

- the process of a person engaging with the media for such a story is gradual
 - time is necessary to capture the person's journey
- it is believed the person who may be interested in participating has not yet committed
- no article could be published while the person is still alive
- the Review Board's annual report will be tabled ahead of any Courier Mail article.

Actions

Aug 23-005: SS to update the Review Board on progress of The Courier Mail article at the September meeting.

8.2.2 Consideration of correspondence

1. Email complaint from s.73, contact person (VCASE-s.73) about the management of an expedited case



s.73

Members agreed:

- It is not appropriate for the Review Board to intervene in the HHS complaint process or pre-empt that outcome.

s.73

- The response will confirm that the Review Board will follow up with s.73 following the outcome of the HHS investigation.

Actions

- **Aug 23-006:** ORB to draft letter from the Review Board to s.73 HHS to advise the Review Board received a complaint from s.73 about a VAD case (VCASE-s.73). Noting that the Review Board will respond to s.73 about the legislative and policy issues of the complaint and request s.73 to notify the Board of the complaint review outcome and that the Review Board will consider any next steps, if required.
- **Aug 23-007:** ORB to draft an interim letter from the Review Board to s.73 s.73 noting they have discussed her email (VCASE-s.73) and respond to the parts of the email that relate to the systemic/legislative issues raised relating to design of the scheme including change in administration decision process.

II. Response to Dr s.73 Transfer of coordinating practitioner

Members discussed:

- Noted the response to Dr s.73 from the Deputy Chair sent on 15 August 2023.
- On 3 August 2023, SS and s.73 Acting Director of QVAD SPS, met with Dr s.73 and discussed the proposed Coordinating Practitioner Role Transfer Request process (see agenda item 3.1). The s.47(3)(b) VAD Unit is user testing the new *Coordinating Practitioner Role Transfer Request Form*.
- SS noted the ORB had responded to the questions about practitioner indemnity but not the *Human Rights Act 2019*, as there were no issues requiring a response. Dr s.73 was happy with the outcome of the meeting.

iii. Response to Dr s.73 Interface between voluntary assisted dying and palliative care

Members discussed:

- Noted the response to s.73 from the Deputy Chair sent on 15 August 2023.
- On 8 August 2023, SS and s.73 met with Dr s.73 and discussed recent emails from Dr s.73 to the Review Board about standardising a model of care for voluntary assisted dying, possibly as a sub-speciality of palliative care and which is subject to similar governance processes as palliative care. Dr s.73 is also concerned about the lack of palliative care specialists providing voluntary assisted dying services.
- Dr s.73 was also connected with s.73 from the VAD Program Unit, who also has a strong background in palliative care. Dr s.73 was happy with the meeting outcome.
- The Review Board will consider Dr s.73 emails at the September meeting to determine next steps regarding Dr s.73 suggestions.
- The Review Board will also need to carefully consider responses to the range of requests the Board is receiving.

IV. Response to Dr s.73: Access to private hospital inpatients

- Members noted the response to Dr s.73 from the Deputy Chair sent on 28 August 2023 about arrangements negotiated with s.47(3)(b) for a statewide expedited temporary accreditation process to enable authorised

	<p>practitioners to provide voluntary assisted dying services to s.47(3)(b) s.47(3)(b) (Action item Jul 23-013). Negotiations with s.47(3)(b) for similar streamlined process are ongoing.</p> <ul style="list-style-type: none"> Dr s.47(3)(b) also raised concerns that hospital staff were not being permitted to witness voluntary assisted dying forms for inpatients. SS advised the VAD Program Unit is working with s.73 and other stakeholders on arrangements to provide support for the witnessing of forms. In the meantime, QVAD SPS can assist practitioners to support people requiring the witnessing of forms. <p>8.2.3 Update: Practitioner numbers</p> <p>8.2.4 Update: Residency and Interpreter Exemption Applications for July</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> Noted the update on practitioner numbers, which are slowly increasing, s.73 residency exemption application in July. <p>Actions</p> <ul style="list-style-type: none"> Nil.
9.	QVAD Support and Pharmacy Service (QVAD SPS)
9.1	<p>QVAD Support and Pharmacy Demand</p> <ul style="list-style-type: none"> Dr s.73, s.73 and s.73 s.73 Pharmacy, QVAD Support and Pharmacy Service provided an update on QVAD SPS: <ul style="list-style-type: none"> -Number of prescriptions received weekly consistent, but is increasing - 15-20 VAD substances delivered weekly -30 practitioners have issued five or more prescriptions since January 2023 -Voluntary assisted dying services are generally delivered by HHSs (publicly funded) rather than private practitioners -Instances of air travel have increased to support delivery of the substances -QVAD Support functions have expanded due in part to the amount of travel pharmacists are doing. Support team is liaising with people accessing the system and helping connection to bereavement support -Nursing support offered for practitioner administration cases, particularly for first practitioner administrations. QVAD Support nurses have undergone additional cannulation training -Social workers available to support cases involving complex family dynamics. <p><u>Members discussed:</u></p> <p><i>Sustainability of services</i></p> <ul style="list-style-type: none"> Some practitioners have decided not to continue after completing several cases. Stated reasons include a burdensome process and inadequate support from HHSs.

- Concerns about workload in areas with fewer practitioners. For example s.47(3)(b) HHS and s.47(3)(b) HHSs are distributing the workload across a larger number of practitioners. In other areas, a few practitioners manage high workloads.

Centralised vs distributed pharmacy model

- QVAD SPS has regularly scheduled flights to each HHS at least weekly. Twice weekly flights are pre-booked to s.47(3)(b). In some cases, QVAD SPS sends both a pharmacist and a support worker to ensure support for the pharmacists, the family and HHS staff.
- s.73 noted QVAD Pharmacy is meeting all key performance indicators and the system has sufficient flexibility to respond to urgent/emerging requests.
- Commonwealth criminal code restrictions are the main barrier to more timely delivery of prescriptions to regional and remote areas.

Expiry of prescribed substances

- s.73 advised QVAD Pharmacy has implemented a 12-month expiry on the substances for self-administration that is communicated to the patient. The patient must monitor expiry, which is the case for any medicine.
- The VAD Act does not provide a process for expired substances.
- Discussed whether a new prescription and another assessment is required for expired substance after 12 months, it is not a requirement in the VAD Act.

Members agreed:

- Further consideration on the feasibility and options for a decentralised pharmacy model will be required given the increasing demand and amount and cost of travel required.
- Members requested that QVAD Pharmacy consider a range of options about the expiry of the substance and provide a proposal to the Review Board to consider.

Actions

- Aug 23-008:** QVAD Pharmacy to provide an options proposal to the Review Board for consideration in relation to managing the expiry of the self-administration substance.

9.2 Authorised medical practitioner interviews

- SS and s.73 provided an update on the interviews with five authorised practitioners in July and August. This was an extension of the practitioner survey after some practitioners reached out seeking to discuss matters in more detail.
- Dr s.73:
 - Primary concerns were remuneration and the lengthy forms. Felt supported by colleagues, but confirmed the workload could be difficult to manage as an extension of core workload.
 - QVAD SPS connected Dr s.73 with the s.47(3)(b) VAD Service and confirmed they have been in touch.

