VC
	Mr Geoff Rowe	Member	IP
<b>VAD Program, Queensland Health</b>	Tricia Matthias	Executive Director, Voluntary Assisted Dying Program, Clinical Excellence Queensland	IP
	Sally Stubbington	Director, Office of the Review Board (ORB)	IP
<b>Secretariat</b>	Holly Atkinson	Manager, ORB	IP

Attendance: IP = In Person, VC = Videoconference, A = Apology, P = Proxy



Item	Topic
1.	<b>Welcome and overview</b>
1.1	<p><b>Acknowledgement of Country and apologies</b></p> <p>The Chair welcomed members, acknowledged the complexity of voluntary assisted dying, and noted no apologies.</p>
1.2	<p><b>Minutes March meeting</b></p> <p><u>Members:</u></p> <ul style="list-style-type: none"> <li>Endorsed the minutes for the March 2023 Review Board meeting.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li><b>Apr 23-001:</b> ORB to upload March 2023 Review Board minutes to Convene.</li> </ul>
1.3	<p><b>Conflicts of interest</b></p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>No additional conflicts of interest have been identified by Review Board members since the March 2023 meeting.</li> <li>BM noted invited to present at s.73 [REDACTED] about VAD in general and not from the Review Board perspective.</li> <li>LW noted invited to speak as s.73 [REDACTED] in s.73 [REDACTED] and will not be representing the Review Board.</li> </ul> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>BM and LW's presentations at their respective conferences were not a conflict.</li> </ul> <p style="text-align: center; font-size: 48pt; color: red; font-weight: bold;">s.47(3)(b)</p> <p><b>Actions</b></p> <p>Nil.</p>

1.4	<p><b>Actions register</b></p> <p><b>Action item – Feb 23-015:</b> ORB to arrange meeting between Prof. Helen Irving and Dr Helen Brown, DDG, CEQ, to discuss VAD workforce capacity and funding:</p> <ul style="list-style-type: none"> <li>• Meeting with the CMO in the DDG’s absence occurred on 13 April 2023.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Mar 23-001:</b> ORB to upload February 2023 Review Board minutes to Convene:</p> <ul style="list-style-type: none"> <li>• Minutes uploaded to Convene.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Mar 23-002:</b> Assoc. Prof Helen Irving will contact other Board Chairs re. s.47(3)(b)</p> <ul style="list-style-type: none"> <li>• Chair to update Review Board at April 2023 meeting.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Mar 23-003:</b> ORB to include figures on the numbers/percentage of people in major cities and the other areas listed, and the percentage of those accessing VAD:</p> <ul style="list-style-type: none"> <li>• ORB to provide updated data at May 2023 meeting.</li> <li>• In progress.</li> </ul> <p><b>Action item – Mar 23-004:</b> ORB to present cumulative numbers for VAD deaths across months in data:</p> <ul style="list-style-type: none"> <li>• Included in data presented to Review Board at meetings.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Mar 23-005:</b> ORB to contact coordinating or consulting practitioner in s.47(3)(b)</p> <ul style="list-style-type: none"> <li>• TM advised the Review Board at the April meeting that the consulting practitioner confirmed s.47(3)(b)</li> <li>• s.47(3)(b)</li> <li>• Action closed.</li> </ul> <p>s.47(3)(b)</p> <ul style="list-style-type: none"> <li>• Letter with Chair for review.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Mar 23-007:</b> ORB to amend last paragraph of s.47(3)(b) letter to practitioners:</p> <ul style="list-style-type: none"> <li>• Letter updated.</li> <li>• Action closed.</li> </ul>
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s.47(3)(b)

- Letter with Chair for review.
- Action closed.

Action item – Mar 23-009: s.47(3)(b)

s.47(3)(b)

- Action closed.

Action item – Mar 23-010: s.47(3)(b)

s.47(3)(b)

- Action closed.

Action item – Mar 23-011: s.47(3)(b)

s.73 s.73

- Letters with Chair for review.

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s.47(3)(b)

- Action closed.

Action item – Mar 23-012: Unused substance in the community figure to be presented to the Review Board every month and added to the agenda:

- Added to the agenda.
- Action closed.

Action item – Mar 23-013: Review Board to review Brief to Minister re. the first three months of VAD in Qld:

- Reviewed by Chair and Brief included on the meeting papers.
- Action closed.

Action item – Mar 23-014: ORB to confirm how QVAD-Support is completing ARP forms:

- Tricia Matthias provided an update to the Review Board at the April 2023 meeting on her conversation with s.73

s.47(3)(b)

	<p style="text-align: center; font-size: 2em; color: red; background-color: #cccccc; padding: 10px;">s.47(3)(b)</p> <ul style="list-style-type: none"> <li>○ s.73 [redacted] attended the April meeting and explained how the VAD ARP works.</li> <li>• Action closed.</li> </ul> <p><b>Action item – Mar 23-015:</b> ORB to confirm who will be interviewed in the VAD Implementation Evaluation:</p> <ul style="list-style-type: none"> <li>• Tricia Matthias provided an update to the Review Board at the April 2023 meeting: <ul style="list-style-type: none"> <li>○ Only practitioners involved in implementation prior to 1 January 2023 will be interviewed about implementation. No patients, families, or practitioners will be involved post 1 January 2023.</li> </ul> </li> <li>• Action closed.</li> </ul> <p><b>Action item – Mar 23-017:</b> ORB to include in the future residency exemptions granted/not granted slide how long people have been a resident of Qld for:</p> <ul style="list-style-type: none"> <li>• Slide updated.</li> <li>• Action closed.</li> </ul> <p><b>Actions endorsed and closed</b></p>
<b>2.</b>	<b>Presentation</b>
2.1	<p><b>QUT VAD Research Presentation</b></p> <p>Led by s.73 [redacted]</p> <ul style="list-style-type: none"> <li>• Presentation about VAD research occurring in Australia and overseas.</li> <li>• 20-minute presentation with PowerPoint, followed by questions and discussion</li> <li>• Refer to: Power Point presentation uploaded to CONVENE in April Agenda</li> </ul> <p><i>International research</i></p> <ul style="list-style-type: none"> <li>• Brief macro summary of research internationally.</li> <li>• The types of research are grouped together: impacts on type of practice; key fields of research; significant field following up why VAD requests are not asked for; challenges and benefits; VAD and palliative care in Belgium; legal policy work in legal frameworks.</li> <li>• Specific cohorts focus on empirical and ethical study debates, which are still continuing in countries where VAD has been operational for some time.</li> </ul> <p><i>Australian research</i></p> <ul style="list-style-type: none"> <li>• Pre-law implementation – <ul style="list-style-type: none"> <li>○ Not a lot of research internationally, but a lot in Australia.</li> </ul> </li> </ul>

