

	<p>the sustainability of the IMS and how best to secure operational sustainability long term.</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • RSK noted IMS support will reduce to 40 hours a month for BAU. It is a significant drop from the current level of support, with members from eHealth working full time. The 40 hours support we will be for issues the ORB cannot fix internally. • Case numbers were discussed and LW noted that higher VAD deaths in QLD compared to WA, and that it may cause interest. GR replied the numbers are not radically different than projected, and perhaps given that other states had already implemented VAD, it was more normalised in QLD. WC noted differences in population size, and community awareness of death since the COVID-19. • BM noted that other states have permit systems for VAD which can lead to delayed access. <p>Actions</p> <ul style="list-style-type: none"> • Nil. 																																	
<p>3.</p>	<p>Completed Request Reviews</p>																																	
<p>3.1</p>	<p>Completed Request Reviews</p> <p>s.47(3)(b) Completed Request Reviews</p> <p>Recommendations:</p> <p>That the Review Board:</p> <ul style="list-style-type: none"> • Endorse the following s.47(3)(b) completed requests: <table border="1" data-bbox="336 1220 1401 1966"> <tr> <td>1. VCASE-s.73</td> <td>27. VCASE-s.73</td> <td>53. VCASE-s.73</td> </tr> <tr> <td>2. VCASE-</td> <td>28. VCASE-</td> <td>54. VCASE-</td> </tr> <tr> <td>3. VCASE-</td> <td>29. VCASE-</td> <td>55. VCASE-</td> </tr> <tr> <td>4. VCASE-</td> <td>30. VCASE-</td> <td>56. VCASE-</td> </tr> <tr> <td>5. VCASE-</td> <td>31. VCASE-</td> <td>57. VCASE-</td> </tr> <tr> <td>6. VCASE-</td> <td>32. VCASE-</td> <td>58. VCASE-</td> </tr> <tr> <td>7. VCASE-</td> <td>33. VCASE-</td> <td>59. VCASE-</td> </tr> <tr> <td>8. VCASE-</td> <td>34. VCASE-</td> <td>60. VCASE-</td> </tr> <tr> <td>9. VCASE-</td> <td>35. VCASE-</td> <td>61. VCASE-</td> </tr> <tr> <td>10. VCASE-</td> <td>36. VCASE-</td> <td>62. VCASE-</td> </tr> <tr> <td>11. VCASE-</td> <td>37. VCASE-</td> <td>63. VCASE-</td> </tr> </table>	1. VCASE- s.73	27. VCASE- s.73	53. VCASE- s.73	2. VCASE-	28. VCASE-	54. VCASE-	3. VCASE-	29. VCASE-	55. VCASE-	4. VCASE-	30. VCASE-	56. VCASE-	5. VCASE-	31. VCASE-	57. VCASE-	6. VCASE-	32. VCASE-	58. VCASE-	7. VCASE-	33. VCASE-	59. VCASE-	8. VCASE-	34. VCASE-	60. VCASE-	9. VCASE-	35. VCASE-	61. VCASE-	10. VCASE-	36. VCASE-	62. VCASE-	11. VCASE-	37. VCASE-	63. VCASE-
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12. VCASE- [REDACTED]	38. VCASE- [REDACTED]	64. VCASE- [REDACTED]
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19. VCASE- [REDACTED]	45. VCASE- [REDACTED]	71. VCASE- [REDACTED]
20. VCASE- [REDACTED]	46. VCASE- [REDACTED]	72. VCASE- [REDACTED]
21. VCASE- [REDACTED]	47. VCASE- [REDACTED]	73. VCASE- [REDACTED]
22. VCASE- [REDACTED]	48. VCASE- [REDACTED]	74. VCASE- [REDACTED]
23. VCASE- [REDACTED]	49. VCASE- [REDACTED]	75. VCASE- [REDACTED]
24. VCASE- [REDACTED]	50. VCASE- [REDACTED]	76. VCASE- [REDACTED]
25. VCASE- [REDACTED]	51. VCASE- [REDACTED]	77. VCASE- [REDACTED]
26. VCASE- [REDACTED]	52. VCASE- [REDACTED]	78. VCASE- [REDACTED]

Members discussed:

- HI summarised the April reviews:
 - 8/78 cases were expedited
 - 3 persons were found ineligible
 - 23 died without administering the VAD substance
 - this month had the first case with an interpreter
 - 4 withdrawn cases
 - 5 cases accessed by Aboriginal persons.
- HI raised that the Board should keep track of all expedited cases.

s.47(3)(b)

- HI suggested ongoing monitoring of expedited cases and information regarding rationale will be helpful. Discussion with s.73 s.47(3)(b) s.47(3)(b)
- EM noted VCASE-s.73 where someone died via self-administration also had a Form 14 submitted. s.47(3)(b) s.47(3)(b)
- s.47(3)(b)
- GR noted was good to see s.73 accessing VAD and an interpreter being utilised.
- LW noted less issues with submission of forms out of order. SS advised this issue will lessen further when enhancement in the IMS deployment 2.5 occurs.
- DD commented that it was good to see new practitioner names. s.73 s.73 in this month's cases and was heartened to see as it demonstrated accessibility. Would like to monitor whether it becomes more accessible in regional or rural areas.
- HI raised two items for VCASE-s.73 and VCASE-s.73, an expedited case and the transfer of coordinating practitioner. It was noted by the practitioner that s.47(3)(b) s.47(3)(b) Neither reflected delay or interference with the process for the person accessing.

Agreed Outcomes

Members:

- Monitor all cases where the process is completed in less than the designated period. Consider including commentary about expedited cases in annual report.
- The Board will discuss any pressure practitioners face during expedited cases with s.73

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

Recommendations:

That the Review Board endorse the following s.47(3)(b) completed requests:

- VCASE-s.73
- VCASE-
- VCASE-
- VCASE-

Members discussed:

VCASE-s.73

- s.47(3)(b)

	<ul style="list-style-type: none"> • Action:s.47(3)(b) s.47(3)(b) <p>VCASE s.73</p> <ul style="list-style-type: none"> • s.47(3)(b) • Action:s.47(3)(b) <p>s.47(3)(b)</p> <p>VCASE s.73</p> <p>s.47(3)(b)</p> <p>VCASE s.73</p> <ul style="list-style-type: none"> • s.47(3)(b) • Action:s.47(3)(b) <p>Agreed Outcomes</p> <p>Members:</p> <ul style="list-style-type: none"> • Endorsed the reviews as s.47(3)(b) completed requests, endorsed the associated recommendations with changes to the practitioner letters as identified. <p>Actions</p> <ul style="list-style-type: none"> • Nil <p>Morning tea</p>
4.	Reports and Correspondence

4.1	<p>Annual Report</p> <ul style="list-style-type: none"> • Discussion: Observations / recommendations to be included in the Annual Report. • Board members can provide high level feedback for inclusion Jurisdictional comparison of observations and recommendations. • For Review: Surveys to gather personal reflections on voluntary assisted dying for the Annual Report from authorised practitioners and contact persons. • For noting – Review Board annual report deadlines: <ul style="list-style-type: none"> ○ 31 August 2023, August Board meeting is the final endorsement date. The Final version of the Annual Report is due to OHSa 2 business days later on 4 Sept 2023. ○ OHSa has confirmed the timeframes <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Consideration of the Table of Contents for the Annual Report. • Consideration of recommendations for the annual report: <ul style="list-style-type: none"> ○ Members agreed that the Criminal Code recommendations of creating VAD as the exception to the offence that prohibits use of a carriage service to supply and access suicide related material. ○ Members agreed to include remuneration for practitioners and emphasising Medicare. ○ Members agreed to include recommendation about ongoing/increased QLD Health funding for VAD, required for sustainable access for Queenslanders. ○ Considered importance of training and community of reflective practice for clinicians to be considered. ○ Ongoing IMS support is needed. ○ The Foreword, as written by the Board Chair will incorporate listed key recommendations such as sustainability, remuneration, community awareness and ongoing support for practitioners and incentivising private practitioners. ○ JB noted the importance of broad statement surrounding communication to practitioners and community at large of the requirements under the VAD Act and the mode of access. LW agreed and noted to include health and support. ○ Considered the need for research in the report about data on why people are not accessing VAD. ○ WC noted a lot of variation in the numbers – different areas have different cultures and numbers of practitioners, drives the process. ○ Discussion occurred regarding research and will be incorporated in the Annual Report. Heading: Education engagement and research. LW noted report layout is good on what the board is, monitoring, large heading on education research and then recommendations with small blurb at back. • ORB to look at formatting, including removing Government logo on front and move disclaimer about information to last page of the report. Governance structure to be more succinct and abbreviated, separate the board from governance structure. • Extra text is required for screen readers that cannot see graphs. While it's quite wordy, there is a visual impairment requirement for text to be read out.
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	<ul style="list-style-type: none"> • Timeframe for Annual Report likely to be tabled in Parliament in September. SS has discussed timeframes. Releasing Annual Report alone is not recommended, must be with Government timeframes, as it must be tabled by the Minister. • SS will continue to have discussions about early release of annual report. • A reflection on activity will be included, specifically that numbers are at this stage higher than original predicted modelling. No specific conclusions are available but possible reasons will be presented. Contact person and practitioner surveys from the ORB: <ul style="list-style-type: none"> ○ Surveys for the contact person: Cohort of people have asked to provide feedback, and as such targeted surveying. This does not necessarily mean positive feedback, and as such a provision of a snapshot for inclusion in the Annual Report. ○ Practitioner survey to be sent to practitioners that have done more than 20 cases. Considered potential bias of practitioner survey. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • The following initial recommendations to be included in next draft of the Annual Report for review: <ul style="list-style-type: none"> ○ Amendments to the Commonwealth Criminal Code ○ Remuneration for practitioners ○ Ongoing/increased state funding for VAD ○ Request feedback from medical practitioners • The contact person and practitioner surveys for feedback can be sent out. • Draft version 2 of the Annual Report to be provided by end of June. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
4.2	<p>Documents for review</p> <p>For discussion</p> <ol style="list-style-type: none"> 1. QVAD Support and Pharmacy Service Progress Report for Quarter 1 2023 2. Draft 'Guideline – Practitioner Disposal of a Voluntary Assisted Dying Substance where the person has not died or revoked their administration decision.' <p>For noting</p> <ol style="list-style-type: none"> 3. Introduction and Feedback Letter from Chairperson, Voluntary Assisted Dying Review Board <p><u>Members discussed:</u></p> <ol style="list-style-type: none"> 1. QVAD Support and Pharmacy Service Progress Report for Quarter 1 2023 <ul style="list-style-type: none"> • Report looks great, some comments that can be incorporated into Annual Report. • Pharmacy KPIs are justification for not having additional pharmacies.

