

Voluntary Assisted Dying Practitioner Authorisation Guideline

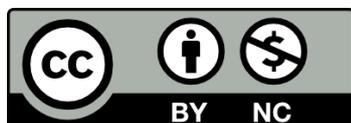
September 2022

Version 1.0



Disclaimer The information within the *Practitioner Authorisation Guideline* is intended as a guide to good clinical practice. The law and service delivery environment is constantly evolving, so while every attempt has been made to ensure the content is accurate, it cannot be guaranteed. The information within this document should not be relied upon as a substitute for other professional or legal advice.

© State of Queensland (Queensland Health) 2022



This work is licensed under a Creative Commons Attribution Non-Commercial V4.0 International licence. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc/4.0/deed.en>

You are free to copy, communicate and adapt the work for non-commercial purposes, as long as you attribute the State of Queensland (Queensland Health) and comply with the licence terms.

For copyright permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, email ip_officer@health.qld.gov.au, phone (07) 3708 5069.

Contents

Introduction	4
Part 1: Overview	5
Part 2: Practitioner authorisation	10
Part 3: Recognition and acceptance of practitioner authorisation	18
Definitions	22
Appendix A: Practitioner eligibility requirements	23
Medical practitioner requirements	23
Nursing requirements	24

Introduction

The *Voluntary Assisted Dying Practitioner Authorisation Guideline* has been developed to assist individuals and health services to understand requirements surrounding authorisation of medical practitioners, nurse practitioners and registered nurses to deliver voluntary assisted dying services in Queensland.

Information in this document is intended to guide the process and recognition of a practitioner's authorisation to provide voluntary assisted dying services, allowing an appropriate level of flexibility and professional discretion. It is not to be relied upon as a substitute for specific legal or professional advice.

This guideline supports and provides a framework for the development of processes to meet the requirements of the *National Standard for Credentialing and Defining the Scope of Clinical Practice*¹ and the *Australian Commission on Safety and Quality in Health Care* standards.

There is an overarching responsibility on all those involved in the process of authorising practitioners to act with due care and diligence and to ensure procedural fairness and natural justice at all times. The principles of procedural fairness, transparency and accountability underpin the process of verifying and authorising a practitioner's eligibility to participate in the scheme.

Implementation of this guideline aims to protect the safety of:

- patients - by ensuring voluntary assisted dying services are provided by competent, qualified and skilled medical practitioners, nurse practitioners and registered nurses suitably equipped to deliver safe and quality care
- medical practitioners, nurse practitioners and registered nurses - by ensuring they take responsibility only for services for which they are lawfully allowed, skilled and experienced to perform in a given environment.

¹ Australian Council for Safety and Quality in Health Care (2004), *National Standard for Credentialing and Defining the Scope of Clinical Practice*, available at: <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/credentl.pdf>

Part 1: Overview

Purpose

This guideline is a key risk management strategy to assist in the facilitation of processes that underpin the authorisation of medical practitioners, nurse practitioners, and registered nurses to deliver voluntary assisted dying services in Queensland. This includes matters related to:

- eligibility requirements for:
 - medical practitioners to undertake the roles of coordinating, consulting, and administering practitioner
 - nurse practitioners and registered nurses to undertake the role of administering practitioner
- verification of practitioner eligibility
- practitioner access to mandatory training
- authorisation as a voluntary assisted dying practitioner
- review and renewal processes for authorisation and mandatory training.

This guideline aligns with the:

- *Credentialing and Defining the Scope of Clinical Practice Health Service Directive*
- *Credentials and clinical privileges standard under the Private Health Facilities (Standards) Notice 2016*
- [Queensland Voluntary Assisted Dying Private Entity Guidance](#)
- [Queensland Voluntary Assisted Dying Handbook](#).

Background

The [Voluntary Assisted Dying Act 2021](#) (the Act) allows eligible people to access voluntary assisted dying as an additional end-of-life option in Queensland from 1 January 2023.

The Act sets out a legal process for people who are suffering and dying from an advanced and progressive life-limiting condition to choose the timing and circumstances of their death. The Act also describes certain roles associated with the voluntary assisted dying request, assessment, and administration processes.

Scope

This guideline is intended for:

- medical practitioners, nurse practitioners and registered nurses who seek to participate or have been authorised to participate in voluntary assisted dying as coordinating, consulting, or administering practitioners

- Hospital and Health Services and private entities, to meet their legal obligations in allowing authorised voluntary assisted dying practitioners access to provide services to a person who has requested it
- Hospital and Health Services and private entities developing policies, processes, and procedures to support access to the voluntary assisted dying scheme.

Information in this guideline can be applied to the authorisation of practitioners to deliver voluntary assisted dying services in a range of settings, including:

- Queensland Health facilities
- private hospitals
- residential aged care facilities
- hospices
- hostels or other facilities where accommodation, nursing or personal care is provided
- primary care
- community-based services
- a person's home.