- Examples include; research from Jane Hewitt; Ross McDougall – researched attitudes of doctors, Kirsten Lewatt – hospital survey and Jenny Phillip – palliative care physicians.
- QUT with Dutch colleagues, research on complexity for practitioners
- Legal analysis and ethical and policy analyses –
  - Recommend Dan Flemming’s book on bioethical.
- Operation of VAD Law in practice –
  - Perceptions and experiences in provision of VAD from clinicians, patients, regulators include the Board, especially in Vic and WA.
  - Collaborative research with groups, nationally and internationally.
- Optimal regulation of VAD –

s.47(3)(b)

- *Snapshot of publications:* – from Aus from 2020:- 5 categories.
- *Theory and regulation*
- *Legal analysis* – what’s the law and how it fits.
- *Policy ethics and training* – recommend first and fourth paper.
- *Public policy/reform* – s.47(3)(b)

s.47(3)(b)

- *Empirical research into practice* –
  - Papers on doctors’ experience and institution objections, 3 papers to date and s.47(3)(b)
  - s.47(3)(b)
  - s.47(3)(b)
  - s.47(3)(b)
  - s.47(3)(b)

Members discussed:

- The valuable and impressive contribution that the QUT group has made in this field and the importance of national and international collaborative studies, and thanked s.73 for his overview.

s.47(3)(b)

	<p style="text-align: center; font-size: 48pt; color: red; font-weight: bold;">s.47(3)(b)</p> <p><b>Actions</b></p> <p>NIL.</p>
<b>3.</b>	<b>QVAD Review Board IMS Update</b>
3.1	<p><b>Summary of QVAD Review Board IMS data</b></p> <p><b>3.1.1 Snapshot for 2023</b></p> <ul style="list-style-type: none"> <li>• There were 128 first assessments in March; an increase of 35% from February, which had 95 first assessments.</li> <li>• Cancers continue to be the primary diagnoses for eligibility, accounting for 77% of diagnoses in all first assessments.</li> <li>• The majority of people requesting access to VAD continues to be in major centres.</li> <li>• The mean period between the first and final request for VAD is 15 days.</li> <li>• Demographic information collected from the first assessment is now available</li> </ul> <p><b>3.1.2 IMS activity</b></p> <ul style="list-style-type: none"> <li>• There continues to be a large volume of forms submitted to the IMS, with an approximate average of 8 forms per case.</li> </ul> <p><b>3.1.3 Register of prescribed information report – March</b></p> <ul style="list-style-type: none"> <li>• The report provides the collected data for March 2023.</li> <li>• The meeting pack contains a table listing the information that is required to be kept by the Board under s.117(1)(d) of the Act.</li> </ul> <p><b>3.1.4 Register of prescribed information report – YTD</b></p> <ul style="list-style-type: none"> <li>• The report provides the data collected from 1 January to 31 March 2023.</li> </ul>

	<ul style="list-style-type: none"> <li>The meeting pack contains a table listing the information that is required to be kept by the Board under s.117(1)(d) of the Act.</li> </ul> <p><b>3.1.5 HHS activity</b></p> <ul style="list-style-type: none"> <li>Note: The HHS activity data is provided to the VAD Program Unit from the HHSs in accordance with the Health Service Directive.</li> <li>In March 2023, a total of 297 in scope VAD activities were provided by/in 13 HHSs to 133 people.</li> <li>This was an increase from previous months:             <ul style="list-style-type: none"> <li>Jan: 173 in scope VAD activities were provided by/in 11 HHSs to 72 people</li> <li>Feb: 217 in scope VAD activities were provided by/in 13 HHSs to 108 people.</li> </ul> </li> <li>In Mar 2023, QVAD-Support received a total of 20 referrals from HHSs who could not meet demand and needed a patient linked with a coordinating or consulting practitioner.             <ul style="list-style-type: none"> <li>Feb 2023: 14 referrals</li> <li>Jan 2023: 23 referrals</li> </ul> </li> </ul> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>WC raised HHS vs ABS demographic data. It was noted that HHS regions for authorised practitioners are their Ahpra address and may not correlate where practitioners are working. The ABS data for the five regions has been chosen as part of the minimum data set for VAD with the other States.</li> <li>JB queried whether there’s a report on where people are requesting from? ORB confirmed there is a report on request location but not death location as can’t get data for self-administration.</li> <li>The details being gathered for disability demonstrate there is no disadvantage or coercion. The disability data collection is optional.</li> <li>LW requested for the data slides with graphs to include people who accessed VAD and died. Data to be presented as a cumulative line and graph. It will capture practitioner administration, self-administration and no administration, and a separate slide for first assessments.</li> <li>Noted that in the March report page 4 – the shortest period in reports should be 2 days, system incorrectly picked up the date.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li><b>Apr 23-002:</b> ORB to update attachment 3.1.1 <i>Snapshot of 2023</i> to include new slides with cumulative line and graph comparing number of first assessments, and then number of practitioner administration, self-administration and no administration.</li> </ul>
4.	<b>Completed Request Reviews</b>
4.1	<p><b>Completed Request Reviews</b></p> <p><b>s.47(3)(b) Completed Request Reviews</b></p>



