

## **Queensland Government response**

**to Coal Workers' Pneumoconiosis Select Committee  
report no. 2—*Inquiry into the re-identification of coal  
workers' pneumoconiosis in Queensland***

**September 2017**

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## Minister's statement

The Queensland Government is committed to the health and safety of our coal mine workers, and to eradicating coal workers' pneumoconiosis—an insidious disease that affects some of the state's hardest working contributors to the Queensland economy.

When cases of coal workers' pneumoconiosis were identified in 2015, the Queensland Government commissioned an independent review by the Monash University Centre for Occupational and Environmental Health on the respiratory component of the Coal Mine Workers' Health Scheme (Monash Review).

Since this time, the Queensland Government has implemented significant reforms to manage coal workers' pneumoconiosis. The focus of action has been on three key areas—disease prevention, early detection of the disease and providing a safety net for affected coal mine workers. Government, industry, unions and the medical profession have been working together – particularly through the Coal Mining Safety and Health Advisory Committee (CMSHAC) – with a singular focus to deliver on these areas.

I acknowledge the findings of the Coal Workers' Pneumoconiosis Select Committee, and their agreement with me, that there has been a gross systemic failure in the detection of coal workers' pneumoconiosis for more than 20 years. As I noted in August 2016, before the establishment of the Select Committee, fundamental change to the regulatory arrangements for coal mine worker health and the supporting administrative system is required.

This document is the Queensland Government's response to the Select Committee's report No. 2. It details a clear way forward to deliver on the recommendations of the committee. As a member of the Queensland Parliament, and as a doctor, I am committed to ensuring the mistakes of the past are remedied and not repeated—and that Queensland mine workers and workers in ancillary industries are protected.

The Queensland Government will invest up to \$21.051 million over two years to deliver on the Select Committee's recommendations. This will fund establishing a project management office, led by a person independent of existing government agency structures, to lead the further consultation required as detailed in this response. It will also deliver additional on-ground resources to manage dust and continue to deliver the Monash recommendations. This funding builds on the \$3.737 million already committed by the Queensland Government

The Queensland Government has introduced legislation to broaden the objectives of the *Coal Mining Safety and Health Act 1999* and *Mining and Quarrying Safety and Health Act 1999* to extend health assessments and health surveillance to current and former mine workers. The amendments will also provide stronger enforcement and compliance powers to the regulator for any failure by companies to meet their safety and health obligations owed to workers.

I sincerely thank the Select Committee for its comprehensive inquiry and detailed report. I would also like to acknowledge the individual coal mine workers who have come forward to detail their personal accounts—their courage has helped to build our understanding of this important issue.

We will continue to work closely with coal mine workers, unions, industry, the medical profession, other government agencies and all those affected by this disease to deliver a robust system that protects and reassures our coal mine workers now and into the future.

Finally, I note that the Select Committee has identified issues relating to workers in other parts of the coal supply chain, in the mineral mines and quarrying sector and other workers who may be at risk of acquiring occupational lung diseases. As this is subject to further work by the Select Committee, the Government will provide a further response in due course.

**The Honourable Dr Anthony Lynham**  
**Minister for State Development and**  
**Minister for Natural Resources and Mines**

## Acknowledgements

The Queensland Government acknowledges the expertise and assistance provided by a number of national and international medical experts, including:

- Professor Malcolm Sim and the Monash Review team from the Monash Centre for Occupational and Environmental Health (assistance was also provided to the Monash Review by the CWP Stakeholder Reference Group, Coal Services (New South Wales), Safe Work Australia, Australian Institute of Health and Welfare, Dr David Rees and Dr David Fishwick)
- the Alfred Hospital, Melbourne
- Dr Robert Cohen and staff from the University of Illinois at Chicago
- the medical experts on the CMDLD Collaborative Group, chaired by Associate Professors Peter Connaughton and Deborah Yates
- industry and union representatives, including the Coal Mining Safety and Health Advisory Committee.

Many experts have volunteered their valuable time to help the Queensland Government implement reforms to address coal workers' pneumoconiosis.

## **Note**

This response has been prepared in relation to the recommendations contained in the Coal Workers' Pneumoconiosis Select Committee report no. 2 – Inquiry into the re-identification of coal workers' pneumoconiosis in Queensland. This response does not consider the Coal Workers' Pneumoconiosis Select Committee report no. 3 – A Mine Safety and Health Authority for Queensland, including the exposure draft Mine Safety and Health Authority Bill 2017 (exposure draft Bill), tabled in Queensland Parliament on 24 August 2017. The exposure draft Bill is currently being considered by Parliament's Infrastructure, Planning and Natural Resources Committee (IPNRC).

## Introduction

The Queensland Government has implemented significant reforms to manage coal workers' pneumoconiosis (CWP) since initial cases were confirmed in May 2015 (as at 4 September 2017, there have been 25 confirmed cases of CWP reported to the Department of Natural Resources and Mines (DNRM))<sup>1</sup>. This work has been informed by extensive consultation with stakeholders, including employers, industry, unions, the medical profession and government. The aim is to deliver a system that is broadly supported across all sectors and provides the best possible protection for Queensland coal mine workers.

### What is coal workers' pneumoconiosis?

CWP is a coal mine dust lung disease (CMDLD) caused by cumulative, long-term inhalation of very fine, airborne respirable coal dust. CMDLDs include CWP, emphysema, chronic obstructive pulmonary disease, diffuse dust-related fibrosis and lung function impairment.

CWP may take several years to develop—commonly 10 years or more. It can be asymptomatic in the early stages. CWP is primarily detected by chest X-rays and spirometry (lung function testing). These tests are sometimes supplemented by computed tomography scans (CT scans).

Since July 2016, in Queensland, all coal mine worker chest X-rays are now read to the accepted international standard, which is the International Labour Organization (ILO) International Classification of Radiographs of Pneumoconioses. Chest X-rays are read by a radiologist on the Royal Australian and New Zealand College of Radiologists Register for CWP Screening and are then sent to the University of Illinois in Chicago to be dual-read by readers that have passed National Institute for Occupational Safety and Health (NIOSH) approved B-reader training. By the end of 2017, B-reading will be undertaken in Australia by qualified B-reader Australian radiologists as part of dual reader screening program. This will continue to be supported by Dr Robert Cohen.

CWP can be difficult to detect and diagnose because there may be no symptoms in the early stages and radiographic changes are subtle.

CWP is preventable through the proper implementation of dust monitoring and control measures, but it is not reversible. There is no specific treatment for CWP apart from managing the symptoms and preventing ongoing exposure to respirable coal dust.

## Monash Review

Central to the Queensland Government's reforms is the independent review on the respiratory component of the Coal Mine Workers' Health Scheme, commissioned by the government in December 2015.

The review was undertaken by the Monash University Centre for Occupational and Environmental Health, in consultation with the University of Illinois at Chicago (Monash Review).<sup>2</sup>

<sup>1</sup> It is acknowledged that there are further cases of miners with occupational dust lung diseases that include CWP, silicosis and other chronic obstructive pulmonary diseases associated with occupational dust exposure.

<sup>2</sup> See Appendix 2 for the list of medical experts who contributed to the Monash Review.

The Monash Review was commissioned to ensure that future actions were informed by evidence, data and relevant expertise. The multidisciplinary review team included experts in occupational medicine, respiratory medicine, occupational hygiene, epidemiology, radiology and respiratory science.

The aims of the Monash Review were to:

- determine whether the respiratory component of the health assessment performed under the Coal Mine Workers' Health Scheme was adequately designed and implemented to most effectively detect the early stages of CMDLDs among Queensland coal mine workers, estimating the extent and providing feedback
- recommend necessary changes to correct deficiencies, recommend measures to follow-up cases that may have been missed as a result of these deficiencies, and identify the additional capacity needed to improve this health scheme.

On 14 January 2016, the Queensland Government announced steps to tackle coal mine workers' health, for the state's past and current coal miners by:

1. improving the existing screening system (Monash Review)
2. taking action on coal mines exceeding regulated limits of dust levels
3. improving how information is collected and used to ensure cases are not missed
4. investigating regulatory changes to ensure underground coal dust is kept at safe levels (as part of the mine safety legislation review already underway)
5. placing the issue on the agenda for the national council of mining ministers.

On 12 July 2016, the Monash Review provided 18 recommendations to improve the health scheme, including improvements to chest X-rays, lung function testing (spirometry), medical records management and health surveillance on data collected.<sup>3</sup>

The Queensland Government supports all 18 recommendations of the Monash Review, and significant work has been undertaken to implement these recommendations. To date, 11 of the recommendations have been fully implemented with the remaining 7 almost completed.

To provide consistent delivery of the Monash Review recommendations, the Queensland Government developed an action plan that addresses tougher coal dust controls, new and better testing, and better trained medicos as the backbone of a new regime to protect the health of all Queensland coal mine workers.

The **action plan** focuses on three key areas:

1. **disease prevention**—prevent new cases of CWP through stricter dust management and regular publication of dust levels
2. **early disease detection**—identify existing cases early through better screening, with strong support from the state's underground coal mine companies and doctors
3. **providing a safety net for affected coal mine workers.**

The measures within the action plan are designed to deliver a prevention, monitoring and screening system, and an appropriate safety net for coal mine workers diagnosed with CWP. The measures were developed collaboratively with employers, industry, unions, the medical profession and government, leveraging the expertise of Monash University and national and international leaders in this field, including NIOSH approved B-readers, such as Dr Robert Cohen.

<sup>3</sup> See Appendix 3 for Monash Review recommendations.

## Commonwealth Senate Select Committee

On 28 April 2016, the Commonwealth Senate Select Committee on Health released its fifth interim report, *Black lung: it has buggered my life*. This report makes eight recommendations<sup>4</sup> regarding the management of dust and improvements to health surveillance of coal mine workers.

The Queensland Government has already implemented, or is currently implementing, a number of the Commonwealth Senate Select Committee's recommendations. These actions include:

- **implementing the Monash Review**, including recommendations relating to nominated medical advisers
- **improving dust monitoring and management**, including regulatory reforms to require reporting of exceedances to the regulator, the development of a dust database and release of dust monitoring results, and establishing a standing committee on dust
- **improving the workers compensation and rehabilitation schemes.**

## Queensland Parliament Select Committee

On 15 September 2016, Queensland Parliament established the Coal Workers' Pneumoconiosis Select Committee inquiry into the re-identification of CWP among coal mine workers in Queensland.

On 29 May 2017, the Select Committee delivered its final report with 68 recommendations, many related to the establishment of an independent statutory authority for the regulation of mining safety and health in Queensland. Other recommendations related to:

- the Coal Mine Workers' Health Scheme and health assessments, including the implementation of the Monash Review recommendations
- coal dust management, monitoring and compliance
- funding for the regulator
- workers compensation and rehabilitation.

The broad range of recommendations relate to the portfolio responsibilities of DNRM, Queensland Health, the Office of Industrial Relations and Queensland Treasury.