	<ul style="list-style-type: none"> • The Report is not public it is provided to the Department. • The KPIs are set very high, reflective of practice and emphasis on provision of service delivery. Also noted small number of medication issues/errors in prescriptions. <p>2. Draft 'Guideline – Practitioner Disposal of a Voluntary Assisted Dying Substance where the person has not died or revoked their administration decision.'</p> <ul style="list-style-type: none"> • Reviewed draft Guideline and Board comfortable with draft. • Considered whether a similar document could be developed around disposal/return of oral substance prior to receipt of intravenous substance. Further discussion and consideration of implications for practitioners, of the guideline is required to avoid any unintended consequences, and delays in provision of care. <p>3. Introduction and Feedback Letter from Chairperson, Voluntary Assisted Dying Review Board</p> <ul style="list-style-type: none"> • Noted that: 80% of authorised practitioners opened the email and 31% opened the attached letter. <p><u>Members agreed:</u></p> <p>Discussed</p> <ol style="list-style-type: none"> 1. QVAD Support and Pharmacy Service Progress Report for Quarter 1, 2023 <ul style="list-style-type: none"> • Agreed to incorporate some of the suggestions and formatting into the Annual Report. 2. Draft 'Guideline – Practitioner Disposal of a Voluntary Assisted Dying Substance where the person has not died or revoked their administration decision' where a person has lost capacity after making the administration decision and the practitioner holds the IV substance for practitioner administration. <ul style="list-style-type: none"> • Agreed with proposed option to provide guidance that disposal of substance, as outlined in the draft guideline, is supported by the Board and further discussion of an additional guideline is required. <p>Actions</p> <ul style="list-style-type: none"> • May 23-003: ORB to draft a letter to QVAD Support and Pharmacy Service thanking the VAD Support and Pharmacy Service Progress Report for Quarter 1 2023. • May 23-004: ORB to prepare further version of the draft '<i>Guideline – Practitioner Disposal of a Voluntary Assisted Dying Substance where the person has not died or revoked their administration decision</i>' for further consideration'.
<p>5.</p>	<p>Other Business</p>
<p>5.1</p>	<p>Systems Improvement Monitoring</p> <ol style="list-style-type: none"> 1. Systems Improvements and Monitoring Register 2. s.47(3)(b)

	<ul style="list-style-type: none"> ○ s.47(3)(b) <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Systems Improvements and Monitoring Register: considered discussion required as some things could come off and add more legislative items as this is a work in progress document. • s.47(3)(b) also requires a considered discussion as it is currently a work in progress document. • Raised possibly triaging based on risk on both register, for example, a traffic light system. Agreed once Annual Report has been finalised can consider the Registers. <p>Actions</p> <ul style="list-style-type: none"> • May 23-005: ORB to triage items in both Registers based risk by potentially using a traffic light system following the completion of the Annual Report.
5.2	<p>Standing items</p> <p>Standing discussion items:</p> <ol style="list-style-type: none"> 1. External requests and media appearance requests 2. Consideration of correspondence <ol style="list-style-type: none"> I. Dr s.73 email: Disconnection of the VAD Process and Services from Palliative Care Services and draft response II. Professor s.73 email: Transferring coordinating practitioner role and draft response. Additional attachments for noting only for the Review Board include: <ul style="list-style-type: none"> ○ A copy of the ORB response to s.73 is included in the agenda papers. ○ The ORB will run a practitioner training lunch and learn session about the process for transferring roles. A copy of the slides is included in the agenda papers. III. Invitation to Chairperson to attend National VAD Conference 2023 on 27 September 2023 3. Invitation to participate in s.73 4. Update: Practitioner numbers <ul style="list-style-type: none"> ○ Dr s.73 is no longer a coordinating practitioner. 5. Update: Residency Exemption Applications for April 6. Update: Unused Substance in the Community Report <p><u>Members discussed:</u></p> <ol style="list-style-type: none"> 1. External requests and media appearance requests <ul style="list-style-type: none"> • Noted HI and LW asked to attend and speak at National VAD Conference 2023 on 27 September 2023. <ul style="list-style-type: none"> ○ Discussed attendance at conference by Chair to be considered further and raised with other Board Chairs next week. • EM contacted by AMA Qld about Board member or ORB to attend and present a 30 min session at the AMA Queensland and ASADA Senior doctors

s.73, s.47(3)(b)

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4. Practitioner numbers

- There has been an authorised practitioner resign, for personal reasons (not VAD service related).

5. Substance in Community Report for April

- Ongoing reporting and review recommended.
- QVAD Pharmacy will contact the person 12 months after substance supply.

Actions

- **May 23-006:** Chair panel Invitation from Go Gentle to speak at National VAD Conference. Further discussion June.
- **May 23-007:** EM to reply to AMA Qld, and re-direct to ED, VAD Program Unit to ascertain nature of presentation.
- **May 23-008:** Letter responding to Dr s.73 email can proceed with minor change to remove last paragraph in letter.

8.

In camera session

8.1	<i>In camera session</i> <u>Members discussed:</u> <ul style="list-style-type: none">Members agreed due to time not to hold the <i>in camera</i> session. Actions <ul style="list-style-type: none">May 23-009: Move in camera session to start of Review Board meetings.
6.	Next meeting – Thursday 29 June 2023
7.	Close – Meeting was closed at 13:10 pm

June 2023 Meeting

VOLUNTARY ASSISTED DYING REVIEW BOARD

Draft Minutes

Date	Thursday 29 June 2023		
Time	8.30 am – 12.30 pm		
Venue	R9.08, Level 9, 33 Charlotte Street, Brisbane		
	Name	Position	Attendance
Review Board	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	IP
	Dr Bav Manoharan (BM)	Member	VC
	Dr Will Cairns OAM (WC)	Member	VC
	Professor Lisa Nissen (LN)	Member	A
	Mr Geoff Rowe (GR)	Member	IP
VAD Program, Queensland Health	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)	IP
Secretariat	Holly Atkinson (HA)	Manager, ORB	IP
	Emily Wilson (EW)	Assistant Policy Officer (Acting)	IP

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



Item	Topic
1.	<i>In camera session</i>
1.1	<p><i>In camera session</i></p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Process of transfer between coordinators • Approach to reporting activity in Annual Report • Importance of data analysis <p><i>Actions</i></p> <ul style="list-style-type: none"> • Extended discussion of annual report in meeting
2.	Welcome and overview
2.1	<p>Acknowledgement of Country and apologies</p> <p>The Chair welcomed members, acknowledged the complexity of voluntary assisted dying, and noted LN as an apology.</p>
2.2	<p>Minutes May meeting – for endorsement</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • Endorsed as corrected for the May 2023 Review Board meeting: <ul style="list-style-type: none"> ○ Section 1.3, typo in the summary of VCASE s.73 third point, last line should be s.73 ○ s.73 <p>Actions</p> <ul style="list-style-type: none"> • Jun 23-001: ORB to make above amendments to May minutes and upload endorsed May 2023 Review Board minutes to Convene.
2.3	<p>Tabling of urgent out of session meeting</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Members noted the tabling of urgent out of session meeting. <p>Actions</p> <p>Nil.</p>

2.4	<p>Conflicts of interest</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> No additional conflicts of interest have been identified by Review Board members since the May 2023 meeting. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> No additional conflicts of interest have been identified. <p>Actions</p> <p>Nil.</p>
2.5	<p>Actions Register</p> <p>Propose to close completed action items in the Actions Register:</p> <p>Action item - Mar 23-003: 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"> Action item to be reconsidered once additional data is obtained. Action item closed. <p>Action item - Apr 23-013: ORB to organise Review Board member and ED, VAD Unit to attend CoP session:</p> <ul style="list-style-type: none"> In progress. Action item to remain open. <p>Action item - May 23-001: ORB to upload endorsed April 2023 Review Board minutes to Convene.</p> <ul style="list-style-type: none"> Endorsed April 2023 minutes uploaded to Convene. Action item closed. <p>Action item - May 23-002: ORB/Chair to work with legal services branch to Sch 3(7) Sch 3(7)</p> <ul style="list-style-type: none"> s.73 Action item closed. <p>Action item - May 23-003: ORB to draft a letter to QVAD Support and Pharmacy Service thanking the QVAD Support and Pharmacy Service Progress Report for Quarter 1 2023.</p> <ul style="list-style-type: none"> Draft letter included in June agenda papers. Action item closed. <p>Action item - May 23-004: ORB to prepare further version of the draft '<i>Guideline – Practitioner Disposal of a Voluntary Assisted Dying Substance where the person has not died or revoked their administration decision.</i>'</p> <ul style="list-style-type: none"> In progress. Action item to remain open.

	<p>Action item - May 23-005: ORB to triage items in the Systems Improvements and Monitoring Register and s.47(3)(b) based on risk by potentially using a traffic light system following the completion of the Annual Report.</p> <ul style="list-style-type: none"> To be considered after the annual report has been finalised. Action item to remain open. <p>Action item - May 23-006: Chair panel Invitation from Go Gentle to speak at National VAD Conference. Further discussion June.</p> <ul style="list-style-type: none"> For discussion in June agenda at item 6.2.1. Action item closed. <p>Action item - May 23-007: EM to reply to AMA Qld, and re-direct to ED, VAD Program Unit to ascertain nature of presentation.</p> <ul style="list-style-type: none"> EM responded to AMA to contact ED, VAD Program Unit. SS directed AMA Qld to contact Director, Queensland Voluntary Assisted Dying Support and Pharmacy Service (QVAD-SPS), as QVADSPS is best placed to present at the conference. Action item closed. <p>Action item - May 23-008: Letter responding to Dr s.73 email can proceed with minor change to remove last paragraph in letter.</p> <ul style="list-style-type: none"> Letter amended and emailed to Dr s.73 on 26 June 2023. Action item closed. <p>Action item - May 23-009: Move <i>in camera</i> session to start of Review Board meetings.</p> <ul style="list-style-type: none"> June agenda updated. Action item closed. <p>Actions endorsed and closed.</p>
3.	VCASE-1244
3.1	<p>For discussion -</p> <ol style="list-style-type: none"> Jurisdictional Comparison – Return of Substance <div data-bbox="331 1547 1409 1832" style="background-color: #cccccc; text-align: center; padding: 20px;"> <h1 style="color: red; margin: 0;">Sch 3(7)</h1> </div> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> As of 28 June 2023, no response or additional requests for information from Coroner had been received.

	<ul style="list-style-type: none"> Members considered the <i>Jurisdictional comparison – Return of Substance</i> and noted that Queensland legislation is in alignment with other states. WC noted that the hazards of medication misuse are not limited to voluntary assisted dying and in other areas of medicine, including palliative care there are controlled drugs provided for which there is no recall procedures at all. LW raised previous discussion regarding the Coroner's request for information s.47(3)(b) RSK provided an update on the Health Service Investigation by Queensland Health relating to VCASE-s.73. The Department of Health and the Director-General have provisionally approved a Health Service Investigation under the <i>Hospital and Health Boards Act 2011</i> (the Act). The Department is currently appointing investigators and determining the terms of reference for the investigation. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> VCASE-s.73 is to remain on the agenda and the ORB is to provide updates to the Review Board as information arises. The Review Board will review protocols or processes for return of the self-administration substance prior to practitioner administration, within the constraints of the VAD Act. <p>Actions</p> <ul style="list-style-type: none"> Jun 23-002: ORB to review protocols or processes for return of the self-administration substance prior to practitioner administration, within the constraints of the VAD Act. Jun 23-003: ORB to add VCASE-s.73 as a standing item on the agenda and provide updates to the Review Board as information arises.
4.	QVAD Review Board IMS Update
4.1	<p>Summary of QVAD Review Board IMS data</p> <p>3.1.1 Snapshot for 2023</p> <ul style="list-style-type: none"> There were 101 first assessments in May; an increase of 11% from April, with 91 first assessments. Cancer remains the primary diagnosis for eligibility, accounting for 71% of diagnoses in all first and consulting assessments. The majority of people requesting access to VAD are from major centres. As at 31 May 2023, the mean period between the first and final request for VAD was 17 days. Demographic information collected from the first assessment is available visually for members of the Review Board. <p>3.1.2 IMS activity</p> <ul style="list-style-type: none"> There continues to be a large volume of forms submitted to the IMS, with an approximate average of 8 forms per case. 485 Form 1s and 3962 total forms submitted as at 31 May 2023.