Authorised voluntary assisted dying practitioners

Eligible medical practitioners can participate in voluntary assisted dying as a [coordinating practitioner, consulting practitioner, or administering practitioner](#). Eligible nurse practitioners and registered nurses can participate as an [administering practitioner](#). Collectively, these practitioners are referred to as 'authorised voluntary assisted dying practitioners'.

Practitioner eligibility is defined in [Part 5](#) of the *Voluntary Assisted Dying Act 2021* (the Act), and additional eligibility requirements are approved by the Director-General of Queensland Health under ss.161-163 of the Act (refer [Appendix A](#)).

A medical practitioner, nurse practitioner or registered nurse can become an authorised voluntary assisted dying practitioner by:

- applying to Queensland Health, and submitting evidence to demonstrate that they meet the eligibility requirements
- having their application verified by Queensland Health as meeting the eligibility requirements
- successfully completing mandatory online training
- acknowledging receipt and understanding of the *Queensland Voluntary Assisted Dying Prescription and Administration Protocols*
- completing a declaration agreeing to act in accordance with policies and procedures for voluntary assisted dying in Queensland, including any specific organisational requirements
- receiving authorisation approved by the Chief Medical Officer of Queensland Health.

Overview of roles

An authorised voluntary assisted dying practitioner will be able to provide services in accordance with the Act. These roles are summarised in Table 1.

Table 1: Authorised voluntary assisted dying practitioner roles

Role	Functions	Who can act in this role
Coordinating practitioner	<ul style="list-style-type: none"> Coordinates the voluntary assisted dying process Primary voluntary assisted dying clinician contact for the person Conducts eligibility assessment (first assessment) Prescribes the voluntary assisted dying substance As a default, acts as administering practitioner (if practitioner administration) 	Eligible medical practitioner who has successfully completed mandatory training and has been endorsed as an authorised voluntary assisted dying practitioner
Consulting practitioner	<ul style="list-style-type: none"> Conducts eligibility assessment (consulting assessment) 	
Administering practitioner	<ul style="list-style-type: none"> Only involved in practitioner administration (not self-administration) Administers the voluntary assisted dying substance Disposes of any unused or remaining voluntary assisted dying substance 	<p>As a default, this will be the coordinating practitioner.</p> <p>The role can be transferred to another eligible medical practitioner, nurse practitioner, or registered nurse who has successfully completed mandatory training and has been endorsed as an authorised voluntary assisted dying practitioner</p>

Additional person-specific eligibility requirements

In addition to eligibility requirements to become an authorised voluntary assisted dying practitioner, the Act requires all coordinating, consulting, and administering practitioners to be independent of a person accessing voluntary assisted dying.

To be eligible to provide voluntary assisted dying services to a person, a coordinating, consulting, or administering practitioner must not:

- be a family member of the person requesting access to voluntary assisted dying—including their spouse, parent, grandparent, sibling, child, or grandchild
- be a person who, under Aboriginal or Torres Strait Island custom, is regarded as a person mentioned above in relation to the person accessing dying
- know or believe they are a beneficiary under the person’s will

- know or believe they may otherwise benefit financially or in any other material way from the person's death (other than receiving reasonable fees for the provision of services related to the coordinating, consulting, or administering practitioner role).

Governance

The Chief Medical Officer is the decision-maker in relation to approval and authorisation of voluntary assisted dying practitioners. The Chief Medical Officer will make decisions in relation to authorising practitioners. Decisions in relation to a practitioner's authorisation can be made:

- upon initial application by a practitioner, or
- upon re-application by a practitioner following expiry of the authorisation validity period (three years), or
- upon request for review of a decision by the Chief Medical Officer.

Decisions by the Chief Medical Officer to approve and authorise practitioners are informed via review and recommendations by the [Queensland Voluntary Assisted Dying Practitioner Eligibility Panel](#) (the Panel).

All recommendations to approve and authorise will be endorsed by the Panel.

This model aims to provide robust clinical due diligence, transparency, operational efficiency, and escalation in relation to practitioners seeking to become authorised voluntary assisted dying practitioners.

Queensland Voluntary Assisted Dying Practitioner Eligibility Panel

The Panel is established to:

- enable peer review by a core membership of clinicians from a range of disciplines and specialties, who have the necessary skills and experience to provide independent, high quality clinical advice, to assist Queensland Health to ensure voluntary assisted dying services are provided by competent medical practitioners, nurse practitioners and registered nurses
- consider the eligibility of applicants
- provide recommendations to the Chief Medical Officer, who is the decision-maker in relation to approval of eligibility and authorisation of voluntary assisted dying practitioners
- upon request by the Chief Medical Officer, review:
 - a decision to not approve the practitioner as meeting the eligibility criteria, if a request for review is submitted by the practitioner, and

- practitioner authorisation, where there has been a change in eligibility.²

Panel recommendations to the Chief Medical Officer will be to:

- approve the practitioner as meeting the eligibility criteria, or
- not approve the practitioner as meeting the eligibility criteria.