The Queensland Government has continued to implement the recommendations of the Monash Review, while concurrently supporting the work of the Select Committee. Given many of the failings identified by the Select Committee are a direct result of decisions made by prior administration over more than 20 years, it has been difficult for the current management team to assist the Select Committee to the extent demanded of this important issue. This is reflected in the criticisms made by the Select Committee in their report.

The Queensland Government acknowledges the work of the Select Committee and its comprehensive review.

This document details the government's response to the Select Committee's recommendations on its initial terms of reference, and outlines the key actions that the

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<sup>4</sup> See Appendix 4 for Commonwealth Senate Select Committee recommendations.

government will continue to undertake to address CWP and improve the health of coal mine workers in Queensland.

## Queensland Government action plan

The Queensland Government has been working with employers, industry, unions, the medical profession and government to implement significant reforms to manage CWP.

The government's action plan is being delivered via a tripartite approach involving industry, unions and government. This will ensure all parties with a vested interest in the outcomes participate in developing continuous safety and health improvement for the sector. The focus of reform has been on three key areas—disease prevention, early disease detection and providing a safety net for affected coal mine workers.

### 1. Disease prevention

To reduce respirable dust exposure and prevent disease, the Queensland Government has implemented tougher coal dust controls and regulation, and improved reporting and publishing of respirable dust monitoring.

The government's reforms to achieve disease prevention have been developed in consultation with industry and unions, including through the Coal Mining Safety and Health Advisory Committee (CMSHAC).<sup>5</sup>

#### Reforms delivered

The Queensland Government has delivered the following reforms to prevent disease:

- **strengthened regulatory requirements** for the management of respirable coal dust (effective 1 January 2017)
  - requirements about quarterly reporting of personal respirable dust monitoring records to the Mines Inspectorate
  - all Queensland coal mines must report and undertake specific actions each time respirable dust concentrations exceed regulated levels
- **developed a dust database** to record dust monitoring results
- **published dust monitoring data** online from all Queensland coal mines (from July 2017)
- **establishing a standing dust committee**, which is currently being progressed by the Coal Mining Safety and Health Advisory Committee
- **implemented recognised standards**<sup>6</sup> under the *Coal Mining Safety and Health Act 1999* to drive best practice monitoring and control of respirable dust in Queensland coal mines.

<sup>5</sup> The Coal Mining Safety and Health Advisory Committee involves representatives from the Queensland Resources Council, the Construction Forestry Mining Energy Union of Queensland, the Electrical Trades Union and departmental officers from DNRM. The primary function of the committee is to provide technical advice and make recommendations to the Minister for State Development and Minister for Natural Resources and Mines to promote and protect the safety and health of coal mine workers.

<sup>6</sup> Recognised standards for coal mining are made under the *Coal Mining Safety and Health Act 1999* and provide ways of achieving an acceptable standard of risk for people working in coal mines.

DNRM has published the following recognised standards for dust monitoring and control in Queensland coal mines:

- *Recognised standard 14: monitoring respirable dust in coal mines*—sets out minimum requirements to be included in a coal mine's safety and health management system for monitoring, preparing records and reporting concentrations of respirable dust levels (effective 1 January 2017); and
- *Recognised standard 15: underground respirable dust control*—states ways for the site senior executive to meet their safety and health obligations, and develop their mine's safety and health management system, for the control of respirable dust in an underground coal mine (effective 1 May 2017).

DNRM has also published a *Guideline for Management of Respirable Crystalline Silica in Queensland mineral mines and quarries* in July 2017 which provides guidance on:

- how to manage the monitoring of workers' exposure to respirable crystalline silica (RCS);
- managing health surveillance to achieve an acceptable level of risk from the hazard of exposure to RCS, associated with mining silica bearing minerals and rock; and
- the adoption of recommendations made by the Monash Review, as applicable to mineral mines and quarries.

### **Dust monitoring results**

#### *First quarter 2017:*

Results show that the average respirable coal dust concentrations across each similar exposure group<sup>7</sup> are well below current regulated occupational exposure limits. The most common shift-adjusted occupational exposure limit is 2.8 milligrams per cubic metre.

The single exceedance rate for respirable dust results in the first quarter of 2017 is less than 1 per cent. This is down from 8 per cent for the first quarter of 2016.

In the first quarter of 2017, the average respirable coal dust concentration for all underground sites (for their longwall work group<sup>8</sup>) was 0.9 milligrams per cubic metre, compared to 1.7 milligrams per cubic metre in the same period in 2016.

The development work group<sup>9</sup>, across all underground sites, showed similar improvement with an average of 0.7 milligrams per cubic metre for the first quarter of 2017, compared with 1.2 milligrams per cubic metre for the same period in 2016.

#### *Second quarter 2017:*

Results for the second quarter of reporting are currently being processed. However, preliminary analysis shows a similar trend to the first quarter, with the highest average recorded for the longwall similar exposure group at 1.6 milligrams per cubic metre.

During this period, four coal mines did not provide the minimum number of samples required under *Recognised standard 14: monitoring respirable dust in coal mines*.

<sup>7</sup> Similar exposure groups are used to identify a group of workers who have the same general exposure to risks. This can include similarity and frequency of the tasks performed, the types of materials and processes used to complete tasks, or similarity of the way tasks are performed.

<sup>8</sup> The longwall work group (similar exposure group) are employees and contractors who operate shearers (tailgate or maingate), maingate drive and operating chocks/shields.

<sup>9</sup> The development workgroup (similar exposure group) are employees and contractors operating a continuous miner, shuttle car or ram car; undertaking roof and rib bolting; and hanging hoses, handling cables, hanging vent tubes, performing belt extensions and hanging brattice.

Directives were issued to the non-compliant mines and the Inspectorate continues to place pressure on mines to comply with monitoring requirements.

In September 2017, the Queensland Government introduced legislation to strengthen compliance and enforcement mechanisms, including increasing financial penalties to align with the *Work Health and Safety Act 2011* and introducing a civil penalties regime.

## 2. Early disease detection

The final report of the Monash Review made 18 recommendations comprising reforms across a range of issues to ensure early disease detection, including improvements to chest X-rays, lung function testing (spirometry), medical records management and health surveillance on data collected.

The Queensland Government supports all 18 recommendations—some have been delivered and others are substantially underway.

### Implementation status of Monash Review recommendations

Implementation status	No. of Monash Review recommendations
Delivered	11
Delivery in progress	7
<b>Total</b>	<b>18</b>

The Queensland Government prioritised the delivery of recommendations into five key areas:

1. chest X-rays
2. spirometry
3. medical practitioners
4. surveillance
5. digital records management.

These priorities address the core issue of coal mine worker health and improvement of rigour for medical professionals wishing to practice under the Coal Mine Workers' Health Scheme, and provide assurance that government oversight of the health scheme is robust and effective.

This work has been informed by stakeholder consultation with employers, industry, unions, the medical profession, government, the Coal Mining Safety and Health Advisory Committee, and the newly formed CMDLD Collaborative Group<sup>10</sup> of medical experts.<sup>11</sup>

<sup>10</sup> The CMDLD Collaborative Group represents experts from a variety of relevant medical and scientific specialities, including the Thoracic Society of Australia and New Zealand, the Australasian Faculty of Occupational and Environmental Medicine and the Royal Australian and New Zealand College of Radiologists. The group is co-chaired by the President of the Australasian Faculty of Occupational and Environmental Medicine.

<sup>11</sup> See Appendix 5 for members of the CMDLD Collaborative Group.

The table below lists Queensland Government actions to deliver the Monash Review recommendations.

**Key Queensland Government actions to deliver Monash Review recommendations**

Recommendation	Actions delivered or in progress
<p><b>1. The main purpose of the respiratory component of the scheme should explicitly focus on the early detection of coal mine dust lung disease (CMDLD) among current and former coal mine workers</b></p> <p><b>Information pack about CMDLD should be developed for workers</b></p>	<p><b>Delivery in progress</b></p> <ul style="list-style-type: none"> <li>• Information is available online for current and former coal mine workers, as well as other stakeholders.</li> <li>• To raise awareness of CWP, DNRM provided material to mine sites for display and distribution to coal mine workers. This includes fact sheets with information about CWP, and posters and A5-sized postcards encouraging miners to talk to their GP about any health concerns.</li> <li>• Materials were also distributed to professional medical peak bodies and key health industry stakeholders.</li> <li>• Queensland Health facilitated the distribution of information about the disease to health professionals through its medical practitioner network.</li> <li>• In June and July 2016, these efforts were supported by a bi-weekly advertising campaign in regional newspapers throughout Queensland’s coal mining regions.</li> <li>• Engagement model ensures regular stakeholder consultation and updates on implementation of reforms to the respiratory component of the scheme are provided to unions, industry, medical professionals, the CMDLD Collaborative Group and the Coal Mining Safety and Health Advisory Committee.</li> <li>• An online information portal for coal mine workers will be developed and is expected to be available later in 2017.</li> <li>• Regulatory changes would ensure the focus of the respiratory component is maintained in the long term.</li> </ul>
<p><b>2. Develop clinical guidelines for follow-up investigation and specialist referral and incorporate into the scheme</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• A clinical guideline has been developed by the CMDLD Collaborative Group, a voluntary group of medical experts. The guideline has been endorsed by Queensland Health.</li> </ul>
<p><b>3. Reporting of cases of CWP and CMDLD in current and former coal miners identified by the scheme</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• The Coal Mining Safety and Health Regulation 2001<sup>12</sup> was amended to require companies to notify DNRM of CWP and other CMDLDs.</li> <li>• A memorandum of understanding was established between DNRM and the Office of Industrial Relations to ensure compensation claims for CMDLDs are reported to DNRM.</li> </ul>

<sup>12</sup> The Coal Mining Safety and Health Regulation 2001 was remade on 1 September 2017 as the Coal Mining Safety and Health Regulation 2017.