	<ul style="list-style-type: none"> • Dr s.73 (s.73): <ul style="list-style-type: none"> - Noted the work is rewarding and feels supported. The administrative burden and length of forms is challenging. Would prefer a decentralised pharmacy model. • Dr s.73: <ul style="list-style-type: none"> - s.73. No cases to date. Lack of remuneration is a disincentive. Also does rostered work which makes continuity of care more difficult. Seeking to stay linked in with the VAD Unit. • s.73 noted: <ul style="list-style-type: none"> - concerns about the forms and that practitioners with large caseloads are less concerned about the forms, possibly due to familiarity. - remuneration will remain an ongoing concern as will sustainability of services, especially with the growth in demand. - concerns expressed were acknowledged noting work to action changes that are possible. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • A similar exercise next year would be worthwhile, noting the need to balance taking feedback with what can feasibly be actioned. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
9.	Next meeting – Monday, 25 September 2023
10.	Close – Meeting was closed at 12.20 pm

September 2023 Meeting

Minutes

VOLUNTARY ASSISTED DYING REVIEW BOARD

Date	Monday 25 September 2023			
Time	8.30 am – 12.30 pm			
Venue	Room 8.08, Level 8, 33 Charlotte Street			
Review Board	Name	Position	Attendance	
	Associate Professor Helen Irving (HI)	Chair	IP	
	Professor Eleanor Milligan (EM)	Deputy Chair	IP	
	Professor Lindy Willmott (LW)	Member	VC	
	Dr Jenny Brown (JB)	Member	A	
	Ms Donisha Duff (DD)	Member	VC	
	Dr Bav Manoharan (BM)	Member	VC	
	Dr Will Cairns OAM (WC)	Member	VC	
	Professor Lisa Nissen (LN)	Member	VC	
	Mr Geoff Rowe (GR)	Member	IP	
	VAD Unit, 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) (Acting)	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"> • Recent articles in The Australian Newspaper re the Annual Report and reference to unauthorised use of VAD substance and death of person • Brief overview of re Oceanic Palliative Care Conference • Forthcoming NSW VAD conference – Sydney • VCAT case and outcomes <p><i>Actions</i></p> <ul style="list-style-type: none"> • Discussion within the meeting
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 August meeting – for endorsement</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • Endorsed the August 2023 Review Board meeting minutes. <p><i>Actions</i></p> <ul style="list-style-type: none"> • Nil.
2.3	<p>Conflicts of interest</p> <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • LW advised she was contacted by the ABC News Townsville bureau on 22 September 2023 for comment about access to voluntary assisted dying in rural and remote communities and communication limitations associated with the Commonwealth Criminal Code. • LW advised ABC she was unable to comment as a Review Board member. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • The Review Board agreed LW's media request does not constitute a conflict of interest. • No additional conflicts of interest have been identified by Review Board members since the August 2023 meeting. <p><i>Actions</i></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>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"> As the annual report is now finalised, the ORB will organise for a Review Board member and ED, VAD Unit to attend a Community of Practice session following the Voluntary Assisted Dying Clinical Symposium on 3 November 2023. Action item to remain open. <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. Ongoing conversations. 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"> ORB will commence the review of the registers for consideration at the November meeting. Action item to remain open. <p>Action item - 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"> At the August Review Board meeting, the Review Board discussed the QVAD Pharmacy Work instruction: <i>Managing Disposal of VAD Substances v0.6</i> (Work Instruction) (Agenda item 7.2.1) that 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 Work Instruction. The Work Instruction also requires that where a person revokes their self-administration decision and makes a new practitioner administration decision, any substance that has already been supplied must be returned prior to the supply of the practitioner administration substance. QVAD Pharmacy are following the updated Work Instruction. Once the HSI Report has been delivered, QVAD Pharmacy will consider whether any further amendments are required to the Work Instruction before progressing through Metro South for final approval, which will take approximately 12 weeks. Action item closed. <p>Action item - 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.
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	<ul style="list-style-type: none">• Action item to remain open. <p>Action item - Aug 23-001: ORB to amend the July minutes to correct the initials for Professor Lindy Wilmott and upload the finalised minutes to Convene.</p> <ul style="list-style-type: none">• July minutes amended and uploaded to Convene.• Action item closed. <p>Action item - 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.</p> <ul style="list-style-type: none">• <i>Coordinating Practitioner Role Transfer Request Form</i> at agenda item 5.2.5.• Action item closed. <p>Action item - Aug 23-003: ORB to amend <i>5.1.1 Summary of VAD activity data</i> to include the number of voluntary assisted dying deaths for the month and year-to-date.</p> <ul style="list-style-type: none">• Summary of VAD activity data at agenda item 3.1.1.• Action item closed. <p>Action item - Aug 23-004: For VCASE-s.73 s.47(3)(b)</p> <p>s.47(3)(b)</p> <ul style="list-style-type: none">• s.47(3)(b)• s.47(3)(b)• s.47(3)(b)• s.47(3)(b) <ul style="list-style-type: none">• Action item closed.
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	<p>Action item - Aug 23-005: SS to update the Review Board on progress of <i>The Courier Mail</i> article at the September meeting.</p> <ul style="list-style-type: none"> CL advised <i>The Courier Mail</i> is still seeking a person accessing voluntary assisted dying for the planned QWeekend piece. Action item closed. <p>Action item - Aug 23-006: ORB to draft letter from the Review Board to s.47(3)(b) s.47(3)(b) to advise the Review Board received a complaint from s.73 about a VAD case (VCASE-s.73). Noting that the Review Board will respond to s.73 about the legislative and policy issues of the complaint and request s.73 to notify the Board of the complaint review outcome and that the Review Board will consider any next steps, if required.</p> <ul style="list-style-type: none"> On 20 September 2023, a letter from the Chair was emailed to s.73. A copy of the letter is at agenda item 6.2.2.ii. The ORB will provide an update once a response is provided by s.73 Action item closed. <p>Action item - Aug 23-007: ORB to draft an interim letter from the Review Board to s.73 s.73 noting they have discussed her email (VCASE-s.73) and respond to the parts of the email that relate to the systemic/legislative issues raised relating to design of the scheme including change in administration decision process.</p> <ul style="list-style-type: none"> s.73 s.73 s.73 <p>Action item - Aug 23-008: QVAD Pharmacy to provide an options proposal to the Review Board for consideration in relation to managing the expiry of the self-administration substance</p> <ul style="list-style-type: none"> QVAD Pharmacy to develop options to be provided at a future meeting. Action item to remain open. <p>Actions endorsed and completed items closed.</p>
3.	QVAD Review Board VAD Activity and IMS Update
3.1	<p>3.1.1 Summary of VAD activity data</p> <ul style="list-style-type: none"> The summary slides highlight key trends in the IMS and HHS data since January 2023. The data are expanded in greater detail in the additional attachments. As the broader trends have become apparent since the program commenced in January, less detailed examination is required month to month. An increase over the past three months in the number of people assessed as ineligible at the first assessment prompted the ORB to identify the reasons recorded to provide the Review Board with a general picture (Attachment 3.1.1a).

3.1.2 Snapshot for 2023

- The number of first assessments increased 60 per cent in August, with 138 *Form 1 – First Assessment Record* submitted to the IMS compared to 86 in July. The increase in first assessments has continued into September. The reasons for the upward trend are not yet apparent.

3.1.3 IMS activity

- From 1 January to 31 August 2023, almost 7,000 forms were submitted to the IMS for a total of 814 VAD cases.

3.1.6 HHS activity

- August was the busiest month to date with 379 in-scope VAD-related activities provided by or in 12 HHSs – a 34 per cent increase over July and 26 per cent increase over June, which was the previous busiest month.
- Four HHSs reported their busiest month to date: s.47(3)(b) and s.47(3)(b).
- HHS referrals to QVAD SPS for linking with an authorised practitioner (coordinating, consulting, or administering) continuing to decline, with only two referrals from s.47(3)(b) HHS. This supports the message that was consistently heard in the VAD Program Unit's individual meetings with the HHS VAD services that the HHS VAD services are running well.