Queensland Health Voluntary Assisted Dying Unit

The VAD Unit is established within Queensland Health's Department of Health and has a program and policy focus. In relation to the voluntary assisted dying practitioner authorisation process, the VAD Unit:

- coordinates the practitioner authorisation process
- receives practitioner applications
- has authority to reject an application where the applicant clearly does not meet eligibility requirements in relation to **registration status** and **length of practice at registration type**³
- provides Secretariat support to the Panel
- provides verified practitioners with access to iLearn, the online system that enables completion of the mandatory training
- establishes and maintains the register of authorised voluntary assisted dying practitioners (the Register)
- provides the Register to the Queensland Voluntary Assisted Dying Support Service (QVAD-Support)
- manages all correspondence between the practitioner, the Panel Chair, the Panel, the Chief Medical Officer, and any other relevant agencies, individuals, or organisations.

² For example, where the practitioner's registration may have lapsed or changed; upon receipt of a complaint or adverse finding on the practitioner; they have a new notification recorded against their registration; or following a referral from a health service, facility, Ahpra, Health Ombudsman or other authority.

³ Examples include: a medical practitioner who holds general registration only and has practiced for less than five as the holder of that registration; a nurse who has practiced as a registered nurse for less than five years; a healthcare worker other than a medical practitioner, nurse practitioner or registered nurse.

Part 2: Practitioner authorisation

Purpose

Part 2 of this guideline sets out:

- the voluntary assisted dying practitioner authorisation process
- best practice requirements for implementation of each step of the authorisation process:
 - application
 - verification
 - training
 - authorisation
 - review and renewal.

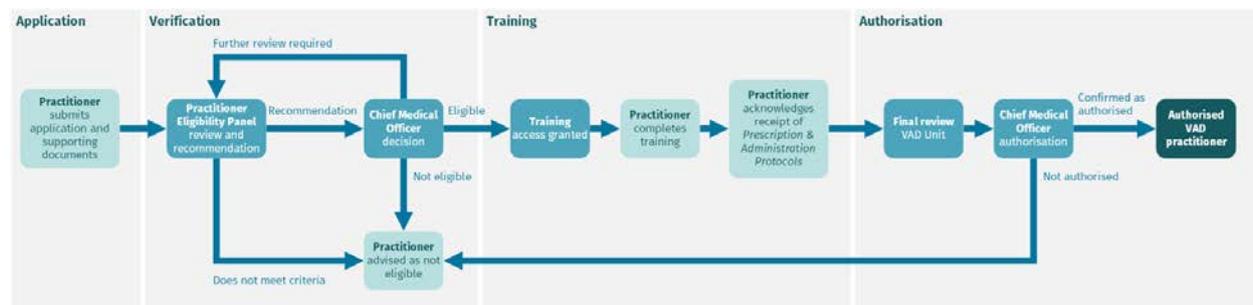
Principles

During each stage of the voluntary assisted dying practitioner authorisation process, it is essential there is compliance with the principles of natural justice and procedural fairness, and that any perceived or real conflicts of interest are appropriately managed.

Authorisation process

Consideration of an individual practitioner’s eligibility against specific criteria is approached in a way that balances the need for assurance with not being overly burdensome for practitioners. Queensland Health seeks to complete this process in a time-efficient manner, however, some applications will necessarily take longer than others to process. A high-level overview of the process is depicted in *Figure 1*.

Figure 1: Practitioner authorisation process flow



Step 1: Application

Prospective practitioners must complete and submit an application via the secure QVAD-IMS registration portal. The application meets the *National Standard for Credentialing and Defining the Scope of Clinical Practice* requirements.⁴

In addition to the completed application, practitioners must submit:

- a current Curriculum Vitae that includes enough detail to demonstrate that the practitioner meets the requirements related to:
 - years of clinical practice at the relevant registration and practice type
 - hours of clinical practice that meet the eligibility requirements specific to medical or nursing
 - recent and relevant clinical practice, including experience in caring for people towards the end of life, patient assessment and clinical decision-making⁵
- current Ahpra registration status including details of any conditions, undertakings, reprimands, or notations within the past five years
- current details of two professional referees, with no conflict of interest, who can verify the practitioner meets the eligibility criteria, who will be contacted by the VAD Unit as part of the verification process—at least one of these referees must be a clinician
- copy of relevant base degree or general nursing certificate and specialist qualifications / Fellowship / Master of Nursing (Nurse Practitioner) / other relevant postgraduate education (if applicable)
- evidence that the practitioner holds appropriate professional indemnity⁶ insurance for the provision of voluntary assisted dying services in Queensland, including certificate of currency (if requested)
- three forms of identification⁷ (including at least one form of photo ID)
- proof of name change, if name differs to qualifications or other documents.

The practitioner must also complete a declaration as part of their application.

The VAD Unit will receive the practitioner's application and supporting documents.

⁴ Australian Council for Safety and Quality in Health Care (2004), *National Standard for Credentialing and Defining the Scope of Clinical Practice*, available at: <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/credenti.pdf>

⁵ Applicants who do not meet these criteria but can demonstrate comparable experience may be considered at the discretion of the Director-General (or delegate).