Recommendation	Actions delivered or in progress
<p><b>4. Amend health assessment form to include separate respiratory section including all respiratory components (radiology report to ILO format and spirogram tracings and results)</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• The health assessment form was amended to include a separate respiratory section.</li> <li>• Monash University undertook an additional review of the health assessment form to ensure it captures appropriate information for health surveillance.</li> </ul>
<p><b>5. Amend form to include a comprehensive respiratory medical history and symptom questionnaire</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• The health assessment form has been amended to include a comprehensive respiratory medical history and symptom questionnaire.</li> </ul>
<p><b>6. The criteria to determine workers “at risk from dust exposure” should be based on past and current employment in underground coal mines and designated work categories in open-cut coal mines and coal handling and preparation plants</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• To remove any doubt about risk of exposure and minimum chest X-ray requirements, the Coal Mining Safety and Health Regulation 2001 was amended to: <ul style="list-style-type: none"> <li>- require that all underground coal mine workers are X-rayed at least every 5 years and above-ground coal mine workers at least every 10 years</li> <li>- require regular monitoring and quarterly reporting of respirable coal dust to DNRM to inform future exposure and screening requirements</li> <li>- provide voluntary health assessments for retiring coal mine workers.</li> </ul> </li> </ul>
<p><b>7. Establish small pool of approved doctors undertaking respiratory component of health assessments under scheme, taking into account geography and other workforce needs</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• A register of accredited doctors and medical providers, was published in July 2017.</li> <li>• Accredited medical providers must meet minimum standards, developed by DNRM in consultation with medical experts.</li> <li>• Queensland’s major coal mining companies have agreed to voluntarily transition to using these registered providers ahead of any regulatory change.</li> </ul>
<p><b>8. Establish mandatory formal doctor training program, including mine visits, prior to approval by DNRM, to ensure competence and experience to undertake respiratory health assessments under the scheme</b></p>	<p><b>Delivery in progress</b></p> <ul style="list-style-type: none"> <li>• DNRM is currently evaluating tenders for the development and delivery of a comprehensive training package for doctors in consultation with Coal Services (New South Wales).</li> </ul>
<p><b>9. Establish approval process for doctors to undertake respiratory health assessments for the</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• A register of accredited doctors and medical providers was published in July 2017.</li> </ul>

Recommendation	Actions delivered or in progress
<p><b>early detection of CMDLD under the scheme</b></p>	<ul style="list-style-type: none"> <li>• Queensland's major coal mining companies have agreed to voluntarily transition to using registered doctors ahead of regulatory change.</li> <li>• Minimum requirements have been developed with key medical specialists.</li> <li>• DNRM is currently evaluating tenders for the development and delivery of a comprehensive training package for doctors in consultation with Coal Services (New South Wales).</li> <li>• DNRM is currently evaluating tenders for an accreditation service provider who will vet doctors to undertake respiratory health assessments for the early detection of CMDLDs.</li> </ul>
<p><b>10. Determine and implement an alternative designation (rather than NMA) for doctors approved to undertake respiratory health assessments, which reflects specific responsibility for respiratory health assessments under the new scheme</b></p>	<p><b>Delivery in progress</b></p> <ul style="list-style-type: none"> <li>• A nominated medical adviser (NMA) consultation paper was distributed to stakeholders for comment—23 submissions were received, generally supportive of the register and training model for NMAs.</li> <li>• Changes to health assessments are being considered, including doctor designation.</li> </ul>
<p><b>11. Chest x-rays should be performed by appropriately trained staff to a suitable standard of quality and performed and interpreted according to the current ILO Classification by radiologists and other medical specialists classifying chest x-rays</b></p>	<p><b>Delivery in progress</b></p> <ul style="list-style-type: none"> <li>• All coal mine worker chest X-rays are being read to the ILO classification by a radiologist on the Royal Australian and New Zealand College of Radiologists Register for CWP Screening.</li> <li>• Since 27 July 2016, chest X-rays have been subsequently sent to the University of Illinois in Chicago to be dual-read by NIOSH approved B-readers.</li> <li>• A consultation paper was distributed to targeted stakeholders for feedback on a proposal for the taking and reading of chest X-rays and a refined position submitted to the Coal Mining Safety and Health Advisory Committee.</li> <li>• DNRM is evaluating tenders for a local provider to conduct dual-reading of all chest X-rays by radiologists trained in the ILO classification.</li> <li>• A core group of radiologists will be formed to ensure sufficient chest X-ray volume to maintain competency necessary for early identification.</li> <li>• A register of accredited imaging providers was published in July 2017.</li> <li>• Queensland's major coal mining companies have agreed to voluntarily transition to using these registered providers ahead of regulatory change.</li> <li>• Guidelines for taking X-rays have been finalised in consultation with a CWP expert (Dr Robert Cohen at the University of Illinois), one of Australia's first B-reader</li> </ul>

Recommendation	Actions delivered or in progress
	trained radiologists, Queensland Health and other radiologists.
<p><b>12. Spirometry should be conducted by appropriately trained staff and performed and interpreted according to current ATS/ERS standards.</b></p>	<p><b>Delivery in progress</b></p> <ul style="list-style-type: none"> <li>• A consultation paper was distributed to targeted stakeholders for feedback on a proposal to improve spirometry testing, and a refined position was submitted to the Coal Mining Safety and Health Advisory Committee, supporting the accreditation of medical providers undertaking spirometry.</li> <li>• A register of accredited doctors and spirometry providers was published in July 2017.</li> <li>• Queensland's major coal mining companies have agreed to voluntarily transition to using these registered providers ahead of regulatory change.</li> <li>• The Thoracic Society of Australia and New Zealand have developed spirometry taking, interpreting and training standards. These will be implemented by the end of 2017.</li> </ul>
<p><b>13. Transition to an electronic system of data entry and storage and establish and audit process to include regular audit of collected medical information for quality control and feedback to doctors performing health assessments under the scheme</b></p>	<p><b>Delivery in progress</b></p> <ul style="list-style-type: none"> <li>• A partnership was established with Queensland Health to design an electronic record management system.</li> <li>• An external provider has designed an audit program to audit the whole Coal Mine Workers' Health Scheme.</li> </ul>
<p><b>14. Amend scheme to require all coal mine workers "at risk from dust exposure" to be registered in the DNRM database on entry to industry for ongoing medical surveillance</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• Required information is detailed on the health assessment form.</li> <li>• The Coal Mining Safety and Health Regulation 2001 was amended to require that all underground coal mine workers are X-rayed at least every 5 years and above-ground coal mine workers at least every 10 years.</li> </ul>
<p><b>15. DNRM to conduct ongoing individual and group surveillance of health data collected under the scheme, to detect early CMDLD, analyse trends, and disseminate to employers, unions and workers</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>• Monash University undertook an additional review of the health assessment form to ensure it captures appropriate information for health surveillance.</li> <li>• Guidance was sought from the New South Wales Chief Data Scientist on a best practice framework for individual and group health surveillance.</li> <li>• Monash University was engaged to undertake scoping study of health assessment database to identify surveillance research priorities.</li> <li>• All abnormal X-rays identified in the health assessment database are being reviewed.</li> </ul>

Recommendation	Actions delivered or in progress
	<ul style="list-style-type: none"> <li>A respirable dust database was developed to record dust monitoring results for comparison with health data information.</li> </ul>
<p><b>16. Amend scheme to require coal mine workers to have exit respiratory health assessments and include retired and former coal mine workers in health surveillance</b></p>	<p><b>Delivery in progress</b></p> <ul style="list-style-type: none"> <li>The Coal Mining Safety and Health Regulation 2001 was amended to provide voluntary exit health assessments for retiring coal mine workers.</li> <li>Former coal mine workers can have their chest X-ray progressed through the dual-read process at no cost on referral from their GP to DNRM.</li> <li>A memorandum of understanding was established between DNRM and the Office of Industrial Relations to ensure workers' compensation claims for CMDLDs are reported to DNRM that includes claims from retired and former workers.</li> <li>The <i>Workers' Compensation and Rehabilitation (Coal Workers' Pneumoconiosis) and Other Legislation Amendment Act 2017</i> establishes a medical examination process for retired or former coal workers with a suspected CMDLD that left the industry prior to 1 January 2017.</li> <li>Further changes to the Coal Mine Workers' Health Scheme are required to provide all retired and former coal mine workers with periodic health assessments into the future.</li> </ul>
<p><b>17. Establish an implementation group, including relevant stakeholders, to ensure recommendations are implemented in a timely manner</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>The Coal Mine Workers' Health Scheme project team is in place within DNRM.</li> <li>Engagement model ensures regular stakeholder consultation and implementation updates are provided to unions, industry, medical professionals, the CMDLD Collaborative Group and the Coal Mining Safety and Health Advisory Committee.</li> </ul>
<p><b>18. There should be a further review of the revised scheme within 3 years to ensure that it is designed and performing according to best practice</b></p>	<p><b>Delivered</b></p> <ul style="list-style-type: none"> <li>The Queensland Government has accepted all recommendations of the Monash Review including a further review within 3 years.</li> <li>An external provider was engaged to develop an audit program, including an audit to be completed within 3 years of the Coal Mine Workers' Health Scheme being revised.</li> </ul>

### 3. Providing a safety net for affected coal mine workers

In December 2016, the Queensland Government established a CWP Stakeholder Reference Group to provide advice on, and address gaps in, the operation of the Workers' Compensation and Rehabilitation Scheme regarding CWP.

The reference group consisted of representatives of employers, unions, the legal profession, insurers and government departments relevant to coal mining.

#### **CWP Stakeholder Reference Group recommendations**

- Provide an interim medical examination for former coal workers that are concerned that they have CWP, and who have retired or left the coal industry prior to 1 January 2017.
- Ensure workers with CWP who experience disease progression can apply to re-open their claim to access further benefits under the workers compensation scheme.
- Provide extra rehabilitation support to help workers back into suitable alternative employment.
- Streamline workers compensation arrangements so they properly align with the Coal Mine Workers' Health Scheme.

On 14 June 2017, the Minister for Employment and Industrial Relations, Minister for Racing and Minister for Multicultural Affairs introduced the Workers' Compensation and Rehabilitation (Coal Workers' Pneumoconiosis) and Other Legislation Amendment Bill 2017 into Queensland Parliament to implement the legislative recommendations of the reference group.

The *Workers' Compensation and Rehabilitation (Coal Workers' Pneumoconiosis) and Other Legislation Amendment Act 2017* commenced on 31 August 2017.

#### **Key features of the Workers' Compensation and Rehabilitation (Coal Workers' Pneumoconiosis) and Other Legislation Amendment Act 2017**

- **Introduces a free medical examination for retired or former coal workers** who left the industry prior to 1 January 2017 and are concerned that they may have CWP or a CMDLD. The medical examination process is available for a five-year period to prevent overlap with the revised Coal Mine Workers' Health Scheme, which commenced on 1 January 2017.
- **Ensures workers can 're-open' their workers compensation claim** and access further entitlements if workers with CWP or other types of pneumoconiosis (such as silicosis) experience disease progression.
- **Introduces an additional lump sum compensation** for workers with pneumoconiosis. This additional lump sum compensation ensures that workers with CWP or another pneumoconiosis will have access to compensation for their injury, even in circumstances where they are not suffering any permanent impairment or incapacity to work.

## Queensland Government response to Select Committee report no. 2 recommendations

The Queensland Government has considered the recommendations from the Coal Workers' Pneumoconiosis Select Committee report no. 2, *Inquiry into the re-identification of coal workers' pneumoconiosis in Queensland*, and supports many of the recommendations.<sup>13</sup>

In supporting the recommendations, the Queensland Government accepts the intent of the recommendations and acknowledges that additional analysis and consultation is required to better understand the most appropriate implementation pathway.

The government's response to the Select Committee's report no. 2 recommendations includes eight key actions:

1. establish an independent regulator
2. implement an alternative funding model for the regulator
3. improve respirable dust monitoring and management
4. improve enforcement and oversight of coal dust management
5. improve health arrangements for coal mine workers
6. implement Queensland Health recommendations
7. improve workers compensation and rehabilitation
8. address the Select Committee's observations.

