

Care Standards

Assisted Dying Service September 2026

Safe
Effective
Caring
Responsive
Well-led

TABLE OF CONTENTS

THE JERSEY CARE COMMISSION	3
THE JERSEY CARE COMMISSION'S GUIDING PRINCIPLES:	3
INTRODUCTION TO ASSISTED DYING CARE STANDARDS	4
SCOPE.....	6
WHAT IS AN ASSISTED DEATH?..	7
SAFE.....	9
STANDARD 1. STATEMENT OF PURPOSE	9
STANDARD 2. LEARNING ORGANISATIONAL CULTURE	11
STANDARD 3. SAFE SYSTEMS, PATHWAYS AND TRANSITIONS.....	13
STANDARD 4. SAFEGUARDING.....	16
STANDARD 5. COERCION	18
STANDARD 6. INVOLVING PEOPLE TO MANAGE RISKS	20
STANDARD 7. SAFE ENVIRONMENTS	22
STANDARD 8. INFECTION PREVENTION AND CONTROL	25
STANDARD 9. SAFE AND EFFECTIVE STAFFING.....	29
STANDARD 10. CONSCIENTIOUS OBJECTION RELATING TO ASSISTED DYING	33
STANDARD 11. MEDICINES OPTIMISATION	35
STANDARD 12. ASSESSING NEEDS	39
EFFECTIVE.....	41
STANDARD 13. DELIVERING EVIDENCE-BASED CARE AND TREATMENT.....	41
STANDARD 14. MENTAL HEALTH CAPACITY IN THE CONTEXT OF AD	43
STANDARD 15. HOW STAFF, TEAMS AND SERVICES WORK TOGETHER	46
STANDARD 16. SUPPORTING PEOPLE WITH END-OF-LIFE CHOICES	48
STANDARD 17. MONITORING AND IMPROVING OUTCOMES	50
STANDARD 18. CONSENT TO CARE AND TREATMENT	52
STANDARD 19. RIGHT TO CONFIDENTIALITY	55
CARING	57
STANDARD 20. TREATING PEOPLE AS INDIVIDUALS	57
STANDARD 21. KINDNESS, COMPASSION AND DIGNITY IN CARE	60
STANDARD 22. INDEPENDENCE, CHOICE AND CONTROL.....	63
STANDARD 23. RESPONDING TO PEOPLE'S IMMEDIATE NEEDS	66
STANDARD 24. WORKFORCE, WELL-BEING AND ENABLEMENT.....	68

RESPONSIVE	71
STANDARD 25. CARE PROVISION, INTEGRATION AND CONTINUITY	71
STANDARD 26. PERSON-CENTRED CARE	74
STANDARD 27. PROVIDING INFORMATION	76
STANDARD 28. LISTENING TO AND INVOLVING PEOPLE	79
STANDARD 29. EQUITY IN ACCESS	81
STANDARD 30. EQUITY IN EXPERIENCES AND OUTCOMES	83
WELL-LED..	81
STANDARD 31. SHARED DIRECTION AND CULTURE	85
STANDARD 32. CAPABLE, COMPASSIONATE AND INCLUSIVE LEADERS	87
STANDARD 33. FREEDOM TO SPEAK UP	89
STANDARD 34. THE LAW, SECOND OPINION AND APPEALS	91
STANDARD 35. EQUALITY, DIVERSITY AND INCLUSION IN THE WORKFORCE	94
STANDARD 36. ASSISTED DYING WORKFORCE	96
STANDARD 37. GOVERNANCE, MANAGEMENT, AND SUSTAINABILITY	99
STANDARD 38. PROFESSIONAL REGULATION, REGISTRATION, CONDUCT AND CHECKS	103
STANDARD 39. PARTNERSHIPS AND COMMUNITIES	107
STANDARD 40. LEARNING, IMPROVEMENT AND INNOVATION	109
STANDARD 41. RECORD KEEPING, DOCUMENTATION AND FORMS	114

THE JERSEY CARE COMMISSION

The Jersey Care Commission's purpose is to:

- Provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services.
- Promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance.
- Work with service users and their families and carers to improve their experience of health and social care and achieve better outcomes.

The Jersey Care Commission's work is based on these core values:

- **A person-centred approach** – we put the needs and the voices of people using health and social care services at the heart of everything we do.
- **Integrity** – we are objective and impartial in our dealings with people and care providers.
- **Openness and accountability** – we act fairly and transparently and are responsible for our actions.
- **Efficiency and excellence** – we strive to continually improve and provide the best possible quality and value from our work.
- **Engagement** – we work together with, and seek the views of, those using, providing, funding, and planning health and social care services in developing all aspects of our work.

THE JERSEY CARE COMMISSION'S GUIDING PRINCIPLES

The Commission's guiding principles are the fundamental values that influence these Standards. They reflect people's rights and are central to this approach. The guiding principles support inspectors to answer five key questions: is the service safe, effective, caring, responsive and well-led?

- **Safe:** people are protected from abuse and avoidable harm
- **Effective:** care, treatment, and support achieve good outcomes, promote a good quality of life and are based on the best available evidence
- **Caring:** care is respectful, compassionate, and dignified
- **Responsive:** care meets people's unique needs
- **Well-led:** the leadership, management and governance of the service assure delivery of high-quality care, support learning and innovation and promote an open and fair culture.

INTRODUCTION TO ASSISTED DYING CARE STANDARDS

Following the approval of the Assisted Dying (Jersey) Law 2026, an Assisted Dying (AD) service will be set up in Jersey. This service will be provided by Health Care Jersey (HCJ) and will be registered as the provider with the Commission. The AD service will be registered as an independent regulated service and will be inspected separately from other registered HCJ services.

The AD service will be available to all Jersey residents who choose and are eligible for this end-of-life care option. To qualify for an assisted death, individuals will need to apply and be independently assessed as meeting the strict eligibility criteria as set out in the [Assisted Dying \(Jersey\) Law 2026](#).

The Commission has developed a set of standards which will be used to conduct an independent inspection of the AD service. These standards are categorised under five domains: Safe, Effective, Caring, Responsive and Well-led, which are currently used by the Care Quality Commission to evaluate a variety of health services in England. The Commission has adopted this approach and integrated these domains into its guiding principles, using them to inspect a range of services currently provided in Jersey; this approach will ensure that all inspections are consistent and equitable.

The AD care standards must be read in conjunction with [Assisted Dying \(Jersey\) Law 2026](#), [Regulation of Care \(Jersey\)](#), and other legislation relevant to individual standards.

These care standards have been written to:

- **Promote** the safety and wellbeing of people accessing care and support
- **Ensure** continuity of care before, during and after an assisted death, and support people who are declined an assisted death, along with the families and friends of people who have received an assisted death
- **Ensure** high-quality care is provided to people at each point of contact
- **Ensure** the requirements under the Law are being met by the provider
- **Empower** people to have high expectations of the care services in Jersey
- **Support** people to achieve their chosen care outcomes
- **Identify** what the provider must do to meet the high expectations of people who use care services in Jersey and comply with legislation
- **Ensure** people who use the service are safe and the professionals providing the service are compliant with the Law and their professional regulatory body
- **Set out** the structure to be used to regulate and inspect the care being provided.

These standards have been written in a format that promotes a person-centred approach to all aspects of care that is provided by the AD service.

The content of these standards has been developed by listening to people who receive health care services in Jersey. It has been influenced by the Jersey Citizens' Panel for Assisted Dying, End of Life (EOL) health and social care professionals, the experiences of people and their families who have used EOL services, and learning from international jurisdictions that currently provide, and have working knowledge and experience of, an AD service.

Each standard will:

- **Begin** with a clear statement in relation to the aspect of care
- **Explain** what the standard means to people who use the service
- **Detail** the relevant regulations that the standard covers
- **Define** what care providers must do in order to meet the expectations of people who receive care and the requirements of the Law and professional regulation.

Every standard commences with a statement, which outlines what providers must do to meet the legal requirements under the **Assisted Dying (Jersey) Law 2026** and to fulfil the expectations of people using the service.

Subsequently, an 'I' statement follows, describing the entitlements that people can rightfully expect from the service.

SCOPE

In scope:

AD care standards will apply to the provider (Health Care Jersey) of registered services under the [Regulation of Care \(Jersey\) Law 2014](#). The AD service is different to other hospital-delivered care, as it will be delivered in a wide range of settings including people's own homes, community care settings and possibly hospital and satellite sites. This list of settings is not definitive because the venue for an assisted death is determined by the person receiving it and is subject to appropriate approval and registration for use.

Although the AD service is being provided by Health Care Jersey (HCJ) as an outreach of the Jersey General Hospital, it will **not** be inspected using the Single Assessment Framework (SAF) as other Hospital, Ambulance and Adult Mental health services are by the Commission. The AD service will, however, be registered as a separate service, and have dedicated standards which will be used by the Commission to inspect it.

The AD service will have a strong relationship and interface with other services including acute, mental health, primary care, EOL, community services and home care, along with support in the community. This is often due to the complexity of an individual's care needs, which is supported and delivered by a multi-disciplinary team approach. It is therefore important that these relationships are maintained and that providers work collaboratively to ensure continuity of care, while a person is progressing through the AD application process.

To provide clarity the Commission will continue to inspect:

- hospital, ambulance and mental health services using the SAF
- EOL services using their service-specific EOL care standards
- home care and support in the community using their service-specific home care and support in the community care standards
- the AD service using the AD care standards.

WHAT IS AN ASSISTED DEATH?

Definition of Assisted Dying

According to Article 2 of the **Assisted Dying (Jersey) Law 2026**, an individual is eligible for an assisted death if they meet the criteria under this Article (“criteria for assisted dying”).

Criteria for assisted dying

- (1) An individual is eligible for assisted dying if they meet the criteria under this Article (“criteria for assisted dying”).
- (2) The health criteria are that, when the individual is assessed –
 - (a) they have a physical condition that is expected to cause their death within the required period of –
 - (i) 6 months; or
 - (ii) 12 months if the condition is neurodegenerative;
 - (b) they believe that –
 - (i) they cannot bear the suffering that the condition causes them; or
 - (ii) they would not be able to bear the suffering that the condition is expected to cause them; and
 - (c) if treatment could extend their life beyond the required period, or make their suffering from the condition bearable, they believe that they would not be able to bear the suffering that the treatment is expected to cause them.
- (3) The capacity criterion is that, when the individual is assessed, they have capacity to decide to end their life by assisted dying.
- (4) The decision criteria are that, when the individual is assessed –
 - (a) they have decided to end their life by assisted dying; and
 - (b) the decision is –
 - (i) voluntary;
 - (ii) clearly expressed;
 - (iii) settled (by being maintained consistently since their first request for assisted dying); and
 - (iv) informed.

- (5) The age criterion is that the individual is aged 18 years or older when they make a first request for assisted dying.
- (6) The residency criterion is that the individual was ordinarily resident in Jersey for the 12 months immediately before the following –
 - (a) their first request for assisted dying, if they are at step 1;
 - (b) their assessment if they are at step 2 or 3;
 - (c) their second request for assisted dying, if they are at step 4;
 - (d) the signing of the form (which includes the individual's care plan), if they are at step 6; or
 - (e) the carrying out of the individual's assisted death, if they are at step 7.
- (7) In this Article –
 - “ordinarily resident in Jersey” includes the meaning given in Articles 2 and 3 of the **Long-Term Care (Residency Conditions) (Jersey) Regulations 2013**, as if they applied for the purposes of this Article;
 - “physical condition” means 1 or more diseases, illnesses, lesions, injuries, disorders or other conditions that –
 - (a) are physical; and
 - (b) for clarity, are not solely mental (such as disorders of anxiety, depression, eating, personality, post-traumatic stress and psychosis).

SAFE

Standard 1. Statement of Purpose

We have a clear Statement of Purpose that describes and specifies the service being provided. This is supported by a mission statement, set of objectives, goals and values. This information is accessible to everyone.

What this means to people:

- I know how and where to access clear and comprehensive information about the AD service.
- I understand the service being provided and the quality of care I can expect to receive.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Part 2 Division 1 (steps 1 -8)

Assisted Dying (Jersey) Law 2026 Article 41

Assisted Dying (Jersey) Law 2026 Article 60

Assisted Dying (Jersey) Law 2026 Article 61

Regulation 3 Conditions of Registration

Regulation 5 Conduct of Regulated Activity

Regulation 6 Openness and Transparency

Regulation 8 Person-Centred Care

Regulation 17 Workers

Regulation 18 Premises and Equipment

1.1 Provider requirements, documentation and evidence:

The provider has a written Statement of Purpose that is based on core values and guiding principles. The Statement of Purpose contains the following information:

General service information:

The address and contact information (including a telephone number and email address) for the AD service. The organisational structure for the service.

Mission and vision for the service:

A mission statement that defines the core values of the service, including what the service currently does and who the service is for. Provider's vision setting out the service's long-term aims, objectives and goals.

Scope of service:

Detailing the 8-step process model as set out in [Assisted Dying \(Jersey\) Law 2026](#), ([Part 2 Division 1](#)). This stepped model is in 2 phases: [Phase 1 \(steps 1-5 inclusive\)](#) being categorised as the request, approval and assessment steps. [Phase 2 \(steps 6-8 inclusive\)](#) being the planning and delivery phase.

Registration of service information:

Accountable officer / registered manager, responsible officer, and employee details (including name, role, qualifications and registration with professional regulatory body details) are recorded on a confidential register or system to protect the identity of staff, as required under [Article 60](#) and [61](#) of the [Assisted Dying \(Jersey\) Law 2026](#).

The Commission may under certain circumstances as set out in [Article 41](#) of the [Assisted Dying \(Jersey\) Law 2026](#), request access to the register, as an integral part of an inspection.

Standard 2. Learning organisational culture

We have a positive and proactive culture towards safety, which is based on openness and honesty. We listen to safety concerns, report safety events and investigate them thoroughly. We act and learn from them to improve. We strive for excellence.

What this means to people:

- I feel safe and know how to voice my safety concerns.
- I am confident that the service takes them seriously and will act upon them and learn from them.
- I receive feedback on the outcome.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 93

Assisted Dying (Jersey) Law 2026 Article 97 (1) a-b

Assisted Dying (Jersey) Law 2026 Article 97 (2) a-c and (3)

Regulation 8 Person-centred care

Regulation 9 Personal plans and care records

Regulation 17 Workers

Regulation 22 Complaints and representations

Regulation 71 Requirements in respect of complaints procedure

2.1 Provider requirements, documentation and evidence:

Information is held in the public domain to inform people how to raise a concern about the AD service with the provider and/or the Commission.

Clinical and environmental risks are assessed as an integral part of the AD service. Preventative safety measures are taken to reduce, manage or mitigate the risk. Risks that cannot be effectively managed, reduced or removed are escalated as standard practice.

Robust arrangements are in place to review and investigate safety and safeguarding incidents that arise. All relevant staff, services, partner organisations and people who use services are involved in reviews and investigations as appropriate.

There is a system in place for the reporting of “Never Events” and Serious Incidents. The organisation has a Safety Thermometer (or equivalent). Data is systematically collected for various relevant indicators. The AD service contributes to this as required.

Organisational learning is evident and themes or system failures are identified through investigations and Root Cause Analysis. Based on the findings, action is taken to address any underlying Root Causes to improve and maintain safety. Learning is cascaded and shared effectively through training and development of staff across the organisation. Staff actively participate in and learn from reviews and investigations conducted by their own and other services and organisations. The AD service also uses learning from other international jurisdictions to improve care.

Recommendations and safety measures that impact safety and practice from external/national safety alerts, recalls, inquiries, investigations, or reviews are implemented in a timely manner.

Duty of candour is embedded and present within practice. Transparency, honesty and openness are exercised when communicating with individuals receiving care and their families. In the event of adverse incidents, there is organisational commitment to promptly inform affected parties, provide honest and clear explanations, and identify and agree appropriate resolutions and a way forward.

The service values and proactively promotes a culture where people feel free to express their concerns, suggestions, or feedback without fear of reprisal. Open and dedicated channels for communication are established to encourage a free flow of information, contributing to a more collaborative and responsive healthcare environment.

Mortality and morbidity rates are reported for the organisation. Each assisted death will be reported on separately, although included within the overall rates, by the AD Review Panel. [Articles 93 and 97](#) of the [Assisted Dying \(Jersey\) Law 2026](#) set out the requirements for the Minister to establish an AD Review Panel and what it should report on. Recommendations from the panel will be shared with the provider to enable the AD service to improve.

Standard 3. Safe systems, pathways and transitions

We work with people and our partners to establish and maintain secure care systems. We manage and monitor systems to ensure safety. We aim to make the care system easy and safe for people to navigate when moving between different services and provider organisations. We provide continuity of care.

What this means to people:

- I know what to do and who I can contact when I need care and realise that things might be at risk of going wrong, or my health condition may be worsening.
- When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.
- I know how to contact the AD service.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 13 1 – 4

Assisted Dying (Jersey) Law 2026 Article 14 (1) and (2)

Assisted Dying (Jersey) Law 2026 Article 37 (2) a-b

Assisted Dying (Jersey) Law 2026 Article 82 (1)

Regulation Schedule 1

Regulation 8 Person-centred care

Regulation 15 Shared responsibilities

3.1 Provider requirements, documentation and evidence:

AD staff receive effective training on safety systems, processes, and practices that specifically relate to health and safety. AD staff understand their roles, responsibilities and accountability for safety. Staff know how to raise concerns around safety incidents, 'near events' and issues relating to health and safety, including the recording and reporting of safety issues both internally and externally as required.

The track record on safety is continually assessed and reviewed. Performance is monitored against safety goals.

A safety system is in place that provides governance and monitors the performance of the AD service. Data collection includes performance monitoring, Datix information, Serious Incident records, audits, service reviews, complaints and training, which is evaluated as part of this process.

The safety performance of the service is comparable with similar AD services and is benchmarked against international organisations delivering an AD service. Appropriate action is taken to fully understand any variance.

People are supported to access seamless care when transitioning between services and organisations. People who apply for an assisted death are not discriminated against and are able to access a full range of appropriate care. This is likely to include services such as EOL, primary care, acute care, mental health and community services. Professionals continue to plan and provide care for people who choose an assisted death until this is achieved, [Assisted Dying \(Jersey\) Law 2026 Articles 28, 29 and 37](#) and [Regulation of Care \(Jersey\) 2014](#).

A record keeping policy is in place and staff are appropriately trained. The AD service opens an individual and separate AD health care record for any person applying to have an assisted death ([Assisted Dying \(Jersey\) Law 2026 Article 82](#)). Individual care records, including clinical data, are written and managed to ensure there is accurate recording of information and compliance with the professional's regulatory requirements. The AD health care records, including forms, are audited as part of an assisted death review ([Assisted Dying \(Jersey\) Law 2026 Article 13](#)).

Information required to deliver safe care and treatment is available to the AD team in a timely and accessible manner. This includes test and imaging results, care and risk assessments, care plans, and case notes.