⁶ Refer to: *Fact sheet – Practitioner indemnity*

⁷ Acceptable photo ID for inclusion in an application is either a passport or an Australian driver's licence. It must be current and a clear and legible copy. It is not necessary for the ID to be certified.

Urgent applications

There may be occasions where a practitioner's application requires urgent progression. On the application form, the practitioner must select 'urgent application' and provide the rationale for the urgency. These situations may be brought to the attention of the Panel Chair and Chief Medical Officer by the VAD Unit. At the discretion of the Panel Chair, the verification process may be undertaken out of session (with the outcome tabled at the next Panel meeting) and recommendation made to the Chief Medical Officer for an urgent decision. The out-of-session process is intended to provide a mechanism for timely response in a patient-centred approach.

Step 2: Verification

After the practitioner has submitted the application and other supporting information, Queensland Health will complete a verification process. The purpose of this process is to verify with relevant individuals, external organisations, and nominated referees the validity of all claims made in the practitioner's application, and to determine whether the practitioner meets the eligibility requirements to provide voluntary assisted dying services in Queensland.

Panel review

The practitioner's application, accompanied by all submitted documentation (credentials) and any additional information gathered by the VAD Unit, is provided to the Panel for consideration. The Panel reviews and assesses the documentation and makes a recommendation to the Chief Medical Officer regarding a practitioner's eligibility to participate in voluntary assisted dying.

In assessing the application, the Panel should consider:

- the application and any documents submitted by the applicant
- each eligibility criterion
- additional information requested from the applicant
- outcomes from a face-to-face or virtual screening conversation, if applicable
- professional judgement.

Requests for additional information or screening conversation

If the Panel believes there is insufficient information or requires clarification on any aspect of an application prior to making a recommendation, the application must be held over. If a request seeking clarification or further information is needed it will be made in writing to the applicant. The Panel may request and consider any other material that is reasonably relevant to the eligibility criteria, including items not noted on the application form, for example:

- a face-to-face or virtual screening conversation
- reports from the Office of the Health Ombudsman, and/or Ahpra
- indemnity history and status, including audits of litigation matters
- clinical performance review and audit information
- job position descriptions.

On behalf of the Panel, the VAD Unit will request or obtain this information from the practitioner or another source, as appropriate.

On receipt of the additional information and/or following the screening conversation, the Panel will reassess the application based on all available information and make a suitable recommendation.

Internet search

An internet search is to be conducted based on the following criteria:

- first name
- last name
- title (i.e., Dr)
- search engine: Google.

The first three pages (10 hits per page) of the search results are to be viewed and signed by the Executive Director, VAD Unit and kept on the practitioner's personnel file. This information, including any potential risks or issues for clarification, will be made available to the Panel, as relevant, when considering a recommendation. The purpose of an internet search is to provide for additional rigor in probity checking applicants.

Panel recommendations

When the Panel has considered all aspects of the practitioner's application, the Panel will make a recommendation in writing to the Chief Medical Officer regarding the application.

Recommendations to the Chief Medical Officer will be to:

- approve the practitioner as meeting the eligibility criteria, or
- not approve the practitioner as meeting the eligibility criteria.

Panel recommendations must reflect any conditions, reprimands, notations, and undertakings imposed on the practitioner's registration. The Panel must clearly document any reason/s why the practitioner's application is not recommended.

Decision of the Chief Medical Officer

The Chief Medical Officer is the decision-maker in relation to approval and authorisation of voluntary assisted dying practitioners.

Practitioner application approved:

- The Chief Medical Officer approves the practitioner as meeting the eligibility criteria.
- The Chief Medical Officer will:
 - inform the practitioner in writing within two business days of the decision
 - provide access to the mandatory training (delivered via iLearn).

Practitioner application not approved:

- If the Chief Medical Officer decides the practitioner's application will not be approved, the practitioner will be advised in writing of the proposal not to approve the application.

- The Chief Medical Officer requests for any further information from the applicant relevant to the application to be provided within 10 business days of being advised, for consideration by the Panel or Chief Medical Officer.

The Chief Medical Officer may refer the application back to the Panel for further consideration. The Panel:

- must re-consider the application, which may include considering any additional information from the practitioner
- may make a new recommendation or reaffirm the previous recommendation.
- The Chief Medical Officer has authority to make the final decision on the practitioner’s application and can make that final decision irrespective of the Panel’s recommendation.
- If the Chief Medical Officer decides to not approve the practitioner’s application, the Chief Medical Officer will inform the practitioner, in writing, of:
 - the decision, within two business days of the decision
 - the process for review of the decision.

Step 3: Training

Where the Chief Medical Officer approves the practitioner as meeting the eligibility criteria at the verification stage, the next step involves completion of the mandatory training, which is delivered via iLearn.

The VAD Unit will facilitate access to the mandatory training for the practitioner.

Overview of the training

The mandatory training content is approved by the Director-General of Queensland Health (as chief executive) under section 165 of the Act. The mandatory training has been developed by the [Australian Centre for Health Law Research](#) at the Queensland University of Technology in collaboration with Queensland Health and with valuable input from medical, nursing, and allied health stakeholders.

