

Form 2 - Consulting Assessment - Referral Acceptance or Refusal Form

Sections 26 and 28 *Voluntary Assisted Dying Act 2021 (Qld)*

Instructions for completing this form

About this form

Form 2 must be completed by a medical practitioner who receives a referral for a consulting assessment for voluntary assisted dying. It must not be completed by the coordinating practitioner.

This form is to be given to the Voluntary Assisted Dying Review Board to ensure compliance with the *Voluntary Assisted Dying Act 2021* (the Act).

Under [section 28](#) of the Act, failure to submit the completed form may result in a maximum penalty of 100 penalty units: see <https://www.qld.gov.au/law/fines-and-penalties/types-of-fines/sentencing-fines-and-penalties-for-offences> for current penalty unit value.

Before completing this form

To access voluntary assisted dying, a person must be assessed as eligible by two medical practitioners - the coordinating practitioner and the consulting practitioner.

If a medical practitioner receives a referral for a consulting assessment, they must:

- decide whether to accept or refuse the referral; and
- inform the person and the coordinating practitioner of their decision and if the decision is a refusal, the reason.

Timeframes

- If a medical practitioner has a conscientious objection to voluntary assisted dying, they must inform the person and coordinating practitioner that they refuse the referral **immediately after the referral is made**.
- In other cases, the medical practitioner must inform the person and the coordinating practitioner of their acceptance or refusal within **two (2) business days** after receiving the referral.

Note:

- The medical practitioner may only accept a referral for a consulting assessment if they are eligible to act as a consulting practitioner (see Appendix A). There are general eligibility requirements in addition to requirements for the practitioner to be independent of the person requesting access to voluntary assisted dying.
- The medical practitioner does not need to have completed the [approved training](#) to accept a referral.
- On acceptance of a referral for a consulting assessment, the medical practitioner becomes the consulting practitioner for the person. **The consulting practitioner cannot begin the consulting assessment until their eligibility to act as a consulting practitioner and completion of the approved training has been confirmed by Queensland Health.**

What you need to do

Within **two (2) business days** after deciding whether to accept or refuse the referral for a consulting assessment you must:

1. **Complete** this form
2. **Give** a copy of the completed form to the Voluntary Assisted Dying Review Board.

You must also record the referral and your decision to accept or refuse the referral in the person's [medical record](#).

Note: Submitting this form via the [QVAD Review Board IMS](#) is considered giving a copy to the Voluntary Assisted Dying Review Board.

How to complete and submit this form

1. **Complete** the form in the QVAD Review Board IMS
2. **Submit** the form in the QVAD Review Board IMS.

After you have submitted the form, you will be able to download a copy of the submitted form from the IMS.

If you don't have access to the QVAD Review Board IMS, you will need:

- A working printer
 - The ability to scan.
1. **Complete** the form online
 2. **Print** the form
 3. **Sign** Part E of the form
 4. **Scan** the entire form (not just the signature page)
 5. **Upload** the form to the QVAD Review Board IMS.

If you do not have the technology available to scan the form please contact the Office of the Voluntary Assisted Dying Review Board by email at VADReviewBoard@health.qld.gov.au

1. Person requesting access

1.1 VCASE Number:	
1.2 Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify):
1.3 Given name:	
1.4 Preferred name(s):	
1.5 Family name:	
1.6 Date of birth:	

2. Contact details

2.1 Phone number:	
2.2 Email address:	

3. Home address

3.1 Address line 1: Street address	
3.2 Address line 2: Apartment, suite, unit etc.	
3.3 Suburb:	
3.4 State:	
3.5 Postcode:	

4. Mailing address

4.1 Address line 1: Street address, P.O. box etc.	
4.2 Address line 2: Apartment, suite, unit etc.	
4.3 Suburb:	
4.4 State:	
4.5 Postcode:	

5. Medical practitioner who received referral

5.1 VAD practitioner ID (if applicable):	
5.2 Ahpra registration number:	
5.3 Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify):
5.4 Family name:	
5.5 Given name:	
5.6 Practice postcode:	

6. Contact details

6.1 Phone number:	
6.2 Email address:	

7. Preferred mailing address

7.1 Address line 1: Street address, P.O. box etc.	
7.2 Address line 2: Apartment, suite, unit etc.	
7.3 Suburb:	
7.4 State:	
7.5 Postcode:	

8. Details of referral for consulting assessment

8.1 Date referral made:	
8.2 Date referral received:	

9. Details of referring practitioner

9.1 VAD Practitioner ID:	
9.2 Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify):
9.3 Family name:	
9.4 Given name:	

10. Outcome of referral for consulting assessment

10.1 I have decided to:

Accept the referral for consulting assessment

Refuse the referral for consulting assessment

10.2 If you are refusing the referral, what is the reason?

I am ineligible to act as a consulting practitioner (Refer **Appendix A** for practitioner eligibility criteria)

I conscientiously object to voluntary assisted dying or am otherwise unwilling to perform the duties of a consulting practitioner

I am unavailable or unable to perform the duties of a consulting practitioner

Note:

- If you have a conscientious objection to voluntary assisted dying, you must inform the person and coordinating practitioner that you refuse the referral **immediately after the referral is made**.
- In other cases, you must inform the person and the coordinating practitioner of your acceptance or refusal within **two (2) business days** after receiving the referral.

10.3 Date person was informed of decision to accept or refuse the referral:

DD/MM/YYYY

10.4 Date coordinating practitioner was informed of decision to accept or refuse the referral:

DD/MM/YYYY

A. Signature of medical practitioner

Signature:

Print name:

Date: DD/MM/YYYY

Appendix A: Practitioner eligibility requirements

There are eligibility criteria for a practitioner to act in the role of coordinating or consulting practitioner under [section 82](#) of the *Voluntary Assisted Dying Act 2021*.

A medical practitioner is eligible to act as a coordinating or consulting practitioner if they:

- meet registration requirements:
 - specialist registration and has practised for at least 1 year as the holder of that registration; or
 - general registration and has practised for at least 5 years as the holder of that registration; or
 - specialist registration and has practised for at least 5 years as the holder of general registration; or
 - overseas-trained specialist who holds limited registration or provisional registration; and
- meet the [approved medical practitioner requirements](#).

To be eligible, the medical practitioner must also ensure that in relation to each person requesting access to voluntary assisted dying, the practitioner:

- is not a family member of the person; and
- does not know or believe that they:
 - are a beneficiary under a will of the person; or
 - may otherwise benefit financially or in any other material way from the death of the person, other than by receiving reasonable fees for the provision of services as the coordinating practitioner or consulting practitioner for the person.

Privacy Notice

The information collected on this form and other forms required under the *Voluntary Assisted Dying Act 2021* (VAD Act) is collected for, or by Queensland Health through the Voluntary Assisted Dying Review Board (the Board) and the Office of the Voluntary Assisted Dying Review Board for the purpose of meeting its obligations under the VAD Act and may be shared with other government agencies for that purpose and to enable the Board to meet its legislative obligations under other legislation. Information from this form may be provided to registered health practitioners authorised under the VAD Act, QVAD-Support and the person's nominated contact person to facilitate operations under the VAD Act. Personal information collected by Queensland Health will be securely stored and handled in accordance with the *Information Privacy Act 2009* (Qld). For information about how Queensland Health protects your personal information, or to learn about rights to access your own personal information, please see our website at

<https://www.health.qld.gov.au/global/privacy> and <https://www.health.qld.gov.au/system-governance/contact-us/access-info/rti-application>.