When people move between teams, services, and organisations (such as referral, discharge, transfer, and transition), all necessary information required for their ongoing care follows and is communicated appropriately, promptly, and in accordance with relevant protocols.

The AD service has policies and procedures in place that support the delivery of safe clinical care that reflects the latest research evidence.

The AD team has access to 24/7 mental health liaison and other specialist mental health services. The team knows how to make an urgent referral and receive a timely response from mental health services if they are concerned about risks associated with a person's mental health. This is particularly important for people applying for an assisted death when there is a higher risk of changes to their mental health.

As part of the wider health care system, there is a standardised approach to the detection of people with deteriorating or worsening conditions. There is a clearly documented process for escalation and response which the AD service adheres to.

Treatment escalation plans are openly discussed and agreed upon with people, recorded and communicated to relevant professionals as required. [Assisted Dying \(Jersey\) Law 2026 Article 14](#) requires consent to share information about an assisted death with another person. The individual consent is recorded in a form signed by the individual, which is added to the person's AD health care records. This process must be followed each time a request is made to share individual information.

Standard 4. Safeguarding

We protect people who use the AD service from avoidable harm. We work with people to understand what safety means to them and work with our partners to make it happen. We protect people's right to live safely, free from bullying, harassment, abuse, discrimination, and neglect. We make sure that we share concerns quickly and appropriately.

What this means to people:

- I feel safe.
- I am listened to, respected and know that my identity and personal safety matters.
- I am kept safe from avoidable harm and discrimination.

Relevant regulatory requirements

Discrimination (Jersey) Law 2013

Mental Health (Jersey) Law 2016

Assisted Dying (Jersey) Law 2026 Article 45, 46, 63, 64, 66 and 67

Regulation 9A Need for consent

Regulation 8 Person-centred care

Regulation 11 Safeguarding

4.1 Provider requirements, documentation and evidence:

Staff have received the required level of safeguarding training and adhere to all relevant legislation and local requirements as set out by Safeguarding Partnership Jersey. This is recorded within the organisation's mandatory training records.

Safety and safeguarding systems, processes and practices are comprehensively developed and effectively implemented across the AD service. These systems align with relevant legislation and local requirements from Safeguarding Partnership Jersey. They are designed to protect people from coercion ([Assisted Dying \(Jersey\) Law 2026 Articles 45 and 46](#)), abuse, neglect, harassment, and breaches of their dignity and respect.

Measures are in place to protect people from discrimination, which could amount to abuse or cause psychological harm. This includes addressing harassment and discrimination related to protected characteristics under the [Discrimination \(Jersey\) Law 2013](#).

AD staff understand their accountability and responsibilities to keep people safe and adhere to the safeguarding policies and procedures, in addition to collaborating with other agencies as necessary.

AD staff identify adults at risk of experiencing significant harm. They collaborate with other agencies to ensure these people receive appropriate help, support and protection.

AD staff have received training to raise awareness of the potential needs of individuals with mental health conditions, learning disabilities, autism, and dementia ([Mental Health \(Jersey\) Law 2016](#)). This is recorded in the training records for the organisation.

Standard 5. Coercion

We protect people who choose an assisted death from coercion. We work with people to understand what coercion means. We know how to recognise and deal with coercive behaviour from people or professionals and act on it appropriately.

What this means to people:

- I feel safe.
- I am protected from avoidable harm and coercive behaviour from others who do not share my point of view.
- I am supported to exercise choice.

Relevant regulatory requirements

Discrimination (Jersey) Law 2013

Assisted Dying (Jersey) Law 2026 Article 36 -37

Assisted Dying (Jersey) Law 2026 Article 45 - 46

Assisted Dying (Jersey) Law 2026 Article 63 - 64, 66 - 67

Regulation 9A Need for consent

Regulation 8 Person-centred care

Regulation 11 Safeguarding

5.1 Provider requirements, documentation and evidence:

The AD team works to the definition of coercion as cited in [Assisted Dying \(Jersey\) Law 2026 Articles 45 and 46 \(see appendices for definition in Law\)](#).

There are policies and procedures in place to deal with coercive behaviour, including escalation to the Police and the adult safeguarding team.

AD staff are trained to understand their roles and responsibilities relating to safeguarding and coercion. The team acts upon concerns, escalates them and collaborates with other agencies as necessary.

The wider care system has mandatory training on coercion, including what constitutes it and how to act on it.

There is access to training and raising awareness on the [Assisted Dying \(Jersey\) Law 2026](#) and the AD service. This is offered to professionals who are not part of the AD service and those who are exercising conscientious objection.

Training includes understanding professional responsibilities as set out in the [Assisted Dying \(Jersey\) Law 2026 Article 36 \(right to refuse to participate\)](#), [Article 37 \(Meaning of participation\)](#), along with professional body regulatory requirements in relation to conscientious objection (see definition in appendices). The employer provides support and a working environment that enables employees to exercise conscientious objection appropriately and safely.

AD staff complete a bespoke mandatory training package prior to registering as an AD practitioner.

Robust safeguarding arrangements, systems, processes, and practices are in place within the AD service and are designed to protect people from coercion ([Assisted Dying \(Jersey\) Law 2026 Article 45 and 46](#)), abuse, neglect, harassment, and breaches of their dignity and respect. Regular reviews and monitoring are used to continually enhance, improve and reflect best practice. These systems align with legislation and the local requirements of Safeguarding Partnership Jersey.

Measures are in place to protect people from discrimination, which could amount to abuse, or cause psychological harm. This includes addressing harassment and discrimination related to protected characteristics under the [Discrimination \(Jersey\) Law 2013](#).

The AD team is trained to understand its roles and responsibilities relating to safeguarding and coercion. The team acts upon concerns, escalates them and collaborates with other agencies as necessary.

The [Assisted Dying \(Jersey\) Law 2026 Article 64](#) states that there must be general guidance:

- About how to identify:
 - Risk factors that increase the likelihood of someone's exposure to coercive control, or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - Whether someone has been coerced or pressured to do something.
- There is coercion guidance available for families and carers of the individual having the assisted death.

Standard 6. Involving people to manage risks

We work with people to identify, understand and manage risks. We think about the person as an individual and as a whole person, so that care is safe, supportive and helps people do the things that matter to them.

What this means to people:

- I can get information and advice about my health, care and support.
- If my treatment or medication changes, I understand why and have been involved in the decision.
- I can expect to receive support delivered by considerate and competent people.
- I feel empowered to make choices about my health.
- I understand that I can choose (under the Law) to have an assisted death if I meet the eligibility criteria.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Part 2 Division 1 and Article 17

Assisted Dying (Jersey) Law 2026 Article 8 (2) e and g and (4)a

Assisted Dying (Jersey) Law 2026 Article 23 (2 -4)

Assisted Dying (Jersey) Law 2026 Article 23 (5)

Assisted Dying (Jersey) Law 2026 Article 99

Regulation 7 Respect and involvement

Regulation 9A Need for consent

Regulation 8 Person-centred care

Regulation 11 Safeguarding

Regulation 18 Premises and equipment

6.1 *Provider requirements, documentation and evidence:*

Comprehensive risk assessments are implemented for people who use the service.

Strategies are employed by the AD service to identify potential risks and hazards in collaboration with people.

Providers must ensure that a person-centred/person-driven approach is adopted in the planning and delivery of care within AD services. In accordance with the [Assisted Dying \(Jersey\) Law 2026 \(Division 1. Part 2, steps 1-8 and Article 17\)](#), the process is initiated and directed by the individual.

The individual must decide independently to initiate contact with the service and progression through each stage of the process must only occur following a clear, formal request from the person to move to the next step. Providers must respect that the pace and progression of the application is entirely controlled by the person, who must be able to pause, withdraw or discontinue the process at any time, without pressure or detriment. If the person chooses to stop, the process will end. This decision is documented in writing and forms are completed and countersigned.

There is collaboration with multi-agency partners to access specialist support, ensuring a comprehensive and tailored approach to person-centred care. Specialist support can include advocacy services, communication support and interpreting services. The [Assisted Dying \(Jersey\) Law 2026 Articles 23 and 99](#) state that when an independent advocate, communicator or interpreter is used, full documentation and completion of forms are required to ensure compliance.

The care environment is designed to promote safety while supporting people's needs and choices. A person who is eligible for an assisted death will decide the time and place of death ([Assisted Dying \(Jersey\) Law 2026 Article 8](#)).

Measures are in place to create a secure atmosphere, empowering people to voice concerns about their safety and well-being.

The care provider uses feedback and lessons learned from people to continuously improve its approach to managing risks and providing person-centred care.

Standard 7. Safe environments

We assess the environment to ensure it is safe and appropriate to provide care in. We detect and control potential risks prior to delivering care. We ensure that under our duty of care, equipment, facilities, and technology are appropriate for use and properly maintained to support the delivery of safe care. We protect people's personal information and records.

What this means to people:

- I feel safe in the environment I receive care in.
- I can identify the staff that care for me.
- I am protected from avoidable harm caused by the use of faulty equipment.
- I am protected from harm caused by any defect in the building where my care is provided.
- I can trust that my personal information is protected and secure.
- I can choose a setting/environment for my AD.
- I understand that if this choice is a private residence or setting, the provider of the AD service will not be responsible for any defects to buildings not under their authority.
- Staff who care for and support me are trained to operate the equipment I need and know what to do when things go wrong.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 8 (a)
 Assisted Dying (Jersey) Law 2026 Article 9 (4)
 Assisted Dying (Jersey) Law 2026 Article 37 (g)
 Assisted Dying (Jersey) Law 2026 Article 39
 Assisted Dying (Jersey) Law 2026 Article 40
 Regulation 7 Respect and involvement
 Regulation 9A Need for consent
 Regulation 8 Person-centred care
 Regulation 11 Safeguarding
 Regulation 18 Premises and equipment

7.1 Provider requirements, documentation and evidence:

Premises, facilities and equipment used by the AD service and that fall under the responsibility of the provider are appropriately maintained to provide optimum care and keep people safe. A schedule of work is in place that ensures facilities and equipment are maintained, depreciated and replaced in accordance with manufacturers' recommendations.

The AD service empowers people to choose where they wish to die. Facilities and premises chosen by the individual are assessed as safe and appropriate for use for an assisted death.

This includes residential tenancies, if this is the person's normal place of residence ([Assisted Dying \(Jersey\) Law 2026 Articles 8 and 39](#)). If the individual chooses a hospital environment for their assisted death, the hospital must provide a suitable environment, in a timely manner, that is appropriate for use. The provider must also protect other service users from exposure to this care and provide confidentiality for the individual having the assisted death.

Providers must ensure that all environments where AD care is delivered, including a person's own home, are clean, safe, calm and appropriate to meet the person's needs. Where care is provided in a domestic setting, the provider must take reasonable steps, within the context of the person's home environment, to support a space that is conducive to dignity, comfort and respect at the end of life.

Sanitary facilities, including bathing and toilet areas, used as part of care provision, must be clean and maintained in a way that minimises the risk of infection and supports safe use. Providers must ensure that appropriate infection prevention and control measures are in place, proportionate to the setting, including access to suitable hand hygiene facilities such as soap and water, hand sanitiser, or wipes for staff, the individual, and others present.

Safe access zones can be set up around environments to protect people who have chosen to have an assisted death ([Assisted Dying \(Jersey\) Law 2026 Article 40](#)).

AD health care records are always stored securely via a digital system or in a secure cabinet or locked room within a health care environment.

Sharps bins are used according to policy and stored away from public access. Sharps bins are available for use when caring for people at home.

Staff are aware of and comply with the correct procedure after sustaining a sharps injury.

In healthcare premises, AD staff are aware of the relevant evacuation procedures in the event of a fire. Staff are aware of any significant findings following the ward/area fire risk assessments and have completed an action plan to reduce risk.

The AD service ensures that people it cares for are not disturbed by unnecessary noise and light at night. Privacy, dignity and respect are maintained at all times by using curtains, screens and appropriate clothing. Permission is obtained before entering any private areas, for example bed spaces, bathrooms and cubicles. These principles apply to caring for people at home or in other care settings used by the AD service.

Pressure relieving equipment (including seating) is used appropriately in any care setting, to meet people's needs.

Syringe pumps that are used by AD staff are maintained in accordance with manufacturers' instructions and professional guidelines.

To support people's care, AD staff ensure that all personal aids are kept within easy reach, for example walking sticks, spectacles and hearing aids.

People can identify the AD staff caring for them. Staff identification badges are worn, and a Work Wear Policy is adhered to by all staff on health care premises. Staff providing AD services and caring for people in their chosen setting will be identified by name and job grade; this is to protect staff from being identified as working for the AD service.

Standard 8. Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of infection spreading. We escalate and share any concerns quickly with the right people.

What this means to people:

- I can expect to receive care and treatment in a clean and safe environment.
- I will not be exposed to a higher risk of infection when in hospital or in any other care setting.
- I can expect staff to protect me from the risk of infection whilst being cared for in my own home.
- I will be cared for in a way that reduces the risk of cross infection if I have a contagious condition.

Relevant regulatory requirements

Regulation 12 Cleanliness and infection control

Regulation 18 Premises and equipment

8.1 *Provider requirements, documentation and evidence:*

There is an infection control policy in place that the AD service adheres to in practice.

The AD service maintains high standards of cleanliness and hygiene at all times when providing care. Reliable systems are in place to prevent and protect people from contracting healthcare-associated infections.

The AD service has adopted the ten elements of standard infection control guidance that consider, monitor, and observe:

- infection risk and placement of the person
- hand hygiene
- respiratory and cough hygiene
- personal protective equipment
- safe management of the care environment including caring for people at home
- safe management of care equipment
- safe management of healthcare linen
- safe management of blood and body fluids
- safe disposal of waste (including sharps)
- occupational safety/managing prevention of exposure, including sharps.

The AD service promptly assesses people for infection risk in any care setting, including their own home. This assessment influences placement in accordance with clinical/care needs and spread of infection.

The AD service manages people with cross-infection risks (where applicable), and these include people that have been identified as having:

- unexplained diarrhoea, vomiting, an unexplained rash, and/or fever.
Respiratory symptoms and/or COVID
- known to have previously tested positive for a multi-drug-resistant organism (MDRO), for example Methicillin Resistant Staphylococcus Aureus (MRSA), Carbapenemase Producing Enterobacteriaceae (CPE)
- been an inpatient in any UK hospital or hospital elsewhere or are a known epidemiological link to carriers of CPE
- known or suspected infection or colonisation.

In a care setting, the AD staff use clinical hand-wash basins that are fit for purpose and not used for the disposal of other liquids. They are in a good state of repair, have mixer taps and no overflow or plug. They exist in all clinical areas and have wall-mounted soap and paper towel dispensers.

Clean handwashing facilities should be available to AD staff in people's homes. Where this is not possible, antibacterial hand-sanitising products should be used. This does not replace handwashing, which should be undertaken where possible.

Hand hygiene principles are followed and performed by the AD service:

- before touching the person
- before clean or aseptic procedures
- after body fluid exposure risk
- after touching the person
- after touching a person's immediate surroundings
- before leaving a person's home.

All personal protective equipment (PPE) used by AD staff is:

- located close to the point of use
- stored to prevent contamination in a clean, dry area until required (expiry dates must be adhered to)
- single-use only, unless specified by the manufacturer
- changed immediately after each use and/or after completing a procedure/task
- disposed of after use into the correct waste stream, for example domestic waste, offensive (non-infectious) or clinical waste
- discarded if damaged or contaminated.

Reusable PPE, such as non-disposable goggles/face shields/visors, are decontaminated after each use, according to the manufacturer's instructions. Specific PPE (gloves, apron, headwear, footwear, fluid-resistant surgical masks, higher-level protective masks, face shields and goggles) are worn appropriately and in accordance with the care provider's IPC policy.

Care equipment classified as single-use, single-patient use, reusable invasive and reusable non-invasive is disposed of, cleaned, disinfected or decontaminated according to the Infection Prevention and Control (IPC) policy. Systems are in place to clean and decontaminate equipment. These are subject to appropriate governance arrangements to ensure good quality control.

Safe management of linen is in place. Healthcare laundry is managed and segregated (clean linen, used linen and infectious linen) in accordance with the IPC policy. Clean linen is stored in a clean designated area, preferably an enclosed cupboard. Where a mobile unit for storage is in place, an impervious covering is used and able to withstand decontamination. The AD service adheres to this policy as required.

Spillages of blood and other body fluids are treated by AD staff trained to undertake this safely. Responsibilities for treating blood/body fluids are clear within each care setting. This is part of the AD service standard operating policies (SOP) or equivalent.

Arrangements for managing waste and clinical specimens are in place to keep people safe. This includes the classification, segregation, storage, labelling, handling, and, where appropriate, treatment and disposal of waste. The AD service adheres to this practice.

An occupational safety policy (prevention of exposure (including sharps)) is in place, and managers and staff are aware of it in the AD service.

The AD service implements isolation protocols for people diagnosed with infectious diseases. Clear signage and communication are in place to alert staff and visitors about isolation precautions. People are appropriately isolated. When isolation rooms are in short supply, there is evidence of the IPC team's documented risk assessments. Prioritisation of single rooms is reviewed daily.

All placement decisions and assessment of infection risk/status (including isolation requirements) are clearly documented in notes (digital and/or handwritten) and provided in handovers with other healthcare/ care providers. There is evidence of clinical judgement, integrated decision-making and assessment of infection risk, involving staff and the IPC team.

Routine cleaning and disinfection of surfaces and medical equipment is in place and adhered to by the AD service.

Standard 9. Safe and effective staffing

We ensure there are adequate numbers of suitably qualified, skilled and experienced staff to deliver safe, high-quality care in the AD service. We provide staff with supervision and training opportunities to support them to develop, maintain and update their knowledge and skills. We work collaboratively and in partnership with people to meet their care needs.

What this means to people:

- I feel confident that my care and treatment is always provided by suitably qualified, trained and skilled staff.
- I always receive safe care and treatment delivered by competent staff.
- I know that staffing levels and skills are planned and reviewed to provide safe care.
- I know who my named nurse or key worker is and how to contact them.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Part 1 (1)

Assisted Dying (Jersey) Law 2026 Articles 19-22 inclusive

Assisted Dying (Jersey) Law 2026 Article 35

Assisted Dying (Jersey) Law 2026 Article 52

Assisted Dying (Jersey) Law 2026 Articles 83-90 inclusive

Assisted Dying (Jersey) Law 2026 Article 61

Regulation 2 Fitness criteria

Regulation 8 Person-centred care

Regulation 17 Workers

9.1 *Provider requirements, documentation and evidence:*

There are workforce and business continuity plans in place that support continuity of care and contingency planning for the AD service. These plans provide for timely access to appropriately qualified staff, with arrangements that are responsive to people's needs and the requirements of the assisted dying pathway.