Building on existing clinical skills, the mandatory training:

- introduces practitioners to the legal framework for voluntary assisted dying in Queensland
- provides the core knowledge required need to participate in voluntary assisted dying
- consists of nine modules of content and an assessment component.

Assessment

The practitioner must pass the assessment with a score of 90% or more. The practitioner will be given five attempts to pass the assessment.

If the practitioner does not pass on the fifth attempt, they will be considered to have not passed the assessment and therefore will not have successfully completed the mandatory training. In this case, the practitioner will then be required to undertake the training again in full and pass the assessment.

Voluntary Assisted Dying Prescription and Administration Protocols

The mandatory training is completed online except for content related to the voluntary assisted dying substances and protocols. In accordance with the *Criminal Code Act 1995* (Cth), this information must not be provided over a carriage service such as the internet. It will be posted in hard copy to practitioners by the VAD Unit.

The practitioner will be required to confirm, via QVAD-IMS, their receipt of the *Queensland Voluntary Assisted Dying Prescription and Administration Protocols* and their understanding of the resource's content. As part of the mandatory training, instructions will be provided to the practitioner about this requirement.

If the practitioner does not provide this confirmation, they will not receive approval to become an authorised voluntary assisted dying practitioner.

Declaration

At the same time as confirming receipt and understanding of the *Queensland Voluntary Assisted Dying Prescription and Administration Protocols*, the practitioner will be required to make declarations via QVAD-IMS that they will agree to act in accordance with policies and procedures for voluntary assisted dying in Queensland, including any reasonable direction from a facility.

Step 4: Authorisation

After the practitioner has confirmed receipt and understanding of the *Queensland Voluntary Assisted Dying Prescription and Administration Protocols* and made all declarations, the VAD Unit will undertake a final review to ensure all components of the authorisation process have been completed.

If, at the final review, the VAD Unit identify any concerns or changes to the practitioner's eligibility, this will be referred to the Chief Medical Officer for decision.

Practitioner authorised

If there are no concerns, the practitioner will be approved by the Chief Medical Officer as an authorised voluntary assisted dying practitioner. The practitioner will receive, in writing:

- confirmation of the Chief Medical Officer's authorisation
- letter of authorisation
- unique authorised voluntary assisted dying practitioner identifier
- Queensland Voluntary Assisted Dying Support and Pharmacy Service welcome pack
- a voluntary assisted dying ID card (optional).

The practitioner will be authorised to provide voluntary assisted dying services in Queensland for a period of three years from authorisation, unless the practitioner becomes ineligible (for example, where the Chief Medical Officer decides they are no longer authorised because their practitioner registration has lapsed, or they have a new notification recorded against their registration).

The practitioner will be given full access to the QVAD-IMS once authorised.

Practitioner not authorised

- If the Chief Medical Officer decides the practitioner's application will not be authorised, the practitioner will be advised in writing of the proposal not to authorise.
- The Chief Medical Officer requests for any further information from the applicant relevant to the application to be provided within 10 business days of being advised, for consideration by the Panel or Chief Medical Officer.

The Chief Medical Officer may refer the application back to the Panel for further consideration. The Panel:

- must re-consider the application, which may include considering any additional information from the practitioner
- may make a new recommendation or reaffirm the previous recommendation.
- The Chief Medical Officer has authority to make the final decision on the practitioner's authorisation and can make that final decision irrespective of the Panel's recommendation.
- If the Chief Medical Officer decides to not authorise the practitioner, the Chief Medical Officer will inform the practitioner, in writing, of:
 - the decision, within two business days of the decision
 - the process for review of the decision.

Other matters

Review of a decision

A practitioner may apply for a review of the Chief Medical Officer's decision to not approve the person's application to become an authorised voluntary assisted dying practitioner. This application should include a submission from the practitioner that supports the application for review.

The review process is:

1. Within 28 days of receiving the decision, the practitioner must request, in writing, a review of the decision.
2. The written request should include specific grounds and reasons for requesting a review. The practitioner may choose to provide further supporting information to Queensland Health.
3. The practitioner's submission is to be presented to the Chief Medical Officer.
4. The Chief Medical Officer must consider the practitioner's request for review and their submission and may seek advice from the VAD Unit or Panel, where appropriate.
5. The Chief Medical Officer must communicate their decision on the review of the practitioner's application, including the reason/s for that decision, in writing, to the practitioner. The practitioner will be informed of the outcome of the decision in writing within 20 business days of the submission date of their request for review.

Authorised practitioner ineligibility

Situations may arise whereby an authorised voluntary assisted dying practitioner becomes ineligible. For example:

- the practitioner's registration lapses
- the practitioner receives a complaint or adverse finding
- a new notification is recorded against the practitioner's registration
- following a referral from a health service, facility, Ahpra, Health Ombudsman, or other authority.

Where there is uncertainty about an authorised voluntary assisted dying practitioner's eligibility to undertake roles, their authorisation may be suspended and access to QVAD-IMS revoked until the review is completed.