Recommendations:

That the Review Board:

- **Endorse** the following **s.47(3)(b)** completed requests:

1. VCASE- <b>s.73</b>	21. VCASE- <b>s.73</b>	41. VCASE- <b>s.73</b>	61. VCASE- <b>s.73</b>
2. VCASE-	22. VCASE-	42. VCASE-	62. VCASE-
3. VCASE-	23. VCASE-	43. VCASE-	63. VCASE-
4. VCASE-	24. VCASE-	44. VCASE-	64. VCASE-
5. VCASE-	25. VCASE-	45. VCASE-	65. VCASE-
6. VCASE-	26. VCASE-	46. VCASE-	66. VCASE-
7. VCASE-	27. VCASE-	47. VCASE-	67. VCASE-
8. VCASE-	28. VCASE-	48. VCASE-	68. VCASE-
9. VCASE-	29. VCASE-	49. VCASE-	69. VCASE-
10. VCASE-	30. VCASE-	50. VCASE-	70. VCASE-
11. VCASE-	31. VCASE-	51. VCASE-	71. VCASE-
12. VCASE-	32. VCASE-	52. VCASE-	72. VCASE-
13. VCASE-	33. VCASE-	53. VCASE-	73. VCASE-
14. VCASE-	34. VCASE-	54. VCASE-	74. VCASE-
15. VCASE-	35. VCASE-	55. VCASE-	75. VCASE-
16. VCASE-	36. VCASE-	56. VCASE-	76. VCASE-
17. VCASE-	37. VCASE-	57. VCASE-	77. VCASE-
18. VCASE-	38. VCASE-	58. VCASE-	78. VCASE-
19. VCASE-	39. VCASE-	59. VCASE-	79. VCASE-
20. VCASE-	40. VCASE-	60. VCASE-	

Members discussed:

- Assoc. Prof Helen Irving noted:
  - For the **s.47(3)(b)** there were 9 ineligible based upon prognosis or capacity, 3 withdrawn and 5 expedited requests.

	<ul style="list-style-type: none"><li>○ s.47(3)(b)</li><li>○ VCASE-s.73-s.47(3)(b) s.47(3)(b)</li><li>○ VCASE-s.73 - s.47(3)(b) s.47(3)(b)</li><li>○ VCASE-s.73 -s.47(3)(b) s.47(3)(b)</li><li>• VCASE-s.73 - s.47(3)(b) s.47(3)(b)</li><li>• VCASE-s.73-s.47(3)(b) s.47(3)(b)</li></ul>
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more info on the compliance checklist, it does not have all the information in Part A about why a person is not eligible. Members discussed also depends on the type of diagnosis too. ORB to amend the 'not eligible criteria' section on the compliance checklist template to include all reasons a person is not eligible.

- LW raised an observation on the number of non-VAD related deaths, would be interested, at some point to get more information about why. Members discussed it depends on the stage they are at when they died, i.e., after supply of the substance or during the assessment phase.

- **s.47(3)(b)**

- **s.47(3)(b)**

**Agreed Outcomes**

Members:

- VCASE-~~s.73~~ - **s.47(3)(b)**
- VCASE-~~s.73~~ - **s.47(3)(b)**
- **s.47(3)(b)**
- **s.47(3)(b)**
- **Endorsed** the **s.47(3)(b)** completed requests. Letters of compliance will be sent to the coordinating practitioners.

**s.47(3)(b) Completed Request Reviews**

Recommendations:

That the Review Board:

- **Endorse** the following **s.47(3)(b)** completed requests:
  1. VCASE-~~s.73~~
  2. VCASE-
  3. VCASE-
  4. VCASE-

5. VCASE-**s.73**

6. VCASE-**s.73**

- Held over from February

1. VCASE-**s.73**

Members discussed:

1. VCASE-**s.73**

- **s.47(3)(b)**
- **s.47(3)(b)**

2. VCASE-**s.73**

- **s.47(3)(b)**
- **s.47(3)(b)**

3. VCASE-**s.73**

- **s.47(3)(b)**
- **s.47(3)(b)**

4. VCASE-**s.73**

- **s.47(3)(b)**
- **s.47(3)(b)**

5. VCASE-**s.73**

- **s.47(3)(b)**
- **s.47(3)(b)**

6. VCASE-**s.73**

- **s.47(3)(b)**
- **s.47(3)(b)**

	<p>Held over from February</p> <p>1. VCASE-<b>s.73</b></p> <ul style="list-style-type: none"> <li>• <b>s.47(3)(b)</b></li> <li>• ORB raised transfer of role for practitioners is problematic, the Act and role transfer are confusing. A training video is being developed to help and the forms are being reviewed. Discussed the process for role transfer – coordinating practitioner has to ask consulting practitioner first, if no, then ask another authorised practitioner.</li> <li>• Action: <b>s.47(3)(b)</b></li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• <b>s.47(3)(b)</b></li> </ul> <p><b>Agreed Outcomes</b></p> <p>Members:</p> <ul style="list-style-type: none"> <li>• <b>Endorsed</b> the <b>s.47(3)(b)</b> completed requests and associated recommendations with changes to the practitioner letters as identified.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Apr 23-003:</b> <b>s.47(3)(b)</b> <b>s.47(3)(b)</b></li> <li>• <b>Apr 23-004:</b> VCASE-<b>s.73</b> – ORB will look into the ticked checkbox on the compliance checklist for ‘not expected to cause death within 12 months’ and ‘not causing intolerable suffering’.</li> <li>• <b>Apr 23-005:</b> ORB to amend the ‘not eligible criteria’ section on Part A of the compliance checklist template to include all reasons a person is not eligible.</li> <li>• <b>Apr 23-006:</b> ORB to divide Review Board members into groups of two and allocate <b>s.47(3)(b)</b> completed requests for review in the Board meeting packs.</li> </ul>
4.2	<p>2. <b>QVAD Review Board IMS issues</b></p> <ul style="list-style-type: none"> <li>• An update to Chrome, Microsoft Edge and Firefox internet browsers temporarily prevented practitioners from downloading PDF copies of submitted forms from the IMS.</li> <li>• This issue was resolved for all internet browsers on 14 April 2023 after a ticket was raised with Microsoft.</li> <li>• The Office of the Review Board is continuing to monitor other known IMS issues and their impacts on practitioners while they are resolved.</li> <li>• PDF copies of <i>Form 5 – Final Request Form</i> do not accurately capture the information submitted by practitioners on whether the final request was made</li> </ul>

	<p>before the end of the designated period. The pdf displays “no” to this answer despite the practitioner submitting ‘yes’. The information in the IMS itself is correct. Practitioners have been advised of the issue.</p> <p><b>Actions</b></p> <p>Nil.</p>
	<b>Morning tea</b>
<b>5.</b>	<b>Reports and Correspondence</b>
5.1	<p><b>Annual Report</b></p> <ol style="list-style-type: none"> <li>1. <i>Discussion: observations about the order, content and feel of the first draft</i></li> <li>2. <i>Observations / recommendations discussion</i> <ul style="list-style-type: none"> <li>• Observations / recommendations will be further discussed at the next meeting.</li> </ul> </li> </ol> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• ORB took into account Board’s views in this first draft, tried to reduce the length and incorporate the reason for the high numbers. Need high level feedback about how it feels and anything missing. Final report to be submitted by end of July. Aim to incorporate suggestions for near finalised document at May meeting.</li> <li>• JB raised the foreword could include preamble about the community support for VAD and the positive impact of advocacy by the community for VAD. Include a section in the report advising public how access can be achieved; For example, conversations with their GP, within the community and , contact QVAD-Support, and include contact details.</li> <li>• Discussion around the numbers of people accessing VAD, access and awareness. Members raised that a recommendation could be about community education around knowing they can access. TM raised who the Board will recommend should tell the community? Response was the report will be tabled in a parliamentary will raise awareness.</li> <li>• GR noted graph in figure 11 reflecting access through breakdown of VAD deaths for practitioner administration, self-administration should also include non-VAD deaths.</li> <li>• Discussed personal reflections being woven in, being clear about the purpose of the report and education could include QVAD-Support and resources available.</li> <li>• ORB developing survey that clearly notes feedback is for the annual report and will be deidentified to interview contact persons with and provide to QVAD Support and Pharmacy Service, HHS coordinators and practitioners Discussed other jurisdictions approaches for seeking feedback from contact persons. Propose to send survey out in May.</li> <li>• DD raised low uptake of GPs undertaking VAD practitioner training and this could be a recommendation. Discussed <span style="background-color: #cccccc;">s.47(3)(b)</span> has flagged Medicare issue, and this</li> </ul>

	<p>was flagged early in the scheme as a barrier to growing practitioner participation, consistent response across other jurisdictions.</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>• To provide high level feedback on the draft Annual Report to the ORB in email by COB 12 May 2023.</li> <li>• ORB to prepare a better graph for figure 11 that shows the breakdown for practitioner administration, self-administration and non-VAD deaths.</li> <li>• ORB to present the draft survey with proposed approach, including dates to Review Board next week.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Apr 23-007:</b> ORB to prepare an updated graph for figure 11 in the Annual Report that shows the breakdown for practitioner administration, self-administration and non-VAD deaths.</li> <li>• <b>Apr 23-008:</b> Review Board members to provide high level feedback on the draft Annual Report to the ORB in email by COB 12 May 2023.</li> <li>• <b>Apr 23-009:</b> ORB to present the Annual Report feedback draft survey with proposed approach, including dates to Review Board next week.</li> </ul>
5.2	<p><b>Documents for review</b></p> <p><b>For discussion</b></p> <ol style="list-style-type: none"> <li>1. Chair introduction and feedback email to practitioners: <ul style="list-style-type: none"> <li>• Propose to be sent to practitioners on 2 May 2023.</li> <li>• Chair raised that the email is long but hard to abbreviate.</li> <li>• Suggest having five points rather than headings or bullet points.</li> <li>• Form 9 should mention what it is used for.</li> <li>• Action: Modify to include five points and note the purpose of Form 9 and email to practitioners early May 2023.</li> </ul> </li> <li>2. Update on meeting with CMO on 13 April 2023: <ul style="list-style-type: none"> <li>• Chair provided an update to the Review Board on the meeting with Dr Catherine McDougall, CMO, who has taken over from Professor Keith McNeill: <ul style="list-style-type: none"> <li>○ CMO has been in position for 2 months. Provided background on VAD and legislation.</li> <li>○ Reflected the VAD activity and that it is higher than expected.</li> <li>○ Highlighted practitioner numbers are high, but significantly less proportion are actively providing the service – 76 active practitioners at the time of meeting.</li> <li>○ Chair also noted the importance of the ORB and its workload so can't lose resources.</li> <li>○ A follow up meeting should be organised with CMO in a few months. Members discussed inviting the CMO to one of the meetings and sit in on a completed request review.</li> </ul> </li> </ul> </li> </ol> <p><b>For noting</b></p>