Safe staffing levels reflect service needs. Designated named roles and skill mix within the AD team and pharmacy service within the hospital, reflect the requirements as set out, identified and defined in [Assisted Dying \(Jersey\) Law 2026 Part 1](#).

AD staffing rotas are planned in advance and regularly reviewed, to ensure that people always receive safe care and staff do not work excessive hours across the total number of roles they hold. Actual staffing levels and skill mix accurately reflect the staffing rotas and cover is provided for staff absence. The staff rotas also need to take into account staff who are exercising conscientious objection as this affects the numbers of staff able to undertake certain activities and duties.

The AD service has cover arrangements for sickness, planned and unplanned absence in place to protect people's safety. These arrangements may include temporary overtime, or other strategies to ensure adequate coverage during absences or vacancies.

Established protocols are implemented that proactively manage gaps in service and staff shortages within the AD service. This is to ensure safety and continuity of care.

The AD service has arrangements in place for handovers and shift changes to ensure that this is safely managed. Change of practitioner is appropriately communicated with the person being cared for and documented on forms recorded in the AD health care records. (Assisted Dying (Jersey) Law 2026 Article 35).

Local induction policies ensure that all new AD staff are thoroughly orientated to the service's procedures, protocols and safety standards before commencing their duties.

HR policies and procedures are in place to promote safer recruitment practices within the AD service. These include references, Disclosure and Barring and professional registration checks. In partnership with HR, staff are supported to undertake recruitment, conduct investigations, undertake grievance/ disciplinary hearings and associated HR activities that support a fully functioning AD workforce.

AD staff have completed all relevant mandatory and statutory training. Staff in the AD service receive additional specific training on the Gold Standard Framework for EOL and palliative care, which is based on the 7 Cs model:

Communication - initiating early, honest conversations about the person's preferences, which are incorporated into the person's care plan.

Co-ordination - joining up care across hospital, hospice, AD service and community teams.

Control of symptoms - Minimising pain and discomfort.

Continuity of care - Providing seamless transitions between care providers.

Continued learning - ensuring staff are well trained and receive specific EOL training.

Carer support - assisting families and caregivers of the person.

Care of the dying - providing a dignified and respectful death.

AD staff have received training in communication skills, having sensitive conversations and breaking bad news.

There is a comprehensive system in place that records and validates the levels of training (including mandatory and statutory requirements) undertaken across the organisation and within the AD service.

Staff are valued and given opportunities for personal growth and development. Staff within the AD service are supported by an annual appraisal and personal development plan. Development can include one-to-one meetings, coaching, mentoring, clinical and professional supervision and revalidation.

The learning needs of staff in the AD service are identified and specified. Staff are allocated protected time to undertake training relating to their scope of work.

Poor or variable performance is managed in a timely way, and staff are supported to improve.

Safety is assessed and monitored when there are changes to the workforce or service provision. New services, such as AD, that are introduced, or existing services that are changed or modified, are continually reviewed and evaluated. People have their assessed needs, preferences and choices met by staff with the right knowledge, skills and experience.

The AD workforce can seek support from senior staff when dealing with challenging or complex situations such as medical emergencies, challenging behaviour or deteriorating health and wellbeing. AD staff know how to access help.

Systems and processes are in place to deal with conflicts of interest in the AD service. Compliance with the **Assisted Dying (Jersey) Law 2026 Articles 19–22** inclusive requires employees to disclose potential conflicts of interest on a dedicated form, signed by the employee, and to inform their employer. Disclosures of conflicts of interest need to be appropriately addressed, acted upon and communicated to the person receiving care.

The AD service can provide an alternative practitioner if it is felt to be in the best interest of the person or professional involved, ([Assisted Dying \(Jersey\) 2026 Law Article 35](#)).

The employer has a robust and comprehensive system in place that governs the registration of the staff, which includes the AD workforce.

Records and annual checks are completed for all professionals who are professionally regulated, specifically those practitioners and certifying doctors who are registered and employed to provide an AD service and assisted death. Employees of the AD service have a duty of care, as part of their professional regulation, to remain compliant with their professional regulatory body. In addition, staff must remain compliant with the Law. [Assisted Dying \(Jersey\) Law 2026 Articles 52, 83–90](#) inclusive. It is an offence not to tell the service about significant registration matters, including failure to disclose to the service and employer any changes relating to:

- registration
- significant registration matters
- changes to details on the register
- suspension or cancellation of registration
- surrender of their registration
- disclosure of information on register or about practice.

There will be a register of staff who are employed in the AD service ([Assisted Dying \(Jersey\) Law 2026 Article 61](#)). This will also record those staff who are prescribers and regulated by [Health Care \(Registration\) \(Jersey\) Law 1995](#). This register will protect staff confidentiality and will not be available in the public domain.

Standard 10. Conscientious objection relating to assisted dying

We ensure there are enough suitably qualified and skilled staff to deliver safe, timely and high-quality AD care.

We ensure staff understand and can exercise their right to conscientious objection, including in relation to named AD activities set out in Law.

We act as a responsible employer and meet our duty of care to staff.

What this means to people:

- I feel confident that my care and treatment is always provided by suitably qualified, trained and skilled staff.
- I know that staffing levels and skills are planned and reviewed to provide safe care.
- I know that I will be informed promptly by any professional exercising conscientious objection and will be appropriately signposted, referred or transferred to another appropriately qualified professional for care.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Articles 36 and 37

Health Care (Registration) (Jersey) Law 1995

Regulation of Care (Standards and requirements) Jersey Regulations 2018

10.1 Provider requirements, documentation and evidence:

The registered provider must ensure that staff are able to exercise their right to conscientious objection in relation to participating in the AD service, without discrimination, disadvantage, or detriment. Clear policies and procedures are in place to recognise, record, and respect such objections in a timely and appropriate manner.

Providers must take responsibility for workforce planning and service delivery arrangements to ensure that the exercise of conscientious objection by individual staff does not compromise access to care or the continuity of the AD pathway. The provider must demonstrate how it balances the rights of employees with its duty to deliver safe, lawful and person-centred care.

Clear policies and procedures are in place to support staff in exercising conscientious objection to participation in the AD service. The policy also needs to reference staff participating within the AD services, who can also exercise conscientious objection to certain named AD activities and exclusions as detailed in [Article 36 and 37 Assisted Dying \(Jersey\) Law 2026](#). These articles clearly define what constitutes participation and non-participation within the AD service.

The provider must ensure that all staff understand the distinction between participation and non-participation as set out in [Articles 36 and 37 of the Assisted Dying \(Jersey\) Law 2026](#), and that these legal definitions are applied in practice.

The provider must demonstrate how it balances staff rights with its duty to deliver safe, continuous care, ensuring that any exclusions to conscientious objection are upheld and that service delivery is not disrupted.

The provider must demonstrate that staffing levels and skill mix reflect the requirements of the assisted dying service and align with planned rotas. Arrangements must be in place to maintain safe staffing at all times, including the provision of appropriate cover for staff absence and for those who have exercised conscientious objection.

Standard 11. Medicines optimisation

We involve people in the planning of their care and ensure that medicines and treatments are safe and meet people's needs, capacity and choices. We provide information to people to enable them to understand why medication is needed and how to use it appropriately. If changes to medicines and/or treatments are required, we ensure that people are involved in the decision and understand why, and what this means for their care.

What this means to people:

- I am involved in the planning of my care and understand why I need a medicine or treatment.
- I feel safe and supported to understand and manage any risks.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening.
- If my treatment or medication has to change, I know why and am involved in the decision.
- I understand that the drugs given for an assisted death may be given 'off label'. I am informed, understand what this means and am able to give consent.
- I have the right under the AD Law to choose whether to self-administer the AD drugs or have them administered by an administering practitioner/qualified registered health professional.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 8 (2)
 Assisted Dying (Jersey) Law 2026 Article 12
 Assisted Dying (Jersey) Law 2026 Article 13
 Assisted Dying (Jersey) Law 2026 Article 34, 1-3 and 4
 Assisted Dying (Jersey) Law 2026 Article 93, 97 and 98
 Health Care (Registration) (Jersey) Law 1995
 Regulation 8 Person-centred care
 Regulation 9 Personal plans and care records
 Regulation 14 Management of medicines

11.1 *Provider requirements, documentation and evidence:*

There is an overarching Medicines Management Policy in place to ensure the safe and proper use of medicines and drugs. The AD service adheres to this policy which is supplemented by a SOP or equivalent document to support medicines management in clinical practice within the AD service.

Anticipatory prescribing, often referred to as “just in case medicines”, is in place for EOL care as appropriate. Medicine dosage is clearly written, and correct authorisation is in place to enable the administration of these drugs. The AD service acknowledges that the administration of anticipatory medicines will continue to be managed and administered by the current community provider. This will ensure the continuity of EOL care while an AD application is being processed.

Regular multi-disciplinary governance meetings are held to review the use of medicines and drugs within the hospital and AD service. The use and recording of the drugs used as part of an assisted death are reviewed by the Review Panel, as required by Law ([Assisted Dying \(Jersey\) Law 2026 Articles 13, 93, 97 and 98](#)). Drugs administered in an assisted death have been approved by the committee as required by Law.

Electronic Prescribing and Medicines Administration (EPMA) is used in clinical areas. Where the EPMA has not been implemented or does not have the required functionality, robust processes are in place to govern, record and support the safe administration of any medicines and drugs used by the AD service. The AD service uses a robust governance and record-keeping system for medicines management.

In all cases where medicines/drugs have been omitted, the reason for the omission is documented on the Electronic Prescribing and Medicines Administration (EPMA) or equivalent system.

Allergy status is also documented on the Electronic Prescribing Record (EPR) and patient clinical record system. This practice is adhered to by the AD service.

Medicines, including medical gases, emergency medicines, equipment and medicines-related stationery, for example prescription pads, labels and packing, are managed, ordered, transported, stored and disposed of safely and securely in accordance with the Medicines Management Policy. The AD service adheres to this policy.

All AD medicines and controlled drugs are locked, stored securely, at the correct temperature and comply with the standard for controlled drug administration, recording and checking. Anticipatory medicines will continue to be managed by the current provider and remain in a lockbox.

Drugs are never left or stored in a person's home by the AD service.

All IV infusions are stored in original boxes or appropriately labelled containers, with potassium-containing solutions kept separately from other solutions.

People in the AD service receive appropriate therapeutic drugs and physical health monitoring, with follow-up in accordance with current best practice. People's drugs are regularly reviewed, including the use of 'when required' and 'anticipatory' medicines by the current community provider.

In line with current national guidance and evidence, people receive specific information and advice about their medicines/drugs in a timely manner. As part of safer systems, professionals ensure that appropriate medicines management is in place, for people transferring between locations or changing levels of care.

People are supported and observed to ensure that they take their AD medication. If a person eligible for AD chooses not to take an AD drug, the drugs are appropriately discarded, refusal or inability to take the medication is recorded, and the AD process is stopped. The drugs are not left in people's homes and are disposed of appropriately by the administering practitioner. As part of AD care planning, there is provision under the [Assisted Dying \(Jersey\) Law 2026 Article 8](#) for people to choose whether to self-administer the AD drugs or have them administered by a practitioner/qualified health professional who administers the AD drug.

The AD service and other provider services ensure that people's behaviour is not controlled or otherwise negatively or adversely affected by excessive or inappropriate use of medicines and drugs. This could have a potential impact on an AD assessment.

The provider holds records on staff training, specifically prescribing, medicines management and Patient Group Directions (PGDs) relevant to each area of practice.

Staff in the AD service receive bespoke training on prescribing, storage, dispensing, administering, disposal and record keeping, including forms and signatures required, associated with the use of AD drugs and medicines. This is to ensure full compliance with the law ([Assisted Dying \(Jersey\) Law 2026 Articles 13, 93, 97 and 98](#)).

Drugs are appropriately prescribed, administered and supplied in line with the relevant legislation, [Assisted Dying \(Jersey\) Law 2026 Article 34](#), and the latest available evidence. Latest data may be drawn from research and assisted death reviews from international jurisdictions providing an AD service to support best prescribing practice (this may include data on the use of drugs that are ‘off label’).

Drugs approved for an assisted death are only dispensed to the prescriber, or another person who is a prescriber but did not prescribe the drugs. [Assisted Dying \(Jersey\) Law 2026 Article 34](#) defines a prescriber as a doctor or person registered as any type of independent prescriber under the [Health Care \(Registration\) \(Jersey\) Law 1995](#). The professional must also be a registered practitioner of the AD service.

Drugs used in an assisted death are only prepared and dispensed by a pharmacy professional at the hospital pharmacy. To prescribe, the professional may examine the individual and their medical records at one or more AD meetings and consult a pharmacy professional from the hospital for specialist advice and support as required ([Assisted Dying \(Jersey\) Law 2026 Article 34](#)). The pharmacy professional and prescriber complete and sign a form which specifies the names and details of the drugs used or returned.

For legal compliance ([Assisted Dying \(Jersey\) Law 2026 Article 12](#)), the administering professional must dispose of any remaining drugs, which were dispensed for an assisted death as soon as possible in line with service processes. Drugs used in an assisted death are reviewed by the Review Panel as part of the AD review process.

The AD service must ensure that all drugs used in an assisted death are subject to formal review as part of the AD quality assurance and governance processes. The service must have arrangements in place to ensure that these drugs are reviewed by the designated Review Panel as part of the AD review process, including consideration of appropriateness, safety, and compliance with established clinical protocols.

Standard 12. Assessing needs

We ensure people receive effective assessment, treatment and care by communicating with them to understand their health, care and wellbeing needs. We include people in the planning of their care based on their needs.

We assess and regularly review their needs to ensure treatment and care are fit for purpose.

What this means to people:

- I receive effective care and support that is based on assessed need.
- I get information and advice about my health, to help me remain as well as possible physically, mentally and emotionally.
- I have care and support that is coordinated and tailored to me as an individual.
- I experience everyone working together and in partnership with me, to meet my specific care needs.
- I have care and support that enables me to live as I want to, seeing me as a unique person with particular skills, strengths and goals.
- I am empowered to make choices and get the care, support and treatment that I need and want.
- I can choose to have an assisted death and my application will be assessed on the eligibility criteria.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Part 2 Division 1 Articles 3 -6

Assisted Dying (Jersey) Law 2026 Article 2 (1-7)

Assisted Dying (Jersey) Law 2026 Articles 4, 5 and 6

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9 Personal plans and care records

Regulation 13 Nutrition and hydration

Regulation 14 Management of medicines

12.1 Provider requirements, documentation and evidence:

People who choose an assisted death are actively engaged with, to understand their health, care, well-being and communication needs.

A person-centred approach is taken in the needs assessment, which considers people's unique preferences, priorities and conditions.

The AD service ensures that any care, treatment and support provided, aligns with the information gathered from needs assessments, engagement and listening to people's expressed needs.

As required in Law ([Assisted Dying \(Jersey\) Law 2026 Part 2, Division 1, Articles 3-6](#)), the AD service provides a minimum of two independent doctor-conducted needs assessments to establish whether the full eligibility criteria have been met ([Assisted Dying \(Jersey\) Law 2026 Articles 4, 5 and 6](#)). Second opinions and further information can be sought to aid the needs assessment and decision-making process and to satisfy the doctor that the decision to apply for an assisted death is voluntary, clearly expressed, settled, by being maintained consistently since the first request for an assisted death, and informed ([Assisted Dying \(Jersey\) Law 2026 Article 2](#)).

The AD service works in partnership with other organisations, to ensure that people's continuing care needs and EOL support are being met, whilst progressing with an application for an assisted death.

Assessments continue to ensure the ongoing effectiveness of care and treatment and to provide people with EOL options and choices.

Additional support is offered by the AD service for people applying for an assisted death. The AD service will ensure that individuals applying for an assisted death are aware of all their EOL care options.

EFFECTIVE

Standard 13. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment that matters to them. Our approach aligns with the law and follows the latest evidence-based practice and standards. We collaborate with other AD providers to learn from their experiences and adapt this to care provided in Jersey.

What this means to people:

- I am involved in the planning and am able to influence important decisions about my treatment and care.
- I am provided with information that allows me to make an informed choice.
- I can give or withhold my consent freely.
- I am confident that the care I receive is personalised to my preferences and supported by research evidence.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 2, Part 2 Division 1

Assisted Dying (Jersey) Law 2026 Article 9 and 13

Mental health Law (Jersey) Law 2016

Regulation 8 Person-centred care

Regulation 9 Personal plans and care records

Regulation 12 Cleanliness and infection control

Regulation 13 Nutrition and hydration

Regulation 14 Management of medicines

Regulation 16 Control and restraint

13.1 Provider requirements, documentation and evidence:

The AD service provides holistic and independent assessments for people in their care. The assessments consider people's physical, mental health and social needs, which are measured against the eligibility criteria for an assisted death. These assessments are delivered in line with legislation, ([Assisted Dying \(Jersey\) Law 2026 Article 2, Part 2 Division 1](#)), standards, and evidence-based guidance, including National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.

All assisted deaths are subject to audit and review at different stages within the 8-step assisted dying process model (see appendices for model). This is to provide governance assurance, safety and confirmation of eligibility. There are systems in place to document and allow audit at each step of the assisted dying process.

The [Assisted Dying \(Jersey\) Law 2026 Article 9](#) requires a final review to be carried out before the assisted death. Articles 13 and 97 set out the process for review after death, including an audit of forms, consents and signatures. The post-death review will be undertaken by the Review Panel, which reports to the committee. Full and final reviews will be shared with the AD service.

Nutrition and hydration needs in EOL care follow national and professional guidance, including those related to culture and religion. Any specific needs identified are incorporated into the AD care plan, to respect people's beliefs and wishes and to ensure that people remain comfortable and free from distress.

The AD service, as part of the assessment process, uses appropriate tools (such as DisDAT (Disability Distress Assessment Tool) and the Abbey Pain Scale), to assess pain levels in people who are non-verbal, ensuring there is a comprehensive approach to pain management. Pain is managed appropriately in line with best practice guidance.

People that need to move between services, continue to receive their regular home drug routine for pain relief.

The AD service uses available technology and equipment to enhance effective care and support people who are EOL and applying for an assisted death.

The AD service will refer people to the specialist palliative team for care as part of their ongoing EOL care, whilst they apply for an assisted death.

People with specialist EOL care needs are still referred to the hospital or hospice for care, if necessary, when applying for an assisted death.

The AD service, as part of personalised care, supports people to exercise choice until the end of life. This is particularly applicable to an individual who has been declined an assisted death due to eligibility.

Standard 14. Mental health capacity in the context of AD

We work with people to plan and provide mental health care and support. We protect the rights of people to ensure they are not discriminated against due to their mental health condition. We assume capacity and that people have the right to make their own decisions.