The Chief Medical Officer must consider the specific grounds for a change in the practitioner's eligibility. The Chief Medical Officer may seek review and recommendations about the matter from the VAD Unit, the Panel, or any other source, as required.

Where a practitioner is found to not meet the eligibility requirements for participation in voluntary assisted dying, their authorisation is revoked despite any remaining time in the original 3-year validity window. The practitioner will be informed in writing.

Renewal of authorisation

Practitioner authorisation remains valid for a period of three years from date of authorisation. The practitioner will be notified by the VAD Unit three months before their authorisation expiry is approaching. In the period leading up to expiry, the practitioner can re-apply for authorisation. The full due diligence process will be undertaken again (i.e., submitting an application; Queensland Health verification process; completing refresher training; and Chief Medical Officer authorisation) and if successfully authorised, the practitioner will have their authorisation extended for another full period from the end date of their previous authorisation.

Withdrawal

A practitioner can withdraw from the voluntary assisted dying scheme at any point via QVAD-IMS. They will receive a confirmation of withdrawal once submitted.

Part 3: Recognition and acceptance of practitioner authorisation

Purpose

Part 3 of this guideline sets out the best practice requirements for recognition and acceptance of practitioner authorisation to provide voluntary assisted dying services.

Scope

Information in Part 3 relates to:

- disclosure of information regarding a practitioner's authorisation status
- authorised voluntary assisted dying practitioners who will provide voluntary assisted dying services in a facility⁸
- public and private entities recognising and accepting the authorisation of a practitioner to provide voluntary assisted dying services to a patient or resident in their care.

Disclosure of information regarding a practitioner's authorisation

Disclosure of information regarding a practitioner's authorisation must be in compliance with privacy legislation, including the *Information Privacy Act 2009* (Qld). Where a practitioner's consent is given, Queensland Health will ensure that information regarding the practitioner's authorisation is accessible to relevant individuals or entities. See Box 1 for examples of where a practitioner's authorisation will be shared.

Obtaining consent from practitioners permits the dissemination of information regarding their authorisation to provide voluntary assisted dying services in Queensland. The practitioner declaration includes the following consent provision in the application form:

'I consent to information regarding my voluntary assisted dying practitioner authorisation status being disclosed by the Department of Health in the following circumstances:

- *For my authorisation details to be maintained in a register within the VAD Unit and made available to the QVAD-Support and QVAD-Pharmacy services for the purpose of undertaking functions under the Act, Regulation, and any other directives.*

⁸ Provisions regarding entities in the Act apply when a person is receiving **relevant services** from a **relevant entity** at a **facility** (refer to [Definitions](#)). This includes private hospitals, residential aged care facilities, hospices, and some other facilities where accommodation and care are provided.

- *For my authorisation details to be provided to Hospital and Health Services and private entities for the purpose of recognising and accepting my authorisation, to enable access to voluntary assisted dying services in those facilities (if requested).'*

A list of authorised voluntary assisted dying practitioners will not be published or shared publicly.

Box 1: Examples of situations where information about an individual practitioner's authorisation will be shared

- A Hospital and Health Service contacts QVAD-Support to confirm the authorisation of a practitioner who will provide voluntary assisted dying services within a facility. See the *Credentialing and Defining the Scope of Clinical Practice Health Service Directive* (refer to [Hospital and Health Services](#)).
- A private hospital or hospice contacts the QVAD-Support to confirm the authorisation of a practitioner who is required to provide voluntary assisted dying services within a facility. See the *Credentials and clinical privileges standard* under the *Private Health Facilities (Standards) Notice 2016* – (refer to [Private entities](#))
- QVAD-Support is required to refer a person seeking access to voluntary assisted dying to a coordinating, consulting, or administering practitioner. This applies only to practitioners who have agreed to QVAD-Support referring patients to them.
- A Hospital and Health Service is establishing a database of the authorised practitioners employed within the health service who are eligible to provide voluntary assisted dying services.
- QVAD-Pharmacy receives a prescription to supply a voluntary assisted dying substance, and is required to confirm the prescriber is an authorised practitioner.
- The Review Board for the purposes of monitoring practitioners' compliance with the Act.
- Notifications (mandatory and voluntary) to the Queensland Health Ombudsman under the *Health Practitioner Regulation National Law Act 2009* (Qld) (National Law).
- Documents obtained or created by the Panel that identify authorised voluntary assisted dying practitioner may be accessible under the *Right to Information Act 2009* (Qld) (subject to the exemptions specified in that Act) and other court processes, for example, subpoenas.
- To verify with relevant individuals, external organisations, and nominated referees the validity of all claims made in the practitioner's application, including explicit consent for the organisation to verify the practitioner's declaration regarding health status, professional registration history and criminal record.⁹

⁹ Australian Council for Safety and Quality in Health Care (2004), *National Standard for Credentialing and Defining the Scope of Clinical Practice*, available at: <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/credentl.pdf>

Authorised voluntary assisted dying practitioner requirements

The minimum requirements for an authorised voluntary assisted dying practitioner to be recognised and accepted by an entity to provide services within a relevant facility include:

- providing a copy of their *letter of authorisation* to the entity, which demonstrates they have been approved to provide voluntary assisted dying services by the Chief Medical Officer
- adhere to the entity's local approval/credentialling process, if any
- adhere to the entity's process for notification of the visit.