	<p>3. Brief to Minister – VAD update on implementation, 3-month data and Review Board Code of Conduct</p> <ul style="list-style-type: none"> <li>• Brief cleared by Dr Helen Brown, DDG CEQ on 14 April 2023 for Min’s action by 17 April 2023.</li> <li>• No response received yet.</li> </ul> <p>4. Palliative Care and VAD: have your say forum – 19 May 2023</p> <ul style="list-style-type: none"> <li>• The QVAD Support and Pharmacy Service will be holding the forum. <ul style="list-style-type: none"> <li>○ at Brisbane Convention and Exhibition Centre or virtually</li> <li>○ on 19 May 2023 from 1:30pm to 8pm</li> <li>○ Register by 5 May 2023 to attend.</li> </ul> </li> </ul> <p>5. Survey of authorised voluntary assisted dying medical practitioners</p> <ul style="list-style-type: none"> <li>• The survey is proposed to be sent by the VAD Unit to practitioners 2 weeks after the ‘Chair introduction and feedback email’ to not overwhelm practitioners with feedback requests.</li> <li>• Any data from the survey provided to the Board will be for FYI purposes only. The consent provision does not permit for the data to be used for research purposes.</li> </ul> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• 3. Brief to Minister on data – Discussed if the Minister does release data it might happen at the May sitting of Parliament next week in Townsville. Wait to see outcome.</li> <li>• 5. VAD Unit practitioner survey - LW raised to what extent can the Board work with the VAD Unit on the survey to contribute to the design and add a couple of questions. TM noted this is the first survey by the VAD Unit for feedback only, due to send out on 15 May 2023, can organise a meeting with the Program Unit Manager that designed the survey and has a clinical background.</li> </ul> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>• <b>Discussed</b> Chair introduction and feedback email to practitioners.</li> <li>• <b>Discussed</b> Update on meeting with CMO on 13 April 2023.</li> <li>• <b>Noted</b> Brief to Minister – VAD update on implementation, 3-month data and Review Board Code of Conduct.</li> <li>• <b>Noted</b> <i>Palliative Care and VAD: have your say forum – 19 May 2023.</i></li> <li>• <b>Noted</b> Survey of authorised voluntary assisted dying medical practitioners.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Apr 23-010:</b> Modify Chair introduction and feedback email to practitioners to provide it includes five points and note the purpose of Form 9 and email to practitioners early May 2023.</li> </ul>
6.	<b>Other Business</b>
6.1	<p><b>Systems Improvement Monitoring</b></p> <ul style="list-style-type: none"> <li>• Systems Improvements and Monitoring Register</li> <li>• s.47(3)(b)</li> </ul>



	<ul style="list-style-type: none"> <li>○ s.47(3)(b)</li> </ul> <p><b>Members discussed:</b></p> <ul style="list-style-type: none"> <li>• ORB noted issues are added to the Systems Improvements and Monitoring Register after each meeting and during reviews. Could be first point of reference for recommendations for the Annual Report.</li> <li>• Continue to monitor items on the Register. Most are in the process of being resolved. Items are generally taken from s.47(3)(b) reports.</li> <li>• Board will have a considered response to Attorneys-General meeting on Commonwealth Criminal Code issue in the Annual Report.</li> <li>• Discussed why <i>Form 2 – Referral Acceptance Form</i> is always late. Noted practitioners do not realise they need to complete Form 2. It is a form saying they accept being the Consulting Practitioner.</li> </ul> <p><b>Actions</b></p> <p>Nil.</p>
6.2	<p><b>Standing items</b></p> <ol style="list-style-type: none"> <li>1. External requests and media appearance requests: <ul style="list-style-type: none"> <li>○ Reschedule September Review Board meeting to Monday 25th September 2023.</li> <li>○ Review Board interested in attending a QVAD Support and Pharmacy Service site visit.</li> </ul> </li> <li>2. Consideration of correspondence: <ul style="list-style-type: none"> <li>○ No correspondence received</li> </ul> </li> <li>3. Update: Practitioner numbers</li> <li>4. Update: Residency exemption applications for March</li> <li>5. Update: Unused Substance in the Community Report</li> </ol> <p><b>Members agreed:</b></p> <ul style="list-style-type: none"> <li>• Review Board interested in attending QVAD Support and Pharmacy Service site visit in May 2023.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Apr 23-011:</b> ORB to reschedule September Review Board meeting to Monday 25th September 2023.</li> <li>• <b>Apr 23-012:</b> ORB to email Review Board a poll containing dates for QVAD-Support and Pharmacy Service site visit.</li> </ul>
6.3	<p><b>Engagement with Community of Practice</b></p> <ul style="list-style-type: none"> <li>• How does the Review Board want to engage with the CoP?</li> <li>• HI can be discussed with s.73 at agenda item 7. Mentioned practitioners should have some input from Review Board every so often. This links back to s.73 research review noting professional relationships between groups leads to better outcomes.</li> </ul>