What this means to people:

- I am supported with my mental health and wellbeing.
- I have capacity and am involved in the planning of my treatment and care.
- I am provided with information that allows me to make an informed choice.
- If I lack capacity, my best interests will be protected, although I will not be assessed as eligible for an assisted death.
- Under certain conditions as set out in the AD Law, I can exercise a waiver of future capacity to consent.
- I can give or withhold my consent freely.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 2

Assisted Dying (Jersey) Law 2026 Article 4 and 5

Assisted Dying (Jersey) Law 2026 Article 8 (6)(a)

Assisted Dying (Jersey) Law 2026 Article 9 and 13

Assisted Dying (Jersey) Law 2026 Article 17

Assisted Dying (Jersey) Law 2026 Article 26 2 (a-e) and 3

Assisted Dying (Jersey) Law 2026 Article 31

Assisted Dying (Jersey) Law 2026 Part 2 Division 1 (3-6)

Mental health Law (Jersey) Law 2016

Discrimination (Jersey) Law 2013

Regulation 8 Person-centred care

Regulation 9 Personal plans and care records

Regulation 12 Cleanliness and infection control

Regulation 13 Nutrition and hydration

Regulation 14 Management of medicines

Regulation 16 Control and restraint

14.1 *Provider requirements, documentation and evidence:*

The AD service promotes and protects the rights of people in accordance with the [Mental Health \(Jersey\) Law 2016](#).

The AD service ensures there is no discrimination, including on the grounds of protected characteristics under the [Discrimination \(Jersey\) Law 2013](#). This applies to practice and when making decisions about care, treatment and AD.

The AD service adheres to the requirements of the [Capacity and Self Determination \(Jersey\) Law 2016](#) and the [Assisted Dying \(Jersey\) Law 2026](#) when dealing with capacity.

The AD service provides holistic and independent assessments for people in their care. The assessments consider people's physical, mental health and social needs, which are measured against the eligibility criteria for an assisted death. These assessments are delivered in line with legislation ([Assisted Dying \(Jersey\) Law 2026 Article 2, Part 2 Division 1](#)).

The AD service uses standardised and reliable tools to ensure accuracy and consistency when assessing mental capacity. Doctors who are independently assessing the individual for mental health and capacity can, with appropriate consent, request medical information from the specialist treating them. In the context of AD, the doctor will decide if the individual has capacity to make a decision based on their ability to: ([Assisted Dying \(Jersey\) Law 2026 Article 26](#));

- receive the information given to them under the Law about their decision and/or request
- understand the information and the matters relevant to their decision or request (including the effect of their decision)
- retain the information long enough to make their decision or request
- use or weigh up the information and matters in making their decision or request and
- convey their decision or request by any means and communication support required.

The [Assisted Dying \(Jersey\) Law 2026 Article 31](#) sets out provision in Law for an independent doctor within the AD service, to request further information (with appropriate consent) to determine capacity.

The [Assisted Dying \(Jersey\) Law 2026 Article 26](#) sets out the requirements for capacity. Within the Law ([Assisted Dying \(Jersey\) Law 2026 Article 8, 26](#)), there is provision to waiver future capacity to consent (at step 6). If the individual has capacity at the point of being eligible for assisted death but is likely to lose capacity due to their medical condition which will result in them not being able to give final consent, a waiver of future capacity to consent can be put in place (with appropriate forms, consents and signatories). This would be used at step 7 of the AD process.

The assumption of capacity can only be made provided that the practitioner finds no evidence of a lack of capacity whilst making their assessment. Although the capacity of a person is assumed, it is continually assessed and reviewed as part of the AD application process, until the person has been deemed eligible or not eligible for an assisted death.

The assessing doctor or administering practitioner needs to be satisfied that;

- At step 2 or 3 ([Articles 4 and 5](#)) the individual has the capacity to decide to end their life by assisted dying.
- At step 4 or 6 the doctors form a reasonable belief ([Article 17](#)) that an individual has the capacity to make a final request for assisted dying and for the individual to request to proceed to the next step.
- At step 6, the doctors decide that they are satisfied ([Article 8 \(6\)\(a\)](#)) that an individual has the capacity to make a final request for AD, including the requirement for waiver of future capacity to consent (appropriate forms, consents and signatories are in place); or
- At step 7, the doctors decide that they are satisfied ([Article 9 \(2\)\(a\)](#)) that an individual has the capacity to make a final request for assisted dying.

The AD service has established links with mental health and learning disability services to support people to access appropriate care and specialist support, including when applying for AD.

Standard 15. How staff, teams and services work together

We work in collaboration and partnership with teams and services to help people. We coordinate information sharing, with the person's knowledge and consent, so that people are not asked to repeat their story unnecessarily. We access the right information from the right professionals to support the decision-making and eligibility of an assisted death application. We respect confidentiality.

What this means to people:

- I am not asked to repeat my story unnecessarily, and the care I receive is based on teams working together and sharing information appropriately, with my knowledge and consent.
- I can expect that all information provided will be treated confidentially and held securely.
- My care records will be shared appropriately with my knowledge and consent and on a need-to-know basis.
- I can choose who knows about my assisted death application and this will be respected.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026

Regulation 8 Person-centred care

Regulation 15 Shared Responsibilities

15.1 Provider requirements, documentation and evidence:

The AD service works proactively to provide high-quality, clinically effective services. Service delivery is supported by a clinical handbook, Standard Operating Procedure (SOP), standards, pathways or equivalent to provide a consistent approach to service delivery and compliance with the Law, ([Assisted Dying \(Jersey\) Law 2026](#)). Staff fully understand their individual role and responsibilities within the AD service. People are directed to the right AD professional to meet their needs.

The AD service will work in partnership with other services, to support people to access the full range of appropriate EOL care. On contact with the AD service, people will be provided with information about AD, the application process and eligibility criteria to enable individuals to decide if an assisted death is right for them ([Assisted Dying \(Jersey\) Law 2026](#)).

People will receive consistent, coordinated, person-centred EOL care and support, when they use or move between different services, or are using the AD service.

The AD service will inform people and provide them with information, choice and options in relation to other EOL provision. The AD service will ensure that people are signposted to appropriate teams and services if they choose not to pursue an assisted death application or are assessed as being not eligible under the AD criteria.

The AD service ensures that people have access to coordinated EOL care whilst an assisted dying application is being processed.

The registered provider ensures that people with complex EOL care needs, receive prompt access to hospital screening and an MDT assessment (which includes the AD staff where appropriate) (EOL standard). This is to provide assurance that people have choice and access to a full portfolio of appropriate EOL care.

The AD service is involved in multi-disciplinary/interagency working as required, to facilitate comprehensive care for people with complex needs.

The AD service uses existing pathways to effectively refer people between specialities within the hospital that support EOL care.

People are informed and know when they need to seek help and are advised on what to do if their condition deteriorates. Clear communication is provided to empower people to take appropriate actions in response to changes in their health and wellbeing during EOL. The AD service works with other services and teams to ensure people get the help they need.

Standard 16. Supporting people with end-of-life choices

We support people to make choices at the end of life, including how they wish to be cared for and how they wish to die. We provide people with information to enable them to make end-of-life choices that are right for them. We support the management of people's conditions and symptoms to keep them comfortable and reduce distress.

What this means to people:

- I feel empowered to take control over my own health, EOL and death.
- I am helped and supported when I am unable to care for myself.
- I am encouraged to live independently for as long as I am able to do so.
- I am cared for compassionately and in a way that manages my symptoms and pain.
- My immediate family and close friends will be able to receive carer support when they need it.
- I can choose who I want to be involved in my assisted death.
- I am protected from coercion which could affect and influence my choice for an assisted death.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026

Assisted Dying (Jersey) Law 2026 Article 2

Assisted Dying (Jersey) Law 2026 Article 3 (1) a-b

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

16.1 *Provider requirements, documentation and evidence:*

The AD service will assess and support people who exercise choice and initiate contact with the service to request an assisted death as their preferred EOL treatment ([Assisted Dying \(Jersey\) Law 2026 Article 3](#)). The AD service will safeguard people from increased vulnerabilities, such as discrimination and coercion, when progressing with an application for an assisted death. As part of the application process, the AD service will ensure that people have the right information and understanding of all appropriate EOL services so that they are empowered and enabled to make an informed choice and explore all other options available to them.

As part of the AD application process, the [Assisted Dying \(Jersey\) Law 2026 Article 2](#) sets out the health criteria that people will be assessed against, which forms an essential part of the eligibility criteria for an assisted death, namely:

- They have a physical condition that is expected to cause their death within the required period of:
 - 6 months; or
 - 12 months if the condition is neurodegenerative
- They believe that they:
 - Cannot bear the suffering that the condition causes them; or
 - Would not be able to bear the suffering that the condition is expected to cause them; and
- If treatment could extend their life beyond the required period, or make their suffering from the condition bearable, they believe that they would not be able to bear the suffering that the treatment is expected to cause them.

The AD service will support people throughout their assessment and application process, enabling people to keep their options open. If an individual does not meet the eligibility criteria, the AD services will support them to access and explore other appropriate EOL treatment and care options that are available and appropriate for them.

The provider and AD service will support people to access appropriate EOL care including those in the last 12 months of their lives (Gold Standards Framework (GSF), Holistic Needs Assessment).

People are supported by EOL and the AD service to remain empowered and make choices on how to manage their own health, care, and well-being during EOL.

Standard 17. Monitoring and improving outcomes

We evaluate services, monitor outcomes and strive to continually improve. We routinely monitor people's care and treatment to continuously improve effectiveness and outcomes. We ensure that outcomes are positive, planned for and consistent, and that they meet both clinical expectations and the expectations of people.

What this means to people:

- I receive care and treatment that is constantly monitored so that improvements can be made.
- I receive the best care possible for my condition.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Articles 32 and 33

Assisted Dying (Jersey) Law 2026 Article 42

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

17.1 *Provider requirements, documentation and evidence:*

People who use the AD service fully understand the outcome of their treatment. The individual fully understands what an assisted death is.

The AD service has quality indicators that measure the quality and outcomes of the service which are broadly comparable to other similar services in international jurisdictions.

People who apply for an assisted death can request a second opinion following the outcome of an assessment. The service must:

- Have clear policies and procedures in place outlining the process for requesting, considering and responding to a request for a second opinion, in line with **Articles 32 and 33 of the Assisted Dying (Jersey) Law 2026**.
- Ensure that individuals are informed at the appropriate stage of the assessment of their right to request a second opinion following an outcome.
- Demonstrate that requests for a second opinion are managed promptly, fairly and in accordance with legislative criteria, including documenting the rationale when a request is accepted or refused.

- Ensure that the assessing doctor provides the individual with a written decision as soon as reasonably practicable, including clear reasons for that decision.
- Maintain accurate, contemporaneous records of all second opinion requests, decisions made, and communications with the individual, which must be confirmed in writing.
- Ensure that individuals are informed of their right to appeal a decision, including the relevant processes and conditions as set out in [Article 42 of the Assisted Dying \(Jersey\) Law 2026](#).
- Demonstrate that staff included in the process are appropriately trained and understand the legal requirements, including how to communicate decisions sensitively and clearly.

The provider and AD service must work collaboratively with Jersey's Public Health Directorate to support the collection and analysis of data relating to overall suicide rates in Jersey. Where appropriate and proportionate, this may include consideration of outcomes for individuals who have been assessed but did not proceed with an assisted death. This information will contribute to the ongoing monitoring and evaluation of the wider impact of AD services, ensuring that any unintended or adverse outcomes are identified, understood and addressed.

The AD service participates in relevant quality improvement initiatives, such as Jersey-wide and international clinical audits, benchmarking, approved accreditation schemes, peer reviews, research, trials and other quality improvement initiatives. All relevant staff are involved in activities to monitor and use information to improve outcomes.

Staff know how to refer to local services and are proficient in doing so when additional support is required, contributing to holistic care and better outcomes.

Standard 18. Consent to care and treatment

We give people information, choices and options to enable them to make an informed choice. We inform people about their rights regarding consent and always respect these rights when providing personalised care and treatment. We work with and support people if they wish to withdraw their consent to care.

What this means to people:

- I am given the right information so that I can make an informed choice and fully understand what I am consenting to.
- I am well-informed and understand my rights.
- I am cared for by staff and services that consistently respect and uphold my right of consent and choice.
- I understand I can change my mind and withdraw my consent at any time, in respect to any treatment or aspect of care.
- I understand that I need to request and consent to an assisted death.
- I understand that my consent and request to progress through each stage of the AD application process will be driven by me.
- I understand that my consent will be documented and witnessed throughout the AD process.
- I understand that I can consent to not being resuscitated and know what this means. If I choose this and it is appropriate for me, I will have a Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) in place to support this.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026

Assisted Dying (Jersey) Law 2026 Article 8 (g)

Assisted Dying (Jersey) Law 2026 Article 10 (2)

Assisted Dying (Jersey) Law 2026 Article 13 – 16 inclusive

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

18.1 Provider requirements, documentation and evidence:

Staff in the assisted dying service understand the relevant consent and decision-making requirements of legislation, national standards and guidance, including the [Mental Health \(Jersey\) Law 2016](#) and the [Assisted Dying \(Jersey\) Law 2026](#).

People who use the AD service are supported to make decisions in line with relevant legislation and guidance.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant local/national guidance.

When people lack the mental capacity to make a decision, AD staff will ensure that best-interest decisions are made in accordance with legislation. This will include the use of a waiver of future capacity to consent under [Assisted Dying \(Jersey\) Law 2026 Article 8\(g\)](#). This will only be used if the individual previously had capacity to make a decision and gave consent at step 6 of the AD application process, when they were accepted as eligible for an assisted death.

People requesting an assisted death will need to consent to each stage of the application process and request progression to the next step. Consent will be informed, formally documented and witnessed ([Assisted Dying \(Jersey\) Law 2026](#)).

At step 7, prior to carrying out an assisted death, the administering practitioner will check that all consents are in place at steps 6 and 7, and that the individual has capacity to give final consent or that there is a waiver of future capacity to consent in place that has been appropriately signed, witnessed and documented, before an assisted death takes place ([Assisted Dying \(Jersey\) Law 2026 Article 10](#)). As part of the review of an assisted death, all forms will be audited to ensure that the correct consent documentation was in place ([Assisted Dying \(Jersey\) Law 2026 Article 13](#)).

People requesting an assisted death must be informed that they can withdraw their consent at any point in the process by pausing, slowing, stopping or withdrawing from the process. The [Assisted Dying \(Jersey\) Law 2026 Article 15](#) sets out the process for withdrawing consent, pausing or stopping the AD process, including the signed documentation required to support this.

People who request an assisted death have the right to choose who they share their information with [Assisted Dying \(Jersey\) Law 2026 Article 14](#). The AD service needs to make a separate record in the individual's AD healthcare records each time consent is sought, and a form needs to be signed by the individual stating what consent has been given. This needs to happen each time consent is requested.

People who request an assisted death and are physically unable to sign a form may, under the [Assisted Dying \(Jersey\) Law 2026 Article 16](#), have another person sign on their behalf, provided the person:

- is over the age of 18 years
- is not
 - An AD practitioner or involved in the AD process; or
 - The witness to the form recording the individual's request to proceed from step 4 to the next step, second request for assisted dying.
- is
 - In person with the individual when the person is instructed by the individual to sign the form; and the person signs the form.

The provider has a Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) policy in place, which the AD service adheres to, and decisions are made in line with national guidance and with appropriate consent in place. DNA CPR audits are conducted regularly to ensure compliance with national standards. The audits record when DNA CPR forms are signed, including the number signed out of hours. This is to ensure that there is senior oversight of the decision-making process and the obtaining of consent.

Standard 19. Right to confidentiality

We work with people to ensure their information is safe. We respect and protect people's confidentiality and their right to share information with appropriate consent. We only share information on a need-to-know basis. We will ensure that people who work in the AD service have their identity protected, and that the register of employees is confidential to the provider, committee and the Commission.

What this means to people:

- I am confident that the people who care for me will respect my confidentiality.
- I can choose who I share my information with.
- I understand that my assisted death is confidential, and I can choose who I tell, including family and friends.
- I understand that if I choose not to share my information with relevant professionals, this could affect my assessment for eligibility for an assisted death if the assessing doctor requires further information about my health conditions, treatment or medication.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026
 Assisted Dying (Jersey) Law 2026 Article 61
 Assisted Dying (Jersey) Law 2026 Article 85
 Assisted Dying (Jersey) Law 2026 Article 86
 Data Protection (Jersey) Law 2018
 General Data Protection Regulation (GDPR) 2018
 General Medical Council code of conduct
 Nursing and Midwifery code of conduct
 Regulation 7 Respect and involvement
 Regulation 9A Need for consent

19.1 Provider requirements, documentation and evidence:

All staff within the AD service will adhere to the legal frameworks that govern healthcare confidentiality and protect people's information, such as the [Data Protection \(Jersey\) Law 2018](#) and the [General Data Protection Regulation \(GDPR\) 2018](#), which dictate how personal health data is processed, stored and shared.

AD staff will work in accordance with the professional codes of conduct set by their regulatory bodies, such as the General Medical Council and the Nursing and Midwifery Council.

A register of AD employees is required to be kept ([Assisted Dying \(Jersey\) Law 2026 Article 86](#)).

The following information will be stored on the register for each person registered for a role:

- (a) their name;
 - (b) their role;
 - (c) the name of the body that regulates their profession and, where applicable, their professional registration number in:
 - (i) Jersey; and
 - (ii) the United Kingdom;
 - (d) whether their contract of employment with the Service is a contract of direct employment or a contract for service;
 - (e) the interests (if any) that they disclosed in their most recent form under [Article 85](#);
 - (f) the date on which they were first registered for the role;
 - (g) for an assisted dying practitioner who has renewed their registration, one or more dates on which it was renewed;
 - (h) the dates on which they completed their initial training, and any continuing training, for the role under this Law;
 - (i) the date by which they must complete their next continuing training under this Law; and
 - (j) the date on which their registration for the role ended and the reason it ended, if applicable.
- (2) The service must record information on the register as soon as reasonably practicable after receiving it, as required by the Committee or under this Law.

This register will not be in the public domain, to protect staff confidentiality and safety. The register is required by the committee under the [Assisted Dying \(Jersey\) Law 2026 Article 61](#) and can be requested by the Commission as part of its inspection.

CARING

Standard 20. Treating people as individuals

We treat people as individuals and provide holistic care, support and treatment that reflect people's preferences and needs. We do not use a one-size-fits-all approach to the delivery of health care.

What this means to people:

- I am treated as a unique individual and am provided with person-centred care.
- I can freely express my views and voice my concerns, and I will be listened to.
- I am included in the planning of my care and treatments, which are tailored to meet my specific needs and preferences.
- I can choose to apply for an assisted death, and my preferences, beliefs and culture will be considered as part of my personalised care plan.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 2
 Assisted Dying (Jersey) Law 2026 Article 3-7
 Assisted Dying (Jersey) Law 2026 Article 8 step 6 and 2(f)
 Assisted Dying (Jersey) Law 2026 Article 23
 Regulation 7 Respect and involvement
 Regulation 8 Person-centred care
 Regulation 9A Need for consent
 Regulation 13 Nutrition and hydration
 Regulation 14 Management of medicines
 Regulation 16 Control and restraint

20.1 *Provider requirements, documentation and evidence:*

People who apply for an assisted death will be treated as individuals. All applications and assessments are person-centred. Information relating to the individual will be used to assess eligibility. Each application is considered separately and assessed by independent doctors. Eligibility is based on personal circumstances and the underlying medical condition.