Members discussed:

- Requested that slide 3.1.1a *Ineligible at first assessment* continue to be included in the monthly data pack, and that an opportunity for more in-depth analysis be scheduled quarterly.
- Noted specific interest in how doctors assessed that a person did not have an *eligible condition [that] is causing suffering the person considers intolerable or was acting voluntarily and without coercion*. This would need to be a future research question as detailed information is not mandatory on the approved forms.
- Noted that any person could fail to meet more than one of the eligibility criteria, and that a person found ineligible is able to apply again at a later date if their circumstances change.
- Noted a discrepancy between the number of authorised nurse practitioners recorded in:
 - Agenda item 3.1.5 *Register of Prescribed Information Report YTD* (n=57), and
 - Slide 1 at agenda item 6.2.3 *Practitioner case numbers* (n=170).
- The discrepancy may relate to recording the number of instances rather than practitioners in 6.2.3 *Practitioner case numbers*.
- Considered when the cumulative monthly totals across the data set should reset, noting a misalignment between the:
 - legislated period for the Review Board's annual report, which is financial year
 - standard reporting on deaths by the Australian Bureau of Statistics and Queensland Registry of Births, Deaths and Marriages, which is calendar year.

	<p>Members agreed:</p> <ul style="list-style-type: none"> Review Board will continue to monitor trends for persons found ineligible at the first assessment. The cumulative monthly totals across the data set to continue on calendar year basis until the end of the year, due to the scheme's early days, and then reset the new reporting period on a financial year basis to align with the Review Board's Annual Report. This does not preclude calendar year reporting for specific purposes, including jurisdictional comparison on voluntary assisted dying against ABS death data. <p>Actions</p> <ul style="list-style-type: none"> Sep 23-001: ORB to review the discrepancy in agenda items 3.1.5 – <i>Register of Prescribed Information Report YTD</i> and Slide 1 at agenda item 6.2.3 <i>Practitioner case numbers</i> of the number of nurse practitioners and nurses to ensure consistency in future data provided. 																																																						
3.2	<p>Summary of QVAD Review Board IMS update</p> <ul style="list-style-type: none"> The ORB continues to provide support to practitioners using the IMS, and monitors and escalates any IMS issues to the IT vendor for resolution. There were no IMS issues in August that impacted access to VAD. The ORB has a positive working relationship with the IT vendor which allows prompt resolution of issues. The ORB will focus on updating the approved forms in the next couple of months. <p>Actions</p> <ul style="list-style-type: none"> Nil. 																																																						
4.	<p>Completed requests for review</p>																																																						
4.1	<p>4.1.1 Completed Request Reviews</p> <p>s.47(3)(b) Completed Request Reviews</p> <p>Recommendations:</p> <ul style="list-style-type: none"> That the Review Board: Endorse the following completed requests: <table border="1" data-bbox="331 1570 1369 1975"> <tr> <td>1.</td><td>VCASE-</td><td>s.73</td><td>11.</td><td>VCASE-</td><td>s.73</td><td>21.</td><td>VCASE-</td><td>s.73</td></tr> <tr> <td>2.</td><td>VCASE-</td><td></td><td>12.</td><td>VCASE-</td><td></td><td>22.</td><td>VCASE-</td><td></td></tr> <tr> <td>3.</td><td>VCASE-</td><td></td><td>13.</td><td>VCASE-</td><td></td><td>23.</td><td>VCASE-</td><td></td></tr> <tr> <td>4.</td><td>VCASE-</td><td></td><td>14.</td><td>VCASE-</td><td></td><td>24.</td><td>VCASE-</td><td></td></tr> <tr> <td>5.</td><td>VCASE-</td><td></td><td>15.</td><td>VCASE-</td><td></td><td>25.</td><td>VCASE-</td><td></td></tr> <tr> <td>6.</td><td>VCASE-</td><td></td><td>16.</td><td>VCASE-</td><td></td><td>26.</td><td>VCASE-</td><td></td></tr> </table>	1.	VCASE-	s.73	11.	VCASE-	s.73	21.	VCASE-	s.73	2.	VCASE-		12.	VCASE-		22.	VCASE-		3.	VCASE-		13.	VCASE-		23.	VCASE-		4.	VCASE-		14.	VCASE-		24.	VCASE-		5.	VCASE-		15.	VCASE-		25.	VCASE-		6.	VCASE-		16.	VCASE-		26.	VCASE-	
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8.	VCASE-	18.	VCASE-	28.	VCASE-
9.	VCASE-	19.	VCASE-	29.	VCASE-
10.	VCASE-	20.	VCASE-		

Members discussed:

- Noted recent onboarding and workload pressures within the ORB have resulted in fewer completed compliance reviews for August 2023.
- The ORB has recruited a temporary (six months) specialist Case Review Officer position to focus on compliance reviews and options for streamlining the process. On 25 September 2023, the Officer commenced and will help to reduce the current backlog.

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

VCASE-s.73

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

s.47(3)(b)

s.47(3)(b)

- Recommendations:

s.47(3)(b)

s.47(3)(b)

Members agreed:

- **Endorsed** and **closed** s.47(3)(b) completed requests, except VCASE-s.73
- **Endorsed** and **closed** VCASE-s.73 as a s.47(3)(b) with the recommended amendments, s.47(3)(b)

s.47(3)(b)

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-
 - VCASE-

Members discussed:

VCASE-s.73

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

VCASE-s.73

• s.47(3)(b)

• s.47(3)(b)

VCASE-s.73

• s.47(3)(b)

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VCASE-**s.73**

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

VCASE-**s.73**

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

Members agreed:

VCASE-**s.73**

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

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)**

VCASE-**s.73**

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

	<p>Actions</p> <ul style="list-style-type: none"> • Nil.
4.2	<p>Update on VCASE-s.73</p> <ul style="list-style-type: none"> • Health Service Investigation (HSI) update: <ul style="list-style-type: none"> Sch 3(7) ▪ Review Board will receive the report once Acting Director-General has reviewed ▪ The Department will provide the report to the Coroner. • s.73 • Noted consistent messaging from the VAD Unit, Chief Medical Officer and ED, Patient Safety and Quality Improvement Service in relation to the need for confidentiality due to privacy for the family. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
5.	Reports and Correspondence
5.1	<p>5.1.1 Update on Annual Report</p> <ul style="list-style-type: none"> • On 22 September 2023, the ORB advised the Review Board about advice that the Minister intended to table the annual report on 25 September 2023. • A media release accompanying the report will include a brief mention of a death referred to the Coroner: very brief description of the circumstances and that Queensland Health is finalising a Health Service Investigation. • Strategic Communications Branch will provide support to the Board Chair ahead of any media opportunities. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • The Chair will email all authorised practitioners about the release of the Review Board's inaugural Annual Report and acknowledge their contribution to the first six months of the scheme's operation. • ORB will work also with the Chair about appropriate communication about the release of the Annual Report with the HHS Chief Executives. <p>Actions</p> <ul style="list-style-type: none"> • Sep 23-002: ORB to draft an email from the Review Board to all authorised practitioners notifying them about the release of the Review Board's Inaugural Annual Report and thanking them for their work.

- **Sep 23-003:** ORB to draft Chair email to the Health Service Chief Executives about the release of the Annual Report.