	<ul style="list-style-type: none"> <li>Members agreed to ask s.73 about how to best approach the CoP about having a CoP member attend a Review Board meeting every 3 months.</li> </ul>
<b>7.</b>	<b>QVAD Support and Pharmacy Service</b>
7.1	<p>Led by s.73, s.73 and s.73, s.73</p> <p><b>Pharmacy, QVAD Support and Pharmacy Service</b></p> <p>Standing discussion items:</p> <ol style="list-style-type: none"> <li>QVAD Support and Pharmacy demand</li> <li>Availability of practitioners across Queensland</li> </ol> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li><b>Appendix 1</b> document provided by s.73</li> <li>First observation not close yet to being business as usual. Continue to have new clinical challengers. Enormous clinical learnings still underway. Receiving approximately 80% referrals to QVAD Support from patients and their families. Consider BAU reference measure will be less patient referrals and more clinician referrals.</li> <li>Second observation is that Queensland does not have sustainable workforce. Of 138 authorised medical practitioners only 42 have written a script, and only 20 have written more than 2 scripts, four of those doctors from private sector and funded by QVAD Access.</li> <li>EM queried what is the understanding around why authorised practitioners are not fully participating. s.73 explained that some practitioners are becoming authorised out of interest or for one patient, and upon completion of the training may find the role is out of their current practice and additionally some HHS line managers struggle to release practitioners as the VAD processes are time consuming. Funding for private practitioners, including GPs is challenging and discussion raised re the Medicare MBS gap.</li> <li>Referrals were high in January but are now getting into a more reasonable flow of referrals.</li> <li>Most of the population seeking access is in the Metropolitan areas, although access has been achieved in remote regions. The s.47(3)(b) area has currently the largest number/population perhaps also based upon the specific demographics of the area.</li> <li>The Commonwealth Criminal Code continues to be an issue. Examples include, prescriptions have been lost in express post and courier, and leading to delays in receipt of the substance.</li> <li>Discussion of specific case – s.47(3)(b) <ul style="list-style-type: none"> <li>s.47(3)(b)</li> <li>s.47(3)(b)</li> </ul> </li> </ul>

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**s.47(3)(b)**

- Other issues of note: Observing an increase splitting in palliative care. Over 85% have been referred to specialist palliative care, vast majority are already referred. Starting to impact on clinicians, philosophical and financial aspects, two different views on keeping VAD and palliative care separate or palliative care incorporating VAD as an option. Discussion around differing personal views of clinicians, particularly palliative care specialists, with respect to Voluntary Assisted Dying.
- QVAD-Support are running palliative care forum to help understand the issue better. Confirmed 30 palliative care doctors attending. Contacting as many of people as possible to attend. Friday the 19<sup>th</sup> May.
- Pharmacy service – **s.47(3)(b)** HHS are pushing for independent pharmacy services to be set up to allow for efficiencies for patients in rural and remote areas. However, on balance centralised site remains preferred model:
  - Still early in the scheme, great advantages for single pharmacy service that has the most experienced staff in the area.
  - Supply of the substance involves a pharmacist and social worker to proactively prepare people for taking the substance and the bereavement process.
  - The standardisation of the pharmacy service with knowledgeable staff important to provide from the single service.
  - The cost would be significant to set up multiple services across the State.
- Review Board raised with **s.73**
  - What is involved with the ARP that is provided for self-administration.
  - Whether there would be interest from Community of Practice (CoP) to have a practitioner attend a Review Board meeting once every three months.
- **s.73** responded:
  - ARP – A pre-filled ARP is provided to stay with the oral substance. Based on **s.47(3)(b)** model. It is a dedicated ARP for VAD only for the person and not uploaded to an information management system, ie the viewer. People are generally keen to take the medication quickly and might not have time to organise one. May have another ARP for other resuscitation reasons. The VAD ARP is used as QAS recognise the ARP.
  - CoP – Yes, will receive a lot of questions. There are 3 CoP: authorised medical practitioners, general interest and nurse community. Discussed Review Board member to attend the CoP with ED, VAD Unit.

	<ul style="list-style-type: none"> <li>• Review Board invited <b>s.73</b> to provide feedback: <ul style="list-style-type: none"> <li>○ <b>s.73</b> noted that: <ul style="list-style-type: none"> <li>▪ The forms are hard and confusing.</li> <li>▪ Noted steps are important for final review before writing a script, concerned about the pharmacists having to monitor submission of forms. Modifications to the IMS will fix the process issue.</li> <li>▪ Facilities don't like expediting process.</li> </ul> </li> </ul> </li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Apr 23-013:</b> ORB to organise Review Board member and ED, VAD Unit to attend CoP session.</li> </ul>
<b>8.</b>	<b><i>In camera session</i></b>
8.1	<p><b><i>In camera session</i></b></p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• Potential opportunities for research.</li> <li>• <b>s.47(3)(b)</b></li> <li>• Demographic state population data will be important to include in Annual Report.</li> </ul> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>• Identify research opportunities and collaborative partnerships.</li> <li>• Continue consistent approach to <b>s.47(3)(b)</b> of compliance issues noted with reviews.</li> </ul> <p><b>Actions</b></p> <p>Nil.</p>
<b>6.</b>	<b>Next meeting – Thursday 25 May 2023</b>
<b>7.</b>	<b>Close – Meeting was closed at 13:00 pm</b>

# May 2023 Meeting

## VOLUNTARY ASSISTED DYING REVIEW BOARD

### Draft Minutes

<b>Date</b>	Thursday 25 May 2023		
<b>Time</b>	8.30 am – 12.30 pm		
<b>Venue</b>	R9.08, Level 8, 33 Charlotte Street, Brisbane		
	<b>Name</b>	<b>Position</b>	<b>Attendance</b>
<b>Review Board</b>	Associate Professor Helen Irving (HI)	Chair	IP
	Professor Eleanor Milligan (EM)	Deputy Chair	IP
	Professor Lindy Willmott (LM)	Member	IP
	Dr Jenny Brown (JB)	Member	VC
	Ms Donisha Duff (DD)	Member	VC
	Dr Bav Manoharan (BM)	Member	IP
	Dr Will Cairns OAM (WC)	Member	VC
	Professor Lisa Nissen (LN)	Member	A
	Mr Geoff Rowe (GR)	Member	IP
<b>VAD Program, Queensland Health</b>	Sally Stubbington (SS)	Executive Director, Voluntary Assisted Dying Program, Clinical Excellence Queensland (Acting)	IP
	Rachel Stewart-Koster (RSK)	Director, Office of the Review Board (ORB) (Acting)	VC
<b>Secretariat</b>	Holly Atkinson (HA)	Manager, ORB	IP
	Emily Collins (EC)	Policy Futures Graduate	IP