The [Assisted Dying \(Jersey\) Law 2026 Articles 3–7](#) sets out clear, published definitions and the steps that must be followed, along with the eligibility criteria that must be satisfied and assessed as met by a minimum of two independent doctors.

The provider and AD service support people who have received a life-changing or end-of-life diagnosis ([EOL Care Standards](#)). Appropriate emotional care and psychological support are offered to enable people to express their views, be involved in decision-making about their care and treatment, explore EOL options that are appropriate for them, and access further services and support to the fullest extent possible.

People receiving EOL care are supported to address personalised concerns through regular interactions with healthcare professionals, including the AD service, and support organisations. Support can include issues relating to sexuality, body image and daily living activities that may be a priority for the individual.

People who choose an assisted death are supported throughout the process. People may choose not to tell close family and friends and, as a result, may become isolated and require higher levels of support. Care and support are tailored to meet their individual needs and preferences. All AD care plans reflect people's specific preferences, views and personalised care needs, and are jointly planned with the individual and fully documented ([Assisted Dying \(Jersey\) Law 2026 Article 8, step 6](#)).

People who approach, or at the individual's request are referred to, the AD service will be provided with information and supported to explore what an assisted death means for them. The AD service will ensure that the individual is informed of all EOL options and that there is an EOL offer in place from the palliative and primary care teams to ensure continuity of care while an application is being processed, or if their application is declined.

AD staff will communicate effectively with people. As an integral part of the AD application process, doctors will seek out and test people's understanding of an assisted death to provide assurance that the request is voluntary, clearly expressed, settled and informed ([Assisted Dying \(Jersey\) Law 2026 Article 2](#)).

AD staff proactively seek accessible ways to communicate with people, including when their protected equality or other characteristics make this necessary. There is provision within the [Assisted Dying \(Jersey\) Law 2026 Article 23](#) to ensure that advocacy and communication support, including interpreters, is available to support people with communication.

People who choose an assisted death will identify the people they wish to be involved. This is finalised at step 6, or earlier in the process if the individual chooses ([Assisted Dying \(Jersey\) Law 2026 Article 8](#)).

This can include, for example, family members, close friends, carers, advocates and representatives, all of whom will be welcomed and treated as important partners in the delivery of the assisted death. Compassionate support and relevant information are provided to those close to the individual having an assisted death. This will be in line with legal requirements, appropriate consent and restrictions on information sharing.

As part of individualised AD care planning, and to ensure that the individual's spiritual needs are met, care after death may include:

- Honouring the spiritual and cultural wishes of the deceased and their family and friends, while ensuring that legal obligations are met.
- Preparing the body for transfer to the mortuary or funeral directors' premises and, if appropriate, offering the family the opportunity to participate.
- Ensuring the privacy and dignity of the deceased.
- Honouring people's wishes for organ and tissue donation, in line with national and local guidelines.
- Returning the deceased person's possessions to relatives in a caring and sensitive manner.

The registered provider ensures that the AD service is accessible and available to everyone who wishes to apply. This includes hard-to-reach and vulnerable groups within the population, such as homeless people, people for whom English is not their first language, and people in prison.

Standard 21. Kindness, compassion and dignity in care

We always treat people with kindness, empathy and compassion. We respect people's privacy and dignity. We treat colleagues from other organisations with the same kindness and respect. We value and promote diversity.

What this means to people:

- I am always treated with kindness, empathy and respect.
- I am always enabled to follow my cultural, religious and personal beliefs.
- I receive care from compassionate staff.
- I know how to complain when things go wrong.
- I can choose a dignified death that is appropriate for me.
- I am aware of my rights as set out in the Patients' Charter.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026

Assisted Dying (Jersey) Law 2026 Article 2

Assisted Dying (Jersey) Law 2026 Articles 36–38 inclusive

Patients' Charter 2025

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

21.1 Provider requirements, documentation and evidence:

The provider and AD service promote a culture that treats people with respect and dignity and encourages a kind and compassionate approach to the delivery of health care. This is underpinned by adherence to the principles within the Patients' Charter, which outlines the rights of people using health care in Jersey, including the right to be treated with respect and dignity, to receive clear information and to expect the utmost care ([Patients' Charter 2025](#)).

The provider has a safer recruitment policy in place that includes values relating to diversity, dignity and respect, and this will be used to interview and recruit staff for the AD service.

The AD service will provide a duty of care to anyone who receives health care or applies for an assisted death. AD staff will work in accordance with the professional codes of conduct set out by their regulatory bodies, such as the GMC and NMC.

The AD service demonstrates sensitivity, kindness and compassion when supporting people with EOL choices and care. Holistic care includes emotional and psychological support, including counselling, for people who apply for an assisted death. Support and help are also made available to family members and others who are involved in an assisted death, and this may continue after the assisted death as part of ongoing bereavement care.

All staff, including those who conscientiously object to AD, exercise respect and show kindness to people requesting an assisted death and to colleagues who have chosen to work in the AD service ([Assisted Dying \(Jersey\) Law 2026 Articles 36, 37 and 38](#)).

AD staff demonstrate understanding and respect for the personal, cultural, social and religious needs of people, incorporating these considerations into the care plan for an assisted death.

AD staff consistently demonstrate understanding and maintain a non-judgmental attitude when interacting with people who request an assisted death. This reflects a sustained commitment to practising inclusive and compassionate care.

Information regarding personal, cultural, social and religious needs is incorporated into an AD health care plan. Recorded information can, with consent, be shared with other services or providers to support the delivery of EOL care.

AD staff consistently take the time to interact with people in a respectful and considerate manner. Staff exhibit an encouraging, sensitive and supportive attitude towards people who use services and those close to them.

AD staff act sensitively and provide empathy and care for people who may be frightened, confused or phobic about medical procedures, EOL care or dying. AD staff maintain a supportive environment to care for people's emotional health and well-being.

The **Assisted Dying (Jersey) Law 2026 Article 2** requires people to demonstrate that their decision to request an assisted death is:

- voluntary
- clearly expressed
- settled (being maintained consistently since their first request)
- informed.

This forms part of the assessment for eligibility, and the assessing doctor will need to differentiate between fear, confusion and capacity as part of their assessment.

People's privacy and dignity are respected and promoted by the AD service. The service and staff ensure that people's privacy and dignity needs are understood and consistently respected, including during physical or intimate care and examinations. This will be maintained throughout the AD application process and in the preferred place of death.

The provider proactively encourages all staff to raise concerns about any instances of disrespectful, discriminatory or abusive behaviour or attitudes, and appropriate action follows. As part of governance, the provider has robust systems in place for recording, dealing with and monitoring all complaints, including analysing themes and patterns and acting to prevent recurrence.

AD staff understand the impact that a person's care, treatment or condition will have on their well-being and on those close to them. Timely support and information, along with access to other services, are provided to help people cope. The AD service extends support to all those who are part of an assisted death, and this support may continue after the person has died, where appropriate.

Standard 22. Independence, choice and control

We empower people to know their rights. We promote people's independence by supporting them to exercise choice and take control over their own treatment and well-being. We offer all appropriate EOL care, including an assisted death. We support people through this last phase of life by helping them to plan how and where they would like to die.

What this means to people:

- I am informed about my rights, and they are communicated to me in a way that I understand.
- I am fully involved in decision-making about my care, treatment and death.
- I understand that I can apply for an assisted death and that I need to be assessed and eligible.
- I know what my EOL care options are and what they mean to me as an individual.
- I am encouraged to express my preferences about how and where I want to die, and I will be listened to and supported to plan for this.
- I am confident that I will be supported to remain independent for as long as possible and, when I am unable to maintain this, staff will act in my best interests and according to my wishes.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 8 (f)

Assisted Dying (Jersey) Law 2026 Article 23

Assisted Dying (Jersey) Law 2026 Article 26

Regulation 7 Respect and involvement

Regulation 7A Visitors and involvement in the community

Regulation 8 Person-centred care

22.1 *Provider requirements, documentation and evidence:*

The provider and AD service proactively inform people of their rights, and this is communicated in a way that people understand. This fosters a sense of empowerment and control over their care, treatment and well-being. There is provision within the [Assisted Dying \(Jersey\) Law 2026 Article 23](#) to ensure that people receive the right communication support throughout the AD process.

The AD service supports and encourages people to make informed choices that align with their personal beliefs, preferences and values. This information will be incorporated into care planning and recorded in the AD health care records ([Assisted Dying \(Jersey\) Law 2026 Article 8](#)).

Person-centred care planning, including the choice to take control over the last few months, is offered by all EOL providers. This may include the opportunity to create advance care plans (GSF core pillar) and advance directives, such as organ donation and DNA CPR. The [Assisted Dying \(Jersey\) Law 2026](#) does not make provision for an advance directive or “living will” that grants a future right to an assisted death. This is due to the strict application of the eligibility criteria for ongoing mental capacity and explicit consent. However, the Law does allow for a waiver of future capacity to consent to be used under certain conditions ([Assisted Dying \(Jersey\) Law 2026 Article 26](#)).

The individual may already have a DNA CPR in place as part of EOL care and may also have expressed a wish to be an organ donor. The AD service will support people with these advance directives at step 6 of the AD process ([Assisted Dying \(Jersey\) Law 2026 Article 8](#)). A DNA CPR can be put in place at this point within the AD application process. Discussions about organ donation will take place on an individual basis and in line with national and local organ donation guidelines.

The AD service has mechanisms in place to address any barriers that may limit independence, choice and access to appropriate services, as this may affect people’s decision to have an assisted death.

As part of the AD application process, the service ensures that people actively participate in decisions relating to their care, treatment and overall well-being, promoting a collaborative and empowering approach to care.

All providers acknowledge and respect people’s right to autonomy, decision-making and choice of EOL care that is right for them. The AD service will act to support people if this right is not being upheld or if the individual is being coerced.

The care provider upholds the principle of informed consent, recognising the individual’s right to refuse care and make decisions that other people may not agree with. This applies to AD.

Staff routinely involve people and those close to them, subject to consent, in planning and shared decision-making about their care and treatment. People feel listened to and respected, and have their views considered.

As part of exercising choice and control, people who choose an assisted death can identify individuals whom they want involved or informed. The [Assisted Dying \(Jersey\) Law 2026 Article 8](#) requires that this is documented and reviewed at step 5 of the process.

The AD service actively facilitates visits from professional services and makes sure that individuals receive professional support from a diverse range of practitioners, for example, lawyers, priests and healthcare professionals.

People are assured that information about them is treated confidentially in accordance with the [Data Protection \(Jersey\) Law 2018](#). Staff actively support people in making and reviewing choices about sharing personal information.

Standard 23. Responding to people's immediate needs

We listen to people to understand their needs and priorities. We take people's views and wishes into consideration when planning care. We anticipate and respond promptly to people's immediate needs and concerns and try to minimise discomfort and distress. We provide an AD service for eligible people to reduce unbearable suffering. We recognise when people need an urgent response and act on it.

What this means to people:

- I can get help if I urgently need it.
- I am heard because staff actively listen to what I say and need.
- I feel my views and wishes are taken into account.
- I know that staff will act promptly to try to alleviate my discomfort and distress.
- I am confident I will get support if I am concerned.
- I know that my assisted dying application will be acted upon promptly, within the timeframes set out in the Law, due to the immediacy of my condition and suffering.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 63

Assisted Dying (Jersey) Law 2026 Article 69

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 19 Reviewing quality of service

Regulation 22 Complaints and representations

23.1 Provider requirements, documentation and evidence:

The AD service has standard operating guidelines in place that underpin and govern its delivery. These guidelines promote a safe, high-quality, agile and responsive service that is legally compliant. The [Assisted Dying \(Jersey\) Law 2026 Article 63](#) outlines the role of the committee in developing operational guidance and amendments that support professionals delivering an AD service. The committee may have oversight of content, approval rights and access to the standard operating guidelines. It is for the committee to decide who the guidelines should be made available to, under what circumstances, in what format and whether they should be made available to members of the public ([Assisted Dying \(Jersey\) Law 2026 Article 69](#)).

AD and EOL staff act compassionately and promptly to anticipate and avoid unnecessary discomfort and distress. They respond in a timely manner to reduce physical pain, discomfort and distress. The AD service works with other providers to ensure symptom management and continuity of care while an AD application is being processed.

People choose who they wish to share their information with to support the management of their immediate care needs ([Data Protection \(Jersey\) Law 2018](#)). People receive personalised care that is responsive to their specific needs, including symptom management.

Instances where people's needs and choices are not met are identified and used to govern and monitor the performance and safety of the provider and AD service. This information is used to support service and staff improvement and development.

Standard 24. Workforce, well-being and enablement

We value and care about our staff. We encourage diversity within the workforce. We protect staff from avoidable harm. We support their health and well-being and promote health and safety practices. We ensure that our policies support staff to have a healthy work-life balance. We encourage our staff to be role models and act as ambassadors for our organisation. We support staff to focus on their work to enable them to provide consistent, high-quality services. We want staff to be proud of their work and who they work for.

What this means to people:

- I receive care from staff who feel valued and supported.
- I receive care that is consistently high quality and safe and meets my needs.
- I notice that staff are happy and helpful.
- I am confident that staff always try to do their best for me.
- I trust that staff are skilled and trained to do their job.
- I can talk to staff, and they will always make time to listen.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Articles 65–68

Regulation 17 Workers

24.1 *Provider requirements, documentation and evidence:*

The provider exercises a duty of care to staff, demonstrating a commitment to staff health and well-being, including their physical, psychological and emotional health.

The provider uses data from recruitment and retention, staff absence and sickness rates, staff surveys and complaints to measure and monitor wellness. The provider has mechanisms in place to support and promote staff health and well-being.

Flexible working arrangements are implemented to accommodate the diverse needs of the workforce, promote work-life balance and well-being, and increase opportunities to expand the workforce.

Mechanisms are in place for gathering feedback from staff about their well-being, and this feedback is used to continuously improve working conditions and support.

The provider and AD service have systems in place for engaging with service users to gain feedback and support service improvements.

The provider has a recruitment policy in place that reflects safer recruitment practices, giving consideration to experience, qualifications and knowledge. AD staff will be recruited against specified competencies (**Assisted Dying (Jersey) Law 2026 Article 65**) that must include:

- (2) The competencies must specify requirements relating to –
 - (a) capabilities, including –
 - (i) professional skills (such as practical, communication and clinical skills);
 - (ii) professional knowledge; and
 - (iii) professional values and behaviours (such as those relating to professional and ethical responsibilities and safeguarding vulnerable patients);
 - (b) training (other than training developed under this Law) and professional qualifications; and
 - (c) being professionally registered (such as the duration of registration).
- (3) There must be competencies for –
 - (a) an assessing doctor;
 - (b) an administering practitioner;
 - (c) a pharmacy professional;
 - (d) an extended team member; and
 - (e) a certifying doctor.
- (4) There may be separate competencies for other roles, including a role within a wider role covered by paragraph (3), as the Committee thinks appropriate.

Staff within the AD service have regular and ongoing access to additional and specialised psychological and emotional support due to the nature of their work. Access to a psychologist is made available to staff, along with specialised clinical supervision, peer-to-peer supervision and management oversight.

The care provider actively supports staff members during challenging or emotionally demanding work situations, promoting their emotional resilience and overall well-being.

The provider promotes an organisational culture that values staff, diversity and inclusion. Staff receive an annual appraisal to support their performance, professional regulation, revalidation and development within their job role and career.

The provider facilitates opportunities for staff members to grow both personally and professionally, fostering a culture of continuous improvement.

Opportunities for staff training and development are readily available to enhance their skills and knowledge, empowering staff to deliver person-centred care. AD staff receive additional specialist induction and initial training before being placed on the register of employment ([Assisted Dying \(Jersey\) Law 2026 Article 66](#)), in addition to ongoing training to support their work. The [Assisted Dying \(Jersey\) Law 2026 Articles 65–68](#) set out the requirements for the competencies and training of staff who work in the AD service.

The care provider effectively manages and monitors staff workloads to ensure they are reasonable and promote a healthy work-life balance.

Measures are in place to ensure the occupational health and safety of the workforce, providing a safe and supportive working environment.

RESPONSIVE

Standard 25. Care provision, integration and continuity

We provide seamless integrated, EOL care. We adapt our service to fit around the needs of people. We provide care that is connected, flexible and supports choice. We ensure we provide continuity of care in EOL and that includes the option for an assisted death. We understand and respect that people have diverse health needs and preferences.

What this means to people:

- I am cared for by staff who can adapt to my unique needs.
- I am confident that my preferences and choices will always be respected and acted upon.
- I can choose to apply for an assisted death as part of my EOL care.
- I feel valued for my diversity and differences.
- I receive care that is integrated and joined up.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 2-11 inclusive
 Assisted Dying (Jersey) Law 2026 Article 8
 Assisted Dying (Jersey) Law 2026 Article 9 (1) (h) and 9 (2) (c)
 Assisted Dying (Jersey) Law 2026 Article 13 -15 inclusive
 Assisted Dying (Jersey) Law 2026 Article 26
 Assisted Dying (Jersey) Law 2026 Article 27
 Assisted Dying (Jersey) Law 2026 Article 29
 Assisted Dying (Jersey) Law 2026 Article 96
 Regulation 7 Respect and involvement
 Regulation 8 Person-centred care
 Regulation 9A Need for consent
 Regulation 15 Shared responsibilities

25.1 *Provider requirements, documentation and evidence*

We ensure that people who choose an assisted death can access a clear and lawful application process and are independently assessed against the eligibility criteria set out in [Article 2](#) of the [Assisted Dying \(Jersey\) Law 2026](#). Throughout the application and assessment process, people continue to receive coordinated and integrated end of life care, ensuring continuity of care in line with the [Palliative and End of Life Care Strategy 2023 – 2026](#).

The AD services takes into account peoples' unique preferences, choices and particular needs as part of the assisted dying application process. The [Assisted Dying \(Jersey\) Law 2026 Article 2](#) sets out what the assessing doctor or administering practitioner must consider when assessing an individual for an assisted death. This will include the individual's choice and preferences at the care planning stage, ([Assisted Dying \(Jersey\) Law 2026 Article 8](#)). This information is recorded within the AD health care records.

There is evidence that the AD service is available for people to choose as part of the portfolio of EOL care provision. Assisted deaths are available to individuals who meet the eligibility criteria and have capacity to make that choice, as determined by Law ([Assisted Dying \(Jersey\) Law 2026 Article 26](#)).

All EOL services delivered by the provider, including the AD service, are accessible, integrated and well-coordinated. Services are delivered in a way that recognises and responds to the diverse needs of people, including those with complex needs, protected characteristics under the [Discrimination \(Jersey\) Law 2013](#), and those experiencing vulnerability or other circumstances that may place them at risk of disadvantage.