5.1.2 Learnings from drafting of the inaugural Annual Report

Members discussed:

- Complexity of establishing an appropriate structure to ensure the annual report complies with the requirements of the Act while also being a valuable tool for different audiences. The next iteration will likely become a template for subsequent years.
- Review Board needs to be pragmatic about time invested in subsequent reports and limit the number of iterations on the compliance-focused piece.
- Monitoring the reception of the inaugural Annual Report to inform what audiences find valuable and what may need to be added or changed. Also consider opportunities to proactively seek feedback from key audiences.
- Further consideration required around communication with different audiences:
 - Primary audience for a compliance-focused Annual Report is Government, legislators and other jurisdictions.
 - Separate conversations required about the most appropriate strategies for communicating directly with the community
 - Consider a segmented communications strategy.
 - Anticipate questions from different audiences and develop more tailored resources to translate the annual report messaging and data for consumers, workforce, and rural/remote communities.
 - Consider how best to translate consumer-focused communication.
- Suggestions for communication included:
 - using more infographics and other strategies to present the information in an interesting and engaging manner
 - a consumer-focused companion resource
 - providing more consumer-focused information on the website – ORB sought advice from members about what may be missing
 - working with other jurisdictions about what data can be consistently reported across jurisdictions, noting differences in legislation and processes.

Members agreed:

- To establish a subcommittee comprising HI, LW, WC, LN and an ORB representative to develop a consumer-focused companion resource for the annual report by the end of 2023.
- Schedule another discussion early in 2024 to consider stakeholder feedback on the inaugural annual report before planning the 2023–24 Annual Report.

Actions

- **Sep 23-004:** Review Board to establish an Annual Report Resource subcommittee to develop a companion consumer-focused resource for the annual report by the end of 2023. comprising HI, LW, WC, LN and an ORB representative

5.2	<p>Documents for review</p> <p>For discussion –</p> <ul style="list-style-type: none"> • Status Paper: Witnessing Second Request • The Victorian Civil and Administrative Tribunal (VCAT) in <i>Medical Board of Australia v Carr (Review and Regulation) [2023] VCAT 945</i> made an adverse finding against a coordinating practitioner in relation to witnessing requirements for a person’s written declaration for access to voluntary assisted dying. The written declaration is equivalent to Queensland’s <i>Form 4 - Second Request Form</i>. • As a result of the decision, ORB holistically reviewed second request witnessing requirements and issues that have arisen to date. s.47(3)(b) <p>s.47(3)(b)</p> <ul style="list-style-type: none"> • Recommendations: <ul style="list-style-type: none"> – The Chair write to authorised VAD practitioners to: <ul style="list-style-type: none"> ▪ note the recent finding in the <i>Medical Board of Australia v Carr (Review and Regulation) [2023] VCAT 945</i> relating to the Victorian witnessing requirements for voluntary assisted dying, and ▪ remind practitioners of their obligations for witnessing requirements in the <i>Form 4 – Second Request Form</i> and <i>Form 11 – Practitioner Administration Form</i>. – s.47(3)(b) – s.47(3)(b) <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Within the final review, coordinating practitioners certify that all steps in the process have been in accordance with the Act. • The VCAT decision is the only legal guidance currently available and signals the seriousness with which the Victorian Tribunal regards the conduct in question. • The process sequence has been designed as a safeguard for the person accessing VAD and for the scheme. Forms submitted out of order could enliven the reasoning of the VCAT decision. • Applying the VCAT logic may provide that witnessing errors and forms completed out of sequence are s.47(3)(b) instead of s.47(3)(b) • Noted that Form 4, Form 8 and Form 11 must be printed. Practitioners have provided feedback about the need to print Form 4 and Form 8 in advance of their visit. • Compliance gates for the forms were originally included in the IMS. This created significant issues for practitioners and were removed. However, due to a compliance gap the ORB reinstated gates in the IMS for Forms 6, 9 and 13.
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- ORB previously considered whether a checklist would help practitioners. It was determined it may instead operate as another form to comply with.

s.47(3)(b)

Members agreed:

- While Queensland is in the early stages of the scheme's implementation, the Review Board remains committed to an educative approach to compliance that minimises risk to the person accessing voluntary assisted dying, their family and practitioners.
- The planned review of the Approved Forms remains a priority to ensure the Approved Forms appropriately balance legal obligations under the Act with ease of use for practitioners, VAD persons, witnesses and other relevant people.

s.47(3)(b)

s.47(3)(b)

s.47(3)(b)

- **Endorsed** the proposed recommendations in the Status Paper.

Actions

- **Sep 23-005:** ORB to draft a letter from the Chair to authorised VAD practitioners:
 - note the recent finding in the *Medical Board of Australia v Carr (Review and Regulation) [2023] VCAT 945* relating to the Victorian witnessing requirements for voluntary assisted dying,
 - remind practitioners of their obligations for witnessing requirements in the *Form 4 – Second Request Form* and *Form 11 – Practitioner Administration Form*.
 - explain the Review Board remains committed to an educative approach to compliance where possible and appropriate
 - providing guidance about common errors in the completion and sequencing of Authorised Forms

- **Sep 23-006:** ORB to amend the s.47(3)(b) Framework to reflect that the two eligible witnesses must be present at the same time when witnessing the *Form 4 – Second Request Form*.

For noting –

Members discussed:

1. QVAD SPS Q2 Progress Report

- QVAD SPS is meeting all key performance indicators and has set a high standard.
- VAD Program Unit continues to work closely with QVAD SPS and will consider recommendations made in the report.
- Observed the number of cases where the coordinating practitioner is transferring the administering practitioner role to nurses and nurse practitioners, which does not appear to be more common outside South East Queensland.
- Noted the recommendation that QVAD SPS attend every Review Board meeting. Agreed to continue with QVAD SPS attending every second meeting, noting this does not preclude QVAD SPS from raising key or urgent matters at other times.
- Considered different HHS representatives attending alternative Review Board meetings to QVAD SPS. Noted the value of hearing from authorised practitioners and HHS services about their operations and observations.
- Monitoring access to voluntary assisted dying in private entities. Noted the VAD Program Unit works with private entities individually to work through problems as they arise, for example s.47(3)(b) Noted the obligations the Act places on private entities assists with access, and is different to s.47(3)(b) where the legislation is silent.

2.

• s.47(3)(b)

•

3. Updated report: Authorised medical practitioner survey

- A summary of survey results was shared at the July Review Board meeting. Free-text responses have since been coded by the VAD Program Unit into thematic categories. Key themes and representative quotes are now included in the updated report.
- VAD Program Unit and QVAD SPS will use insights from the survey to improve service delivery and support for authorised practitioners and other healthcare workers involved in voluntary assisted dying.
- ORB confirmed intention to replicate the authorised practitioner survey, which will include nurses and nurse practitioners in 2024, noting it is a resource-intensive process. s.47(3)(b)

s.47(3)(b)

4. Coordinating Practitioner Role Transfer Request Form

- The Office of the Review Board has drafted a Role Transfer Request Form to support coordinating practitioners with 5 or more cases when they are taking leave. This process addresses concerns outlined by Dr s.73 in his letter to the Review Board in July 2023.
- ORB will monitor cases submitted through the Form until the practitioner has returned from leave. Cases will only be transferred from the coordinating practitioner role to the consulting practitioner if required.
- Benefit of the approach is that any cases which did not require transfer while the practitioner was on leave remain in their active case list when they return.
- Positive feedback received from authorised medical practitioners at s.47(3)(b) and s.47(3)(b)
- Availability of the form not to be widely disseminated at this stage, and only to be provided as an option to practitioners who express concern about managing active cases when they have upcoming leave. Following a pilot period ORB will revisit this strategy, the minimum number of cases per practitioner and appropriate communication strategy.