These actions are supported by a number of reforms.

### **Establishing a Project Management Office**

Many of the recommendations below recommend that further consultation or investigation occur. To undertake the additional consultation or investigation with stakeholders, the Queensland Government will establish a Project Management Office. The Project Management Office will be led by a person independent of existing government agency structures and will lead the consultation and engagement required to give effect to the Government's response.

<sup>13</sup> See Appendix 1 for a list of the Select Committee's recommendations.

## Action 1: Establish an independent regulator

Select Committee recommendation	Queensland Government response
<b>Recommendations 1 and 2</b>	<p><b>Supported in principle—further consultation required</b></p> <p>The Queensland Government recognises and strongly supports the importance of ensuring appropriate independence of the regulator from industry facilitation within the government. It is important that a regulator operates within a governance framework that guarantees independence, transparency and appropriate ministerial oversight.</p>
<b>Recommendations 6 and 8</b>	<p><b>Supported in principle—further consultation required</b></p> <p>The Queensland Government supports that the chief officer of the regulator should have statutory independence and not be subject to direction in regulatory decision-making.</p>
<b>Recommendation 7</b>	<p><b>Supported</b></p> <p>The Queensland Government supports the establishment of a health and safety regulator (the regulator) for all mineral and energy resources sectors (coal mines, mineral mines and quarries, petroleum and gas, and explosives), comprising the inspectorate of each sector.</p>
<b>Recommendations 10–15 and 41</b>	<p><b>Supported in principle—further consultation required</b></p> <p>The Queensland Government supports the ongoing administration of the Coal Mine Workers' Health Scheme by the regulator, with appropriate information-sharing arrangements with Queensland Health and the Office of Industrial Relations.</p>
<b>Recommendations 3 and 4</b>	<p><b>Supported in principle—subject to further independent advice</b></p> <p>The Queensland Government supports appropriate administrative oversight consistent with principles underpinning Queensland's system of government and public administration. Options will be developed to provide for this, including consideration of parliamentary committee oversight.</p>
<b>Recommendation 5</b>	<p><b>Supported in principle—further consultation required</b></p> <p>The Queensland Government supports giving consideration to the regional footprint of the regulator and further consideration will be given to the case for basing the regulator in Mackay.</p>
<b>Recommendation 9</b>	<p><b>Supported in principle—further consultation required</b></p> <p>The Queensland Government considers that the focus of Safety and Mines Testing and Research Station (Simtars) work should be on providing better safety and health outcomes in Queensland's resources sectors and that this may involve an increased focus on research around occupational health issues. However, further</p>

	analysis is needed regarding the funding sources for the Simtars before a decision can be made regarding fee-for-service work.
<b>Recommendation 61</b>	<p><b>Supported in principle—further consultation required</b></p> <p>The Queensland Government understands that the tripartite (industry, unions and government) advisory committees (such as the Coal Mining Safety and Health Advisory Committee) are highly valued and well respected for the technical advice they provide. It is proposed that the advisory functions of these committees should continue and further consultation with these committees is required.</p>

## Further considerations

### Governance and administration

- The Queensland Government considers that the regulator must be free from the direction of the mining minister or any other entity in exercising its operational or regulatory functions, including the parliament—although it must operate with transparency and be accountable to the mining minister and its stakeholders.
- Governance arrangements, including reporting mechanisms, should achieve appropriate transparency and ensure the mining minister has adequate oversight of the performance of the regulator.
- Whether or not the regulator should be established as an incorporated entity or other administrative unit of government requires consideration in order to determine which model would deliver maximum effectiveness and efficiency.
- To ensure appropriate independence, the regulator should not be subject to a board of directors or any other entity in its operational decision-making.
- A governance model that places a board of directors above the senior officer of the regulator could give rise to undue interference in the exercise of regulatory functions.
- It may be appropriate for the regulator to be accountable to a parliamentary committee in the same way as other government agencies.

### Responsibilities of the regulator

- The Queensland Government supports a safety and health regulator with coverage of all mineral and energy resources industries, including mining, petroleum and gas, and explosives.
- Containing regulation of safety and health across all mineral and energy resources industries within one unit of administration ensures consistency and efficiency, and avoids unnecessary duplication of functions within government.

### Role of the Commissioner for Mine Safety and Health

- The Queensland Government considers that, if the Commissioner for Mine Safety and Health is an officer of the regulator, a separate independent auditor role should be maintained to undertake external review of the regulator.

### Continued role for advisory committees

- The Queensland Government considers that the role of advisory committees, such as the Coal Mining Safety and Health Advisory Committee and the Mining Safety and Health Advisory Committee, is essential to the tripartite (industry, unions and government) spirit of the mining safety and health regulatory framework.
- The primary function of the Coal Mining Safety and Health Advisory Committee is to provide advice and make recommendations to the mining minister to promote and protect the safety and health of coal mine workers.
- Continuation of the advisory committees external to the regulator would maintain the objectivity of those committees and their ability to offer constructive input to policy development and advocate for their stakeholders.
- Work will need to be undertaken to appropriately resource the regulator with various corporate, policy and other support staff to ensure it is able to function efficiently and effectively.

### Implications for Simtars

- Discontinuing fee-for-service occupational hygiene work requires further analysis to determine an implementation plan that avoids detriment to stakeholders and ensures that the community service obligations currently fulfilled by Simtars continue.
- It is also important that structural arrangements ensure appropriate delineation between regulatory and research functions (e.g. in relation to dust monitoring or coal mine worker health).

### Location of the regulator

- The Queensland Government will investigate basing the regulator in Mackay, however a business case demonstrating the sustainability of this arrangement is required.
- The Queensland Government considers that there is a clear necessity to maintain the knowledge and integrity of the resources safety and health unit, and to respect the rights and interests of public servants who are currently employed within this unit.
- Operations within the coal mining, mineral mines and quarries, petroleum and gas, and explosives sectors are distributed throughout Queensland.
- Currently, regional offices are strategically positioned in various locations across the state so various inspectorates can readily access the sites they regulate. This approach provides a highly diversified workforce across the regions, with more than 80 per cent of staff located outside of the Brisbane CBD.
- Due to the geographical spread of resource projects across the state, concentrating staff in one regional centre may disadvantage other centres.
- Basing a regulator in one regional centre may also raises potential concerns in attracting and retaining staff with the appropriate skills and experience.

Action 1: Establish an independent regulator		
Queensland Government reform		Delivery
1 (a)	Establish the project management office (PMO), led by a person independent of existing government agency structures (PMO Executive). The PMO Executive will provide advice to the Minister and government, lead consultation and	Qtr 4 2017

	engagement with stakeholders and develop options for alternative regulatory models based on the outcomes of consultation.	
1 (b)	The PMO Executive is to determine a plan for consulting and engaging with stakeholders and developing options for alternative regulatory models.	Qtr 4 2017
1 (c)	Within six months of appointment, the PMO Executive will make recommendations to the Minister on options for alternative regulatory models based on the outcomes of consultation with stakeholders.	Qtr 2 2018

## Action 2: Implement an alternative funding model for the regulator

Select Committee recommendation	Queensland Government response
<b>Recommendation 16</b>	<b>Supported in principle—further consultation required</b> The Queensland Government acknowledges that reform of the funding model for the regulator is necessary and recognises the need for a revenue stream that better meets the needs of a dynamic and changing operating environment. The mine safety and health fee should continue until an alternative funding model is determined and implemented.
<b>Recommendations 17 and 18</b>	<b>Supported in principle—subject to further independent advice</b> The Queensland Government needs to fully investigate the implications of a funding model based on coal and mineral royalties. The volatility in royalty revenue due to commodity price fluctuations can occur over short time frames, and may impede a regulator's ability to forward plan an annual budget.

### Further considerations

#### Funding model

- The Queensland Government recognises the need for a funding model that will maintain stable funding to deliver a best practice safety and health regulatory framework in Queensland.
- The current framework is funded through fees based on the number of workers in the industry. The Queensland Government recognises that this approach does not necessarily correspond to regulatory workload or the safety and health risk profile of industry.
- For this reason, in November 2016 the Queensland Government commenced a review of the current funding mechanism and has commissioned an independent analysis, which will inform a future alternative funding model.

### Proposal to use royalties

- The Queensland Government needs to fully investigate whether the use of coal and mineral royalties is appropriate or whether there are more effective funding mechanisms.
- The volatility in royalty revenue due to commodity price fluctuations can occur over short time frames, and would likely impede a regulator's ability to forward plan an annual budget
- Linking the funding safety and health activities to coal production may be negatively perceived.
- Utilising funding from royalties may also place a disproportionate burden on metallurgical coal producers, which contribute the most royalties.
- To date, royalty revenue has formed part of consolidated revenue and has been redistributed to deliver government programs and infrastructure.
- Conversely the revenue received from the mine safety and health levy is retained by the regulator and is not remitted to the Consolidated Fund.

Action 2: Implement an alternative funding model for the regulator		
Queensland Government reform		Delivery
2 (a)	The PMO Executive is to provide options to the Minister on sustainable and effective funding models.	Qtr 4 2017

### Action 3: Improve respirable dust monitoring and management

Select Committee recommendation	Queensland Government response
<b>Recommendations 23–29, 35 and 36</b>	<p><b>Supported</b></p> <p>The Queensland Government supports harnessing technologies and techniques that enhance dust control in coal mines. The Queensland Government supports bolstering the regulatory arrangements for respirable dust to ensure coal mines do not endanger worker health.</p>
<b>Recommendations 19–21 and 37</b>	<p><b>Supported in principle—consultation with CMSHAC and/or MSHAC required</b></p> <p>The Queensland Government supports the setting of limits based on scientific evidence and that dust management must form part of a mine's safety and health management system. The Queensland Government supports seeking technical advice from the CMSHAC in regard to dust management, regulatory levels and dust abatement plans.</p> <p>The Queensland Government supports the establishment of a standing dust committee. To ensure its independence, the standing dust committee should operate separately to the regulator and provide technical advice on dust-related issues.</p>

## **Further considerations**

### **Techniques and technologies**

- The Mines Inspectorate within DNRM has developed a respirable dust database for results of dust monitoring reported by mines under the Coal Mining Safety and Health Regulation 2017.
- The Queensland Government supports the maintenance of a dust techniques and technologies database to inform research.
- The Queensland Government recognises that real-time dust monitoring devices (such as the Thermo Scientific PDM3700) are useful tools to identify sources of dust generation and control levels of respirable dust levels in mines.
- It is critical to worker safety, and to mitigate against the risk of explosion, that devices are certified as being intrinsically safe in the potentially dangerous coal mining environment before they are used in mines.
- The Queensland Government will continue investigation into real-time devices to enable certification.