People who are EOL receive appropriate support during this phase, which includes integrated care, seamless services and smooth transitions between providers. The provider and AD service use the [Palliative and End of Life Strategy 2023-2026](#), as their guiding principles to support the delivery of integrated high quality EOL care.

AD staff collaborate across services and work with family, friends and carers (subject to consent), to support individuals who have applied for and assisted death. Family, friends and carers play an important role in supporting ongoing continuity of care and integration of EOL services within a chosen setting.

People approaching the end of their life are supported in making informed choices about their care. Decisions are documented and incorporated into a personalised AD care plan. This is shared appropriately with relevant parties, in line with consent, and recorded in the AD health care records, ([Assisted Dying \(Jersey\) Law 2026 Article 14](#)).

Processes are in place to manage changes or withdrawals of treatment openly and sensitively, ensuring people experience a comfortable and dignified death. People who choose an assisted death have the right to stop, pause, slow or withdraw from the process at any stage, ([Assisted Dying \(Jersey\) Law 2026 Article 15](#)).

Care provision within the AD service is integrated, responsive and compliant with the Law, ([Assisted Dying \(Jersey\) Law 2026](#)) and this is maintained throughout the process to protect people by ensuring that:

- The individual initiates contact with the AD service via self-referral or requesting a professional refer them into the service ([Article 3](#)).
- The individual requests progression to the next step of the process each time ([Article 3-11](#)).
- The individual has knowledge and understanding of what an assisted death is and this is tested as part of the assessment ([Article 27 and 29](#)).
- The individual can choose to pause, slow, stop or withdraw from the AD process at any point. This decision is appropriately, documented, signed, witnessed and recorded in the AD health care records ([Article 15](#)).

Prior to the administration of the AD drugs, a final check and consent to proceed with the assisted death will be obtained. Documentation will be signed and recorded in the AD health care records by the administering practitioner ([Article 9](#)).

The administering practitioner, at step 7 or earlier, can stop or delay carrying out an assisted death if there is any practicable reason for not carrying out an assisted death ([Article 9 \(2\) \(c\) and 11](#)).

The co-ordinating doctor and administering practitioner will ensure that all decisions, consents and witness signatures are appropriate, documented and in place. Final consent will be sought, or a waiver of future capacity to consent will be in place and documented, before the AD drugs are administered ([Assisted Dying \(Jersey\) Law 2026 Article 9](#)).

As part of its post-death audit, the review panel will ensure that all decisions are undertaken in line with the Law, appropriately documented and that consent is in place ([Assisted Dying \(Jersey\) Law 2026 Article 13](#)). These findings will be shared with the provider, AD service and Commission on request. The functions and obligations of the review panel are set by the committee and determined by the Law.

Standard 26. Person-centred care

We adopt a person-centred approach to the delivery of care. We ensure that people are at the centre of all we do. We empower people to work in partnership with us to plan their care and treatment. We support people to choose what is best and right for them. We respond to relevant changes to help people get their needs met promptly. We focus on the individual who is applying for an assisted death.

What this means to people:

- I receive the right care from the right person, planned around my specific needs.
- I am empowered to choose what is right for me.
- I get care and support that is well coordinated and centred around me.
- I get care from staff who work well together.
- I am treated as an individual, and my AD application is centred around my EOL requirements and preferences.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Articles 2–10

Assisted Dying (Jersey) Law 2026 Article 29(1) and (2)

Assisted Dying (Jersey) Law 2026 Article 29(2)(c), (i) and (ii)

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

26.1 *Provider requirements, documentation and evidence*

As part of person-centred care and choice, the AD service has been introduced in Jersey to provide a different EOL care option. The provider of this service is registered with the Commission and complies with the [Assisted Dying \(Jersey\) Law 2026](#).

The AD service is required under the [Assisted Dying \(Jersey\) Law 2026 Article 29](#) to provide people with information that enables them to make an informed choice, consider their EOL options and plan integrated, person-centred care around their specific needs.

Discussions between the co-ordinating doctor and the individual are documented in the AD health care records to reflect this.

As part of the application process, the AD service checks eligibility by assessing the individual's circumstances, unique medical condition or illness, and specific health needs against the criteria set out in Law ([Assisted Dying \(Jersey\) Law 2026 Articles 2–10](#)).

The AD service ensures that all people receive ongoing EOL care while applying for an assisted death. All EOL care is guided by [The Palliative and End-of-Life Care Strategy 2025](#). Services are tailored and person-centred to address the specific needs of the individual, emphasising flexibility, choice and continuity of care ([Assisted Dying \(Jersey\) Law 2026 Article 29](#)).

EOL care is tailored to meet people's individual needs and preferences. Individualised and innovative approaches are used to create integrated, person-centred EOL care pathways, involving collaboration with other EOL care providers.

The AD service has been developed in response to islanders' wishes, the outcome of the Assisted Dying Citizens' Jury and the Assisted Dying Review Panel. This service is provided by Health Care Jersey, which is registered with and inspected by the Commission. The AD service provides a personalised EOL care option to people who meet the criteria under the Law ([Assisted Dying \(Jersey\) Law 2026 Article 2](#)).

Standard 27. Providing information

We provide the public with information about AD. We provide details on how to contact and access the service, enabling people to self-refer. We provide information to the wider health care sector. We support professionals to make referrals on behalf of an individual when approached. We ensure that all information is accurate, up to date and available in different formats to aid communication. We tailor information for people with specific communication difficulties.

What this means to people:

- I am kept informed about health care services.
- I know about AD and what the AD service offers.
- I know how to contact the AD service and self-refer.
- I understand what EOL services and care options are available and who will provide them.
- I receive the right information whenever I need it.
- I receive information in a format that meets my specific communication needs.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 2 and 3

Assisted Dying (Jersey) Law 2026 Article 14

Assisted Dying (Jersey) Law 2026 Article 18

Assisted Dying (Jersey) Law 2026 Article 23

Assisted Dying (Jersey) Law 2026 Article 69

Regulation 7 Respect and involvement

Regulation 11 Safeguarding

Regulation 15 Shared responsibilities

Regulation 20 Provision of updated information and review of Statement of Purpose

Regulation 21 Notification of incidents, accidents and other events

27.1 Provider requirements, documentation and evidence:

The provider and AD service will ensure that the public are informed about AD and how to access the service. This information will also be contained within the Statement of Purpose. The provider and AD staff will provide accessible, ongoing and consistent information. Regular updates will be scheduled into the organisation's communication plan. Information will be provided through different channels to support all forms of communication. Professionals will be updated and kept informed of developments in the AD service.

The AD service will provide clear and transparent information about having an assisted death and the application process. Individuals who make initial contact with the service can be provided with further information by the Care Navigator (administrator) or co-ordinating doctor once allocated ([Assisted Dying \(Jersey\) Law 2026 Articles 2–3](#)). This information will be provided in a way that the individual understands and that meets their personal communication needs. There is evidence that a wide range of information, in different formats and languages, is available to the public and professionals on assisted dying.

People who use the AD service, their family, friends and carers, subject to consent, will be provided with information that is accessible, safe and secure, and that supports their rights and choices. Communication needs will be recorded within the AD health care records to ensure individuals are appropriately supported ([Assisted Dying \(Jersey\) Law 2026 Article 23](#)).

People who have applied for an assisted death will be kept informed and provided with the outcome of their assessments in a timely manner. The assessing doctors will inform the individual of the outcome, complete and sign the required forms, record this in the AD health care records and explain the next steps. If the individual does not meet the required eligibility criteria, the doctor will explain the reason why. This will be followed up in writing and recorded in the AD health care records.

Meetings and exchanges of information as part of the AD application process, including the provision and exchange of information, will be held in person and in Jersey, unless an Order has been put in place that provides an exception to this under the provisions of the Law ([Assisted Dying \(Jersey\) Law 2026 Article 18](#)).

The AD service will provide information to the AD certifying doctor once an individual has been assessed as eligible. This is to enable the doctor to visit the individual while they are alive and to view the body after death within the required period specified within the [Marriage and Civil Status \(Jersey\) Law 2001](#).

As part of the AD assessment process, the individual will provide information to the assessing doctors and AD staff. The individual has the right to choose who they share this information with, and this right is protected within the Law ([Assisted Dying \(Jersey\) Law 2026 Article 14](#)). Consent to share information will be appropriately documented and recorded in the AD health care records.

The AD service will respond in an appropriate and timely manner to requests to provide information to the committee. The committee may also choose to publish certain documents for the public ([Assisted Dying \(Jersey\) Law 2026 Article 69](#)).

The AD service addresses translation and interpretation needs to ensure effective communication with individuals from diverse ethnic and linguistic backgrounds. This is a requirement under the [Assisted Dying \(Jersey\) Law 2026 Article 23](#).

The provider and AD service adhere to [Data Protection \(Jersey\) Law 2018](#) when handling and disseminating information.

The provider and AD service ensure compliance with notification requirements for relevant regulatory and advisory bodies, such as the Jersey Care Commission, Jersey's Information Commission, the Medicines and Healthcare Products Regulatory Agency (MHRA), the United Kingdom Accreditation Service (UKAS), Safeguarding Partnership Jersey, the States of Jersey Police and professional regulatory bodies.

Standard 28. Listening to and involving people

We actively listen to and learn from people. We encourage people to share their thoughts, experiences, feedback and complaints about their care and ensure that it is easy for them to do so. We include people in decisions about their treatment and care. We let people know about any changes that have been made and why. We involve and consult with people on changes or developments to their health services.

What this means to people:

- I am included in decisions about my treatment, and my voice is heard.
- I know how to share my thoughts, feedback and concerns with the services I use.
- I am involved in decisions about my care, and I am told what has changed as a result.
- I know how to complain and the process is easy to use. I am assured that my complaint will be taken seriously.
- I understand that even when I have been listened to, not everything I want can always happen.
- I understand that the AD service was developed in response to islanders' wishes and views.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 8

Assisted Dying (Jersey) Law 2026 Article 23

Assisted Dying (Jersey) Law 2026 Article 28

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 14 Management of medicines

Regulation 19 Reviewing the quality of the service

Regulation 22 Complaints and representations

28.1 *Provider requirements, documentation and evidence:*

The provider and AD service have systems and processes in place to gather people's views and to consult and involve people in decision-making and the planning of treatment and care. This is recorded in the AD health care records.

The provider and AD service ensure that it is easy for people to share their thoughts, views and feedback with the service. The AD service positively encourages individuals, family members and friends to share their experiences so that the service can continually evolve and improve. People will be kept informed about how their feedback has been acted upon.

The provider has robust systems and processes in place for dealing with complaints, including making it simple to complain and ensuring that a responsive and transparent approach is adopted in practice. The AD service adheres to the complaints policy, responding to any complaints in a timely and appropriate manner. There is evidence that complaints are used for organisational and staff learning.

The provider and AD service give feedback to staff, including the sharing of compliments from service users. This promotes a culture of valuing staff.

Individuals applying for an assisted death are actively included in decisions about their treatment, ensuring that their wishes are understood, valued and reflected in the AD care planning stage ([Assisted Dying \(Jersey\) Law 2026 Article 8](#)).

The provider and AD service actively encourage and facilitate involvement and co-production with individuals in the planning and delivery of their care. AD care plans are co-produced with the individual, close family, friends and carers to reflect personal preferences, values and beliefs ([Assisted Dying \(Jersey\) Law 2026 Article 8](#)).

Advocacy and support services are provided to empower individuals to express their needs, concerns and preferences. Support is provided to individuals who require additional specific help with communication ([Assisted Dying \(Jersey\) Law 2026 Article 23](#)).

The AD service, alongside other EOL providers, offers support to caregivers, subject to consent, recognising their role and contribution to the AD process. This may extend beyond the assisted death to support family, close friends and caregivers through bereavement as part of EOL care.

Processes are in place to review the quality of the AD service. This will include active participation from people involved in the assisted death, as well as staff. This may form part of the review panel's audit and will be an integral part of the Commission's inspection requirements.

Standard 29. Equity in access

We ensure that there is equal access to EOL care, support and treatment, and seek to ensure that it is provided when needed. We ensure that there is equity of access to the AD service, which is governed by the eligibility criteria.

What this means to people:

- I get access to care, support and treatment when I need it.
- I am in control of planning my care and support.
- I understand that not everyone can have an assisted death and that, if I choose to apply for one, I will need to meet the eligibility criteria set out in Law.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026

Assisted Dying (Jersey) Law 2026 Article 2

Assisted Dying (Jersey) Law 2026 Article 18

Assisted Dying (Jersey) Law 2026 Article 23

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 19 Premises and equipment

29.1 *Provider requirements, documentation and evidence:*

People can expect high-quality care, treatment and support that is accessible, timely and in line with legislation, including the laws relating to the Regulation of Care, Equality, Human Rights and AD. The AD service complies with the Law ([Assisted Dying \(Jersey\) Law 2026](#)).

People have access to a full range of appropriate EOL care and treatment, which is provided in a timely manner, ensuring prompt and efficient services. People can access EOL care, treatment and support in a way that works for them, promoting equality and removing barriers to care. EOL care providers work to deliver equity of care by implementing the [GSF \(2015\)](#), [Jersey's Palliative and EOL Care Strategy \(2023–2026\)](#) and the Commission's EOL Care Standards.

The AD service provides equity of access by supporting individuals and implementing measures to eliminate barriers, including language interpretation services, independent advocacy and communication support ([Assisted Dying \(Jersey\) Law 2026 Article 23](#)).

Access to an assisted death is equitable as determined by the Law, which sets out the eligibility criteria for having an assisted death ([Assisted Dying \(Jersey\) Law 2026 Article 2](#)). People who apply for an assisted death are assessed against the same criteria.

Proactive measures are taken to minimise the length of time people have to wait for care, treatment or advice, ensuring timely delivery of services. An assisted death adheres to the timeframes set out in Law ([Assisted Dying \(Jersey\) Law 2026](#)).

Appointment systems are designed to be user-friendly, supporting people to access appointments easily and efficiently. All AD assessments will be face to face and conducted in Jersey, unless an Order is in place that provides an exemption under the Law ([Assisted Dying \(Jersey\) Law 2026 Article 18](#)).

To ensure equity of access to the AD service, there will be adequate staffing to ensure that demand and capacity are aligned. People applying for an assisted death will be seen according to the timeframes within the [Assisted Dying \(Jersey\) Law 2026](#).

Services adhere to scheduled timelines as determined by the Law ([Assisted Dying \(Jersey\) Law 2026](#)), and people are kept informed about any disruption to appointments or care. Transparent communication, specific to the individual's needs, is maintained regarding any changes to the planned schedule. Changes are documented in the AD health care records.

Technology, including telephone systems and online/digital services, is used to support timely access to independent assessments and an assisted death.

The provider maintains accessible premises that comply with universal design principles, ensuring physical, sensory and cognitive accessibility for all individuals, including those with disabilities or mobility limitations, to promote inclusivity and equal access to health care services. This standard is not applicable to people's own homes.

Standard 30. Equity in experiences and outcomes

We listen to people's experiences. We proactively use information to identify people who are most likely to experience inequalities in experiences or outcomes. We actively tailor support, care and treatment in response to this to reduce the likelihood of inequality occurring. We support the most vulnerable people to make their experiences equitable.

What this means to people:

- I am encouraged and feel empowered to share my experience and views.
- I can freely express my expectations of the service with staff.
- I am treated with respect and courtesy.
- I understand and know my rights and what I should expect from my care.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026
 Assisted Dying (Jersey) Law 2026 Article 23
 Jersey's Patients and Users Charter 2025
 Discrimination (Jersey) Law 2013
 Human Rights (Jersey) Law 2000
 Regulation 6 Openness and transparency
 Regulation 7 Respect and involvement
 Regulation 8 Person-centred care
 Regulation 11 Safeguarding
 Regulation 19 Reviewing the quality of the service

30.1 *Provider requirements, documents and evidence:*

The provider actively identifies groups of people or communities most likely to face inequity in their experiences or outcomes. The AD service recognises the need to support vulnerable and hard-to-reach groups, such as homeless people, people in prison and people for whom English is not their first language, by providing communication support, independent advocacy, interpreting services ([Assisted Dying \(Jersey\) Law 2026 Article 23](#)) and appropriate information about the service. This helps remove barriers to care and protect people's rights.

The provider has mechanisms in place to actively seek out and listen to information about people who may be disproportionately affected by inequalities in their experiences or outcomes. The AD service uses this information to tailor information to specific communities and enable access to services.

The provider and AD service empower people to give their views and share their thoughts and experiences. People who use the AD service are enabled and supported to understand their rights, including their human rights and rights to equality. The AD service has adopted the principles within [Jersey's Patients and Users Charter 2025](#) as a way of working that supports people's rights. People who use the service feel that any experiences of discrimination and inequality are listened to and acted on to improve future care and outcomes.

The provider and AD service are mindful and alert to the possibility of discrimination and inequality against different groups of people using the service. This experience may arise from society, culture or organisational processes. To reduce and mitigate this, the provider ensures that all staff, including AD staff, are trained in equality and diversity, discrimination ([Discrimination \(Jersey\) Law 2013](#)), cultural awareness and cultural competence, taking into account people's diverse needs and experiences.

The provider and AD service comply with the [Assisted Dying \(Jersey\) Law 2026](#), ([Discrimination \(Jersey\) Law 2013](#)) and [Human Rights \(Jersey\) Law 2000](#), which include requirements to avoid discrimination, support the needs of people with different protected characteristics and make reasonable adjustments to support equity of experiences and outcomes.

Feedback mechanisms are in place and tailored to collect input from identified groups of people and communities who are likely to face inequity in experiences or outcomes. This feedback is used to make improvements and improve access to care.

The AD service collaborates with external care providers, community groups and advocacy bodies to address and mitigate inequalities in experiences and outcomes for people. There is provision within the [Assisted Dying \(Jersey\) Law 2026 Article 23](#) to ensure that individuals applying for an assisted death have access to independent advocacy, interpreters and communication support.

Data is collected and reported regarding the experiences and outcomes of people or groups likely to face inequity. This information is used to inform decision-making and service improvement.

WELL-LED

Standard 31. Shared direction and culture

We promote a shared vision and culture that upholds people's rights and supports the safe, effective delivery of a well-led AD service.

What this means to people:

- I understand what my health care provider does.
- I am confident that my care provider is open, honest and transparent, especially if things go wrong.
- I am included in all decisions relating to my EOL treatment and care.
- I can freely express my views and am listened to by the people who care for me.
- I am respected for who I am and always treated with courtesy and respect.
- I can apply for an assisted death.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026

Assisted Dying (Jersey) Law 2026 Article 80

Regulation 3 Conditions of registration: general

Regulation 5 Conduct a regulated activity

Regulation 6 Openness and transparency

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 11 Safeguarding

Regulation 19 Reviewing the quality of the service

Regulation 20 Provision of updated information and review of Statement of Purpose

31.1 *Provider requirements, documentation and evidence:*

The provider has a strategic plan that provides direction and supports the delivery of safe, high-quality care services on an island with one hospital. The plan addresses challenges such as workforce, estates and information technology. There is evidence that the AD service is an integral part of the plan and that the provider has a comprehensive understanding of the complexities of delivering a safe, high-quality AD service.