s.47(3)(b)

5. Correspondence from Dr s.47(3)(b) re palliative care and end-of-life

- Dr s.47(3)(b) sent emails to the Review Board about a standardised model of care for voluntary assisted dying, to incorporate key components of palliative care using similar governance processes and tools.. For example, the national Comprehensive Care Standard, PCOC Clinical Needs Assessments scoring system. Dr s.47(3)(b) has indicated the notion of VAD services as a sub-specialty of palliative care.
- Dr s.47(3)(b) has been connected with s.47(3)(b) from the VAD Program Unit who will consider Dr s.47(3)(b) suggestions in the context of the suite of information and education for healthcare workers.
- Noted some matters raised by Dr s.47(3)(b) are outside the scope of the Review Board's role and that of the VAD Program Unit. Specifically, it is the role of the Australasian Chapter of Palliative Medicine (AChPM) within the Royal Australasian College of Physicians (RACP) to consider and changes to speciality recognitions.
- Voluntary assisted dying and general palliative care (i.e. not specialist palliative care) can be adequately managed by general practitioners and generalists. Establishing voluntary assisted dying as a sub-speciality may/would be to detriment of regional and rural areas with more restricted access to specialists across all areas.

	<p><u>Members agreed:</u></p> <ul style="list-style-type: none"> The ORB should seek legal advice on Sch 3(7) Sch 3(7) QVAD SPS to continue attending every second meeting. Consider different HHS representative to attend alternative Review Board meetings. Matters raised by Dr s.73 outside of the Review Board's scope. <p>Actions</p> <ul style="list-style-type: none"> Sep 23-007: ORB to seek legal advice about Sch 3(7) Sch 3(7)
6.	Other business
6.1	<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) for September. Noted open action item May 23-005, the ORB will commence a detailed review of the <i>Systems Improvement and Monitoring Register</i> and s.47(3)(b) for consideration by the Review Board at the November meeting. <p>Actions</p> <ul style="list-style-type: none"> Nil.
6.2	<p>Standing items</p> <p><u>Members discussed:</u></p> <p>6.2.1 External requests and media appearance requests</p> <p>i. Update on Oceanic palliative care conference</p> <ul style="list-style-type: none"> The Chair briefed members on her attendance at the Oceanic palliative care conference, noting mature conversations with palliative care practitioners. <p>ii. Proposed panel questions for Board Chairs at the Go Gentle Conference</p> <ul style="list-style-type: none"> Members discussed possible questions and topics of discussion, noting the Review Boards inaugural annual report would be tabled before the conference. Agreed on key messaging with respect to: <ul style="list-style-type: none"> equity of access and significant role of QVAD Access in mitigating some of the restrictions resulting from the Commonwealth Criminal Code. the importance of informed and continuous improvement. <p>6.2.2 Consideration of correspondence</p> <p>i. Update on correspondence for complaint from s.73 considered at the August Review Board meeting</p> <ul style="list-style-type: none"> s.73

	<ul style="list-style-type: none"> • s.73 • s.73 <p>ii. Response to s.47(3)(b) [redacted] Letter of Partner Organisation Certification for s.47(3)(b) [redacted] application</p> <ul style="list-style-type: none"> • Members noted the Letter from the Chair to s.73 [redacted] and s.73 [redacted] s.73 [redacted] certifying Review Board in-kind commitments as a partner organisation for the s.73 [redacted] on [redacted] s.47(3)(b) [redacted] s.47(3)(b) [redacted] • Noted the Chief Medical Officer also provided a similar commitment on behalf of Queensland Health for both in-kind and financial contributions. • LW advised the s.47(3)(b) [redacted] had provided a partner letter of support and that s.47(3)(b) [redacted] was scheduled to meet with s.47(3)(b) [redacted] s.47(3)(b) [redacted] about a possible in-kind contribution. The grant application is to be submitted in December 2023. <p>6.2.3 Update: Practitioner case numbers</p> <p>6.2.4 Update: Substance in the Community Report</p> <p>6.2.5 Update: Residency and Interpreter Exemption Applications for August</p> <ul style="list-style-type: none"> • Noted the update on practitioner case numbers, substance in the community and three residency exemption applications in August. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
6.3	<p>Reflections on the purpose and role of the Review Board</p> <ul style="list-style-type: none"> • The Chair led a discussion reflecting on the purpose and role of the Review Board, and ongoing priorities. Noted that the: <ul style="list-style-type: none"> - first 6–8 months of the Review Board’s term was focused on implementation of the scheme, operationalising and refining processes, and developing the inaugural annual report. - with the inaugural annual report finalised, the Review Board and ORB can refocus attention over the next 12 months. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Awareness and partnerships: <ul style="list-style-type: none"> - Develop a coordinated communication and engagement strategy – the subcommittee developing the consumer companion piece for the annual report (Action item Sep 23-004) may be able to progress this. - Clarify the Review Board’s stakeholders, what they need and how best to engage with them. Stakeholders include general community; rural and

	<p>remote areas; private entities, including residential aged care services and NGOs; and healthcare workers, including general practitioners.</p> <ul style="list-style-type: none"> - Formalise a pathway for practitioner input. - Engage with the communities of practice. <ul style="list-style-type: none"> • Preparing for the legislative review: <ul style="list-style-type: none"> - Identify what is within the Review Board’s scope and what the Board wants to influence - Identify legislative and practical reforms to improve the operation of the Act. • Engaging sensitively and effectively with family and friends of those who have accessed voluntary assisted dying. Conversations 9-12 months after the person’s death may be useful to identify positive and negative aspects of the process and what could be done better. • National agenda: Consider what the Review Board could influence - develop a strategy for influencing national policies. • Data and research: <ul style="list-style-type: none"> - Develop an external research agenda that complements the Review Board’s role and connects to the Act. - Formalise partnerships with appropriate external researchers. • Although the initial implementation period required a broader focus at times, including understanding relevant clinical matters, the Review Board needs to remain focused on the operation of the Act. <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • A bespoke facilitated strategic session would be useful once a full 12 months of data is available. <p>Actions</p> <ul style="list-style-type: none"> • Sep 23-008: ORB to organise a bespoke facilitated strategic planning session for the second half of March 2024 and identify possible facilitators.
7.	Next meeting – Thursday, 26 October 2023
8.	Close – Meeting was closed at 12.20 pm

October 2023 Meeting

VOLUNTARY ASSISTED DYING REVIEW BOARD

Minutes

Date	Thursday 26 October 2023		
Time	8.30 am – 12.30 pm		
Venue	R8.08, Level 8, 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 (LW)	Member	IP
	Dr Jenny Brown (JB)	Member	IP
	Ms Donisha Duff (DD)	Member	IP
	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) (Acting)	IP
Secretariat	Holly Atkinson (HA)	Manager, ORB	IP
	Louise Norman (LNO)	Principal Policy Officer, ORB	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"> • The HSI Report and letter from DG • HI meeting with ED Patient Safety, DDG CEQ, CMO • Further request from Coroner • Role of the RB and independence <p>Actions</p> <ul style="list-style-type: none"> • Discussion and plans through the meeting • Identification of independent legal advice
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 September meeting - for endorsement</p> <p><u>Members agreed:</u></p> <ul style="list-style-type: none"> • Endorsed the September 2023 Review Board meeting minutes. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
2.3	<p>Conflicts of interest</p> <ul style="list-style-type: none"> • Members were asked to review the <i>Register of Interests</i> prior to the meeting and advise ORB of any required updates. • EM advised of an error and DD advised of a change to their records in the Register of Interests as outlined in Action Item Oct 23-001. <p>Actions</p> <ul style="list-style-type: none"> • Oct 23-001: ORB to upload amended Register of Interests to Convene document library with the following changes: <ul style="list-style-type: none"> ○ Eleanor amend error in first entry from Metro North to Metro South; and ○ Donisha add Metro South Hospital and Health Service.