### **Regulation of respirable dust**

- The Queensland Government will investigate options for changes to the regulatory environment to enable intrinsically safe real-time devices to be used for regulatory purposes, but is committed to ensuring that any change does not weaken the regulatory framework.
- The Queensland Government supports the rigorous, scientific, evidence-based review of occupational exposure limits for respirable coal dust and silica, and other airborne contaminants, currently being undertaken by Safe Work Australia.

### **Dust abatement plans**

- The Queensland Government supports the regulator developing a program for auditing mine dust management plans, which may include random or unannounced audits.
- Requiring the regulator's approval for dust abatement plans risks shifting accountability for hazard management to the regulator.
- Under modern, risk-based safety and health legislation, mine operators are best placed to ensure risk and hazard management.

### **Standing dust committee**

- The Queensland Government supports the establishment of a standing dust committee. This is currently being progressed by the Coal Mine Safety and Health Advisory Committee.
- Consideration needs to be given to whether it is appropriate for the Commissioner for Mine Safety and Health (as the proposed chair of the standing dust committee) to refer dust exceedances to the regulator (of which the Commissioner is the senior officer) for investigation. This appears to result in a conflict of duties.

Action 3: Improve respirable dust monitoring and management		
Queensland Government reform		Delivery
3 (a)	Increase resourcing for Mines Inspectorate on-ground activities.	Qtr 4 2017
3 (b)	Review the Mines Inspectorate audit and inspection program.	Qtr 4 2017
3 (c)	Review the Mines Inspectorate training program.	Qtr 1 2018

#### Action 4: Improve enforcement and oversight of coal dust management

Select Committee recommendation	Queensland Government response
<b>Recommendation 22</b>	<p><b>Supported</b></p> <p>The Queensland Government acknowledges that the Commissioner for Mine Safety and Health should actively promote awareness in the mining industry regarding provisions of the <i>Coal Mining Safety and Health Act 1999</i>, as provided for under the Act.</p>
<b>Recommendations 30 and 31</b>	<p><b>Supported in principle – further consultation required</b></p> <p>The Queensland Government supports increasing the proportion of unannounced inspections, which should be based on risk analysis. Further technical advice and input will be sought from CMSHAC.</p> <p>The Queensland Government supports the regulator consulting with relevant stakeholders on the proposal to remove the requirement for industry safety and health representatives to give reasonable notice prior to entering a mine site.</p>
<b>Recommendation 32</b>	<p><b>Supported in principle – further consultation required</b></p> <p>The Queensland Government supports the intention of the recommendation, subject to a flexible approach to address extraordinary situations. There may be situations in which inspectors need to undertake mines inspections, such as responding to emergencies. Further consultation will be required regarding any restriction of mines inspectors re-entering industry in a statutory role. This may impact the attraction of qualified and capable individuals to the mines inspectorate.</p>
<b>Recommendation 33</b>	<p><b>Supported in principle – further investigation required</b></p> <p>The Queensland Government supports the ongoing development of inspectors to develop their skills and professional expertise. The Queensland Government recognises the training and education programs available at the United States National Mine Safety and</p>

	Health Academy and further investigation will be undertaken to incorporate the learnings and education initiatives from the United States.
<b>Recommendation 34</b>	<b>Supported in principle – further consultation required</b> The Queensland Government acknowledges that atmospheric dust monitoring is a critical part of a balanced inspection program. Further technical advice and input will be sought from CMSHAC.

### Further considerations

- The Queensland Government recognises that unannounced inspections are necessary in certain circumstances. A proposal to increase the proportion of unannounced inspections to at least 50 per cent needs further consideration and a better understanding of the evidence base for this level.
- Proposals to make training and education at the National Mine Health and Safety Academy in the United States available to mines inspectors would be considered in accordance with the relevance of training to the needs of the inspectorate, performance and development plans, and costs. This matter will be given further consideration.
- Prohibiting a person being appointed to a statutory role at a mine they had inspected in the preceding six months as an inspector has the potential to restrain trade. It is the responsibility of a mine to ensure that appropriate people are appointed to statutory roles.
- In situations where a larger number of inspectors may be required (such as responding to emergencies), there may be detriment to restricting inspectors from inspecting sites at which they worked in executive roles within the preceding six months. This restriction could impact the health and safety of workers and impact the ability of the inspectorate to undertake its functions, including disaster response.

<b>Action 4: Improve enforcement and oversight of coal dust management</b>		
<b>Queensland Government reform</b>		<b>Delivery</b>
4 (a)	Increase resourcing for Mines Inspectorate on-ground activities to improve dust monitoring, reporting and inspections.	Qtr 4 2017
4 (b)	Review the Mines Inspectorate audit and inspection program.	Qtr 4 2017
4 (c)	Review the Mines Inspectorate training program.	Qtr 1 2018

## Action 5: Improve health arrangements for coal mine workers

Select Committee recommendation	Queensland Government response
<b>Recommendations 39 (a) – 39 (q)</b>	<b>Supported</b> The Queensland Government is committed to implementing all 18 Monash Review recommendations.
<b>Recommendations 42, 49–58, 63 and 64</b>	<b>Supported in principle—further consultation required</b> The Queensland Government is already implementing the recommendations contained in the Monash Review.  The government considers that recommendations relating to further modifications to the Coal Mine Workers' Health Scheme over and above the Monash Review recommendations will require further consideration, in consultation with medical experts.
<b>Recommendations 47 and 48</b>	<b>Supported in principle—further consultation required</b> The Queensland Government supports the proposal to utilise mobile units and recognises the importance of ensuring health assessment services are accessible to all coal mine workers. The government acknowledges that further consideration will need to be given to how this proposal can be delivered to ensure the quality, efficiency and effectiveness of the services.
<b>Recommendations 38, 43–46, 63, 65 and 66</b>	<b>Supported in principle—further consultation required</b> The Queensland Government supports the intention of expanding the Coal Mine Workers' Health Scheme, health assessments and occupational exposure limits to non-coal mine workers. The government acknowledges that this approach creates administrative complexities that will require further assessment of regulatory and portfolio responsibilities across industry and government. This recommendation will be better informed following the release of the Select Committee's response to their extended terms of reference.

### Further considerations

- The Queensland Government recognises the need to provide a continuing health assessment screening program for respiratory dust diseases for former and retired coal mine workers under the Coal Mine Workers' Health Scheme.
- The Queensland Government supports the Select Committee's recommendation that this be a voluntary health scheme and that the scheme be offered on a 'no cost' basis to former and retired coal mine workers. Funding options will need to be further explored and medical advice will be needed on the design of the scheme, given the latency periods associated with CMDLDs.

- The Queensland Government is supportive of a register and training model for nominated medical advisers. A register of approved doctors was released in July 2017.
- The Coal Mine Workers' Health Scheme is not only about respiratory health from exposure to coal dust. It also includes other health considerations and provides a statutory process to determine if a coal mine worker is fit for work. Broadening the health scheme to other sectors would require consideration of health hazards across a range of sectors and the existing mechanisms to protect the health and safety of those workers. Different health assessment criteria and frequency of assessments may be required.
- Similarly, broadening health assessments to all coal mine workers and removing the current exemption for workers employed for 'low risk tasks' must be further considered.
- The Queensland Government anticipates this recommendation will be better informed following the release of the Select Committee's response to their expanded terms of reference, which is due by 29 September 2017.

<b>Action 5: Improve health arrangements for coal mine workers</b>		
<b>Queensland Government reform</b>		<b>Delivery</b>
5 (a)	The expansion of the health assessment scheme to coal workers will span multiple industries and agencies. The PMO will undertake a detailed assessment of the regulatory and portfolio responsibilities across Government. This assessment will include any funding impacts to ensure the funding model is transparent and equitable.	Qtr 1 2018
5 (b)	Prepare a consultation paper on a future surveillance program under the Coal Mine Workers' Health Scheme, including health screening and retired coal workers.	Qtr 1 2018
5 (c)	Enhance the registration requirements of the published register of doctors and medical service providers to deliver health assessments for coal mine workers.	Qtr 4 2017
5 (d)	Deliver an online worker information portal about CMDLDs, including prevention, early detection and support.	Qtr 4 2017
5 (e)	Transition to Australian-based dual-reading of chest X-rays by B-reader qualified radiologists, including a National Institute for Occupational Safety and Health B-reader course in Australia for local radiologists.	Qtr 4 2017
5 (f)	Implement standards for spirometry, testing, interpretation and training developed by the Thoracic Society of Australia and New Zealand.	Qtr 4 2017
5 (g)	Establish a program for the development of an electronic record management system for coal mine worker health records, informed by a scoping study completed by eHealth Queensland.	Qtr 4 2017
5 (h)	Develop a training program for doctors undertaking health assessments for coal mine workers.	Qtr 4 2017

## Action 6: Implement Queensland Health recommendations

Select committee recommendation	Queensland Government response
<b>Recommendations 59 and 60</b>	<p><b>Supported</b></p> <p>The Select Committee's recommendations that cases of CWP and CMDLDs identified or diagnosed by medical professionals should be compulsorily reported as a notifiable disease under the <i>Public Health Act 2005</i> align with Queensland's current notifiable disease register.</p>

Action 6: Implement Queensland Health recommendations		
Queensland Government reform		Delivery
6 (a)	Development and passage of the required changes to legislation to enable notification of CWP and CMDLDs under the <i>Public Health Act 2005</i> that align with Queensland's current notifiable conditions register.	Qtr 4 2018 <sup>14</sup>
6 (b)	Develop and distribute information for medical practitioners regarding the requirements for notification of CWP and CMDLDs under the <i>Public Health Act 2005</i> .	Qtr 4 2018 <sup>15</sup>
6 (c)	Once legislation is passed making CWP and CMDLDs notifiable under the <i>Public Health Act 2005</i> , information collected under the notifiable conditions register will be reported.	Qtr 4 2018 <sup>16</sup>

## Action 7: Improve workers compensation and rehabilitation

Select Committee recommendation	Queensland Government response
<b>Recommendation 62</b>	<p><b>Supported</b></p> <p>Strengthening the workers compensation and rehabilitation regime provides a safety net for coal workers diagnosed with CWP and other CMDLDs.</p>

<sup>14</sup> Subject to available legislative vehicle and government/parliamentary processes for passage

<sup>15</sup> Subject to available legislative vehicle and government/parliamentary processes for passage

<sup>16</sup> Subject to available legislative vehicle and government/parliamentary processes for passage

## Further considerations

- The Workers' Compensation and Rehabilitation (Coal Workers' Pneumoconiosis) and Other Legislation Amendment Bill 2017 was passed by Queensland Parliament and commenced on 31 August 2017.
- The *Workers' Compensation and Rehabilitation (Coal Workers' Pneumoconiosis) and Other Legislation Amendment Act 2017* implements the recommendations of the CWP Stakeholder Reference Group by proposing amendments to the *Workers' Compensation and Rehabilitation Act 2003* to:
  - introduce a medical examination process for retired or former coal workers concerned that they may have CWP or a mining occupational dust lung disease
  - allow for the re-opening of claims for workers with a pneumoconiosis (e.g. CWP or silicosis) if their disease progresses.
- The re-opening provisions of the Act do not apply to other categories of CMDLDs (such as emphysema, chronic bronchitis or lung function impairment), as they have different injury characteristics that are unable to be measured in the same way. Workers with these other CMDLDs generally present with significant symptoms, suffer permanent impairment and can access statutory lump sum compensation or common law damages under the current workers compensation scheme.
- The Queensland Government will continue to work with the CWP Stakeholder Reference Group (which includes representatives of coal mine workers, employers and insurers) to ensure consistent application of high quality return-to-work options for coal mine workers with a CMDLD by WorkCover and self-insurers.
- The Queensland Government will also continue to streamline arrangements for coal workers.