- **3.1.3 Register of prescribed information report – May**
 - The report provides the collected data for May 2023
 - 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.
 - **3.1.4 Register of prescribed information report – YTD**
 - The report provides the data collected from 1 January to 31 May 2023.
 - 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.
 - **3.1.5 HHS activity**
 - Note: The HHS activity data is provided to the VAD Program Unit from the HHSs in accordance with the Health Service Directive.
 - In May 2023, a total of 283 in scope VAD activities were provided by/in 11 HHSs to 124 people.
 - Previous months:
 - Apr: 247 in scope VAD activities were provided by/in 12 HHSs to 110 people.
 - Mar: 298 in scope VAD activities provided in/by 14 HHSs to 134 people
 - Feb: Feb: 217 in scope VAD activities were provided by/in 13 HHSs to 108 people
 - Jan: 173 in scope VAD activities were provided by/in 11 HHSs to 72 people
 - In May 2023, QVAD-Support received a total of 8 referrals from HHSs who needed an authorised practitioner (coordinating, consulting or administering) to be linked with a person seeking to access VAD Previous months:
 - April 2023: 11 referrals
 - Mar 2023: 20 referrals
 - Feb 2023: 14 referrals
 - Jan 2023: 23 referrals
- Members discussed:
- LW requested for Manner of Death slide to show only practitioner administration and self-administration.
 - SS noted that as of 30 June 2023, 573 people had commenced accessing voluntary assisted dying and 236 people had died from administration of the substance.
 - RSK questioned whether the Review Board would prefer the data parameters for the Annual Report to be forms submitted up until 30 June 2023 or deaths up until 30 June 2023. There is potential for forms to be submitted late after 30 June 2023 as practitioners have two days to submit a form and the ORB will require a couple of extra days to follow up with practitioners for missing forms.
 - The Board discussed and consensus was reported deaths until 30 June 2023, noting that it does not account for late forms submitted after 30 June 2023.
 - GR noted that the Board needed to be considerate of the data included in the Annual report. The data provided in the meetings is indicative data for the

	<p>Review Board. Noted that the Board would like to present a detailed analysis of that data but that this will require additional time, resourcing and consideration.</p> <ul style="list-style-type: none"> • <u>Members agreed:</u> • Data for Annual Report should include reported deaths up until 30 June 2023. <p>Actions</p> <ul style="list-style-type: none"> • Nil 						
4.2	<p>QVAD Review Board IMS Update</p> <ul style="list-style-type: none"> • The latest series of IMS enhancements were deployed as Release 2.5 on 30 May 2023. • Several improvements were made to the QVAD Review Board IMS. Examples include: <ul style="list-style-type: none"> ○ the ability to view supporting documents uploaded after submitting a form ○ a free text box to provide a reason for withdrawing a VAD person's request ○ an inactive user timeout to automatically log practitioners out of the IMS after 30 minutes of no activity ○ requiring Form 6 - Final Review Form to be submitted before the submission of Form 9 - Administration Decision and Prescription Form. • This deployment marked the completion of the VAD ICT project delivery stage, with the project closing on 2 June 2023. • On 3 June 2023, the IMS was impacted by an outage to the Ahpra Practitioner Information Exchange which prevented practitioners from applying to become an authorised VAD practitioner. This outage was resolved on 5 June 2023. • On 16 June 2023, minor enhancements were made to the IMS to improve prefilling of compliance checklists and the function of the inactive user timeout feature. • The Office of the Review Board is continuing to monitor known IMS issues and their impacts on practitioners while they are resolved. <p>Actions</p> <ul style="list-style-type: none"> • Nil 						
5.	<p>Completed Request Reviews</p>						
5.1	<p>Completed Request Reviews</p> <p>s.47(3)(b) Completed Request Reviews</p> <p>Recommendations:</p> <p>That the Review Board:</p> <ul style="list-style-type: none"> • Endorse the following s.47(3)(b) completed requests: <table border="1" data-bbox="323 1832 1385 1962"> <tr> <td data-bbox="323 1832 676 1899">1. VCASE-s.73</td> <td data-bbox="676 1832 1029 1899">27. VCASE-s.73</td> <td data-bbox="1029 1832 1385 1899">53. VCASE-s.73</td> </tr> <tr> <td data-bbox="323 1899 676 1962">2. VCASE-s.73</td> <td data-bbox="676 1899 1029 1962">28. VCASE-s.73</td> <td data-bbox="1029 1899 1385 1962">54. VCASE-s.73</td> </tr> </table>	1. VCASE- s.73	27. VCASE- s.73	53. VCASE- s.73	2. VCASE- s.73	28. VCASE- s.73	54. VCASE- s.73
1. VCASE- s.73	27. VCASE- s.73	53. VCASE- s.73					
2. VCASE- s.73	28. VCASE- s.73	54. VCASE- s.73					

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

Members discussed:

- HI declared a conflict of interest for VCASE-**s.73** and did not review the case.
- HI summarised the 78 May reviews:
 - 21 died from self-administration
 - 15/78 were expedited. Note although the time between first and final request has been expedited, several did not die until ten or more days after the final request.
 - 4 withdrawn cases
 - 1 case involved an interpreter
 - 2 cases with referrals for determination
 - 2 cases that had a residency exemption
 - 6 persons found ineligible
- LW queried VCASE-**s.73** **s.73**

s.73, s.47(3)(b)

s.47(3)(b)

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

- No **s.47(3)(b)** completed requests are included in the June agenda papers. Possible **s.47(3)(b)** requests that were identified in June have been held over until the July meeting pending the outcome of the Review Board's consideration of agenda item 5.1.3 review of common compliance issues.

Discussion of VCASE-**s.73** and VCASE**s.73**

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

Members discussed:

- **s.47(3)(b)**
- Consideration of the first case noted:
 - **s.47(3)(b)**
 - **s.47(3)(b)**
- Consideration of the second case noted:
s.47(3)(b)

s.47(3)(b)

- o Members agreed:
- VCASE-s.73- s.47(3)(b) s.47(3)(b) . Letter to be sent by ORB following the Chair's review.
- VCASE-s.73- s.47(3)(b) s.47(3)(b)

Overview of compliance review outcomes for period 1 Jan to 31 May 2023

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

	<ul style="list-style-type: none">○○○•••	<p>s.47(3)(b)</p> <p>s.47(3)(b)</p>
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s.47(3)(b)

Members discussed:

- Considered the Act does not define what a minor or technical error includes. The ORB have undertaken a practical consideration of minor or technical error.

- s.47(3)(b)

- s.47(3)(b)

- Noted from 30 May gates have been implemented in the IMS to require Form 6 to be submitted before Form 9 and Form 9 before Form 13. Agreed to support practitioners as much as possible. Raised possible option to review at the end of 12 months to simplify the forms. Queried experience in other states. The ORB noted s.47(3)(b)

s.47(3)(b)

s.47(3)(b)

- Queried when the forms would be updated given IMS support has now been reduced. SS proposal is to review forms to make them more user friendly, committed to working through financial and resource funding needed. Hoping to commence at the end of the year. However, cannot commit to it for end of year as expensive and timely. Even if forms are updated it will not solve all compliance issues.

- s.47(3)(b)

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

- s.47(3)(b)
-

- No requirement to include outcomes of s.47(3)(b) in annual report.

Members agreed:

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

	<p>Actions</p> <ul style="list-style-type: none"> • Jun 23-004: VCASE-s.73 – ORB to re-draft the letter to the HHS regarding the first assessment comments s.47(3)(b) • Jun 23-005: VCASE-s.73 - ORB to call the coordinating practitioner to seek further insight • Jun 23-006: ORB to review s.47(3)(b) outcomes from Jan to May based on the thresholds determined and the letters provided to practitioners. The outcomes of the review will be presented at the July Board meeting. • Jun 23-007: ORB to provide the Review Board with a summary of the updates for applying s.155 to completed requests in the s.47(3)(b)
Morning tea	
6.	Reports and Correspondence
6.1	<p>Annual Report</p> <ul style="list-style-type: none"> • Update on timeframes • The Review Board can finalise the Annual Report early and submit it to the Minister. • OHSA is prepared to help with that. Draft will need to be provided to OHSA early July. • Early submission of the Annual Report may not impact when the Ministerial release. • ORB will provide an updated version of the Annual Report on 5 July with the figures. • Review second draft of Annual Report <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • HI acknowledged the hard work done by the ORB and specifically Karen Kalkaus in preparing the drafts of the Annual Report. All comments and modifications from Review Board members have been incorporated into second draft and a register of all comments were provided to the Review Board. • A summary of the Review Board's previous discussion on Annual Report edits includes: <ul style="list-style-type: none"> ○ amend the format and tone of the report to reflect the Review Board's independence from Queensland Health. ○ the Acknowledgement of Traditional Owners and Custodians should be from the Review Board and not Queensland Health. ○ foreword shortened and updated to focus more on authorised practitioners rather than HHS involvement to encourage practitioner involvement. ○ content with placement of interpreter accessibility information. ○ whether the implementation section should be shortened or if all or some of the information on the background and implementation of voluntary assisted dying should be moved to appendix, with a small paragraph in the

main body of the report mentioning that further information on implementation is available in the appendix.

Implementation section

- Review Board members discussed and agreed to the following further edits to the implementation section:
 - All implementation information to be moved to appendix including table of committees. Implementation section does not require shortening if in the appendix.
 - Membership of Review Board will remain in the section before the 6-month snapshot. However, information on the functions of the Review Board will be placed in the appendix.

Recommendations

- The Board discussed the following recommendations:
 - possible a recommendation of ongoing communication strategy to increase awareness of VAD.
 - considered looking at purpose behind recommendations, considering the distinctions between recommendations and how the recommendations could be implemented, to ensure the Board is being effective in their recommendations.
 - noted changing 'additional training' to 'professional development'.
 - considered the number of recommendations the Board wants to include, consensus is that 6 recommendations is too many.
- BM raised two recommendations included are outside of the Review Board's remit as Board is established under Queensland law and suggested that instead of targeting recommendation towards commonwealth funding should explore other avenues for funding.
- DD suggested a general rewording of the recommendations around supporting VAD for private GPs, advocating for commonwealth support and exploring funding mechanisms to support GPs to deliver VAD associated activities and supporting services.

s.73

- LW raised that the recommendation to include VAD services on the MBS should be included in the Annual Report as the Review Board is included in a broader network of Boards across Australia and there is strength in numbers to make changes to the MBS and Commonwealth Criminal Code.

6 months in review section

s.73

- Discussed presenting data in the Annual Report without data from BDM on Queensland deaths. Suggested that after BDM release their annual data the Review Board could release another interim report with data comparisons to BDM data.
- Considered whether to include VAD data compared to Queensland population and region data. WC noted that data presented without population or region comparisons is not useful in determining population based access.

	<p><i>Timeframes</i></p> <ul style="list-style-type: none"> Members discussed the timeframe for release of the Annual Report. HA noted the Office of Health Statutory Agencies (OHSA) have provided timeframes for submitting Annual Reports to the Minister. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> Update the implementation section of the Annual Report as noted above. The Board will need to review and confirm the proposed recommendations at the next draft. Data to be presented as is, without BDM data or population comparisons, and review the possibility of providing an interim report early next year that includes analysis of population-based data. Next draft to be reviewed when available and decide whether to submit to the Minister by end of July or early August, in accordance with OHSA timeframes. <p>Actions</p> <ul style="list-style-type: none"> Jun 23-008: ORB to review Annual Report recommendations based on Review Board discussion and provide to Review Board members second week of July. Jun 23-009: ORB to provide Review Board with timeframes for progressing Annual Report from the Office of Health Statutory Agencies.
6.2	<p>Documents for review</p> <p>For discussion</p> <ol style="list-style-type: none"> Letter to QVADSPS – Feedback on Report for Quarter 1, 2023 <p>For noting</p> <ol style="list-style-type: none"> Code of Conduct version 2 approved by the Minister. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> Approved – the letter to QVADSPS about Feedback on Report for the first quarter. Code of Conduct noted the Code of Conduct. <p>Actions</p> <ul style="list-style-type: none"> Jun 23-0010: ORB to email QVADSPS – Feedback on Report for Quarter 1, 2023. Jun 23-011: ORB to upload approved Code of Conduct version 2 upload to Convene.
7.	Other Business
7.1	<p>Systems Improvement Monitoring</p> <ol style="list-style-type: none"> Systems Improvements and Monitoring Register s.47(3)(b)

	<p><u>Members discussed:</u></p> <ul style="list-style-type: none"> Noted the <i>Systems Improvements and Monitoring Register</i> and s.47(3)(b) s.47(3)(b) <p>Actions</p> <ul style="list-style-type: none"> Nil
7.2	<p>Standing items</p> <ol style="list-style-type: none"> External requests and media appearance requests <ol style="list-style-type: none"> Invitation to Chairperson to attend National VAD Conference 2023 on 27 September 2023 <ul style="list-style-type: none"> Members agreed a representative of the Review Board would attend the Conference as chair maybe unavailable. EM provisionally agreed to attend (TBC). s.73 - update (engagement with CEQ DDG, Dr Helen Brown) <ul style="list-style-type: none"> LW noted a meeting is organised with CMO Catherine McDougall in July regarding s.73 with s.47(3)(b) Review Board contribution would be minimal and members can contribute as much or as little as they would like. Review Board members agreed to be involved and that the ORB will draft an appropriate response to s.47(3)(b) Consideration of correspondence <ol style="list-style-type: none"> Approved: QPS/VAD Review Board Referral Arrangement <ul style="list-style-type: none"> Letter to Chair from Police Commissioner – Referral Arrangements Referral Arrangement Letter from Chair to Police Commissioner Update: Practitioner numbers Update: Residency and Interpreter exemption applications May <ul style="list-style-type: none"> It was noted that there were 2 cases involving residency exemptions in May and there were no major issues identified in these cases. Update: Substance in the community <ul style="list-style-type: none"> The ORB noted that QVAD-Support are proactively reaching out to practitioners whose scripts for the voluntary assisted dying substance are due to expire. The VAD Regulation provides that prescriptions for the voluntary assisted dying substance are only valid for 6 months. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> LW noted that an article of interest regarding access to VAD in Victoria, will be released in the Medical Journal of Australia on Monday 3 July 2023. <p>Actions</p> <ul style="list-style-type: none"> June 23-012: ORB to confirm with s.47(3)(b) acceptance of the invitation to the