The provider demonstrates awareness of the challenges of providing an AD service, including opposition from some members of the public, health care providers and professionals. The provider will support the Minister to establish and maintain an effective AD service, regardless of their own or others' views on AD ([Assisted Dying \(Jersey\) Law 2026 Article 80](#)).

The AD service has been developed collaboratively, with input from service users, staff and system partners. The AD service has used feedback from the [Citizens' Jury on Assisted Dying \(2021\)](#) and the [Assisted Dying Review Panel \(2024\)](#) to support the development of a shared vision, objectives and goals for the service, which form its Statement of Purpose (see Standard 1).

The culture within the AD service inspires and enables individuals and the team to perform at their best and support people through the AD application process.

The provider and AD service strive to sustain a collaborative, open and respectful culture within the organisation, with an explicit focus on promoting both constructive challenge and conflict resolution. Staff are encouraged to raise concerns without fear of detriment, reprisal or repercussions, for example through supervision, appraisal and the Whistleblowing Policy.

Standard 32. Capable, compassionate and inclusive leaders

We have innovative leaders who understand AD and the context in which we deliver care, treatment and support. We have inclusive leaders at all levels throughout the organisation who can support staff to deliver excellence. We have leaders who are credible and instil confidence through their knowledge, skills, expertise and experience. We have leaders who possess professional integrity and work with openness and honesty.

What this means to people:

- I experience care delivered in an organisation led by skilled and compassionate leaders.
- I receive care from leaders and staff who understand and support the AD service.
- I experience leaders who create a culture that listens to me and respects me for who I am.
- I am confident that my views will always be considered.
- I know who to speak to when things go wrong.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 4

Regulation 2 Fitness criteria

Regulation 5 Conduct of regulated activity

Regulation 17 Workers

Regulation 26 Commissioned services

32.1 *Provider requirements, documentation and evidence:*

There is a culture of kindness, compassion and caring, exhibited in all interactions and at all levels throughout the organisation. Feedback from service users, including the AD service, confirms that this is people's experience when receiving care.

Leaders possess the requisite experience, knowledge and capability to deliver the strategic plan and AD service. There is a dedicated registered manager who has capacity and expertise, and is accountable for the delivery and leadership of the AD service and its staff.

There is effective, compassionate and visible leadership within the AD service. The co-ordinating doctor takes the lead for an AD application ([Assisted Dying \(Jersey\) Law 2026 Article 4](#)). Staff have access to clinical leadership and expertise from the provider organisation.

Leaders and managers actively encourage compassionate, inclusive and supportive relationships among staff. There is evidence that the AD team works cohesively to deliver the service and provide support for each other.

Leaders and managers proactively seek out and listen to the views of those they lead. They demonstrate an understanding of their role in the prevention and early detection of closed cultures. There is evidence of leaders engaging with staff in different forums.

There is a commitment to transparency, honesty and accountability within the AD service, and this is demonstrated through leadership.

Compassionate, inclusive, collaborative and capable leadership is proactively sustained through the provider's leadership strategy and development programmes, which include AD staff. This is to promote behaviours that set the right 'tone from the top'.

Leadership development programmes are offered to emerging leaders to enhance their skills, knowledge and capabilities, while also promoting a culture of mentorship and knowledge sharing among current leaders. This is available to the AD service.

Standard 33. Freedom to speak up

We foster a positive culture where people feel that they can speak up and that their voice will be heard. We have systems in place that enable people and staff to speak freely. We actively seek out the views of service users and staff to learn from them. We act on what people say.

What this means to people:

- I can trust that staff will speak up if anything goes wrong.
- I feel that I can speak freely about the service.
- I am confident that staff have a voice within the organisation and the AD service.
- I can speak freely to professionals about AD. Any professional who exercises conscientious objection will refer me to another professional who can help.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Articles 2 and 3

Regulation 6 Openness and transparency

Regulation 7 Respect and involvement

Regulation 17 Workers

Regulation 22 Complaints and representations

33.1 *Provider requirements, documentation and evidence:*

People feel empowered to speak up and raise concerns. The provider and AD service have systems and processes in place to support people to make a complaint. Complaints are dealt with in a fair, transparent and open manner. Feedback on what action has been taken is provided to the person making the complaint. There is a complaints policy in place, and the AD service is aware of this policy.

The provider has a Whistleblowing Policy in place. AD staff know about this policy and how and when to use it. Freedom to Speak Up Guardians are available to support individuals who raise concerns.

People feel able to speak freely and approach professionals and the AD service about applying for an assisted death. The [Assisted Dying \(Jersey\) Law 2026 Article 3](#) states that an individual must contact the service either themselves, via self-referral, or by requesting that a professional refer them to the AD service on their behalf. The request must be initiated by the individual.

The individual must be able to speak freely and clearly express that they wish to apply for an assisted death. According to the Law ([Assisted Dying \(Jersey\) Law 2026 Article 2](#)), the request for an assisted death must be clearly expressed, voluntary and settled, by being maintained consistently since the individual's first request.

The provider and AD service promote freedom to speak by providing the public with accessible information about the AD service. This enables people to be informed about the AD service and to speak freely and openly to a professional who can help or refer them to the service.

The provider and AD service foster a culture of speaking up, ensuring that all staff, irrespective of level, are equally encouraged and empowered, and feel safe to speak up. Speaking up is promoted without fear of detriment, including disadvantageous or unfair treatment. Staff, at every level, are confident that their voices will be heard.

Managers across the organisation are skilled and feel confident in listening and taking appropriate action when someone speaks up. Improvements resulting from speaking up are communicated back to those who raise concerns, fostering transparency and accountability.

Leaders must actively promote Freedom to Speak Up by role-modelling positive behaviours. This demonstrates a commitment to creating an environment where speaking up is valued and welcomed. The provider's policies and procedures positively support the speaking-up process. AD staff are aware of these, and freedom to speak is encouraged and implemented in practice.

Feedback from those who raise concerns is used to enhance policies, procedures and the overall environment for speaking up. Improvements resulting from individuals speaking up are effectively communicated to the workforce. This communication reinforces the provider's commitment to a culture of openness and improvement.

Efforts are made to eliminate barriers that might hinder individuals from voicing their concerns. The provider and AD service are committed to promoting speaking up, which builds trust and confidence among staff. This confidence encourages individuals to play an active role in contributing to the improvement of the organisation and AD service.

Standard 34. The Law, second opinion and appeals

We provide services that comply with the Law. We foster a positive culture within the AD service, where people feel enabled and supported to speak up and know that their voice will be heard. We have eligibility criteria and an assessment process, as defined in AD Law, which allow people the right to request a second opinion. We support people who want to request a second opinion. There is provision within the AD Law to appeal. We support individuals who have the right to appeal.

What this means to people:

- I feel able to speak freely to the service.
- I am confident that staff have a voice within the organisation and AD service.
- I can speak freely to professionals about AD. Any professional who exercises conscientious objection will refer me to another professional who can help.
- I know that I can request a second opinion.
- I know that there is an appeal process within the AD Law.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 31

Assisted Dying (Jersey) Law 2026 Article 32

Assisted Dying (Jersey) Law 2026 Article 33

Assisted Dying (Jersey) Law 2026 Article 42

Assisted Dying (Jersey) Law 2026 Division 2 Articles 43–54

Assisted Dying (Jersey) Law 2026 Article 74

Regulation 6 Openness and transparency

Regulation 7 Respect and involvement

34.1 Provider requirements, documentation and evidence:

The provider demonstrates a comprehensive understanding of the **Assisted Dying (Jersey) Law 2026** and what is required to deliver a legally compliant AD service. The provider is also aware of amendments to other laws that have changed as a result of the introduction of the AD Law.

Within the **Assisted Dying (Jersey) Law 2026 Articles 32** and **33**, there is provision for an individual to request a second opinion if, following a first or independent doctor assessment, the assessing doctor determines that the individual does not meet the main eligibility criteria and the individual believes that they do.

The [Assisted Dying \(Jersey\) Law 2026 Articles 31, 32 and 33](#) specify the steps to be followed to determine whether a second opinion assessment should be approved by the reviewing doctor, who:

- Is employed by the AD service and has met the criteria to act in this role.
- Has not been involved with the individual's assisted dying process.
- May seek relevant opinions from others before deciding.

Once the reviewing doctor has made a decision, this is communicated as soon as possible to the co-ordinating doctor and the individual. The outcome will be recorded in the AD health care records.

The AD service can evidence through documentation that the correct process has been followed for any individual who requests a second opinion, and that the outcome has been communicated in an effective, timely and appropriate manner.

Within the [Assisted Dying \(Jersey\) Law 2026](#), provision is made for appeals to the Royal Court. The [Assisted Dying \(Jersey\) Law 2026 Article 42](#) sets out the grounds for an individual to appeal to the Royal Court against a negative decision. The AD service can evidence that the appropriate appeals procedure has been followed for any individual who has the right to appeal, and that any recommendations made by the Royal Court relating to the outcome of an appeal have been upheld.

The [Assisted Dying \(Jersey\) Law 2026 Division 2, Protection and Offences, Articles 43–54](#) provides clarity about what is protected and what constitutes an offence under the Law. The provider and AD service can demonstrate a good understanding of the Law, how to achieve compliance and what constitutes an offence. Staff in the AD service receive training on what constitutes an offence under the Law. There is a record of this training.

The provider and AD service can evidence their understanding of the Law and demonstrate that the AD service practises in a way that maintains legal compliance.

The AD service has an Standard Operating Procedure (SOP) or clinical handbook that supports practitioners to remain compliant and deliver best clinical practice.

The provider and AD service ensure that the wider health system has access to training on the [Assisted Dying \(Jersey\) Law 2026](#) and its implications for practice and professional regulation. This supports all professionals to remain legally compliant.

There is provision within the [Assisted Dying \(Jersey\) Law 2026 Article 74](#) for the committee to collect and analyse information about the AD service. This provides additional governance and ensures that the service is operating within the Law and its standards in relation to AD and helps to identify any trends or issues that need rectifying by the service. This information can be requested by the Commission as part of its inspection arrangements.

Standard 35. Equality, diversity and inclusion in the workforce

We promote Health Care Jersey as a positive place to work. We value and promote diversity and equality among our workforce. We aim to provide a fair and inclusive working environment for our employees.

What this means to people:

- I am cared for by people who are proud and happy to work for Health Care Jersey.
- I am looked after by staff who work in a fair, diverse and inclusive environment.
- I am confident that discrimination is not tolerated by my care provider.
- I am treated no differently because of my age, gender or religious beliefs.
- I am respected by the people who provide my care.
- I am able to apply for an assisted death and know that I will not be discriminated against for making that choice.
- I expect the staff who work in the AD service to get the support they need from their employer and colleagues.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 61

Regulation 17 Workers

35.1 *Provider requirements, documentation and evidence:*

The provider continually works to create a culture that accepts and encourages equality, diversity and inclusion. The AD service embraces these values.

Staff are supported and empowered to understand and recognise discriminatory behaviour and challenge it. Staff processes and structures embed principles of equity so that all staff are treated fairly. An anti-discriminatory approach is adopted to ensure fair treatment of all staff, including AD service staff.

Equality, diversity and human rights in the workforce are promoted and modelled in leadership roles and within the AD service. Staff in the AD service are trained to understand the importance of equality and human rights in their work, and this is evidenced in training records and embedded in practice.

Interventions are taken to address inequity concerns. The outcomes are monitored to evaluate their impact. There is evidence that the AD staff are treated fairly and equitably. The provider and AD service actively seek evidence-based strategies to continually improve their approach to equity and inclusion.

Active steps are taken to prevent and address bullying and harassment at all levels within the provider organisation. The provider has a bullying and harassment policy in place, which the AD service is aware of and adheres to.

Staff are empowered to excel in their roles. The way staff are treated is consistent from onboarding to the end of their employee life cycle and exit. The AD service will be staffed by professionals who are recruited for specific roles as specified within the [Assisted Dying \(Jersey\) Law 2026 Article 61](#).

Fairness in recruitment and career progression is ensured to promote equitable outcomes for staff.

Disciplinary and capability processes are regularly evaluated to make sure they are applied equitably and fairly. AD staff are aware of all HR policies.

Reasonable and effective adjustments are made to remove or reduce disadvantage for staff who have a disability. This is part of being a responsible and inclusive employer. The AD service has adopted this practice.

Effective and proactive engagement with staff is established and maintained. There is evidence that systems and processes are in place to support effective two-way communication with staff.

Standard 36. Assisted Dying workforce

We promote Health Care Jersey as a positive place to work. We value diversity among our workforce. We promote equality in the workplace. We aim to provide a fair and inclusive working environment for our employees. We work to ensure that our workforce reflects the skills, knowledge and expertise required to meet the care needs of islanders. We ensure that the AD service has a workforce that specifically meets the needs of, and can deliver, an AD service.

What this means to people:

- I am cared for by people who are proud and happy to work for Health Care Jersey.
- I am looked after by staff who work in a fair, diverse and inclusive environment.
- I am confident that the staff who work for the AD service have the necessary skills, knowledge and expertise.
- I am confident that the staff in the AD service are trained to support my specific care needs.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Articles 61-63

Assisted Dying (Jersey) Law 2026 Articles 64-68

Assisted Dying (Jersey) Law 2026 Article 71

Regulation 17 Workers

36.1 *Provider requirements, documentation and evidence:*

The provider has a specific workforce succession and business continuity plan in place to ensure the ongoing and sustained delivery of the AD service.

Professionals are recruited to the service using safe recruitment practices in line with the recruitment and retention policy. Interviews include values and competency-based questions. Staff are recruited for specific roles within the AD service. Staff who work in the AD service are registered to that role.

There is AD operational guidance in the form of an SOP or clinical handbook that includes standards ([Assisted Dying \(Jersey\) Law 2026 Article 62](#)) to guide the workforce on best practice and compliance with the Law ([Assisted Dying \(Jersey\) Law 2026 Article 63](#)). This is a requirement of the committee within the Law.

There is a register of AD practitioners who work in the service and have completed the required training, as required by Law ([Assisted Dying \(Jersey\) Law 2026 Article 61](#)).

The AD workforce is employed against specific job roles as designated in Law ([Assisted Dying \(Jersey\) Law 2026 Article 65](#)). The Law stipulates that specific competencies must be developed for each role to ensure that the employee has the right skill set. The committee has oversight of how competencies and training are developed, maintained, changed, reviewed and agreed ([Assisted Dying \(Jersey\) Law 2026 Articles 64–68](#)). The committee will provide guidance to the provider defining where, and if, the competencies should be published.

The [Assisted Dying \(Jersey\) Law 2026 Article 66](#) sets out the training requirements for the AD workforce. The Law states that training must cover, as a minimum:

- The aspects of the AD process that are relevant to each role, including training about:
 - The requirements of the AD Law.
 - Operational guidance.
 - Risk; and
 - The safety and well-being of the professional performing this role.
- The technical knowledge required to perform the role, such as:
 - The administration of approved drugs by an administering practitioner, including how to deal with medical complications.
 - The certifications of an individual's assisted death by a certifying doctor.
 - Risk factors that increase the likelihood of someone's exposure to coercive control, domestic, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - Whether someone has been coerced or pressured to do something.

[Article 66](#) provides further detail on other training requirements and topics to be covered for AD staff. The provider can evidence that there is a comprehensive training programme in place for all AD staff. The provider ensures that training is bespoke and meets the requirements of the [Assisted Dying \(Jersey\) Law 2026](#), thereby making the service legally compliant.

The provider can demonstrate that each practitioner has received the right level of training, which is reflected within the individual's training records. The provider has records confirming what training each staff member has successfully completed and that the required training has been completed before being registered as an AD practitioner.

The provider has ongoing and specific update training in place to support the AD practitioners.

The provider and AD service exercise a duty of care to staff by prioritising staff safety, holistic health and well-being. Additional psychological and emotional support, including counselling ([Assisted Dying \(Jersey\) Law 2026 Article 71](#)), clinical supervision, peer support and managerial support are made available to staff on a regular basis to ensure that working in the AD service does not have a negative impact. This is to protect staff's psychological and emotional health and well-being.

Standard 37. Governance, management, and sustainability

We have effective governance arrangements that ensure safe, high-quality, sustainable care, manage risk, support continuous improvement and comply with the AD Law.

What this means to people:

- I am looked after by an organisation that is responsible and cares for my safety.
- I am looked after by staff who are clear about their roles and work within their competencies.
- I can expect to receive the best care and treatment available.
- I can rely on my care provider to be aware of the risks involved in delivering safe care and in preventing harm.
- I feel safe to apply for an assisted death if I choose, and I know that I will be appropriately looked after.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Division 3, Articles 55–59

Assisted Dying (Jersey) Law 2026 Articles 2 and 3–7 inclusive

Assisted Dying (Jersey) Law 2026 Articles 9–10 inclusive

Assisted Dying (Jersey) Law 2026 Articles 13, 17 and 30

Regulation 17 Workers

Regulation 18 Premises and equipment

Regulation 19 Reviewing quality of service

Regulation 21 Notification of incidents, accidents, and other events

Regulation 24 Financial viability

Regulation 26 Commissioned services

Regulation 27 Absence of manager

37.1 *Provider requirements, documentation and evidence:*

The provider and AD service have robust, well-defined governance and accountability structures in place, including quality assurance, performance management, risk management and financial sustainability. These structures interact effectively, support decision-making and sustain consistently safe, high-quality care.

The provider can evidence that governance and reporting systems are in place for the AD service. The governance structure developed supports the functional requirements and reporting to the committee and review panel, as required in Law (Assisted Dying (Jersey) Law 2026 Division 3, Articles 55–59).

The AD service has a workforce sustainability plan in place to ensure continuity of the service. Leaders have knowledge and oversight of risks associated with the AD service that could impact quality, safety, performance and organisational reputation.

AD staff are clear about their roles, responsibilities, and accountabilities in relation to governance and quality assurance.

The AD service has clear processes and robust data systems in place to identify and manage current, potential and future risks in line with its risk management policy.

Appropriate measures and training are in place to minimise the impact of incidents, including software or hardware failures, cyber-attacks and data breaches. The provider can evidence that AD staff have completed their mandatory training requirements in line with policy.

High-quality care delivery is underpinned by evidence-based decisions, up-to-date information, relevant data and contemporaneous knowledge. There is evidence that the provider and AD service embrace this way of working.

There is evidence of a commitment to continuous improvement and addressing concerns. The AD service has a delivery or action plan in place to address any issues, including an implementation timeframe.