Attendance: IP = In Person, VC = Videoconference, A = Apology, P = Proxy



Item	Topic
1.	<b>Welcome and overview</b>
1.1	<p><b>Acknowledgement of Country and apologies</b></p> <p>The Chair welcomed members, acknowledged the complexity of voluntary assisted dying, and noted LN as an apology.</p> <p><b>Change of Positions within the ORB</b></p> <ul style="list-style-type: none"> <li>SS is acting Executive Director, VAD Unit. RSK is acting as Director. Permanent positions, and the ongoing BAU team structure should be confirmed by 20 June 2023. Caitlin Lock, A/Director VAD Program Unit is attending for the discussion of VCASE-s.73</li> </ul>
1.2	<p><b>Minutes April meeting – for endorsement</b></p> <p><u>Members:</u></p> <ul style="list-style-type: none"> <li>Endorsed the minutes for the April 2023 Review Board meeting.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li><b>May 23-001:</b> ORB to upload endorsed April 2023 Review Board minutes to Convene.</li> </ul>
1.3	<p><b>Conflicts of interest</b></p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>No additional conflicts of interest have been identified by Review Board members since the April 2023 meeting.</li> <li>DD noted change of employment to Senior Manager for the OCHRe Network at the University of Queensland.</li> </ul> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>No additional conflicts of interest have been identified.</li> </ul> <p><b>Actions</b></p> <p>Nil.</p>
	<p><b>VCASE-s.73</b></p> <p>Summary:</p> <ul style="list-style-type: none"> <li>s.73 was assessed as eligible to access voluntary assisted dying.</li> <li>s.73</li> <li>s.73</li> </ul>

s.73

- On s.73 2023, s.73 died s.73 s.73
- s.73
- s.73
- On s.73 2023, s.73 was found deceased s.73 s.73
- The Coroner has been notified of the death.
- On s.73 2023, the Coroner issued a *Form 25 – Requirement for Information* to Queensland Health. The response is due to the Coroner on 16 June 2023.

Members discussed:

s.73

- The Office of the Review Board and the Review Board Chair were informed of the death of s.73 on the s.73 and notification to the Chief Medical Officer (CMO) occurred. A “Hot Issues” Brief was prepared, and a meeting was arranged with the CMO.
- Queensland Health VAD Unit received a request from the Coroner for information (Form 25) Sch 3(7) Information regarding VCASE s.73 is in the IMS and may need the Board’s approval to release documents.
- The request from the Coroner s.73 s.73
- The information that the Board possesses relates to the VAD person and not s.73

s.47(3)(b)

- Members discussed:

	<ul style="list-style-type: none"> <li>○ <b>Sch 3(7)</b></li> <li>○ the possibility for the Board to review and provide guidance on processes for substance disposal in the interim before the coroner’s investigation is completed.</li> </ul> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> <li>• The Board is committed to ensuring compliance of <i>the Act</i>, safe and equitable access to VAD for persons, and support of practitioners. <b>Sch 3(7)</b></li> </ul> <p><b>Sch 3(7)</b></p> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>May23-002:</b> ORB/Chair to work with legal services branch to <b>Sch 3(7)</b></li> </ul>
1.4	<p><b>Actions register</b></p> <p>Propose to close completed action items in the Register:</p> <p><b>Action item - Mar 23-003:</b> ORB to include figures on the numbers/percentage of people in major cities and the other areas listed, and the percentage of those accessing VAD:</p> <ul style="list-style-type: none"> <li>• To be provided at the June 2023 meeting.</li> <li>• In progress. Action item to remain open.</li> </ul> <p><b>Action item - Apr 23-001:</b> ORB to upload March 2023 Review Board minutes to Convene:</p> <ul style="list-style-type: none"> <li>• Endorsed March minutes uploaded to Convene.</li> <li>• Action item closed.</li> </ul> <p><b>Action item - Apr23-002:</b> ORB to update attachment 3.1.1 Snapshot of 2023 to include new slides with cumulative line and graph comparing number of first assessments, and then number of practitioner administration, self-administration and no administration:</p> <ul style="list-style-type: none"> <li>• Updated 2023 Snapshot in May meeting pack.</li> <li>• Action item closed.</li> </ul> <p><b>Action item - Apr 23-003:</b> VCASE <b>s.73</b> – ORB to clarify whether the witness or practitioner is required to tick the box and check whether the omission is on the PDF version or the IMS:</p> <ul style="list-style-type: none"> <li>• <b>s.47(3)(b)</b></li> </ul> <ul style="list-style-type: none"> <li>• Action item closed.</li> </ul>



**Action item - Apr 23-004:** VCASE-~~s.73~~ - ORB will look into the ticked checkbox on the compliance checklist for 'not expected to cause death within 12 months' and 'not causing intolerable suffering':

- ~~s.47(3)(b)~~
  - ~~s.47(3)(b)~~
    - The checklist does not include an option for the eligibility criteria for 'is not causing suffering'.
    - The ORB updated the checklist to include the full eligibility criteria options to select.
- Action item closed.

**Action item - Apr 23-005:** ORB to amend the 'not eligible criteria' section on Part A of the compliance checklist template to include all reasons a person is not eligible:

- ORB updated compliance checklist template.
- Action item closed.

**Action item - Apr 23-006:** ~~s.47(3)(b)~~

~~s.47(3)(b)~~

- Action item closed.