	National VAD Conference on 27 September 2023, by one of the Review Board members if the Chair is unavailable. Will confirm in due course which member of the Review Board will attend.
8.	QVAD Support and Pharmacy Service
8.1	<p>QVAD Support and Pharmacy Service update</p> <p>Standing discussion items:</p> <ul style="list-style-type: none"> • QVAD Support and Pharmacy Service demand • Availability of practitioners across Queensland <p><u>QVAD-SPS activity update:</u></p> <ul style="list-style-type: none"> • Highest source of referrals to QVAD-SPS is the person themselves or a family member on their behalf. <ul style="list-style-type: none"> ◦ The workforce is busy: of the 154 medical practitioners available, 89 are active, 53 have issued a script for substance and 30 have written more than 3 scripts. ◦ there are only 4 non-QH employees (3 General Practitioner and 1 Oncologist) currently providing VAD in Queensland. • Noticing a trend of in practitioner administration decisions and scripts for IV substances. As 6 months have elapsed from commencement there is sufficient data to commence analysing any trends. • Looking to increase practitioner involvement in scheme. QVAD-SPS have reached out to 2 PHNs to discuss ideas: <ul style="list-style-type: none"> ◦ GPs looking to become authorised practitioners will work with QVAD-SPS for a week to see the processes and will go out with authorised practitioners/pharmacists on visits. ◦ Potential 5-hour payment by PHN for GPs involvement in providing VAD services to co-assist with Medicare. • Noted decentralised model for QVAD-Pharmacy is not necessary. There is currently no significant difference in time taken to deliver substance to rural and remote areas compared to metropolitan areas. QVAD-Support have set up an online grief and bereavement service and will monitor demand. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • [REDACTED] thanked QVAD-SPS for their effort and work done to prepare the comprehensive QVAD Support and Pharmacy Service Progress Report. • [REDACTED] questioned which HHS is providing the most scripts overall, noting that the data provided is divided by population measures and [REDACTED] confirmed it was [REDACTED] s.47(3)(b) • s.73 [REDACTED] queried whether the ORB could amend procedure for notifying QVAD-Pharmacy to 10 days after a person's revocation of administration decision or death without VAD substance rather than 14 days. This would allow QVAD-Pharmacy to follow up with a contact person earlier to proactively remind them

	<p>of their responsibilities to return any unused substance. The ORB will discuss further with QVAD-Pharmacy after meeting.</p> <ul style="list-style-type: none"> Members discussed the information resources given to people who requested information on voluntary assisted dying. It was noted that s.47(3)(b) provides information cards to people who ask about voluntary assisted dying. Individual HHSs provide information cards and QVAD-Support has information cards and brochures that are provided to people on request. It was raised that the QVAD-Support and the ORB have received feedback from practitioners that transfer of practitioner role is complicated and burdensome for practitioners and results in delays, but it was also highlighted that the steps for the transfer are a requirement under the Act, aimed at minimising risk to both patient and practitioner. It was suggested that the Review Board communicate with practitioners and acknowledge their feedback. The ORB is looking into providing advice to practitioners on this issue. <p>Actions</p> <ul style="list-style-type: none"> Jun 23-013: ORB to discuss with QVAD-Pharmacy about notifying QVAD-Pharmacy at 10 days after a person's revocation of administration decision or death without VAD substance rather than 14 days.
9.	Next meeting – Thursday 27 July 2023
10.	Close – Meeting was closed at 13:00 pm

July 2023 Meeting

VOLUNTARY ASSISTED DYING REVIEW BOARD

Minutes

Date	Thursday 27 July 2023			
Time	8.30 am – 12.30 pm			
Venue	R8.08, Level 8, 33 Charlotte Street, Brisbane			
Review Board	Name	Position	Attendance	
	Associate Professor Helen Irving (HI)	Chair	IP	
	Professor Eleanor Milligan (EM)	Deputy Chair	IP	
	Professor Lindy Willmott (LW)	Member	IP	
	Dr Jenny Brown (JB)	Member	VC	
	Ms Donisha Duff (DD)	Member	VC	
	Dr Bav Manoharan (BM)	Member	A	
	Dr Will Cairns OAM (WC)	Member	VC	
	Professor Lisa Nissen (LN)	Member	VC	
	Mr Geoff Rowe (GR)	Member	IP	
	VAD Program, Queensland Health	Sally Stubbington (SS)	Executive Director, Voluntary Assisted Dying Program, Clinical Excellence Queensland (Acting)	IP
	Secretariat	Holly Atkinson (HA)	Manager, ORB	IP
		Louise Norman (LNO)	Principal Policy Officer, ORB	IP
		Emily Collins (EC)	Graduate Policy Officer	IP

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



Item	Topic
1.	<i>In camera session</i>
1.1	<p><i>In camera session</i></p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Overview of Annual Report • Responding to emails to the generic VAD Review Board address eg responses requiring Board responses in addition to responses from the ORB • Issues noted of concern from practitioners <p>Actions</p> <ul style="list-style-type: none"> • Discussed further within the meeting
2.	Welcome and overview
2.1	<p>Acknowledgement of Country and apologies</p> <p>The Chair welcomed members, acknowledged the complexity of voluntary assisted dying, and noted BM as an apology.</p>
2.2	<p>Minutes June meeting – for endorsement</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • LW queried whether there was an action item for 7.2.1.ii Standing Item - s.73 s.73. Members agreed minutes be amended to include an action item to respond to s.73 about preliminary interest to be involved in the research project. • Endorsed the June 2023 Review Board meeting minutes as corrected. <p>Actions</p> <ul style="list-style-type: none"> • Jul 23-001: ORB to amend the June minutes for 7.2.1. s.73 to include an action item to respond to s.73 about preliminary interest to be involved in the research project and upload to Convene.
2.3	<p>Conflicts of interest</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • No additional conflicts of interest have been identified by Review Board members since the June 2023 meeting. <p>Actions</p> <ul style="list-style-type: none"> • Nil.

2.4	<p>Actions Register</p> <p>Propose to close completed action items in the Actions Register:</p> <p>Apr 23-013: ORB to organise Review Board member and ED, VAD Unit to attend CoP session.</p> <ul style="list-style-type: none"> • In progress. • Action item to remain open. Organise to occur after August meeting. <p>May 23-004: ORB to prepare further version of the draft 'Guideline – Practitioner Disposal of a Voluntary Assisted Dying Substance where the person has not died or revoked their administration decision.'</p> <ul style="list-style-type: none"> • In progress. • Action item to remain open. Ongoing conversations about substance management occurring. <p>May 23-005: ORB to triage items in the Systems Improvements and Monitoring Register and s.47(3)(b) based on risk by potentially using a traffic light system following the completion of the Annual Report.</p> <ul style="list-style-type: none"> • To be reviewed after the Annual Report has been finalised. • Action item to remain open. <p>Jun 23-001: ORB to make above amendments to May minutes and upload endorsed May 2023 Review Board minutes to Convene.</p> <ul style="list-style-type: none"> • Amendments made and updated May minutes uploaded to Convene. • Action item closed. <p>Jun 23-002: ORB to review protocols or processes for return of the self-administration substance prior to practitioner administration, within the constraints of the VAD Act.</p> <ul style="list-style-type: none"> • In progress. • Action item to remain open. <p>Jun 23-003: ORB to add VCASE s.73 as a standing item on the agenda and provide updates to the Review Board as information arises.</p> <ul style="list-style-type: none"> • Included as standing item in July agenda. • Action item closed. <p>Jun 23-004: VCASE s.73 – ORB to re-draft the letter to the HHS regarding the first assessment comments s.47(3)(b)</p> <p>s.47(3)(b)</p> <ul style="list-style-type: none"> • Included as July agenda item 5.1.2.i for Review Board consideration. • Action item closed.
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Jun 23-005: VCASE-1407 – s.47(3)(b)

s.47(3)(b)

s.47(3)(b)

- ORB to update Review Board at July meeting.
- Action item closed.

Jun 23-006: ORB to review s.47(3)(b) outcomes from Jan to May based on the thresholds determined and the letters provided to practitioners. The outcomes of the review will be presented at the July Board meeting.

- Outcomes included in July agenda item.
- Action item closed.

Jun 23-007: ORB to provide the Review Board with a summary of the updates for applying s.155 to completed requests in the s.47(3)(b)

- s.47(3)(b) included as agenda item 5.1.3 in the July agenda papers for consideration by the Review Board.
- Action item closed.

Jun 23-008: ORB to review Annual Report recommendations based on Review Board discussion and provide to Review Board members second week of July.

- Updated Annual Report provided to the Review Board.
- Action item closed.

Jun 23-009: ORB to provide Review Board with timeframes for progressing Annual Report from the Office of Health Statutory Agencies.

- Annual Report timeframes included as agenda item 6.1.1 in the July agenda papers.
- Action item closed.

Jun 23-010: ORB to email QVAD SPS – Feedback on Report for Quarter 1, 2023.

- ORB emailed letter to QVAD SPS on 13 July 2023.
- Action item closed.

Jun 23-011: ORB to upload approved Code of Conduct version 2 upload to Convene.

- Minister approved Code of Conduct v2 uploaded to Convene.
- Action item closed.

Jun 23-012: ORB to confirm with s.73 acceptance of the invitation to the National VAD Conference on 27 September 2023, by one of the Review Board members if the Chair is unavailable. Will confirm in due course which member of the Review Board will attend.

	<ul style="list-style-type: none"> • ORB provided update to s.73 • Action item closed. <p>Jun 23-013: ORB to discuss with QVAD-Pharmacy about notifying QVAD-Pharmacy at 10 days after a person's revocation of administration decision or death without VAD substance rather than 14 days.</p> <ul style="list-style-type: none"> • In progress. • The ORB has implemented the 10-day notification date to QVAD Pharmacy after a person's revocation of administration decision or death without VAD substance. • The ORB will update the s.47(3)(b) for review by the Review Board at the August meeting. • Action item to remain open. <p>Actions endorsed and closed.</p>
3.	QVAD Review Board IMS Update
3.1	<p>Summary of QVAD Review Board IMS data</p> <p>3.1.1 Snapshot for 2023</p> <ul style="list-style-type: none"> • The totals in the VAD Activity Snapshot differ slightly from the numbers in the Prescribed Information Report due to a limitation in displaying graphs from Power BI: <ul style="list-style-type: none"> ○ For the Prescribed Information Report, the figure of 591 was taken from First Assessments with parameters of 1. date of first assessment on or before 30 June and 2. form submitted on or before 4 July (as practitioners have two business days to upload the form to the IMS). ○ The Power BI graphs in the Activity Snapshot can only be filtered by the date of first assessment or submitted on date. As a result, these Power BI graphs either display total Form 1s with an assessment date in June (592 including a late form submitted on 5 July) or the total Form 1s submitted in June (590). ○ This discrepancy may continue to occur when reporting on dates of assessment without a parameter for submitted on dates as practitioners continue to submit late forms. This also means the data for previous months may be slightly higher than what was presented at previous meetings. ○ Similarly, the Power BI graph displaying the region of persons requesting access to VAD totals 590 cases as the provided addresses for two VAD Persons was interstate. ○ The Office of the Review Board will seek to update the Power BI graphs in the Activity Snapshot for future meetings to contain the same parameters as the Prescribed Information Report.