There is ongoing audit within the AD service, and this is conducted separately by the administering practitioner and the review panel (Assisted Dying (Jersey) Law 2026 Article 13). Each assisted death will be reviewed, and an action plan will be put in place for any required changes.

There is evidence of governance in the AD application process. Eligibility check and assessments are undertaken and include:

- Age verification: the individual must be over the age of 18 years.
- Residency status is verified: the individual is required to be ordinarily resident in Jersey for 12 months immediately before their assisted dying request ([Articles 2 and 30](#)).
- Health criteria are assessed as being met in accordance with the definitions in [Article 2](#).
- Two independent doctors have assessed the individual as eligible and as meeting the criteria ([Articles 3–7](#)).
- The individual has initiated each step of the process and requested to proceed to each next step ([Article 17](#)).
- A final review is undertaken prior to carrying out the assisted death to check that the correct documentation is in place ([Article 9](#)).
- A final review is undertaken to obtain final consent and to check that all required consents are in place, including a waiver of future capacity to consent, if appropriate ([Article 9](#)).
- Final consent is obtained before administering the drug and carrying out the assisted death ([Article 10](#)).
- A review is conducted by the review panel following the assisted death ([Article 13](#)).

Leaders at all levels receive and analyse relevant, timely, complete, accurate, valid and reliable data. This is used to govern the organisation and support decision-making to improve people's experience, organisational performance, resource utilisation and risk management.

Performance information is used to hold AD staff to account. Data is triangulated with clinical insight, observation and feedback to ensure robust governance assurance and best practice.

Data and information are shared appropriately, in compliance with data protection legislation. There is evidence that the AD service adheres to this.

Processes and plans are in place to respond to emergencies such as internal incidents, significant equipment failures, or extreme weather events. The AD service is included in these plans.

There are clear organisational structures in place to support accountability, management oversight and governance of the AD service. The service has a dedicated registered manager and is independently registered with the Commission.

The provider has robust systems in place to monitor and review performance. The AD service has clear objectives relating to performance milestones and reporting, as set by the provider and the [Assisted Dying \(Jersey\) Law 2026](#).

Standard 38. Professional regulation, registration, conduct and checks

We employ staff who are registered and regulated by their professional body. We expect them to uphold their duty of care and comply with their professional code of conduct. We carry out annual checks to ensure they remain registered and complete any required revalidation. We expect staff to disclose any conflicts of interest or issues that could affect their registration and ability to practice. We support staff who wish to exercise conscientious objection to AD. Where appropriate we may investigate, suspend or refer staff to their professional regulator. Staff working within the AD service will be registered.

What this means to people:

- I am looked after by staff who are registered professionals.
- I am confident that the provider makes all relevant checks on staff and keeps appropriate records.
- I understand that staff have a professional code of conduct which they work to.
- I know that staff will inform me if they have a conflict of interest or conscientiously object to providing care.
- I understand that staff will be registered to work in the AD service.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 72 and 73

Assisted dying (Jersey) Law 2026 Article 83

Assisted Dying (Jersey) Law 2026 Article 85 and 86

Assisted Dying (Jersey) law 2026 Article 87-89

Assisted dying (Jersey) Law 2026 Article 90

Regulation 2 Fitness criteria

Regulation 17 Workers

General Medical Council (GMC)

Nursing and Midwifery Council (NMC)

38.1 *Provider requirements, documentation and evidence:*

The provider has a system in place to check all professional registrations annually. Doctors and nurses are required to be registered with the GMC and NMC respectively in the UK, as well as the Commission in Jersey.

The provider expects all professionals to undertake their duty of care by taking reasonable and proactive steps to promote wellbeing of people receiving care and to ensure that they are protected from avoidable harm, abuse and injury. This requires professionals to work to their professional code of conduct. The code of conduct sets out how a professional is expected to behave as a care worker. This forms part of the registration requirements of each professional regulatory body.

The provider uses safe recruitment practices to recruit the AD workforce. As part of safer recruitment, all successful applicants will have relevant checks completed including; references, Disclosure and Barring Service (DBS) and registration status with their professional regulatory body (such as GMC, NMC). There is documentation that records the checks completed on AD staff.

The Assisted Dying (Jersey) Law 2026 Article 83 requires professionals who work in the AD service to be registered as an employee of the service. **Article 86**, specifies what information needs to be collected and held on the register. The provider can evidence that;

- the register has been developed as required by the Committee and Law
- the register contains the specific details as set out in Law (**Article 86**)
- the register includes any ‘Disclosure of Interest’
- the register is accurate, up to date and reflects the required details of all individuals currently holding roles within the AD service
- the register is promptly updated when someone leaves or joins the service.

It is the responsibility of the individual practitioner to inform the service of any changes that may affect their ability to undertake their AD role such as;

- suspensions from their professional registration in Jersey or the UK
- they are no longer professionally registered to practise
- their professional registration has conditions or restrictions imposed on it
- their professional registration has lapsed.

The **Assisted Dying (Jersey) Law 2026 Article 87 and 88**, sets out the conditions of registration for the AD service. The provider must adhere to these. Records of any suspension, removal of suspensions, cancellation or ending of the professional’s registration, needs to be appropriately recorded and acted upon. It is the responsibility of the provider to remove a person’s details from the register if required to do so.

This needs to be done in a timely manner and as soon as reasonably practicable, including if the individual applies in writing for removal of details if they no longer hold a role within the AD service, (Article 89).

The provider is also responsible under the Assisted Dying (Jersey) Law 2026 Article 73 and 90, for any disclosure of information held on the register and the conditions relating to that information to protect the safety of staff.

The Assisted Dying (Jersey) Law 2026 Article 85 requires the provider to have a system for registering 'Disclosures of Interest', that may conflict with a professional's ability to provide care. The AD Law states that a professional is required to sign a declaration of interest form, disclosing their specific interest in the AD process. This form is then submitted to the service manager. This applies to anyone who is;

- working in the AD service
- applying to be registered for a role
- is currently an AD practitioner applying to renew their registration for a role
- is registered for a role and becomes aware that there has been a relevant change in their interest.

If the professional discloses one or more declaration of interest the following steps are followed;

- the provider/AD service must give the form to their manager and;
- the officer must review the form and decide whether the disclosure of interest might or might not be seen to conflict with their AD role and process, to such an extent, that in the officer's opinion the professional should not perform their role. This decision needs to be recorded and implemented.

There is provision under the (Assisted Dying (Jersey) Law 2026 Article 7), for the Committee to;

- investigate the practice of an AD practitioner or certifying doctor, or the performance of a care navigator as far as it relates to AD.

After investigating the Committee may;

- recommend the suspension, cancellation, or ending of the suspension of the persons registration from an AD role under [Article 88](#); or
- take other action in relation to the person.

In such circumstances there would be an expectation that the provider work jointly with the Committee, in line with the providers HR and disciplinary policies to take the appropriate and recommended action. This may include taking advice from professional regulatory bodies regarding fitness to practise and notify the Commission.

Formal and informal training is provided to enhance staff skills and competencies. This is evidenced within appraisals and training records in the AD service. The [Assisted Dying \(Jersey\) Law 2026 Article 83](#), states that staff need to be registered to work in the AD service. Registration is subject to staff having the right competences to undertake their role and having successfully completed the specific training requirements prior to commencement in post.

Standard 39. Partnerships and communities

We understand our duty to collaborate and work in partnership with others across the island, as well as off-island, to give people access to the best possible care. We share information and knowledge with our partners and collaborate to continuously improve. We provide joined-up, seamless EOL care with our partners to promote choice. We work with international partners to learn from their experiences of delivering an AD service.

What this means to people:

- I benefit when care providers work in partnership and collaborate to provide care.
- I understand that partnership working for an island jurisdiction is the best and most efficient way to deliver care.
- I will have access to specialist care and treatment provided off-island when I need it.
- I know that my care provider is building partnerships with international care providers to learn from their experiences of providing an AD service.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Article 2

Assisted Dying (Jersey) Law 2026 Article 23

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 26 Commissioned services

39.1 *Provider requirements, documentation and evidence:*

Delivering for people and communities and tackling health inequalities are central to the provider's ways of working. The AD service strives to reach out to people who are vulnerable or require additional support by providing them with information, in various formats, about the AD service. This enables people to contact the service should they choose. Once an individual initiates contact with the AD service, additional support can be provided through independent advocacy, interpreting services and communication support ([Assisted Dying \(Jersey\) Law 2026 Article 23](#)).

There is evidence that both the provider and AD service work in collaboration and partnership with others to provide islanders with safe, high-quality care.

There is evidence that the AD service has reached out and built strong relationships and networks with international jurisdictions that deliver an effective AD service.

There is evidence that staff from the AD service are open and transparent as they collaborate with relevant external stakeholders and agencies. AD staff work in partnership with key organisations to support EOL care provision and service development.

The AD service works in partnership with other EOL care providers to ensure that people have access to a variety of EOL care provision and choice. This includes the right to apply for an assisted death, subject to eligibility ([Assisted Dying \(Jersey\) Law 2026 Article 2](#)).

The provider and AD service proactively engage in shared planning and decision-making relating to EOL care provision. The provider takes responsibility for the agreed delivery of services and improvements. The provider is responsible and accountable for the delivery of the AD service, which will run as an outreach service from the hospital into the community.

The service has effective arrangements in place for relevant information sharing with partner organisations to support safe, co-ordinated care, informed decision-making and positive outcomes for islanders and population health.

Leaders actively engage people, families, carers, communities and partners in the design, testing, implementation and evaluation of new and improved models of care.

Leaders support diverse ways of working with people and communities, empowering them to participate in the design, testing, roll-out and evaluation of new care delivery methods.

Roles, responsibilities and accountability for partnerships, joint working and third-party providers are clearly identified and understood.

Assurance systems and data-sharing arrangements support effective collaboration and management of internal and external relationships.

The provider works openly and collaboratively with stakeholders, using performance information to build a shared understanding of challenges, opportunities and the needs of islanders and communities.

There is shared responsibility and evidence of partnership working that reaches out to hard-to-reach communities and vulnerable groups, including the AD service.

Standard 40. Learning, improvement and innovation

We are part of a learning organisational culture that supports the development of practice through innovation. We aim to continuously learn in order to improve. We take part in safe and effective practices, alongside research, to help improve care. We are learning how to deliver the best possible AD service in Jersey.

What this means to people:

- I am looked after by a provider that values education, learning, innovation and improvement.
- I am confident that, as a result of this, the care I receive is high-quality and safe.
- I understand that staff in the AD service will receive specific learning and development to support them in undertaking their roles.
- I am aware that AD is a new service for Jersey and that staff will collaborate and form partnerships with other international providers to gain insight into delivering a safe and effective AD service.
- I am confident that staff have access to learning to ensure that they are competent to undertake their role.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026 Articles 65–67

Assisted Dying (Jersey) Law 2026 Article 68

Regulation 19 Reviewing quality of service

Regulation 22 Complaints and representations

40.1 *Provider requirements, documentation and evidence:*

There is evidence that the provider supports learning and innovation to improve practice. Learning is strongly embedded within the organisation's culture, and staff training records reflect this.

The provider ensures and monitors that all staff complete their mandatory training as a minimum. Staff are provided with, and have access to, a wide range of training that enables them to meet their professional regulatory requirements for annual registration and revalidation.

The [Assisted Dying \(Jersey\) Law 2026 Article 66](#) requires staff within the AD service to have specific training to be competent to undertake their AD role.

The Law requires:

- AD staff to complete their initial training prior to being registered as an AD practitioner.
- AD staff to receive continuing training that must be completed at intervals set by the Committee to remain registered as employees of the service;
- The service or other supplier to consult with the persons required by [Article 68](#) in developing or changing the training.

The Committee's role in training is to:

- approve the training; and
- arrange for the provider or another supplier to deliver the approved training.

The [Assisted Dying \(Jersey\) Law 2026 Article 66](#) defines what the training must cover, namely:

- the aspects of the assisted dying process that are relevant for each role, including training about –
 - the requirements of this Law;
 - operational guidance;
 - risk; and
 - the safety and well-being of the professional performing the role;
- the technical knowledge required to perform each role, such as –
 - the administration of approved drugs by an administering practitioner, including how to deal with a medical complication; or
 - the certification of an individual's assisted death by a certifying doctor;
- how to identify –
 - risk factors that increase the likelihood of someone's exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - whether someone has been coerced or pressured to do something.

The Committee sets the intervals at which continuing training must be completed for each role, which the service needs to comply with.

The [Assisted Dying \(Jersey\) Law 2026 Article 65](#) also states that competencies must be developed for:

- An assessing doctor
- An administering practitioner
- A pharmacy professional
- An extended team member
- A certifying doctor

The required competencies for each job role will determine some of the ongoing training needs. The provider can demonstrate a schedule of ongoing training and development for AD staff to support practitioners to undertake their roles proficiently and comply with the Law.

Under [Article 67](#), the Committee must also arrange for the provider or another supplier to develop or change the training on:

- how to identify:
 - risk factors that increase the likelihood of someone's exposure to coercive control or domestic, emotional, financial or other types of abuse, such as their sex, sexual orientation, gender identity, age, disability or socio-economic disadvantage; and
 - whether someone has been coerced or pressured to do something; and
 - having appropriate conversations about assisted dying;
 - anyone else who provides health or care services in Jersey and wants to complete the training.

The provider can evidence, through AD staff training records, that the required training is in place and has been completed by AD staff in order to maintain compliance with the Law.

The provider supports AD staff with opportunities to participate in international learning, research and development, enabling staff to learn from the experiences of other AD services.

The care provider invests in people and culture, providing opportunities for professional development. Professional development for AD staff is identified as part of the annual appraisal system. Staff are empowered with the tools, knowledge and skills needed for effective job performance. The provider can evidence that AD staff have received an annual appraisal that includes a development plan.

Learning from safety events, data protection and national improvement initiatives is incorporated into clinical practice within the provider organisation and AD service. There is evidence that this is implemented in practice.

The provider and AD service strive to continually improve. The provider supports research to drive innovation and improvement in practice. The provider has robust governance and accountability structures in place for people who participate in research. There is evidence of an ethics committee, or equivalent, that considers the safety of each research proposal and has oversight and final approval of any research project. There are robust governance and accountability structures in place for all research, improvement and innovation activities.

Plans for service improvement consider the resources required for successful implementation. The care provider actively seeks, tests and adopts practices that have worked well elsewhere. Best practice is shared across the provider organisation.

The provider uses quality improvement methodologies such as Lean, Six Sigma or Plan-Do-Check-Act to support increased productivity and improve health outcomes. These methodologies and ways of working are available to the AD service.

The care provider invests in digital transformation in line with its digital and data strategy to improve service efficiency. Digital tools are used to transform pathways, increase productivity and improve services.

Insights from safety incidents contribute to ongoing improvement efforts. Safety incident response planning considers ongoing improvement efforts and how to sustain them. The provider can evidence that the organisation responds appropriately and promptly to all safety incidents.

The provider and AD service actively seek feedback from service users as a way of improving service user experience and care.

The provider and AD service also seek feedback from people and carers regarding the support they receive for their mental health and emotional well-being. If issues or concerns are identified, the service takes appropriate action in response.

The provider and AD service have systems in place that include designated individuals responsible for cascading information upwards to the senior management team and downwards to clinicians and other frontline staff. This ensures that staff remain informed and are alerted to any safety issues, risks or incidents that require action and could impact care. Staff can also use this system to share best practice, research and innovation projects.

The provider actively works to facilitate and foster an open and learning organisational culture. This is embedded in practice within the AD service. There is evidence, including examples of organisational learning, that includes the AD service.

The provider prioritises talent management initiatives that attract, retain, and develop a diverse pool of skilled professionals, fostering a culture of continuous learning, innovation, and excellence in care delivery. This is available to AD staff.

Standard 41. Record keeping, documentation and forms

We have robust record-keeping procedures in place to ensure the effective and contemporaneous recording of information. We have separate AD health care records to record the AD application, decision-making process and care. We document and use forms to support the AD service and legal compliance.

What this means to people:

- I am confident that my information is appropriately recorded, used and stored.
- I understand that there will be a separate health care record (AD health care record) for people who apply for an assisted death.
- I understand that I will be required to complete and sign forms as part of my assisted death application process.
- I am confident that all my information will be stored securely and only shared with my consent on a need-to-know basis.

Relevant regulatory requirements

Assisted Dying (Jersey) Law 2026

Assisted Dying (Jersey) Law 2026 Article 14

Assisted Dying (Jersey) Law 2026 Articles 91 and 92

Assisted Dying (Jersey) Law 2026 Article 102

Regulation 17 Good governance

41.1 *Provider requirements, documentation and evidence:*

The provider has a system in place for recording information relating to an assisted death. A new AD health care record will be created for each individual who applies for an assisted death. This record will document the AD application process and the outcomes of assessments and eligibility criteria. These records will be stored under the same conditions, and for the same length of time, as any adult health care record in Jersey. All information and records are stored in compliance with the Law. Information is shared with the consent of the individual and in accordance with [Assisted Dying \(Jersey\) Law 2026 Article 14](#).

The provider can demonstrate that forms have been developed in line with the [Assisted Dying \(Jersey\) Law 2026](#) to document the steps in the AD model and individuals' application process. As a minimum, the provider can evidence that the following forms are in use:

- Initial Enquiry Form
- Age Verification Form
- Residency Verification Form

- First Request Form
- Disclosure of Interest
- First Assessment Form
- Independent Assessment Form
- Second Opinion Form
- Second Request Form
- Request for Medical Information Form
- Consent Form
- Waiver of future capacity to Consent Form
- Withdrawal of Consent Form
- Assisted Dying Care Plan Form
- Review and Decision Form
- Final Consent to Administer Form
- Co-ordinating Doctor Transfer Form
- Administering Practitioner Transfer Form
- Notification of Death Form

The provider and AD service can also demonstrate that all required documentation and confirmation of decisions in writing are appropriately recorded, and that copies have been provided to the individual at the time of the meeting, as required by Law.

The provider and AD service must publish the forms that apply to [Assisted Dying \(Jersey\) Law 2026 Articles 91, 92 and 102](#), at the request of the Committee. The Committee may also request that the provider develops, amends or publishes other documents relating to guidance, training and other requirements under the Law.

A consistent approach to recording information relating to an assisted death should be evident. Records should be contemporaneous. The provider should have a record-keeping policy in place that the AD service adheres to. Professionals should keep records in line with their professional code of practice.

The Law also requires practitioners who undertake specific roles in the AD service to have met the eligibility criteria to act in that role, namely:

- the doctor or nurse is registered with the GMC or NMC
- the doctor or nurse is registered with the JCC
- the doctor or nurse is registered as employed for a specific role in the AD service

- the doctor or nurse has completed a Disclosure of Interest Form
- the doctor or nurse has completed the required training to be registered as an employee of the AD service.

This information needs to be recorded and captured on the appropriate forms throughout the AD application process. There is evidence that this has been completed in line with the Law.