Action 7: Improve workers compensation and rehabilitation		
Queensland Government reform		Delivery
7 (a)	Debate and Passage of the Workers' Compensation and Rehabilitation (Coal Workers' Pneumoconiosis) and Other Legislation Amendment Bill 2017.	Completed

### Additional action

The Queensland Government is also committed to exploring arrangements for workers not covered in the Select Committee's recommendations. These arrangements include providing relevant workers with a statutory right to exercise an option to work in a low-dust area of their employer's mine if interpretation of their chest X-ray by a NIOSH-approved B-reader reveals evidence of CWP.

In exploring options, the Queensland Government will have regard to arrangements that exist in other jurisdictions, such as the United States, with a view to adapting them to Queensland's regulatory framework.

## Action 8: Address the Select Committee's observations

Select Committee recommendation	Queensland Government response
<b>Recommendations 40 and 67</b>	<p><b>Actioned</b></p> <p>The Minister for Natural Resources and Mines has referred these matters to the Public Service Commission.</p>
<b>Recommendation 68</b>	<p><b>Supported in principle—further consultation required</b></p> <p>The Queensland Government supports appropriate administrative oversight consistent with principles underpinning Queensland's system of government and public administration. Options will be developed to provide for this, including consideration of parliamentary committee oversight.</p>

### Further considerations

#### Public service

- The Queensland Government acknowledges the Select Committee's comments and concerns regarding the standard of cooperation and participation of senior DNRM officers.
- The Queensland Government also acknowledges the Select Committee's recommendation that the Public Service Commissioner should review the process adopted by DNRM for the appointment of the current occupational physician, and consider whether there was any breach of the *Public Service Act 2008* or other statutory instrument.
- The Minister for Natural Resources and Mines has actioned the Select Committee's recommendations and requested that the Public Service Commission review these matters.

#### Parliamentary committee

- There are four administrative bodies that oversee public administration within the Queensland public service and report to the Queensland Parliament or to the Queensland Government—the Crime and Corruption Commission, Queensland Audit Office, Queensland Ombudsman and Public Service Commission.
- The Queensland Ombudsman's main role is to investigate the administrative actions of government agencies and improve the quality of decision-making and administrative practices. The Ombudsman is accountable to parliament, not government. Parliament can direct the Ombudsman to undertake investigations.
- The Crime and Corruption Commission is also accountable to parliament and has broad-reaching powers to investigate corruption in the public service.

- Given the existing oversight and governance arrangements of the public service, establishing an additional parliamentary committee on public administration to initiate its own investigations appears to be a duplication of administration and governance.

<b>Action 8: Address the Select Committee's observations</b>		
<b>Queensland Government reform</b>		<b>Delivery</b>
8 (a)	The Minister for Natural Resources and Mines has requested that the Public Service Commission review the transcripts of public and private hearings of the Select Committee, and review the process adopted for the appointment of the current occupational physician.	Completed

## Appendix 1: Coal Workers' Pneumoconiosis Select Committee report no. 2 recommendations

Recommendation	Response
<p><b>Recommendation 1</b></p> <p>There should be a truly independent Mine Safety and Health Authority, established as a statutory authority and body corporate, with responsibility for ensuring the safety and health of mining and resource industry workers in Queensland.</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 2</b></p> <p>The Mine Safety and Health Authority should be established under its own legislation as a 'unit of public administration' for the purposes of the <i>Crime and Corruption Act 2001</i> and a 'public authority' for the purposes of the <i>Right to Information Act 2009</i>.</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 3</b></p> <p>The Mine Safety and Health Authority should be governed by a Board of Directors, chaired by the Commissioner for Mine Safety and Health, and including representation of:</p> <ul style="list-style-type: none"> <li>• coal mine operators</li> <li>• metalliferous mine operators</li> <li>• unions</li> <li>• resources transportation and ports, and</li> <li>• persons independent of the mining industry (including resources transportation and ports).</li> </ul>	<p><b>Supported in principle— subject to further independent advice</b></p>
<p><b>Recommendation 4</b></p> <p>A parliamentary committee should oversee and monitor the operation of the Mine Safety and Health Authority. The Minister should be required to consult with the parliamentary committee regarding the appointment of the Commissioner and Board.</p>	<p><b>Supported in principle — subject to further independent advice</b></p>
<p><b>Recommendation 5</b></p> <p>The Mine Safety and Health Authority should be established in Mackay, ensuring the Commissioner, senior management, Mines Inspectorate, Coal Workers' Health Scheme, and mobile units are all based in central Queensland.</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 6</b></p> <p>The Commissioner for Mine Safety and Health should be a senior officer of the Mine Safety and Health Authority and given proper statutory independence, with the Commissioner not subject to the direction of the Minister.</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 7</b></p> <p>The Mines Inspectorate, currently within DNRM should be administratively relocated within the Mine Safety and Health Authority, ensuring statutory and administrative independence from DNRM.</p>	<p><b>Supported</b></p>

<p><b>Recommendation 8</b></p> <p>The Commissioner should have an express power to direct inspectors, including the chief inspector, inspection officers and authorised officers, in relation to the investigation of a possible offence or offences against the mining safety and health Acts.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 9</b></p> <p>The occupational hygiene services currently offered by SIMTARS on a fee for service basis should be discontinued. The officers who currently provide those services should be redeployed to the Mine Safety and Health Authority to undertake research and/or occupational hygiene inspection activities within the inspectorates.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 10</b></p> <p>The Mine Safety and Health Authority should encompass and have responsibility for administering the Coal Workers' Health Scheme, supported by a Memorandum of Understanding with Queensland Health and the Office of Industrial Relations, to ensure full and complete cooperation and appropriate data sharing between those entities.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 11</b></p> <p>The Mine Safety and Health Authority, including the Coal Workers' Health Scheme, should be supported by an expert Medical Advisory Panel (as per recommendation 17 of the 2002 review of the Health Surveillance Unit) of suitably experienced and qualified medical specialists and internationally recognised experts, including at least two respiratory physicians (one of whom has internationally recognised experience and expertise in the prevention, identification, and treatment of CWP) and at least one specialist in occupational medicine.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 12</b></p> <p>The Mine Safety and Health Authority should appoint a suitably qualified and experienced specialist physician, registered as such with the Australian Health Practitioners' Regulation Agency, as Executive Director – Medical Services to lead the Coal Workers' Health Scheme. The Executive Director – Medical Services should: advise and assist the Commissioner and Board of Directors on medical matters, provide clinical guidance and leadership in relation to the safety and healthy activities of the Authority, oversee the approval of health service providers under the Coal Workers' Health Scheme, and provide clinical oversight and guidance to Approved Medical Advisors and others performing health assessments under the Coal Workers' Health Scheme.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 13</b></p> <p>The Executive Director – Medical Services should be engaged by the Mine Safety and Health Authority on a full-time basis and remunerated at a rate that is equivalent to a specialist of similar standing and responsibility employed by Queensland Health or a Queensland Hospital and Health Service.</p>	<p>Supported in principle— further consultation required</p>

<p><b>Recommendation 14</b></p> <p>The Mine Safety and Health Authority should have a properly resourced and dedicated health research function, including epidemiological research into health conditions experienced by mine workers. These research functions should be undertaken in a collaborative way, drawing upon and sharing research with leading international research bodies such as NIOSH.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 15</b></p> <p>The Mine Safety and Health Authority should appoint a suitably qualified and experienced legal practitioner as General Counsel to provide general legal advice to the Authority and Board, and advise the Commissioner for Mine Safety and Health on the exercise of statutory powers including in relation to prosecutions and other compliance activity.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 16</b></p> <p>The safety and health fee currently provided for by part 2A of chapter 2 of the <i>Coal Mining Safety and Health Regulation 2001</i> should be abolished.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 17</b></p> <p>The Mine Safety and Health Authority should be funded by a dedicated proportion of coal and mineral royalties paid to the Queensland Government, to be determined in consultation with industry and unions after an assessment of the operating costs of the Authority is undertaken.</p> <p>The dedicated proportion of the royalties should be fixed by regulation and reviewed periodically by the parliamentary committee responsible for the Mine Safety and Health Authority.</p>	<p>Supported in principle— subject to further independent advice</p>
<p><b>Recommendation 18</b></p> <p>Any surplus income derived from the dedicated proportion of royalties that is not allocated to, or expended from, the annual budget of the Authority should be invested with the Queensland Investment Corporation for the future research and the operational needs of the Authority.</p>	<p>Supported in principle— subject to further independent advice</p>
<p><b>Recommendation 19</b></p> <p>An Occupational Exposure Limit (OEL) for respirable coal dust (including mixed mineral coal mine dust) should be set requiring duty holders to ensure a 'coal worker' is not exposed to atmosphere containing respirable dust exceeding an average concentration, calculated under AS 2985, equivalent to the following for an 8-hour period—</p> <ul style="list-style-type: none"> <li>• for coal dust – 1.5mg/ m3 air, and</li> <li>• for silica – 0.05mg/m3 air.</li> </ul> <p>Section 89 of the <i>Coal Mining Safety and Health Regulation 2001</i> should immediately be amended to give effect to this recommendation.</p> <p>Consideration should then be given to relocating the OEL provisions within the <i>Coal Mining Safety and Health Act 1999</i>.</p>	<p>Supported in principle— consultation with CMSHAC and/or MSHAC required</p>