3.1.2 IMS activity

- There continues to be a large volume of forms submitted to the IMS, with an approximate average of 7 forms per case.
- 591 Form 1s and 4285 total forms submitted as at 30 June 2023.

3.1.3 – 3.1.4 Prescribed Information Reports

- There were 106 first assessments in June; a slight increase of 5% from May, with 101 first assessments.
- Cancer remains the primary diagnosis for eligibility, accounting for 72% of diagnoses in all first and consulting assessments.
- The majority of people requesting access to VAD are from major centres.
- As at 30 June 2023, the mean period between the first and final request for VAD was 17.5 days.
- The reports provide the collected data for June 2023 and YTD: Jan – Jun 2023.
- 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.

3.1.5 HHS activity

- Note: The Hospital and Health Service (HHS) activity data is provided to the VAD Program Unit from the HHSs in accordance with the Health Service Directive.
- In June 2023, a total of 301 in scope VAD activities were provided by/in 12 HHSs to 144 people.
- Previous months:
 - May: 283 in scope VAD activities were provided by/in 11 HHSs to 124 people
 - Apr: 247 in scope VAD activities provided in/by 12 HHSs to 110 people
 - Mar: 298 in scope VAD activities provided in/by 14 HHSs to 134 people
 - Feb: 217 in scope VAD activities were provided by/in 13 HHSs to 108 people
 - Jan: 173 in scope VAD activities were provided by/in 11 HHSs to 72 people
- In June 2023, QVAD-Support received a total of 10 referrals from HHSs who could not meet demand and needed a patient linked with an authorised practitioner (coordinating, consulting, or administering).
- Previous months:
 - May 2023: 8 referrals
 - Apr 2023: 11 referrals
 - Mar 2023: 20 referrals
 - Feb 2023: 14 referrals
 - Jan 2023: 23 referrals

Members discussed:

- SS addressed discrepancies in the VAD Activity Snapshot compared to the Annual Report. It may continue to occur going forward.
- WC requested the geographical distribution be included in the region of persons

	<p>requesting access to VAD graph to compare the population of the area to the number of deaths. As the IMS and Power BI reports do not have that capability, members considered including a separate slide with a bar graph of the geographic population breakdown for Queensland per area.</p> <ul style="list-style-type: none"> Members discussed the importance of QVAD SPS' role in the VAD scheme. Noted the Health Service Directive that requires HHSs to meet demand and that there is a current decrease in the number of referrals to QVAD Support, however, this fluctuates monthly. Discussed the age brackets for VAD differ from the ABS due to the agreement for age brackets to be consistent with the national VAD data set for comparison across Australian jurisdictions. LW raised an error in the manner of death graphs (slide 7-8), the order of the data labels in the righthand side are in a different order to the corresponding column in the bar graph. <p>Actions</p> <ul style="list-style-type: none"> Jul 23-002: ORB to insert slide in <i>Snapshot for 2023</i> PowerPoint presentation to include a bar graph of the geographical population in Queensland based on ABS data. Jul 23-003: ORB to amend manner of death slide in the <i>Snapshot for 2023</i> PowerPoint presentation by reordering the data labels on the righthand side to be in the same as the corresponding column in the bar graph.
3.2	<p>QVAD Review Board IMS Update</p> <ul style="list-style-type: none"> On 2 July 2023, practitioners were unable to apply through the IMS to become an authorised VAD practitioner due to a scheduled outage of the Ahpra Practitioner Information Exchange. This outage occurred from 8am-3pm and was communicated in advance with a notice on the IMS homepage. Authorised practitioners with existing access to the IMS could continue to monitor their VAD cases and submit forms during this outage. The Office of the Review Board is continuing to monitor known QVAD Review Board IMS (IMS) issues and their impacts on practitioners while they are resolved. These known issues and other opportunities for system improvements are being discussed with the IT vendor for future updates to the IMS over the next 6 months. <p>Actions</p> <ul style="list-style-type: none"> Nil.

4.	VAD Unit Items
4.1	<p>Evaluation of the Implementation Process</p> <p>For noting - Evaluation of the implementation of voluntary assisted dying in Queensland: Findings</p> <ol style="list-style-type: none"> 1. Summary of findings 2. s.73 Final Report: <ul style="list-style-type: none"> • The VAD Program Unit engaged s.73 to undertake an independent evaluation of the implementation of VAD in Queensland • s.73 explored three key evaluation questions: <ol style="list-style-type: none"> 1. What work was undertaken to establish relevant clinical and administrative arrangements? 2. How prepared were system stakeholders to support patients through the VAD pathway from 1 January 2023? 3. What are the trends and other considerations that should be explored in a future evaluation? • Data collection activities included desktop research and stakeholder engagement (19 consultation events reaching 44 stakeholders) • The findings of the evaluation are outlined in the slide pack summary (Attachment 1) and final report (Attachment 2). <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Implementation prior to commencement of voluntary assisted dying was the focus of the report so establishment of the Review Board, the QVAD Review Board IMS and the community were out of scope for evaluation. As such, implementation of VAD raised systems awareness rather than community awareness. • The report noted the team for implementation of voluntary assisted dying in QLD did an excellent job and that authorised practitioners overall felt supported. • The ORB receives questions from interjurisdictional colleagues regarding implementation and this report may be of assistance. Will be determined on a case-by-case basis. • Considered visibility of the report and independent issues raised by s.73 s.73. SS noted the report is to be reviewed by the CMO and would not be suitable to be used as basis for legislative amendment. The importance of resources highlighted in the report is a possible budget lever as it evidences that resources are critical in this space. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • Implementation of voluntary assisted dying in Queensland set up the scheme for success with authorised practitioners feeling supported. • In the future, the Review Board will look at ways to engage and consult with the community in relation to voluntary assisted dying.

	<ul style="list-style-type: none"> Sharing information with other jurisdictions regarding implementation is good to build relationships. <p>Actions</p> <ul style="list-style-type: none"> Nil.
4.2	<p>Authorised medical practitioner survey results</p> <p>For noting - Authorised medical practitioner survey results</p> <ol style="list-style-type: none"> Executive summary of survey results Final Report <ul style="list-style-type: none"> VAD Program Unit and QVAD Support & Pharmacy Service undertook a survey to understand authorised medical practitioners' views and experiences of voluntary assisted dying in Queensland. A summary of the survey results is attached (Att 1: Executive summary; Att 2: Results). The results indicate that overall, most authorised medical practitioners feel supported and rate the quality of most supporting processes, resources, and structures as good or very good. Participants provided helpful constructive feedback and suggestions in their free-text responses. The VAD Program Unit will code free-text responses and provide a summary in an updated version of this report. The VAD Program Unit will work with QVAD Support & Pharmacy Service to use insights from the survey to improve service delivery and support for authorised practitioners and other healthcare workers involved in voluntary assisted dying. To be reviewed again at August meeting after VAD Program Unit has incorporated free text coding. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> Majority of constructive feedback received related to the approved forms and IMS. In August, SS and s.73, Acting Director, QVAD SPS will meet with 14 authorised practitioners. The meetings will provide an opportunity to discuss queries from practitioners, including the transfer of the coordinating practitioner role and how the ORB can assist. Noted the main issues raised around the broader scheme are the approved forms, the Commonwealth Criminal Code, the lack of remuneration and time intensive practice. Noted Annual Report recommendations are similar to what practitioners are stating the issues are. Key points of note include: <ul style="list-style-type: none"> 91% of authorised practitioners indicated approved forms and the IMS were acceptable; 37% practitioners wanted more engagement around emotional impact of voluntary assisted dying. Discussed who facilities the requested

	<p>engagement: is it the Community of Practice, or a reflective practice? A psychologist could be considered.</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • Overall the results of the authorised practitioner survey convey that practitioners are satisfied with the voluntary assisted dying scheme. • The emotional impact of voluntary assisted dying needs to be considered further in how practitioners are supported. • VAD coordinators are a positive tool to help reduce the burden on practitioners. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
4.3	<p>Voluntary Assisted Dying Clinical Practice Symposium Queensland</p> <p>For Discussion -</p> <p>1. Clinical Practice Symposium Review Board Overview</p> <ul style="list-style-type: none"> • The purpose of the Voluntary Assisted Dying Clinical Practice Symposium is to provide a platform for health professionals, policymakers, and other stakeholders to come together face-to-face and engage in a comprehensive and thoughtful exploration of the complex issues surrounding voluntary assisted dying in a clinical setting. • The symposium aims to facilitate open and informed discussions, promote knowledge sharing, and foster collaboration to enhance the understanding and practice of voluntary assisted dying in an inclusive and respectful environment. <p>2. Questions for the Review Board</p> <ol style="list-style-type: none"> 1. Are there any additional objectives/themes that should be included? 2. Does the board want to see any particular sessions included in the agenda? 3. Is the board happy for this to be their main engagement event regarding the annual report data? <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Proposed options for the development of the Symposium: <ul style="list-style-type: none"> ○ a voice from the regions; ○ perspective from outside HHS as a reminder that the process can happen outside HHS; ○ considered the location of the Symposium at the Metro South HHS auditorium and whether it could be held at another location, and possibly in a regional/non-metropolitan site ○ queried whether academics could attend; ○ recommended Dr s.73 to speak at the Symposium about sustainable practice/ practitioner well being; ○ encourage interested practitioners to attend, including authorised practitioners that have not been involved in a case; ○ considered invitations to peak bodies. It was noted that the Symposium is focused on authorised practitioners to foster a safe collegiate environment;

	<ul style="list-style-type: none"> o recommended work by s.73 s.73 for support for practitioners and consumer voices. s.73 raises positive experiences with voluntary assisted dying, which may be good for practitioners to see the impact of their work. • Inclusion of comparative data on population distribution, age distribution and projections of deaths by voluntary assisted dying in QLD were discussed. It was noted not to include comparative data, as people try to ascribe a meaning to the difference, and it may not be a meaningful difference. • Considered nurse practitioners management of cases. Nurse Practitioners (NP) have a close connection, and meet online every fortnight. NPs have support systems in place and can talk about the challenges they face, but important to specifically incorporate into program. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • For the proposed options to be provided to the VAD Program Unit for consideration in development of the Symposium. <p>Actions</p> <ul style="list-style-type: none"> • Jul 23-004: SS to inquire about possible location options for the Symposium and the attendance of academics. • Jul 23-005: HI to provide ORB s.73 details to contact about possibly speaking at the Symposium about sustainable practice and emotional health. • Jul 23-006: LW to provide ORB with a link to s.73 work. 																		
<p>5.</p>	<p>Completed Request Reviews</p>																		
<p>5.1</p>	<p>5.1.1 Completed Request Reviews</p> <p>s.47(3)(b) Completed Request Reviews</p> <p>Recommendations:</p> <p>That the Review Board:</p> <ul style="list-style-type: none"> • Endorse the following completed requests completed in May: <table border="1" data-bbox="328 1451 1391 1659"> <tr> <td>1. VCASE-s.73</td> <td>4. VCASE-s.73</td> <td>7. VCASE-s.73</td> </tr> <tr> <td>2. VCASE-</td> <td>5. VCASE-</td> <td>8. VCASE-</td> </tr> <tr> <td>3. VCASE-</td> <td>6. VCASE-</td> <td>9. VCASE-</td> </tr> </table> <ul style="list-style-type: none"> • Endorse the following s.47(3)(b) completed requests completed in June: <table border="1" data-bbox="328 1756 1391 1951"> <tr> <td>1. VCASE-s.73</td> <td>28. VCASE-s.73</td> <td>55. VCASE-s.73</td> </tr> <tr> <td>2. VCASE-</td> <td>29. VCASE-</td> <td>56. VCASE-</td> </tr> <tr> <td>3. VCASE-</td> <td>30. VCASE-</td> <td>57. VCASE-</td> </tr> </table>	1. VCASE-s.73	4. VCASE-s.73	7. VCASE-s.73	2. VCASE-	5. VCASE-	8. VCASE-	3. VCASE-	6. VCASE-	9. VCASE-	1. VCASE-s.73	28. VCASE-s.73	55. VCASE-s.73	2. VCASE-	29. VCASE-	56. VCASE-	3. VCASE-	30. VCASE-	57. VCASE-
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14. VCASE		41. VCASE		68. VCASE	
15. VCASE		42. VCASE		69. VCASE	
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17. VCASE		44. VCASE		71. VCASE	
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25. VCASE		52. VCASE		79. VCASE	
26. VCASE		53. VCASE		80. VCASE	
27. VCASE		54. VCASE		81. VCASE	
<u>Members discussed:</u>					

May reviews

- HI summarised the nine completed requests held over from May:
 - 4 deaths not related to voluntary assisted dying;
 - 5 deaths with administration of the substance;
 - 1 interpreter utilised;
 - 2 expedited – 1 died with and 1 died without the substance.