2.4

Actions Register

- **s.47(3)(b)**
 - On **s.47(3)(b)** delivered in person detailed education to medical, nursing and allied health staff at **s.47(3)(b)** Hospital. The sessions were reported to be very interactive and well received.
 - The education covered legislation, **s.47(3)(b)** policy and procedure, the practicalities of progressing a referral and the assessment and scripting process.

Action item to remain closed.

- Propose to close the following completed action items in the Register:

Action item - Apr 23-013: ORB to organise Review Board member and ED, VAD Unit to attend CoP session.

- Review Board invited to attend a CoP session on 6 December 2023.
- HI is on call, but will try to attend.
- HA to email invite to members for confirmation on whether they would like to attend.
- Action item closed.

Action item - 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.*'

- In progress. ORB has commenced review as a result of the finalisation of the Health Service Investigation (HSI).
- An options paper will be provided to the Review Board for consideration at the November meeting.
- Action item to remain open.

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.

- ORB has commenced the review of the registers to be provided to the Review Board for consideration at the November meeting.
- Action item to remain open.

Action item - Jul 23-007: VCASE **s.73** develop letter from the Chair out of session for the contact person in response to Ministerial email complaint.

- Update from included for discussion under correspondence section of October agenda (Agenda item: 6.2.2.v).
- Action item to remain open.

<p>Action item - Aug 23-008: QVAD Pharmacy to provide an options proposal to the Review Board for consideration in relation to managing the expiry of the self-administration substance</p> <ul style="list-style-type: none"> • QVAD Pharmacy to develop options to be provided at future meeting. • Action item to remain open. <p>Action item - Sep 23-001: ORB to review the discrepancy in agenda items 3.1.5 – <i>Register of Prescribed Information Report YTD</i> and Slide 1 at agenda item 6.2.3 <i>Practitioner case numbers</i> of the number of nurse practitioners and nurses to ensure consistency in future data provided.</p> <ul style="list-style-type: none"> • ORB has reviewed and resolved the discrepancy in 3.1.5 – <i>Register of Prescribed Information Report YTD</i> with the higher number of nurse practitioners. • 6.2.3 <i>Practitioner Case Numbers</i> includes the total number of authorised nurses, which differs to the Register of Prescribed Information Report YTD that only provides numbers of practitioners that have been involved in a case. ORB have provided a note on the slide to clarify. • Action item closed. <p>Action item - Sep 23-002: ORB to draft an email from the Review Board to all authorised practitioners notifying them about the release of the Review Board's Inaugural Annual Report and thanking them for their work</p> <ul style="list-style-type: none"> • On 26 September 2023, Chair emailed all authorised practitioners about the annual report, copy of correspondence included at agenda Item 6.2.2.ii. • Action item closed. <p>Action item - Sep 23-003: ORB to draft Chair email to the Health Service Chief Executives about the release of the Annual Report.</p> <ul style="list-style-type: none"> • On 26 September 2023, Chief Medical Officer emailed a Queensland Health Broadcast about the Review Board's Annual Report. • Action item closed. <p>Action item - Sep 23-004: Review Board to establish an Annual Report Resource subcommittee to develop a companion consumer-focused resource by the end of 2023. Members: Helen Irving, Lindy Willmott, Will Cairns, Lisa Nissen and Caitlin Lock</p> <ul style="list-style-type: none"> • In progress. Subcommittee meeting to be scheduled for the end of November 2023. • Amend action item to extend deadline for resource to early 2024 and add JB to subcommittee. • Action item to remain open.
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	<p>Action item - Sep 23-005: ORB to draft a letter from the Chair to authorised VAD practitioners:</p> <ul style="list-style-type: none"> - note the recent finding in the <i>Medical Board of Australia v Carr (Review and Regulation) [2023] VCAT 945</i> relating to the Victorian witnessing requirements for voluntary assisted dying, - remind practitioners of their obligations for witnessing requirements in the <i>Form 4 – Second Request Form</i> and <i>Form 11 – Practitioner Administration Form</i>. - explain the Review Board remains committed to an educative approach to compliance where possible and appropriate - providing guidance about common errors in the completion and sequencing of Authorised Forms. <ul style="list-style-type: none"> • On 17 October 2023, letter from Chair emailed to all authorised practitioners, copy of correspondence included at agenda Item 6.2.2.iii. Noted email had high open rate of 75% and links in email to letter and other resources had low open rate of 13%. • Action item closed. <p>Action item - Sep 23-006: s.47(3)(b)</p> <p style="font-size: 2em; color: red; text-align: center;">s.47(3)(b)</p> <ul style="list-style-type: none"> • Action item closed. <p>Action item - Sep 23-007: ORB to seek legal advice about s.47(3)(b)</p> <p>s.47(3)(b)</p> <ul style="list-style-type: none"> • In progress. • Action item to remain open. <p>Action item - Sep 23-008: ORB to organise a bespoke facilitated strategic planning session for the second half of March 2024 and identify possible facilitators.</p> <ul style="list-style-type: none"> • In progress. ORB is identifying facilitator options for consideration. A meeting date will be set following confirmation of facilitator. • Action item to remain open. <p>Actions endorsed and completed items closed.</p>
3.	QVAD Review Board VAD Activity and IMS Update
3.1	<p>Led by Sally Stubbington, A/Executive Director, VAD Unit</p> <ul style="list-style-type: none"> • The summary slides highlight key trends in the IMS and HHS data since January 2023. The data are expanded in greater detail in the additional attachments.

3.1.1 Summary of VAD activity data to August

- Activity remains high, although fewer first assessments were recorded in September: 126 *Form 1 – First Assessment Record forms* submitted, compared with 138 in August.

3.1.2 Snapshot for 2023

- New slide at front of the Snapshot deck explains reason for variance between the total number of first assessments shown on the slides across that deck due to a limitation with Power BI.
 - When Form 1s are filtered by assessment date the total number of first assessments to 30 September is 943, compared with 940 when filtered by date of form submission.
 - Variance in the total number for remoteness areas is due to the exclusion of a first assessment form submitted with a NSW address as noted on the slide.
- Legend for Slide 8 – Manner of death for completed cases – has been corrected.
- Slide on people assessed as ineligible at first assessment to continue to be included in the monthly Snapshot deck. A deeper dive of the data is proposed quarterly from January 2024.
- The rate of ineligible first assessments in September was higher than previously, at around 10 per cent of first assessment.

3.1.3 IMS activity

- By 30 September 2023, almost 8000 forms were submitted to the IMS in relation to a total of 940 VAD cases. There is an average of 8 forms per case.

3.1.4 Register of prescribed information report – September

- Table lists information required to be kept by the Board under s.117(1)(d) of the Act for the month under review – September 2023.

3.1.5 Register of prescribed information report – YTD

- Table lists information required to be kept by the Board under s.117(1)(d) of the Act for the calendar year to date – January to September 2023.
- As agreed at the September meeting, continue reporting on the calendar year-to-date until end of December 2023.
- From January 2023, change to financial year to align with annual reporting cycle.