<p><b>Recommendation 20</b></p> <p>a) An underground mine operator should be required to submit to the Authority a dust abatement plan and ventilation plan for approval by the Commissioner for Mine Safety and Health before any underground coal mining operations are commenced; and again, with appropriate amendment as necessary, before mining operations are commenced on any new longwall block.</p> <p>b) An above-ground (surface) mine operator should be required to submit to the Authority a dust abatement plan for approval by the Commissioner for Mine Safety and Health before any mining operations are commenced.</p> <p>c) The Commissioner for Mine Safety and Health should take into account the mine operator's compliance history and record of respirable dust monitoring results in deciding whether to approve, reject, or require amendments to the dust abatement and/or ventilation plans.</p>	<p><b>Supported in principle—consultation with CSMHAC required</b></p>
<p><b>Recommendation 21</b></p> <p>It should be an offence for a mine operator to commence or continue mining operations, without prior approval by the Commissioner for Mine Safety and Health of the required dust abatement plan and, where applicable, the required ventilation plan for the relevant mining operation.</p>	<p><b>Supported in principle—consultation with CSMHAC required</b></p>
<p><b>Recommendation 22</b></p> <p>The Commissioner for Mine Safety and Health should actively promote awareness in the mining industry that it is an offence for any person to cause a detriment to another person because, or in the belief that, the other person has made a complaint or has in any other way raised a coal mine safety issue.</p> <p>The Commissioner should give special attention to the investigation of any complaints of such conduct and consider prosecuting offences of this nature if there is sufficient evidence and it is in the public interest to do so.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 23</b></p> <p>The Mine Safety and Health Authority should establish and maintain a database of dust techniques and technologies used in Queensland coal mines to be used for auditing purposes and to inform research and analysis into the efficacy of engineering dust controls.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 24</b></p> <p>The Mine Safety and Health Authority should research and review new dust techniques and technologies being used in jurisdictions such as New South Wales and the United States and publish its findings to ensure all those involved in coal mining in Queensland may be aware of world-leading dust mitigation practices.</p>	<p><b>Supported</b></p>

<p><b>Recommendation 25</b></p> <p>Real time personal dust monitors, such as the Thermo Scientific PDM3700, should be assessed having regard to the scientific information already available world-wide, and if possible certified for use in underground coal mines as soon as possible.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 26</b></p> <p>An industry working group including coal mine operators, unions and government should be tasked with exploring the use of real time personal dust monitors as a compliance tool, including canvassing amendments to Recognised Standard 14 on monitoring respirable dust in coal mines, to enable the use of real time personal dust monitors for compliance monitoring and reporting.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 27</b></p> <p>The definition of 'further sample' in section 89A(5) of the Coal Mining Safety and Health Regulation 2001 should be amended to allow the use of real time personal dust monitors, such as the Thermo Scientific PDM3700, for resampling after a trigger event.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 28</b></p> <p>All commercial providers of atmospheric dust monitoring for the purposes of compliance with the regulation should be required to be approved by the Commissioner for Mine Safety and Health, having regard to the expertise and qualifications of the person or entity conducting the monitoring.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 29</b></p> <p>Results of all atmospheric dust monitoring undertaken in compliance with the regulation should be provided directly by the approved entity engaged to undertake the tests to each of the following; the Mine Safety and Health Authority, the coal mine operator (or person conducting the business at which the testing was undertaken); the miner who wore the device from which the test sample was taken; and the relevant Industry Safety and Health Representative, district workers' representative, or union delegate for the business at which the testing was undertaken.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 30</b></p> <p>The Mines Inspectorate should increase the proportion of unannounced inspections to a rate of at least 50 per cent of total inspections.</p>	<p><b>Supported in principle—further consultation required</b></p>
<p><b>Recommendation 31</b></p> <p>Section 119(1) (b) of the <i>Coal Mining Safety and Health Act 1999</i> and section 116 of the <i>Mining and Quarrying Safety and Health Act 1999</i> should be amended to remove the requirement for industry safety and health representatives to give 'reasonable notice' to the mine operator before the power to enter a mine site is exercised.</p>	<p><b>Supported in principle—further consultation required</b></p>

<p><b>Recommendation 32</b></p> <p>Mines inspectors should be prohibited for a limited period – perhaps six months – from inspecting mines at which they worked within the past two years.</p> <p>Regulation should prohibit a person from being appointed to a statutory role at a mine (e.g. SSE, Underground Mine Manager, OCE) within six months of the person having conducted inspection activities as an inspector at that mine.</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 33</b></p> <p>The Mines Inspectorate should consider making training and education at the National Mine Health and Safety Academy in the USA available to current or future mines inspectors.</p>	<p><b>Supported in principle— further investigation required</b></p>
<p><b>Recommendation 34</b></p> <p>The Mines Inspectorate should significantly increase the frequency and extent of its atmospheric dust monitoring inspections, including by undertaking accompanied inspections where inspectors with appropriate qualifications and experience in occupational hygiene observe coal workers during the period of atmospheric monitoring.</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 35</b></p> <p>A comprehensive database of dust monitoring results should be established and maintained by the Mine Safety and Health Authority.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 36</b></p> <p>A Standing Dust Committee, similar to that established in New South Wales, should be established to periodically review atmospheric dust monitoring results and trends and report to the Board of the Mine Safety and Health Authority.</p> <p>The committee should be chaired by the Commissioner of Mine Safety and Health or a delegate, and include representatives of underground mine operators; above-ground coal mine operators; metalliferous mine operators; coal ports; unions; and persons independent of the current mining industry.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 37</b></p> <p>The Standing Dust Committee should have power to refer particular dust exceedances or trends in dust monitoring results to the Commissioner for Mine Safety and Health for consideration as to whether further investigation or enforcement action, including prosecution, is required.</p>	<p><b>Supported in principle— consultation with CMSHAC required</b></p>
<p><b>Recommendation 38</b></p> <p>The current Coal Mine Workers' Health Scheme should be renamed the Coal Workers' Health Scheme, recognising the important inclusion of all workers involved in the mining, handling, processing and transportation of coal.</p>	<p><b>Supported in principle— further consultation required</b></p>

<b>Recommendation 39</b>	<b>Supported</b>
<p>The recommendations of the Monash Review, adapted as necessary to give effect to the recommendations of the committee set out in this report, should be adopted and implemented into the Coal Mine Workers' Health Scheme as follows:</p> <ul style="list-style-type: none"> <li>a) The main purpose of the respiratory component of the scheme should explicitly focus on the early detection of CMDLD among current and former coal workers. (Monash recommendation 1)</li> <li>b) <i>Clinical guidelines for follow-up investigation and referral to an appropriately trained respiratory or other relevant specialist of suspected CMDLD cases identified among current and former coal workers should be developed and incorporated into the scheme.</i> (Monash recommendation 2)</li> <li>c) CWP and other CMDLDs identified by the scheme in current and former coal workers should be reported to the Mine Safety and Health Authority. (Monash recommendation 3)</li> <li>d) There should be a separate respiratory section of the health assessment form which includes all respiratory components, including the radiology report using the ILO format and the spirogram tracings and results. (Monash recommendation 4)</li> <li>e) The form should include a comprehensive respiratory medical history and respiratory symptom questionnaire. (Monash recommendation 5) Coal Workers' Pneumoconiosis Select Committee 39</li> <li>f) There should be a much smaller pool of approved doctors undertaking the respiratory component of health assessments under the scheme, taking into account geographical considerations and other workforce needs. (Monash recommendation 7)</li> <li>g) Doctors should undergo a formal training program, including visits to mine sites, prior to being approved by the Mine Safety and Health Authority, to ensure they reach a suitable standard of competence and have the necessary experience to undertake respiratory health assessments under the scheme. (Monash recommendation 8)</li> <li>h) The approval of doctors to undertake the respiratory health assessments for the early detection of CMDLD under the scheme should become the sole responsibility of the Mine Safety and Health Authority. (Monash recommendation 9)</li> <li>i) Doctors approved to undertake respiratory health assessments should have a different designation from 'NMA', namely AMA-R (Approved Medical Advisor – Respiratory) reflecting their specific responsibility for respiratory health assessments under the new scheme. (Monash recommendation 10)</li> <li>j) Chest x-rays should be performed by appropriately trained staff to a suitable standard of quality and performed and interpreted according to the current ILO classification by radiologists and other medical specialists classifying chest x-rays for the scheme. (Monash recommendation 11 – See also Recommendations 43 to 46 of this report below)</li> </ul>	

<p>k) Spirometry should be conducted by appropriately trained staff and performed and interpreted according to current ATS/ERS standards. (Monash recommendation 12)</p> <p>l) The Coal Workers' Health Scheme should transition to an electronic system of data entry and storage (health assessments database), whereby doctors undertaking these respiratory assessments enter the data for their assessment and can access previously collected data for the coal worker and to facilitate auditing. (Monash recommendation 13)</p> <p>m) All coal workers, including contractors, subcontractors and labour hire employees should be registered in the Coal Workers' Health Scheme health assessments database on entry into the industry for the purposes of ongoing medical surveillance. (Monash recommendation 14)</p> <p>n) The Coal Workers' Health Scheme should conduct ongoing individual and group surveillance of health data collected under the scheme, to detect early CMDLD and analyse trends to disseminate to employers, unions and coal mine workers. (Monash recommendation 15)</p> <p>o) Coal workers should have exit respiratory health assessments (retirement examination) regardless of whether they leave the industry due to ill-health, retirement or other reasons. (Monash recommendation 16)</p> <p>p) An implementation group, including representatives of stakeholders and relevant medical bodies, should be established to ensure that the necessary changes to correct the identified deficiencies with the respiratory component of the current scheme are implemented in a timely manner. (Monash recommendation 17)</p> <p>q) There should be a further review of the revised respiratory component of the scheme within 3 years to ensure that it is designed and performing according to best practice. (Monash recommendation 18)</p>	
<p><b>Recommendation 40</b></p> <p>The Public Service Commissioner should review the process adopted by DNRM for the appointment of the current 'Occupational Physician' and consider whether there was any breach of the <i>Public Service Act 2008</i> or other statutory instrument.</p>	<p><b>Actioned</b></p>
<p><b>Recommendation 41</b></p> <p>The current position described as 'Occupational Physician' within DNRM should be abolished and the current functions of that role should be incorporated into the functions of the new Executive Director – Medical Services within the Mine Safety and Health Authority.</p>	<p><b>Supported in principle—further consultation required</b></p>
<p><b>Recommendation 42</b></p> <p>Health assessment data should be captured and stored digitally in a health assessment database in a manner that allows regular and meaningful surveillance, so that it may be used to identify trends in disease, inform policy decisions and identify regional areas or</p>	<p><b>Supported in principle—further consultation required</b></p>

individual mines for potential scrutiny. (See also Recommendation 39(l)).	
<p><b>Recommendation 43</b></p> <p>Health Assessments under the Coal Workers' Health Scheme should be required for all coal workers, removing the current exception for workers employed for a 'low risk task'.</p>	Supported in principle— further consultation required
<p><b>Recommendation 44</b></p> <p>All coal workers should be required to undertake a health assessment prior to commencing work in the coal industry, including coal transportation and handling outside coal mines.</p>	Supported in principle— further consultation required
<p><b>Recommendation 45</b></p> <p>All underground coal mine workers should be required to undertake a health assessment every three years.</p>	Supported in principle— further consultation required
<p><b>Recommendation 46</b></p> <p>All other coal workers should be required to undertake a health assessment at least every six years.</p>	Supported in principle— further consultation required
<p><b>Recommendation 47</b></p> <p>The Coal Workers' Health Scheme should obtain and utilise at least one Coal Workers' Health Mobile Unit, similar to those used by NIOSH, capable of delivering chest x-ray, spirometry, and general health assessments for coal workers and former coal workers in regional Queensland.</p>	Supported in principle— further consultation required
<p><b>Recommendation 48</b></p> <p>The Coal Workers' Health Mobile Units should be properly staffed and maintained under the Coal Workers' Health Scheme, and operate out of the Scheme's headquarters in Mackay.</p>	Supported in principle— further consultation required
<p><b>Recommendation 49</b></p> <p>The cost of health assessments undertaken at the Coal Workers' Health Mobile Units should be met by the Coal Workers' Health Scheme.</p>	Supported in principle— further consultation required
<p><b>Recommendation 50</b></p> <p>The entity responsible for the Coal Workers' Health Scheme should provide a public information service, consisting of a toll-free telephone helpline and online service, to give free and confidential advice to mine workers, former mine workers and their families who have concerns about their respiratory health.</p>	Supported in principle— further consultation required