- VCASE ~~s.73~~ – ~~s.47(3)(b)~~

s.47(3)(b)

- VCASE ~~s.73~~ – ~~s.47(3)(b)~~

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

s.47(3)(b)

s.47(3)(b)

- VCASE-~~s.73~~ outcome: s.47(3)(b)

s.47(3)(b)

s.47(3)(b)

Coronial Investigation

and Health Service Investigation in progress.

June Reviews

- HI summarised the 81 June reviews:
 - 9 expedited;
 - 7 ineligible;
 - 7 residential aged care and 2 retirement villages;
 - 27 without substance;
 - 25 practitioner administration;
 - 28 self-administration;
 - Transfer of practitioner was noted as a major issue by a small number of practitioners – 3 cases out of 89 considered at the July meeting where an issue was raised despite several transfers occurring;

• s.47(3)(b)

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

s.47(3)(b)

s.47(3)(b)

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

s.47(3)(b)

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

Recommendations:

That the Review Board endorse the following **s.47(3)(b)** completed requests:

- VCASE-**s.73**
- VCASE-**s.73**

Members discussed:

VCASE-**s.73**

- **s.47(3)(b)** issue – **s.47(3)(b)**
s.47(3)(b)
s.47(3)(b)
- Noted the coordinating practitioner and administering practitioner are different practitioners. The coordinating practitioner will receive the standard letter of compliance from the Review Board for their care of this person. The letter will not include any information about this **s.47(3)(b)** report.
- Noted SS will call the practitioner prior to sending the letter as per standard process.

VCASE**s.73**

- **s.47(3)(b)** issue: **s.47(3)(b)**
s.47(3)(b)
- **s.47(3)(b)**
s.47(3)(b)
- Noted SS will call the practitioner prior to sending the letter as per standard process.

Members agreed:

VCASE-**s.73**

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

VCASE-**s.73**

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

- s.47(3)(b)

5.1.2 Discussion of VCASE-~~s.73~~ and VCASE-~~s.73~~

Members discussed:

s.47(3)(b)

Members agreed:

s.47(3)(b)

5.1.3 Update:~~s.47(3)(b)~~

Members discussed:

- s.47(3)(b)
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	<p>Members agreed:</p> <ul style="list-style-type: none"> • s.47(3)(b) <p>Actions</p> <ul style="list-style-type: none"> • Jul 23-007: VCASE s.73 s.47(3)(b) s.47(3)(b) • Jul 23-008: s.47(3)(b) s.47(3)(b) s.47(3)(b) s.47(3)(b) • Jul 23-009: VCASE s.73 and VCASE s.73 SS s.47(3)(b) s.47(3)(b) • Jul 23-010: VCASE s.73 s.47(3)(b) s.47(3)(b)
<p>Morning tea</p>	
<p>6.</p>	<p>Reports and Correspondence</p>
<p>6.1</p>	<p>Annual Report</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • <i>Timeframes:</i> <ul style="list-style-type: none"> ○ Noted the deadlines for progression of the annual report to the Minister. Noted the Office of Health Statutory Agencies (OHSA) role is to ensure the report is compliant with Minister’s Office and Tabling Office requirements. ○ Noted that following incorporation of the QVAD SPS data the Board can provide final endorsement. A final proof will then be undertaken of the report. • <i>Recommendations:</i> <ul style="list-style-type: none"> ○ Recommendation 1 – discussed: <ul style="list-style-type: none"> ▪ s.47(3)(b) ▪ title is accepted. ▪ content – insert: <i>QVAD SPS provides critical support across the state and resourcing should be monitored according to demand.</i> ○ Recommendation 4 – current description of the development of a research strategy may not be most appropriate way to achieve desired outcome. Proposed rephrase title and content to flag to QH requirement for assistance and support for research which will improve the scheme. Noted options: <ul style="list-style-type: none"> ▪ for title rephrase to include ‘resourcing’. ▪ to commit funding to research and partnership with stakeholders. ▪ reframe to what trying to achieve which is to commission others to do the research for the Review Board which requires collaboration and resourcing. ▪ title will be modified

	<ul style="list-style-type: none"> ▪ Proposed to take the discussion offline for Karen Kalkaus (KK) to modify wording. ○ Recommendation 5 – <ul style="list-style-type: none"> ▪ 'Agreed change: <i>“Through ongoing community and stakeholder engagement, the Board will increase and improve community awareness of VAD regarding: supporting individual choice, access to VAD and individual and organisational obligations under the Act.”</i> ▪ noted not required to specify how the Board will promote community engagement in the report. • <i>General review of report:</i> <ul style="list-style-type: none"> ○ reinsert the data for diagnosis and numbers – which included data about those who hadn't accessed voluntary assisted dying. This data will not be included in the foreword. ○ section regarding localisation of practitioners is difficult as location is based upon the postcode from APHRA rather than the HHS they work in. We should not put the report together as a HHS report. The remote locations placed on the map are not completely geographically accurate but are a visual for where practitioners are. Proposed to have figure redesigned. ○ bios should be 2 sentences max. ○ page 5, separate the sentence <i>“This content may be upsetting to some. For those seeking more information about how to access voluntary assisted dying...”</i> are 2 very different concepts so separate the sentences. ○ page 22, administration decision figure 5 considered multiple methods for presenting the data. Proposed to use a pie graph with divided into three for self-administration, practitioner administration and died without substance. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • Amendments to the draft report: <ul style="list-style-type: none"> ○ page 27, remove quote <i>“Mandating HHSs to provide a service...”</i> by an authorised VAD practitioner, as it does not capture the complexity surrounding funding for voluntary assisted dying. ○ . ○ Page 22, delete the administration decision pie chart and reinsert the original administration decision pie chart which was divided into 3 sections. ○ swap process and data sections. ○ page 12, text starting with <i>“The majority of the voluntary assisted dying...”</i> should be moved to under the figure on page 13. • Recommendations: <ul style="list-style-type: none"> ○ Remove quotes from all recommendations. ○ 1 – endorsed with following amendments: insert QVAD SPS provides critical support across the state and resourcing should be monitored according to demand. ○ 2 – endorsed. ○ 3 – endorsed. ○ 4 - endorsed with following amendments: KK to develop new phrasing of recommendation based on Board discussion. Apply changes to the foreword. ○ 5 – endorsed with following amendments: Combined heading <i>“ensuring equitable access and community awareness”</i> as it will address any systemic issues and provide education. The aims are to be <i>“Through ongoing</i>
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	<p><i>community and stakeholder engagement, the Board will increase and improve community awareness of VAD regarding supporting individual choice, access to VAD and individual and organisational obligations under the Act."</i></p> <ul style="list-style-type: none"> • Approved share version of the Annual Report with OHSA and Strategic Communications Branch (SCB). <p>Actions</p> <ul style="list-style-type: none"> • Jul 23-011: ORB make the agreed amendments to the draft Annual Report and send to OHSA and SCB for review.
<p>7.</p>	<p>Other Business</p>
<p>7.1</p>	<p>Systems Improvement Monitoring</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Systems Improvement and Monitoring Register: <ul style="list-style-type: none"> ◦ s.47(3)(b) <p>s.47(3)(b)</p> <ul style="list-style-type: none"> • s.47(3)(b) • s.47(3)(b) <p>Actions</p> <ul style="list-style-type: none"> • Jul 23-012: ORB insert endorsed issue into the <i>Systems Improvement and Monitoring Register</i>.
<p>7.2</p>	<p>VCASE s.73</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • HSI update: <ul style="list-style-type: none"> • Has commenced and report to be provided within two weeks. The Coroner has requested the report once finalised. Once the report is finalised, the DG will determine whether report will be made public or not. Information would be deidentified. ◦ s.47(3)(b)

	<p>Actions</p> <ul style="list-style-type: none"> • Nil.
7.3	<p>Standing items</p> <p><u>Members discussed:</u></p> <ol style="list-style-type: none"> 1. National Voluntary Assisted Dying Conference 27/28 September 2023 <ul style="list-style-type: none"> • HI and EM will attend the first day of the conference. TBC who will participate in panel discussion of the chairs. 2. Consideration of correspondence <ul style="list-style-type: none"> • Agreed the current process when emails are sent to the ORB for the Review Board is that the ORB sends an acknowledgment of receipt. Either the ORB or HI can respond and some emails do not need a response from the Review Board. If the email is urgent the ORB will notify the Review Board. • Considered the Review Board's responsibility to respond to practitioners regarding issues. The Review Board's main responsibility is to monitor the Act and review for systems improvement and refer if necessary and look at quality improvement. Noted that some types of issues raised in the emails fall within the Review Board's responsibility, however, there are some that are not. <p>i. Response to Dr s.73 email: Transfer of coordinating practitioner</p> <ul style="list-style-type: none"> • On 12 July 2023, the CMO, HI and SS met to discuss transfer issue and resolution. The Board will monitor the issue and determine whether any legislative amendments could be made to make the process easier. At this time there is no intention to seek legislative amendment on this issue prior to the review in s154 of the Act. ▪ SS noted meeting with s.73 and Dr s.73 to discuss transfer issue and proposed solution on 3 August 2023. • Noted the Act does not contemplate that a practitioner would have a high volume of cases and does not allow for a transfer back to the original coordinating practitioner. It is a legislative gap and should be considered when the legislation is reviewed. • Discussed proposed solutions, including for the ORB to assist practitioners to transfer the coordinating practitioner role when they go on leave. The practitioner could send the ORB an email specifying when they are on leave and authorise the ORB to complete a <i>Form 7 – Coordinating Practitioner Transfer Form</i> on behalf of them, if required. Discussed how the form would be signed in the IMS. • SS noted that in response to the difficulty in transferring the role of coordinating practitioner, some HHS have developed a roster of authorised practitioners to see who can take over while the practitioner is on leave. It would not be appropriate for bulk transfers to be done. However, the roster is out of scope of the Review Board.