3.1.6 HHS activity

- Noted that data for two HHSs had been delayed when the data was uploaded to Convene – s.47(3)(b) [REDACTED]. Their data was included in the QVAD SPS referral data, which is provided directly by QVAD SPS.
- September was the second busiest month to date with 306 in-scope VAD-related activities provided by or in the 14 (of 16) HHSs included in the September data.
 - The busiest HHSs in September were s.47(3)(b) [REDACTED] s.47(3)(b) [REDACTED]

- Activity in s.47(3)(b) HHS was substantially lower than it has been throughout the year. The reduction in activity was across the activity types and may be related to leave by practitioners in September.
- s.47(3)(b) remain the only HHSs without any reported VAD activity. However, s.47(3)(b) had its first case in October which will be reported next month.

- HHS referrals to QVAD SPS for linking with an authorised practitioner have continued to decline, with two referrals each from s.47(3)(b) HHSs (a total of four referrals for September). This supports the message that was consistently heard in the VAD Program Unit’s individual meetings with the HHS VAD services: HHS VAD services are running well.

Members discussed:

- The extent to which the data enables the Review Board to monitor the distribution of cases between HHSs and GPs, noting that:
 - approximately 90 per cent of cases are managed by HHS services
 - GPs are employed in some HHS VAD services as Visiting Medical Officers
 - in the current funding cycle, some HHSs have built voluntary assisted dying services into their budgets as actual demand has become evident.
- Noted the *Ineligible at First Assessment Monthly Report* will continue to be provided monthly, with an opportunity for a deeper dive into the data quarterly from January 2024.

Members agreed:

- To monitor the indications for ineligible first assessments in the monthly *Snapshot for 2023* slide.
- This will provide opportunity for deeper analysis of data quarterly from January 2024.

Actions

- Nil.

4. Completed request reviews

4.1 **4.1.1 Completed Request Reviews**

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

Recommendations:

- That the Review Board:
- **Endorse** the following completed requests:

1.	VCASE- s.73	16.	VCASE- s.73	31.	VCASE- s.73
2.	VCASE-	17.	VCASE-	32.	VCASE-
3.	VCASE-	18.	VCASE-	33.	VCASE-

4.	VCASE- s.73	19.	VCASE- s.73	34.	VCASE- s.73
5.	VCASE-	20.	VCASE-	35.	VCASE-
6.	VCASE-	21.	VCASE-	36.	VCASE-
7.	VCASE-	22.	VCASE-	37.	VCASE-
8.	VCASE-	23.	VCASE-	38.	VCASE-
9.	VCASE-	24.	VCASE-	39.	VCASE-
10.	VCASE-	25.	VCASE-	40.	VCASE-
11.	VCASE-	26.	VCASE-	41.	VCASE-
12.	VCASE-	27.	VCASE-	42.	VCASE-
13.	VCASE-	28.	VCASE-	43.	VCASE-
14.	VCASE-	29.	VCASE-		
15.	VCASE-	30.	VCASE-		

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-
 - VCASE-
 - VCASE-

Members discussed:

- Required additional time to discuss the update on the HSI Report and the Form 25 – Requirement by coroner for information for VCASE-**s.73** (agenda item 4.2 *Update on VCASE-**s.73***).
- Noted **s.47(3)(b)** issues are raised weekly by the ORB with the Chair.

Members agreed:

- Agenda item 4.1 *Completed Request Reviews* to be completed out of session.

	<p>Actions</p> <ul style="list-style-type: none">• Oct 23-002 – ORB to email members seeking out of session endorsement or requests for more information on s.47(3)(b) reviews in agenda item 4.1 of the October agenda papers.• Review Board members subsequently endorsed and closed out of session the s.73 completed request reviews.
4.2	<p>Update on VCASE-s.73</p> <ul style="list-style-type: none">• On 6 October 2023, the Acting Director-General emailed the HSI Report related to VCASE-s.73 to the Chair with a letter requesting the Review Board:<ul style="list-style-type: none">○ consider the Action Plan developed by the VAD Unit and QVAD SPS and provide an endorsed Action Plan to the DG○ review and consider quarterly progress reports against each of the recommendations from the VAD Unit and QVAD SPS – with the first report due to the DG by 5 February 2024. <p>s.47(3)(b)</p>

s.47(3)(b)

s.47(3)(b)

	<p style="text-align: center; font-size: 48pt; color: red;">s.47(3)(b)</p> <p style="text-align: center; font-size: 48pt; color: red;">s.47(3)(b)</p>
	Morning tea
5.	Reports and Correspondence
5.1	<p>Led by Chair of the Review Board</p> <p>1. Update on operationalisation of Annual Report recommendations</p> <ul style="list-style-type: none"> • At the request of the Deputy Director-General (DDG), Clinical Excellence Queensland, the VAD Unit and QVAD SPS have developed a <i>Plan for Operationalising the VAD Review Board Annual Report recommendations</i>, including actions within Work Plans. • The plan has been reviewed by the Chief Medical Officer and is pending a decision regarding presentation to the Queensland Health Executive Leadership Team or the Director-General, via the DDG. • The plan will be provided to the Review Board for discussion at the November meeting. <p>2. Update on media and stakeholder feedback, and companion consumer resource</p> <ul style="list-style-type: none"> • Noted inaugural annual report was well received overall and media coverage was relatively positive. • Most media interest from regional media and focused on demand in regional and remote Queensland. ABC North Queensland published a profile on the Townsville HHS service on the ABC News website. • Media organisations and an authorised practitioner requested data on the geographic distribution of cases, which was not provided. SS and CL explained the VAD Unit's decision not to release geographic data is: <ul style="list-style-type: none"> – limited number of cases to date means there is risk of releasing geographic data too early to confirm trends and understand the reasons for any trends.

	<ul style="list-style-type: none"> – consistency with other jurisdictions. Victoria released geographic data after the first five years. • Noted the Review Board can choose to take a different position to the VAD Unit on release of geographic data. <p>3. Collation of stakeholder reflections on annual report</p> <ul style="list-style-type: none"> • VAD Unit conducted a brief survey in June 2023 of seven authorised practitioners and one contact person on their experiences of the VAD process. Extracts of their responses are included in the annual report. All reflections collected in the survey have been collated for the Review Board's information. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • Noted the potential value of surveying all authorised practitioners about the strengths and weaknesses of the system. • SS reiterated advice to the Review Board at the September 2023 meeting that: <ul style="list-style-type: none"> – a survey of medical practitioners was completed earlier in 2023 – s.47(3)(b) • Noted the upcoming clinical symposium provides an opportunity for informal feedback from authorised practitioners. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
5.2	<p>Documents for review</p> <p><u>Members discussed:</u></p> <ol style="list-style-type: none"> 1. Options Paper: draft 2024 Review Board Work Plan <ul style="list-style-type: none"> • Reschedule for November meeting to provide additional time to discuss agenda item 4.2 Update on VCASE-s.73 2. Management of December agenda papers and review <ul style="list-style-type: none"> • Reschedule for November meeting to provide additional time to discuss agenda item 4.2 Update on VCASE-s.73 3. 2024 Review Board meeting dates <ul style="list-style-type: none"> • Noted the proposed 2024 meeting dates. • ORB to email meeting invitations next week. 4. s.47(3)(b) <ul style="list-style-type: none"> • s.47(3)(b) <p>Closes action item Sep 23-006.</p> • Endorsed s.47(3)(b) s.47(3)(b) s.47(3)(b) <p><u>Other matters:</u></p> <ul style="list-style-type: none"> • Noted recommendation of re-appointments of Board members whose term expires in 2024 have been progressed to the Minister.