It is recommended that a practitioner contacts the entity prior to entry to confirm processes and requirements. QVAD-Support can also provide assistance. More information about QVAD-Support is available on the [Queensland Health website](#).

Entity requirements

For the purposes of the Act, an “entity” is the organisation that operates: a hospital; a residential aged care facility; a hospice; or a facility at which accommodation, nursing or personal care is provided to persons who need nursing or personal care.

There are obligations for entities under the Act in relation to providing access to voluntary assisted dying. Under the Act, entities must not hinder a person's access to information about voluntary assisted dying and must allow reasonable access by an authorised practitioner who is seeking access to undertake an authorised function for a person.

Hospital and Health services

In accordance with the *Credentialling and Defining the Scope of Clinical Practice Health Service Directive*, Hospital and Health Services are not required to undertake local credentialling of:

- Hospital and Health Service employees who provide voluntary assisted dying services
- external practitioners (including general practitioners, private practitioners, and employees of another Hospital and Health Service) who need to visit a facility for the purpose of providing voluntary assisted dying services.

Hospital and Health Services may undertake due diligence by asking authorised voluntary assisted dying practitioners to show evidence of their approval, or by contacting QVAD-Support.

A Hospital and Health Service may recognise the Queensland Health authorisation process and is not required to undertake local credentialling of practitioners providing voluntary assisted dying services at a facility.

Subject to local risk assessment, a Hospital and Health Service may implement a local credentialling process for authorised practitioners. This may be applicable to authorised practitioners employed by the Hospital and Health Service or those needing to access a Hospital and Health Service public health facility. If a HHS decides to implement a local credentialling process, the process must meet the requirements of the Act.

Requirements for Hospital and Health Services are set out in the *Credentialing and Defining the Scope of Clinical Practice Health Service Directive*.

Private entities

In accordance with the *Credentials and clinical privileges standard* under the *Private Health Facilities (Standards) Notice 2016*, private entities are not required to undertake local credentialling of practitioners who need to visit a facility for the purpose of providing voluntary assisted dying services.

Private entities may undertake due diligence by asking authorised voluntary assisted dying practitioners to show evidence of their approval, or by contacting QVAD-Support.

Private entities may recognise the Queensland Health authorisation process and is not required to undertake local credentialling of practitioners providing voluntary assisted dying services at a facility.

Subject to local risk assessment, private entities may implement a local credentialling process for authorised practitioners. This may be applicable to authorised practitioners employed by the entity or those needing to access a facility operated by a private entity. If a private entity decides to implement a local credentialling process, then the process must meet the requirements of the Act.

Detailed information about obligations for private entities is available in the *Queensland Voluntary Assisted Dying Private Entity Guidance*.

Definitions

Authorised voluntary assisted dying practitioner	<p>A medical practitioner, nurse practitioner or registered nurse who is authorised to participate in the voluntary assisted dying process as a coordinating, consulting, or administering practitioner. An authorised voluntary assisted dying practitioner has been verified as eligible to participate by Queensland Health and has completed mandatory training.</p>
Facility	<p>(a) a private hospital; or (b) a hospice; or (c) a public sector hospital; or (d) a nursing home, hostel, or other facility at which accommodation, nursing or personal care is provided to persons who, because of infirmity, illness, disease, incapacity, or disability, have a need for nursing or personal care; or (e) a residential aged care facility.</p>
Queensland Voluntary Assisted Dying Information Management System (QVAD-IMS)	<p>The online record-keeping system for the management of voluntary assisted dying in Queensland. Authorised VAD practitioners can complete and submit forms to the Voluntary Assisted Dying Review Board as required by the Act.</p>
Queensland Voluntary Assisted Dying Support Service (QVAD-Support)	<p>The statewide service based in Metro South Health staffed by care coordinators who provide support to anyone involved with voluntary assisted dying in Queensland, including:</p> <ul style="list-style-type: none"> • people wanting information about or access to voluntary assisted dying • carers and family members of people wanting to access voluntary assisted dying • healthcare workers • facilities and entities.
Voluntary assisted dying (VAD)	<p>The administration of a voluntary assisted dying substance and steps reasonably related to that administration.</p>
Voluntary Assisted Dying Act 2021 (the Act)	<p>The legislation that regulates voluntary assisted dying in Queensland.</p>

Appendix A: Practitioner eligibility requirements

Practitioner eligibility to participate as an authorised voluntary assisted dying practitioner is defined in [Part 5](#) of the Act. Additional eligibility requirements have been approved by the Director-General of Queensland Health under ss.161-163 of the Act.