- Noted there are some authorised practitioners who are willing to be involved but have not had cases referred, need to look at all resources and look at different and more innovative ways to problem solve these issues.
 - Consider including in the response the Review Board is making recommendations in the annual report.
- ii. Email correspondence between the Dr s.73 and the ORB – providing responses to questions around the timing of providing the person, the substance information sheet, Form 4 – Second Request Form, Form 8 – Contact Person Appointment Form and the administration decision is made in consultation with the coordinating practitioner not the consulting practitioner.
- iii. Email correspondence from Dr s.73 based on the ORB's response to Dr s.73
- Considered that Dr s.73 and Dr s.73 were asking procedural questions the Review Board should not necessarily respond to those questions. Noted that there are clear guidelines and training modules that inform practitioners what they can do.
 - SS and Dr s.73 were meeting practitioners in August and will answer s.73 queries. No response by the Review Board required.
- iv. Email from Dr s.73 to s.73
s.73 cc Review Board – resigning as an authorised VAD practitioner:
- The HHS does not currently fund a VAD coordinator role
 - Noted, to date, only three authorised practitioners have resigned.
 - No response by the Review Board required.
- v. Email from Dr s.73 to Review Board – credentialling feedback in s.47(3)(b) private hospitals
- The VAD Unit are already considering the issues raised and advised that:
 - s.47(3)(b) has committed to sending through a document outlining the statewide process for authorised practitioners arranging access to facilities operated by s.47(3)(b)
 - The VAD Unit will share s.47(3)(b) statewide process document with QVAD SPS. This will provide QVAD SPS with clear visibility of the requirements and can support practitioners needing to access s.47(3)(b) facilities. Additionally, s.73 committed to arranging for all s.47(3)(b) facilities to complete the facility details form, and provide this to QVAD SPS.
 - Noted the Review Board will monitor s.47(3)(b) and other entities regarding credentialling and access to voluntary assisted dying for persons seeking voluntary assisted dying. SS advised that most private health facilities recognise the QH authorisation process and do not require credentialling of VAD practitioners. However, private health

	<p>facilities can develop additional eligibility processes, such as a credentialling process.</p> <ul style="list-style-type: none"> • SS to call Dr s.73 ORB to draft a response from the Review Board and note s.47(3)(b) credentialling process has been resolved. <ol style="list-style-type: none"> 3. Noted the Practitioner numbers for June 4. Noted the Residency and Interpreter Exemption Applications for June 5. Noted the Substance in the Community Report as at 11 July 2023 <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • For correspondence received generally, agreed that either the ORB or Review Board will respond to correspondence received and some emails do not need a response from the Review Board. If the email is urgent, then the ORB will notify the Review Board. • The ORB will assist practitioners to transfer the coordinating practitioner role when they go on leave. If the practitioner sends the ORB an email specifying when they are on leave and authorise the ORB to complete a Form 7 on behalf of them if required. • SS and s.73 are meeting practitioners in August and will address practitioners' concerns raised in emails then. <p>Actions</p> <ul style="list-style-type: none"> • Jul 23-013: SS to call Dr s.73 and then prepare a formal reply regarding the credentialling process at s.47(3)(b)
9.	Next meeting – Thursday 31 August 2023
10.	Close – Meeting was closed at 13:20 pm

August 2023 Meeting

VOLUNTARY ASSISTED DYING REVIEW BOARD

Minutes

Date	Thursday 31 August 2023		
Time	8.30 am – 12.30 pm		
Venue	Room 8.08, Level 8, 33 Charlotte Street		
	Name	Position	Attendance
Review Board	Associate Professor Helen Irving (HI)	Chair	VC
	Professor Eleanor Milligan (EM)	Deputy Chair (Meeting Chair)	IP
	Professor Lindy Willmott (LW)	Member	IP
	Dr Jenny Brown (JB)	Member	IP
	Ms Donisha Duff (DD)	Member	VC
	Dr Bav Manoharan (BM)	Member	IP
	Dr Will Cairns OAM (WC)	Member	VC
	Professor Lisa Nissen (LN)	Member	VC
	Mr Geoff Rowe (GR)	Member	IP
VAD Program, Queensland Health	Sally Stubbington (SS)	Executive Director, Voluntary Assisted Dying Program, Clinical Excellence Queensland (Acting)	IP
	Caitlin Lock (CL)	Director, Office of the Review Board (ORB)	IP
Secretariat	Holly Atkinson (HA)	Manager, ORB	IP
	Louise Norman (LNO)	Principal Policy Officer, ORB	IP

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



Item	Topic
1.	<i>In camera session</i>
1.1	<p><i>In camera session</i></p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • General process discussion • Progress of the annual report • General conversation regarding the scheduled attendance of Dr Catherine McDougall – CMO. <p><i>Actions</i></p> <ul style="list-style-type: none"> • None
2.	Welcome and overview
2.1	<p>Acknowledgement of Country and apologies</p> <p>The Chair welcomed members and acknowledged the traditional custodians of the lands on which members met.</p>
2.2	<p>Minutes July meeting – for endorsement</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • LW requested her initials be corrected in the attendance table of the minutes. No other amendments were requested. • Endorsed the July 2023 Review Board meeting minutes as corrected. <p>Actions</p> <ul style="list-style-type: none"> • Aug 23-001: ORB to amend the July minutes to correct the initials for Professor Lindy Wilmott and upload the finalised minutes to Convene.
2.3	<p>Conflicts of interest</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • s.73 advised that s.73 is no longer s.73 Hospital and Health Service Voluntary Assisted Dying Unit. • No additional conflicts of interest have been identified by Review Board members since the August 2023 meeting. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
2.4	<p>Actions Register</p> <p>Propose to close the completed action items in the Actions Register:</p> <p>Apr 23-013: ORB to organise Review Board member and ED, VAD Unit to attend CoP</p>

<p>session.</p> <ul style="list-style-type: none"> • In progress. Organise after August meeting. • Action item to remain open. <p>May 23-004: ORB to prepare further version of the draft '<i>Guideline – Practitioner Disposal of a Voluntary Assisted Dying Substance where the person has not died or revoked their administration decision.</i>'</p> <ul style="list-style-type: none"> • In progress. Ongoing conversations. • Action item to remain open. <p>May 23-005: ORB to triage items in the Systems Improvements and Monitoring Register and s.47(3)(b) based on risk by potentially using a traffic light system following the completion of the Annual Report.</p> <ul style="list-style-type: none"> • To be considered after the annual report has been finalised. • Action item to remain open. <p>Jun 23-002: ORB to review protocols or processes for return of the self-administration substance prior to practitioner administration, within the constraints of the VAD Act.</p> <ul style="list-style-type: none"> • In progress. • Action item to remain open. <p>Jun 23-013: ORB to discuss with QVAD-Pharmacy about notifying QVAD-Pharmacy at 10 days after a person's revocation of administration decision or death without VAD substance rather than 14 days.</p> <ul style="list-style-type: none"> • ORB has implemented the 10-day notification date to QVAD Pharmacy after a person's revocation of administration decision or death without VAD substance. • s.47(3)(b) included at August agenda item 7.2.2 for Review Board consideration. • Action item closed. <p>Jul 23-001: ORB to amend the June minutes for 7.1.2.ii s.73 to include an action item to respond to s.73 about preliminary interest to be involved in the research project and upload to Convene.</p> <ul style="list-style-type: none"> • June 2023 minutes amended and uploaded to Convene. • ORB drafting letter to provide s.73 from the Chair with a letter of Partner Organisation Certification from the Review Board for the s.73 application. • Action item closed. <p>Jul 23-004: SS to inquire about possible location options for the Symposium and the attendance of academics.</p> <ul style="list-style-type: none"> • Brisbane Convention and Exhibition Centre booked for Symposium on 3 November 2023. Participation to be open to academics as well as practitioners.

<ul style="list-style-type: none"> Action item closed. <p>Jul 23-005: HI to provide ORB Dr s.73 details to contact about possibly speaking at the Symposium about sustainable practice and emotional health.</p> <ul style="list-style-type: none"> HI provided details to the ORB. Action item closed. <p>Jul 23-006: LW to provide ORB with a link to s.73 work.</p> <ul style="list-style-type: none"> LW provided details to the ORB. Action item closed. <p>Jul 23-007: VCASE- s.73 develop letter from the Chair out of session for the contact person in response to Ministerial email complaint.</p> <ul style="list-style-type: none"> In progress, pending Ministerial response to complainant. Action item to remain open. <p>Jul 23-008: s.47(3)(b) s.47(3)(b)</p> <ul style="list-style-type: none"> s.47(3)(b) Action item closed. <p>Jul 23-009: VCASE- s.73 and VCASE- s.73 s.47(3)(b) s.47(3)(b)</p> <ul style="list-style-type: none"> s.47(3)(b) Action item closed. <p>Jul 23-010: SS to call VAD Coordinator for s.73 HHS and raise education on voluntary assisted dying for staff at s.73 Hospital.</p> <ul style="list-style-type: none"> SS advised outcome of call, noting agreement with s.73 HHS Clinical Nurse Consultant that: <ul style="list-style-type: none"> s.73 HHS executive lead for VAD would be informed s.73 Hospital staff would be provided with appropriate training the HHS will confirm outcome with the Review Board once resolved. Action item closed. <p>Jul 23-011: ORB make the agreed amendments to the draft Annual Report and send to the Office of Health Statutory Agencies (OHSA) and Strategic Communications Branch (SCB) for review.</p> <ul style="list-style-type: none"> Annual Report amended and provided to OHSA and SCB for review. Action item closed. <p>Jul 23-012: s.47(3)(b) s.47(3)(b)</p>

	<p style="color: red; font-size: 24pt; font-weight: bold;">s.47(3)(b)</p> <ul style="list-style-type: none"> • <i>Systems Improvement and Monitoring Register</i> updated and included at August agenda item 8.1.1. • Action item closed. <p>Jul 23-013: SS to call Dr s.73 and then prepare a formal reply regarding the credentialling process at s.47(3)(b)</p> <ul style="list-style-type: none"> • Action completed. • To be discussed under Consideration of Correspondence (Agenda item 8.2). • Action item closed. <p>Actions endorsed and completed items closed.</p>
3.	QVAD Review Board IMS Update
3.1	<p>Summary of QVAD Review Board IMS update</p> <ul style="list-style-type: none"> • ORB is continuing to monitor known QVAD Review Board IMS (IMS) issues and their impacts on practitioners while they are resolved. • These known issues and other opportunities for system improvements are being discussed with the IT vendor for future updates to the IMS. • In response to recent feedback from practitioners, ORB is developing a fact sheet outlining the steps required to transfer the roles of coordinating practitioner and administering practitioner in the IMS with clinical examples for context. <ul style="list-style-type: none"> - On 31 August 2023, user testing of a new <i>Coordinating Practitioner Role Transfer Request Form</i> that will provide the ORB with authorisation to transfer specific cases, if required. The form will be tested by several authorised practitioners with the highest case load and will be considered by the Review Board before finalisation. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • The completed <i>Coordinating Practitioner Role Transfer Request Form</i> will authorise the ORB to transfer a relevant case in the practitioner's absence, if needed. The ORB will not sign the Form 7. • The new process will enable the coordinating practitioner to pre-authorise the transfer of cases only if circumstances require the transfer while the coordinating practitioner is on leave. This seeks to balance efficiency for authorised practitioners and maintaining integrity of the voluntary assisted dying scheme. <p>Actions</p> <ul style="list-style-type: none"> • Aug 23-002: ORB to provide the new <i>Coordinating Practitioner Role Transfer Request Form</i> to the Review Board for consideration after testing and before finalisation.
4.	Chief Medical Officer

4.1	<p>Review Board discussion with Chief Medical Officer, Associate Professor Catherine McDougall, about the Voluntary Assisted Dying Review Board year to date.</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • The CMO acknowledged: <ul style="list-style-type: none"> - the workforce challenges across every healthcare sector, impacted by undersupply of workforce and maldistribution of workforce, particularly in rural and regional areas - the demand for voluntary assisted dying that had not previously been realised, reflected in the positive feedback and level of support from consumers - the higher-than-expected workload of the Review Board, and her gratitude for the Board's commitment and work - that people attending the HHS leads meetings are broadly engaged and offering solutions to issues identified at system and HHS level. • The CMO observed: <ul style="list-style-type: none"> - challenges at systems level, including Medicare billing items and getting more GPs involved in delivering voluntary assisted dying services - challenges relating to demand for voluntary assisted dying services and the associated workforce requirements - the variability in resourcing of voluntary assisted dying services across hospital and health services. • Considered workforce shortages appear more to be affected by lack of workforce rather than a lack of financial support, and the focus needs to be on attracting and supporting a sustainable workforce. • CMO observed that more GPs are needed within the system and suggested GPs could be employed on a casual basis by HHSs. Noted small group of practitioners currently doing most of the work and the risk of burnout and psychological impact that must be managed given the demanding nature of the work, the time each case takes, and the emotional investment required to support patients and their families. • Considered wrap-around support required, including and understanding of the nature of the work and how to support practitioner. An option could include more formalised supervision and reflective practice. • Noted the Annual Report will create conversation regarding community demand. Metro North HHS 100 days event provided five different case examples with families present and was a powerful event. • Considered need for proactive community engagement. Noted the number of people being supported to access VAD. <p><u>Members agreed:</u></p>
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	<p>Further consideration required around strategy for practitioners who have done the training onboard and completing cases.</p> <ul style="list-style-type: none"> Compassion fatigue and burnout particularly for practitioners completing large volumes requires consideration. Annual Report will be the first time the broader community will understand demand. The flip side is to enable commitment to research to establish an evidence base. Noted shared objectives: connection, workforce sustainability and wellbeing. <p>Actions</p> <ul style="list-style-type: none"> Nil.
5.	QVAD Review Board IMS Activity
5.1	<p>5.1.1 Summary of VAD activity data</p> <ul style="list-style-type: none"> The new summary slides highlight key trends in IMS and HHS data since January 2023. The data are expanded in greater detail in the following attachments. The broader trends have become apparent in the eight months since the program commenced in January, requiring less detailed examination from month to month. <p>5.1.2 Snapshot for 2023</p> <ul style="list-style-type: none"> As requested by the Review Board, a new slide (slide 11) shows the distribution of Queensland's population by Australian Bureau of Statistics (ABS) Remoteness Areas (2022). The ABS distributes the Australian population into five classes of remoteness characterised by a measure of relative geographic access to services. Slide 1 shows the remoteness of persons in Queensland requesting access to voluntary assisted dying. Due to a limitation with Power BI, the graphs in the Activity Snapshot can only be filtered by the date of first assessment or the "submitted on" date. As a result, the graphs either display total Form 1s with an assessment date on or before 31 July (n=682) or the total Form 1s submitted on or before 31 July (n=676). As practitioners continue to submit late forms, this discrepancy may continue when reporting on dates of assessment without a parameter for "submitted on dates". As a result, the data for previous months may be slightly higher than the same data as presented at previous meetings. Similarly, the Power BI graph displaying the region of persons requesting access to VAD totals 681 cases as the provided addresses for a VAD Person was interstate. <p>5.1.3 IMS activity</p> <ul style="list-style-type: none"> A large volume of forms continue to be submitted to the IMS, with an approximate average of 8 forms per case. As at 31 July, 676 Form 1s and 5715 total forms were submitted.