	<p>Actions</p> <ul style="list-style-type: none"> • Oct 23-006 – <i>Options paper – Draft 2024 Work Plan and Management of December agenda papers rescheduled for consideration at November meeting.</i> • Oct 23-007 – ORB to upload 2024 meeting dates to Convene document library and email members meeting invites by 2 November 2023. • Oct 23-008 – ORB to upload s.47(3)(b) to Convene document library.
6.	Other Business
6.1	<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) for September. • Noted open action item May 23-005, the ORB will commence a detailed review of the <i>Systems Improvement and Monitoring Register</i> and s.47(3)(b) for consideration by the Review Board at the November meeting. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
6.2	<p>Standing items</p> <p><u>Members discussed:</u></p> <p>6.2.1 External requests and media appearance requests</p> <p><i>i. Update: QH Clinical Practice Symposium on 3 November 2023</i></p> <ul style="list-style-type: none"> • SS provided an update on the program and attendance at the Clinical Practice Symposium scheduled for 3 November 2023 at the Brisbane Convention and Exhibition Centre. • Proposed an option to include a suggestions box at Symposium. <p>6.2.2 Consideration of correspondence</p> <p><i>i. Update: Complaint from s.73 contact person (VCASE-s.73)</i></p> <ul style="list-style-type: none"> • at the August meeting the Review Board considered a complaint from s.73 about the circumstances of s.73 death by practitioner administration at their home in [REDACTED] • On s.73 2023, the Chair responded to the issues in s.73 complaint relating to systemic/legislative issues associated with the design of the scheme including a change in administration decision process (Aug 23-007). • s.73 • [REDACTED]

• s.73

• s.73

Members agreed:

- At this stage, no further response taken by the Review Board in relation to the systemic/legislative issues raised in the s.73 letter, s.73

• s.73

• s.73

- Item to remain on agenda.

ii. Chair letter to practitioners #2 September 2023 (Annual Report)

- Noted an email sent by the Chair email to all authorised practitioners on 27 September 2023 notifying them of the tabling of the Annual Report. This is the second correspondence item sent to all authorised practitioners by the Chair on behalf of the Review Board. (Action item **Sept 23-002**).

iii. Chair letter to practitioners #3 October 2023 (witnessing requirements and other matters)

- Noted a letter from the Chair emailed to all authorised practitioners on 18 October 2023 clarifying the witnessing requirements for Form 4 and reminding them of the obligations for witnessing Form 11 (Action item **Sept 23-005**). The letter also included advice about:
 - a new fact sheet on how to transfer practitioner roles in the IMS
 - revisions to the Prescription and Administration Protocols, which will be distributed from 6 November 2023.
- Noted that 75 per cent of practitioners opened the email, although a low rate of 13 per cent had clicked on any of the links to the letter or resources identified in the email.
- HI noted advice from s.73 and direct feedback to the Chair that authorised practitioners:
 - had appreciated the Review Board's correspondence advice
 - are concerned about the impact of the Victorian Civil and Administrative Tribunal decision in *Medical Board of Australia v Carr (Review and Regulation) [2023] VCAT 945*.

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s.73

v. Update – Complaint from s.73 contact person (VCASE- s.47(3)(b))

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s.73

Members agreed:

- Review Board take no further action as the Board was only carbon copied into the correspondence noting Ministerial and Executive Services has completed the action and Dr s.73 addressed s.73 concerns, which were more centred on the care provided to her farther.

6.2.3 Update: Practitioner case numbers

- Noted the Practitioner Case Numbers update for September, including that the number of authorised practitioners involved in cases is slowly increasing.

• s.47(3)(b)

Members agreed:

- Review practitioners with completed requests that have a predominant administration method of practitioner administration. The summary of completed requests to include the diagnosis.
- Consider the workload of practitioners with over 15 completed requests, whether cases are spread across practitioners.
- Public presentation of administration decisions associated naming practitioners should be avoided.

6.2.4 Update: Substance in the Community Report

- Noted the *Substance in the Community Report* as at 24 October 2023.
- SS provided an update on the existing quality assurance processes with Births Deaths and Marriages (BDM) data in the IMS to capture any deaths where a Form 16 or Form 17 is not submitted, as an added safeguard to ensure any unused substance is returned.
- Sixteen cases have been identified through the quality assurance process since January. Five cases with substance supplied were identified in the BDM data. One case had a disposal recorded three days after the date of death listed in the BDM data, four required follow up from ORB:

s.47(3)(b)

Members discussed:

- The identified cases indicate a need for additional education of pharmacists and contact person in relation to their obligations.
- ORB is working with QVAD SPS to map the circumstances unused substance can be present in the community and who is responsible for managing it.

6.2.5 Update: Residency and Interpreter Exemption Applications for September

- Noted that there were no residency or interpreter applications in September.

	<p>Actions</p> <ul style="list-style-type: none"> • Oct 23-009 – ORB to follow up with s.73 seeking an update on the Chair letter about the complaint from s.73 • Oct 23-010 – ORB to prepare a summary of practitioners completed requests that have a predominant administration method of practitioner administration, summary to include the diagnosis. • Oct 23-011 – ORB to prepare a summary of the workload of practitioners with over 15 completed requests to identify whether cases are spread across practitioners evenly. • Oct 23-012 – ORB to contact Births, Deaths and Marriages to confirm whether there have been any other instances that the registry received a cause of death certificate referring to voluntary assisted dying, which was rectified prior to registration.
7.	<p>QVAD Support and Pharmacy Service</p>
	<p>Standing items –</p> <p>7.1.1 QVAD Support and Pharmacy Activity</p> <p>7.1.2 Availability of Practitioners across Queensland</p> <ul style="list-style-type: none"> • Noted the QVAD SPS Activity Report. <p>For discussion –</p> <p>7.1.3 Substance protocol mapping</p> <ul style="list-style-type: none"> • Discussed at Agenda Item 6.2.4. <p>7.1.4 Presentation on QVAD Pharmacy model</p> <ul style="list-style-type: none"> • Ms s.73 presented on evidence and other factors that informed the development of the centralised QVAD Pharmacy model. <p><u>Members discussed:</u></p> <ul style="list-style-type: none"> • QVAD Pharmacy employs 5.6 full-time equivalent pharmacists. s.73 noted QVAD Pharmacy is an attractive professional option as more pharmacists become interested in speciality practice. • Each pharmacist travels outside the South-East corner at least weekly to supply substance to practitioners and people accessing voluntary assisted dying. Average time spent with each patient is 1–1.5 hours. • Time permitting, QVAD SPS staff visit community and hospital pharmacies to provide education and other support while visiting communities across the state. • s.73 noted it is likely QVAD SPS would continue to receive referrals from HHSs for cases in rural and remote areas regardless of telecommunication restrictions under the Commonwealth Criminal Code because of the resource impost of HHS practitioners travelling to meet with patients.

	<ul style="list-style-type: none"> • A national community of practice for pharmacists working in voluntary assisted dying meets monthly. The Society of Hospital Pharmacists Australia has established a speciality practice group for voluntary assisted dying. • s.73 noted a hub and spoke model is a third option for managing dispensing and supply of substance. s.73 noted there is limited available literature on the model and further data is required to assess feasibility. <p><u>Other business:</u></p> <ul style="list-style-type: none"> • Discussed the outcomes of the Health Service Investigation Report. • HI invited s.73 to provide the Review Board with feedback on the HSI Report, including feedback previously provided to the investigator. <p>Actions</p> <ul style="list-style-type: none"> • Nil.
6.	Next meeting – Thursday 30 November 2023
7.	Close – Meeting was closed at 1:20 pm