**Action item - Apr 23-007:** ORB to prepare updated graph for figure 11 in the Annual Report that shows the breakdown for practitioner administration, self-administration and non-VAD deaths:

- Included in second draft of the Annual Report, included in May agenda papers.
- Action item closed.

**Action item - Apr 23-008:** Review Board members to provide high level feedback on the draft Annual Report to the ORB in email by COB 12 May 2023:

- Feedback from Review Board members received.
- Action item closed.

**Action item - Apr 23-009:** ORB to present the Annual Report feedback survey with proposed approach, including dates to Review Board next week:

- Discussed with Review Board at item 4.1.3 of May agenda papers.
- Action item closed.

**Action item - Apr 23-010:** Modify Chair introduction and feedback email to practitioners to include five points and note the purpose of Form 9 and email to practitioners early May 2023:

- Chair email updated and emailed to practitioners on 9 May 2023.
- Action item closed.

	<p><b>Action item - Apr 23-011:</b> ORB to reschedule September Review Board meeting to Monday 25 September 2023:</p> <ul style="list-style-type: none"> <li>September meeting rescheduled.</li> <li>Action item closed.</li> </ul> <p><b>Action item - Apr 23-012:</b> ORB to email Review Board a poll containing dates for QVAD-Support and Pharmacy Service site visit:</p> <ul style="list-style-type: none"> <li>Poll emailed to Review Board on 28 April 2023.</li> <li>Action item closed.</li> </ul> <p><b>Action item - Apr 23-013:</b> ORB to organise Review Board member and ED, VAD Unit to attend CoP session:</p> <ul style="list-style-type: none"> <li>In progress. Action item to remain open.</li> </ul> <p><b>Actions endorsed and closed.</b></p>
2.	<b>QVAD Review Board IMS Update</b>
2.1	<p><b>Summary of QVAD Review Board IMS data</b></p> <p><b>2.1.1 Snapshot for 2023</b></p> <ul style="list-style-type: none"> <li>There were 91 first assessments in April; a decrease of 29% from March, which had 128 first assessments.</li> <li>Cancers continue to be the primary diagnoses for eligibility, accounting for 77% of diagnoses in all first and consulting assessments.</li> <li>The majority of people requesting access to VAD continues to be in major centers.</li> <li>As at 30 April 2023, the mean period between the first and final request for VAD was 15 days.</li> <li>Demographic information collected from the first assessment is now available visually for members of the Review Board.</li> </ul> <p><b>2.1.2 IMS activity</b></p> <ul style="list-style-type: none"> <li>There continues to be a large volume of forms submitted to the IMS, with an approximate average of 8 forms per case.</li> <li>384 Form 1s and 2997 total forms submitted as at 30 April 2023.</li> </ul> <p><b>2.1.3 Register of prescribed information report – April</b></p> <ul style="list-style-type: none"> <li>The report provides the collected data for April 2023.</li> <li>The meeting pack contains a table listing the information that is required to be kept by the Board under s.117(1)(d) of the Act.</li> </ul> <p><b>2.1.4 Register of prescribed information report – YTD</b></p> <ul style="list-style-type: none"> <li>The report provides the data collected from 1 January to 30 April 2023.</li> <li>The meeting pack contains a table listing the information that is required to be kept by the Board under s.117(1)(d) of the Act.</li> </ul>

	<p><b>2.1.5 HHS activity</b></p> <ul style="list-style-type: none"> <li>• Note: The HHS activity data is provided to the VAD Program Unit from the HHSs in accordance with the Health Service Directive.</li> <li>• In April 2023, a total of 247 in scope VAD activities were provided by/in 12 HHSs to 110 people.</li> <li>• Previous months: <ul style="list-style-type: none"> <li>○ Mar: 298 in scope VAD activities provided in/by 14 HHSs to 134 people</li> <li>○ Feb: Feb: 217 in scope VAD activities were provided by/in 13 HHSs to 108 people</li> <li>○ Jan: 173 in scope VAD activities were provided by/in 11 HHSs to 72 people</li> </ul> </li> <li>• In April 2023, QVAD-Support received a total of 11 referrals from HHSs who could not meet demand and needed a patient linked with an authorised practitioner (coordinating, consulting, or administering).</li> <li>• Previous months: <ul style="list-style-type: none"> <li>○ Mar 2023: 20 referrals</li> <li>○ Feb 2023: 14 referrals</li> <li>○ Jan 2023: 23 referrals</li> </ul> </li> </ul> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> <li>• HHS's becoming more independent with how they manage VAD.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Nil.</li> </ul>
2.2	<p><b>QVAD Review Board IMS Update</b></p> <p><i>Enhancements</i></p> <ul style="list-style-type: none"> <li>• The latest series of IMS enhancements are scheduled to be deployed as Release 2.5 on 30 May 2023.</li> <li>• These changes will be communicated to IMS users in advance with emails and alerts developed by the Office of the Review Board.</li> <li>• The Federal Government's MyGovID service experienced an unplanned outage on Wednesday 26 April which prevented practitioners from accessing the IMS. This outage was resolved by MyGovID overnight.</li> <li>• A caching issue temporarily prevented practitioners from accessing the IMS on Monday 8 May 2023.</li> <li>• This issue was resolved in approximately two hours after a priority 1 ticket was raised with Akkodis.</li> </ul> <p><i>Future IMS Developments</i></p> <ul style="list-style-type: none"> <li>• The Office of the Review Board is continuing to monitor IMS issues and their impacts on practitioners while they are resolved.</li> <li>• The VAD ICT project is in its final delivery stage with release 2.5 and will close on 2 June 2023.</li> <li>• An independent third party has been engaged to conduct a quality review as part of the project closure and transition to business-as-usual.</li> <li>• The independent review has provided findings and recommendations relating to</li> </ul>