Medical practitioner requirements

To be eligible to participate in voluntary assisted dying in Queensland as a [coordinating, consulting, and administering practitioner](#), a medical practitioner must:

- hold **specialist registration** and have practised for at least one (1) year as the holder of specialist registration, OR
- hold **general registration** and have practised for at least five (5) years as the holder of general registration, OR
- hold **specialist registration** and have practised for at least five (5) years as the holder of general registration, OR
- be an **overseas-trained specialist** without general or specialist registration and hold either:
 - limited registration with a sub-type of:
 - Area of need – Specialist Pathway OR
 - Post graduate training or supervised practice – Specialist Pathway – Specialist Recognition OR
 - provisional registration as an international medical graduate eligible for the competent authority pathway as an overseas-trained specialist AND
 - must have completed at least twelve (12) months working in a supervised position in Australia and met the approved supervised practice plan arrangements AND
 - must have at least five (5) years of experience practicing as a specialist overseas or in Australia AND
 - must have undergone formal assessment by the relevant Australian college.

Additionally, all medical practitioners must:

- have completed the approved training (also referred to as the voluntary assisted dying mandatory training)

- have clinically practised twice the minimum hours per registration period¹⁰ described in the [Registration Standard: Recency of Practice](#) published by the Medical Board of Australia. This must include a relevant scope of clinical practice, including experience in caring for people towards the end of life, patient assessment, and clinical decision-making; applicants who do not meet these criteria but can demonstrate comparable experience may be considered at the discretion of the Chief Medical Officer
- declare, for consideration by the Chief Medical Officer:
 - any notations, conditions, undertakings, or reprimands on their Australian Health Practitioner Regulation Authority registration record which make the practitioner unsuitable to undertake roles under the *Voluntary Assisted Dying Act 2021* as determined by the Director-General (or delegate).
 - any current or previous substantiated claims, complaints or adverse findings made against them by a registration authority and/or ethical standards/regulatory complaints authority, or any other professional, disciplinary, or similar bodies including those outside Australia which make the practitioner unsuitable to undertake roles under the *Voluntary Assisted Dying Act 2021* as determined by the Director-General (or delegate)
 - any physical or other medical conditions, including substance abuse, which may limit the medical practitioner’s ability to undertake the role of coordinating practitioner, consulting practitioner, or administering practitioner in accordance with the *Voluntary Assisted Dying Act 2021*
 - any disclosable criminal convictions i.e., convictions as an adult that form part of the medical practitioner’s criminal history and which have not been rehabilitated under the *Criminal Law (Rehabilitation of Offenders) Act 1986*
 - they have professional indemnity insurance, which may be through an employer.

Nursing requirements

Nurse practitioners

To be eligible to participate in voluntary assisted dying in Queensland as an **administering practitioner**, a nurse practitioner must:

- have practiced as a **nurse practitioner** for at least one (1) year
- hold registration endorsement as a Nurse Practitioner in the Division/Registration Type - Registered Nurse (Division 1).

¹⁰ Medical practitioners must have clinically practiced for a minimum of eight weeks full-time equivalent in 12 months (304 hours), or 24 weeks full-time equivalent over 36 months (912 hours). Full-time equivalent is 38 hours per week. The maximum number of hours that can be counted per week is 38 hours.

Registered nurses

To be eligible to participate in voluntary assisted dying in Queensland as an **administering practitioner**, a registered nurse must:

- have practiced as **registered nurse** for at least five (5) years
- hold registration in the Division/Registration Type - Registered Nurse (Division 1).

Additionally, all nurse practitioners and registered nurses must:

- have completed the approved training (also referred to as the voluntary assisted dying mandatory training)
- have clinically practised twice the minimum hours per registration period¹¹ described in the [Registration Standard: Recency of Practice](#) published by the Nursing and Midwifery Board of Australia. This must include a relevant scope of clinical practice, including experience in caring for people towards the end of life, patient assessment and clinical decision-making; applicants who do not meet these criteria but can demonstrate comparable experience may be considered at the discretion of the Chief Medical Officer
- declare, for consideration by the Chief Medical Officer:
 - any notations, conditions, undertakings, or reprimands on their Australian Health Practitioner Regulation Authority (Ahpra) registration record which make the nurse practitioner or registered nurse unsuitable to undertake roles under the *Voluntary Assisted Dying Act 2021* as determined by the DG (or delegate)
 - any current or previous substantiated claims, complaints or adverse findings made against them by a registration authority and/or ethical standards/regulatory complaints authority, or any other professional, disciplinary, or similar bodies including those outside Australia which make the practitioner unsuitable to undertake roles under the *Voluntary Assisted Dying Act 2021* as determined by the Director-General (or delegate)
 - any physical or other medical conditions, including substance abuse, which may limit the nurse practitioner or registered nurse's ability to undertake the role of administering practitioner in accordance with the *Voluntary Assisted Dying Act 2021*
 - any disclosable criminal convictions i.e., convictions as an adult that form part of the nurse practitioner or registered nurse's criminal history and which have not been rehabilitated under the *Criminal Law (Rehabilitation of Offenders) Act 1986*
 - they have professional indemnity¹² insurance, which may be through an employer.

¹¹ The current standard states: 450 hours within the past five years, for both clinical and non-clinical practice roles for nurses and midwives.

¹² Refer to: *Fact sheet – Practitioner indemnity*