	<p>5.1.5 HHS activity</p> <ul style="list-style-type: none"> In July 2023, a total of 258 in-scope voluntary assisted dying activities were provided by/in 12 HHSs The busiest HHSs in July were s.47(3)(b) and s.47(3)(b). All HHSs had similar or lower levels of activity to other months. There was no activity in s.47(3)(b) To date, there has been no in-scope activity in s.47(3)(b) s.47(3)(b) In July 2023, QVAD Support received a total of seven referrals from three HHSs who could not meet demand and needed a patient linked with an authorised practitioner (coordinating, consulting, or administering). <ul style="list-style-type: none"> This is the lowest number of referrals in 2023. Referrals were made by s.47(3)(b) s.47(3)(b) s.47(3)(b) has made the most referrals year-to-date (26). After some improvement in April-May this number is increasing again. The VAD Program Unit continues to work with the HHSs experiencing strain. Two HHSs have limited funding to their voluntary assisted dying programs more than other HHSs - s.47(3)(b) <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> Summary of VAD activity data be amended to include number of voluntary assisted dying deaths (for the month and year-to-date). Discussed whether there are any insights on the reasons for the decrease in completed requests in July (n=84) compared with June (n=106). No clear reason for the decrease. The monthly average over the seven reporting months is 96. Over 100 first assessments were reported in two months (March and June). ORB suspects the average is likely to increase to over 100 per month. <p>Actions</p> <ul style="list-style-type: none"> Aug 23-003: ORB to amend 5.1.1 Summary of VAD activity data to include the number of voluntary assisted dying deaths for the month and year-to-date. 			
<p>6.</p>	<p>Completed requests for review</p>			
<p>6.1</p>	<p>6.1.1 Completed Request Reviews</p> <p>s.47(3)(b) Completed Request Reviews</p> <p>Recommendations:</p> <p>That the Review Board:</p> <ul style="list-style-type: none"> Endorse the following completed requests: <table border="1" data-bbox="323 1870 1388 1926"> <tr> <td data-bbox="323 1870 678 1926">1. VCASE-s.73</td> <td data-bbox="678 1870 1029 1926">28. VCASE-s.73</td> <td data-bbox="1029 1870 1388 1926">55. VCASE-s.73</td> </tr> </table>	1. VCASE-s.73	28. VCASE-s.73	55. VCASE-s.73
1. VCASE-s.73	28. VCASE-s.73	55. VCASE-s.73		

2. VCASE- s.73	29. VCASE- s.73	56. VCASE- s.73
3. VCASE-	30. VCASE-	57. VCASE-
4. VCASE-	31. VCASE-	58. VCASE-
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25. VCASE-	52. VCASE-	79. VCASE-
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Members discussed:

- VCASE **s.73** the **s.73** HHS VAD Unit identified a need for further education for colleagues at **s.73** Hospital on voluntary assisted dying access and processes. The coordinating practitioner undertook work with their colleagues to achieve a better understanding.
- The legislative requirements refer to decision-making capacity in relation to voluntary assisted dying.

Members agreed:

- **Endorsed** and **closed** **s.47(3)(b)** completed requests.

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

Recommendations:

That the Review Board endorse the following **s.47(3)(b)** completed requests:

- VCASE-**s.73**
- VCASE-**s.73**

Members discussed:

VCASE-s.73

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

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

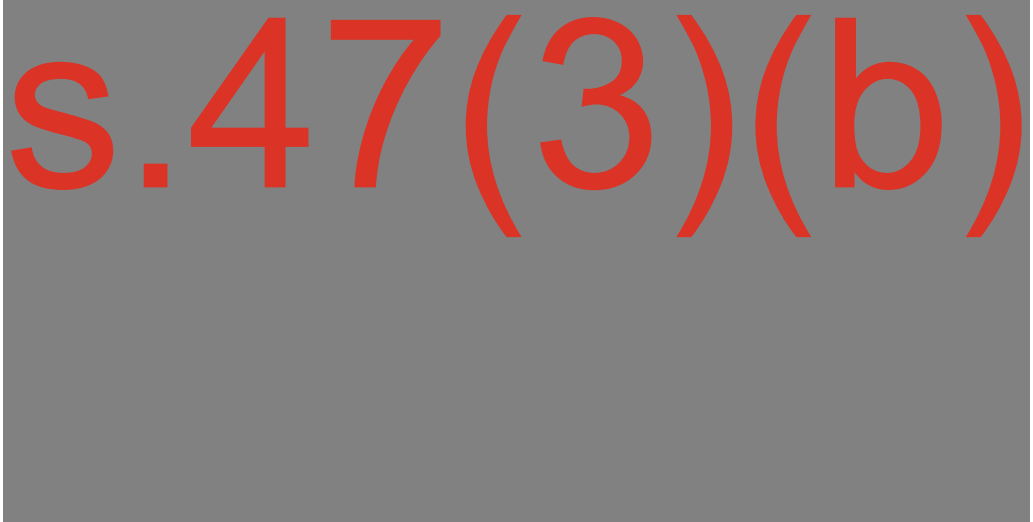
- **s.47(3)(b)**
- **s.47(3)(b)**
- **s.47(3)(b)**

Members agreed:

VCASE-s.73

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

	<ul style="list-style-type: none"> • s.47(3)(b) <p>VCASE-s.73</p> <ul style="list-style-type: none"> • s.47(3)(b) <ul style="list-style-type: none"> - s.47(3)(b) <ul style="list-style-type: none"> ▪ s.47(3)(b) ▪ s.47(3)(b) - s.47(3)(b) <p>Actions</p> <ul style="list-style-type: none"> • Aug 23-004: For VCASE-s.73 s.47(3)(b)
6.2	<p>Update on VCASE-s.73</p> <ul style="list-style-type: none"> • Health Service Investigation (HSI) update: <ul style="list-style-type: none"> - s.47(3)(b) - Next steps for the final HSI report are: <ul style="list-style-type: none"> ▪ Director-General will decide who has access to the report ▪ Review Board will receive the report once Director-General has reviewed ▪ the Department will provide the report to the Coroner. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
7.	Reports and Correspondence
7.1	<p>Annual Report</p> <ul style="list-style-type: none"> • Office of Health Statutory Agencies (OHSA) reviewed the Annual Report and provided positive feedback. The ORB actioned some minor and technical feedback.

	<ul style="list-style-type: none"> • The CMO has received a copy and the Minister has requested the report. • The ORB will continue to work with the Chair on the media pack. • On 4 September 2023, the final version will be provided to the Review Board and OHSa, for progression to the Minister for approval by 22 September. • From 25 September 2023, OHSa will confirm tabling timeframes enabling publication. Tabling is likely to occur in mid to late October. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Possible talking points for annual report release consider : <ul style="list-style-type: none"> - access to the scheme, including accessing the scheme too late in the course of a person's illness/disease, which is a complicated issue. - the process is driven by the person seeking to access the scheme, delays are not necessarily driven by an inability to access the system. - higher than forecasted number of eligible people who have accessed VAD in the first six months of the scheme's operation and the likely comparisons with other Australian jurisdictions. - why there are some eligible assessments by coordinating practitioner, but not the consulting practitioner. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • The ORB will note the issues raised in the talking points and work with the Chair and media team to manage any media as it arises. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
7.2	<p>Documents for review</p> <p>For discussion –</p> <ol style="list-style-type: none"> QVAD Pharmacy Work instruction: Managing Disposal of VAD Substances <ul style="list-style-type: none"> • QVAD Pharmacy Work instruction: Managing Disposal of VAD Substances (WI) has been updated to reduce the period for the ORB to notify QVAD SPS that a person has died or revoked their administration decision from 14 to 10 days. Feedback provided by the Chair and ORB has been incorporated into the WI. 2. 

	<p>3. s.47(3)(b)</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • s.47(3)(b) • s.47(3)(b) • s.47(3)(b) • s.47(3)(b) • s.47(3)(b) • s.47(3)(b) <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • Shelf-life of the [redacted] VAD substance will be raised with s.73 [redacted] s.73 [redacted] s.73 [redacted] QVAD Pharmacy during QVAD SPS update at Agenda item 9. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
8.	Other business
8.1	<p>Systems Improvement Monitoring</p> <ul style="list-style-type: none"> • Members noted the <i>Systems Improvement and Monitoring Register</i> and s.47(3)(b) [redacted] for August. • Noted open action item May 23-005, in September the ORB will commence a detailed review of the <i>Systems Improvement and Monitoring Register</i> and s.47(3)(b) [redacted] for consideration by the Review Board. <p>Actions</p> <ul style="list-style-type: none"> • Nil.

8.2	<p>Standing items</p> <p>8.2.1 External requests and media appearance requests</p> <ul style="list-style-type: none"> • Noted two media opportunities about VAD. The Chief Medical Officer is supportive of both: <ul style="list-style-type: none"> – First opportunity: A long-form video and article package in The Courier Mail QWeekend magazine: <ul style="list-style-type: none"> ▪ involving interviews with the person accessing VAD, their family and care providers/VAD practitioner. ▪ ORB/QVAD SPS are working with the Media team and HHSs to identify possible cases who may wish to be involved. Care is being taken to ensure interviewees enter into any conversations with Courier Mail voluntarily and handled in sensitive, careful and respectful way. – Second opportunity: Go Gentle interactive photography exhibition, Death: The Stuff of Life: <ul style="list-style-type: none"> ▪ aims to celebrate the positive experiences and the challenges that come from autonomy and self-determination at the end of life. ▪ Go Gentle is working with award-winning Australian photographer Julian Kingma to photograph people accessing VAD, their family and others supporting them, including health professionals providing end-of-life care. ORB can provide the web link to the initial photos of people from Victoria, Western Australia and Tasmania that have been posted online. • The VAD Unit will work with The Courier Mail and Go Gentle to ensure that patient's involvement in these projects does not influence their final decision to choose or not choose to access VAD. • Australian Health Practitioner Regulation Agency (Ahpra) email to Queensland practitioners about VAD: <ul style="list-style-type: none"> – -Following JB's suggestion at an earlier meeting, the VAD Unit worked with Ahpra to contact registered Queensland practitioners about the VAD scheme. – -Last week, Ahpra emailed 27,404 registered Queensland practitioners with information and links to training, resources and how to apply to become an authorised practitioner. The email included the Queensland Health logo. – As at 24 August 2023, Ahpra advised that the email had resulted in: <ul style="list-style-type: none"> ▪ 16,171 (59%) unique opens ▪ with 653 recipients clicking one or more links. – -As at 24 August 2023, the VAD Program Unit had received 8 new applications from medical practitioners (5 submitted and 3 in draft) and 2 draft applications from Nurses. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Willingness of QHealth to collaborate and contribute to such stories. SS confirmed that:
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