<p><b>Recommendation 51</b></p> <p>'Nominated Medical Advisors' should be renamed and redefined as 'Approved Medical Advisors'.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 52</b></p> <p>Approved Medical Advisors should be approved as such by the Commissioner for Mine Safety and Health.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 53</b></p> <p>A subset of Approved Medical Advisors with appropriate qualifications and experience in diagnosing occupational respiratory diseases should be approved by the Commissioner for Mine Safety and Health to conduct respiratory health assessments and designated 'Approved Medical Advisor – Respiratory (AMA-R)'. (See also Recommendation 39(i)).</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 54</b></p> <p>All health assessments under the Coal Workers' Health Scheme should include spirometry testing undertaken by an appropriately qualified and experienced person or provider, approved by the Commissioner for Mine Safety and Health.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 55</b></p> <p>All health assessments under the Coal Workers' Health Scheme should include a chest x-ray or other medical image taken by an appropriately qualified and experienced person or provider, approved by the Commissioner for Mine Safety and Health.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 56</b></p> <p>All coal workers' chest x-rays or other medical images taken for the purposes of the Coal Workers' Health Scheme should be read and interpreted by an appropriately qualified and experienced radiologist approved by the Commissioner of Mine Safety and Health.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 57</b></p> <p>All coal workers' chest x-rays or other medical images taken for the purposes of the Coal Workers' Health Scheme should be assessed and classified for pneumoconiosis using the International Labour Organisation (ILO) system for Classification of Radiographs by appropriately qualified persons approved for such purpose by the Commissioner for Mine Safety and Health.</p>	<p>Supported in principle— further consultation required</p>
<p><b>Recommendation 58</b></p> <p>Dr Robert Cohen, or another internationally recognised expert on the surveillance and management of coal workers' health, should be engaged to consult with and advise government on the establishment of the improved Coal Workers' Health Scheme and the implementation of these recommendations as soon as practicable.</p>	<p>Supported in principle— further consultation required</p>

<p><b>Recommendation 59</b></p> <p>Cases of CWP/CMDLD identified or diagnosed by medical professionals should be compulsorily reported to the Chief Health Officer, Queensland, as a 'Notifiable Disease' under the <i>Public Health Act 2005</i>.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 60</b></p> <p>The legislative framework should require the Queensland Chief Health Officer to report to the Mine Safety and Health Authority and the parliamentary committee with responsibility for the Authority on an annual basis on Queensland Health's activities in relation to CMDLD, including CWP.</p>	<p><b>Supported</b></p>
<p><b>Recommendation 61</b></p> <p>The Coal Mining Safety and Health Advisory Committee and similar committees established under the mining safety and health Acts should be abolished and their statutory functions transferred to the Board of the Mine Safety and Health Authority.</p>	<p><b>Supported in principle—further consultation required</b></p>
<p><b>Recommendation 62</b></p> <p>The <i>Workers' Compensation and Rehabilitation Act 2003</i> and <i>Workers' Compensation and Rehabilitation Regulation 2014</i> should be amended as necessary to provide for:</p> <ul style="list-style-type: none"> <li>a) the introduction of a medical examination process, with costs to be borne by insurers, for former or retired coal workers who have concerns that they may have CWP or CMDLD and who retired or left the mining industry prior to the commencement of the proposed new provisions of the Coal Workers' Health Scheme for retired miners</li> <li>b) statutory clarification that a worker with CWP or CMDLD who experiences disease progression can apply to reopen their workers' compensation claim to access further benefits under the workers' compensation scheme</li> <li>c) enhanced rehabilitation (including, where appropriate, pulmonary rehabilitation) and return to work programs for those diagnosed with CWP or CMDLD, to assist them back into suitable alternative employment</li> <li>d) the alignment of the workers' compensation scheme with proposed new arrangements for the Coal Workers' Health Scheme.</li> </ul>	<p><b>Supported</b></p>
<p><b>Recommendation 63</b></p> <p>The Coal Workers' Health Scheme should be extended to provide for continuing health assessments of retired and former coal workers, on a voluntary basis, under the scheme. These assessments should include the same elements and criteria as routine assessments under the scheme, and be provided for in addition to the 'retirement examinations' provided for by the current scheme.</p>	<p><b>Supported in principle—further consultation required</b></p>

<p><b>Recommendation 64</b></p> <p>The entity responsible for the Coal Workers' Health Scheme should take all reasonable steps to ensure that free health assessments are promoted to, and accessible for, retired and former miners.</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 65</b></p> <p>An expanded or additional category of workers, defined as 'coal worker', should be established to include workers involved in the transportation and handling of coal outside a 'coal mine' including rail workers (e.g.: coal train loaders and drivers), port workers (e.g.: dozer, stacker/reclaimer, and ship loader operators), power station workers, and maritime workers (e.g.: tug and line boat crew).</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 66</b></p> <p>The definition of 'coal worker' for these purposes should ensure these workers are protected by the legislated OEL; their working environments are subject to mandatory atmospheric monitoring of respirable dust and mandatory reporting of the results of that monitoring; and the Coal Workers' Health Scheme.</p>	<p><b>Supported in principle— further consultation required</b></p>
<p><b>Recommendation 67</b></p> <p>The committee recommends that the Public Service Commissioner review the transcripts of public and private hearings of the committee involving Queensland public servants and consider the extent to which those officers cooperated with and assisted the committee, including whether or not any public servant misled the committee or otherwise breached the Code of Practice for Public Service Employees Assisting or Appearing Before Parliamentary Committees.</p>	<p><b>Actioned</b></p>
<p><b>Recommendation 68</b></p> <p>The committee recommends that there be established, as a statutory committee of the parliament, a Committee on Public Administration. The committee is to have the power to investigate matters of public administration, on its own motion or on reference from the Assembly. The committee is to consist of three members nominated by the Leader of the House and three members nominated by the Leader of the Opposition. The committee is to have the power to call for persons, documents and other items.</p>	<p><b>Supported in principle— further consultation required</b></p>

## Appendix 2: Monash Review medical experts

<p><b>Department of Epidemiology and Preventive Medicine, Monash University</b></p>	<p>Professor Malcolm Sim, BMedSc, MBBS, MSc, GDipOccHyg, PhD, FAFOM, FAFPHM, FFOM (Director, Monash Centre for Occupational and Environmental Health)</p> <p>Associate Professor Deborah Glass, MA, MSc, PhD, COH FAIOH</p> <p>Dr Ryan Hoy, MBBS, MPH, FRACP (also Alfred Hospital, Melbourne)</p> <p>Dr Mina Roberts, MBChB, MPH, GDipOEH</p>
<p><b>Alfred Hospital, Melbourne</b></p>	<p>Professor Bruce Thompson, FANZSRS PhD (Head of Physiology Service, Department of Allergy, Immunology and Respiratory Medicine, School of Biological Sciences, Monash University)</p>
<p><b>University of Illinois, Chicago</b></p>	<p>Professor Robert Cohen, MD, FCCP (B-reader and Clinical Professor of Environmental and Occupational Health Sciences, University of Illinois at Chicago School of Public Health)</p> <p>Assistant Professor Leonard Go, MD</p> <p>Kirsten Almberg, PhD, MS</p> <p>Kathleen Deponte, MD (B-Reader and Radiologist, Diagnostic Imaging Associates, Norton, Virginia)</p>

### Appendix 3: Monash Review recommendations

<b>Recommendation 1</b>	The main purpose of the respiratory component of the scheme should explicitly focus on the early detection of coal mine dust lung disease (CMDLD) among current and former coal mine workers. Information pack about CMDLD should be developed for workers
<b>Recommendation 2</b>	Develop clinical guidelines for follow-up investigation and specialist referral and incorporate into the scheme
<b>Recommendation 3</b>	Reporting of cases of CWP and CMDLD in current and former coal miners identified by the scheme
<b>Recommendation 4</b>	Amend health assessment form to include separate respiratory section including all respiratory components (radiology report to ILO format and spirogram tracings and results)
<b>Recommendation 5</b>	Amend form to include a comprehensive respiratory medical history and symptom questionnaire
<b>Recommendation 6</b>	The criteria to determine workers "at risk from dust exposure" should be based on past and current employment in underground coal mines and designated work categories in open-cut coal mines and coal handling and preparation plants to determine chest X-ray requirements
<b>Recommendation 7</b>	Establish small pool of approved doctors undertaking respiratory component of health assessments under scheme, taking into account geography and other workforce needs
<b>Recommendation 8</b>	Establish mandatory formal doctor training program, including mine visits, prior to approval by DNRM, to ensure competence and experience to undertake respiratory health assessments under the scheme
<b>Recommendation 9</b>	Establish approval process for doctors to undertake respiratory health assessments
<b>Recommendation 10</b>	Determine and implement an alternative designation (rather than NMA) for doctors approved to undertake respiratory health assessments, which reflects specific responsibility for respiratory health assessments under the new scheme
<b>Recommendation 11</b>	Chest x-rays should be performed by appropriately trained staff to a suitable standard of quality and performed and interpreted according to the current ILO Classification by radiologists and other medical specialists classifying chest x-rays
<b>Recommendation 12</b>	Spirometry should be conducted by appropriately trained staff and performed and interpreted according to current ATS/ERS standards

<b>Recommendation 13</b>	Establish audit process to include regular audit of collected medical information for quality control and feedback to doctors performing health assessments under the scheme
<b>Recommendation 14</b>	Amend scheme to require all coal mine workers “at risk from dust exposure” to be registered in the DNRM database on entry to industry for ongoing medical surveillance
<b>Recommendation 15</b>	DNRM to conduct ongoing individual and group surveillance of health data collected under the scheme, to detect early CMDLD, analyse trends, and disseminate to employers, unions and workers
<b>Recommendation 16</b>	Amend scheme to require coal mine workers to have exit respiratory health assessments and include retired and former coal mine workers in health surveillance
<b>Recommendation 17</b>	Establish an implementation group, including relevant stakeholders, to ensure recommendations are implemented in a timely manner
<b>Recommendation 18</b>	There should be a further review of the revised scheme within 3 years to ensure that it is designed and performing according to best practice

## Appendix 4: Commonwealth Senate Select Committee recommendations

<p><b>National Coal Dust Monitoring Group</b></p>	<p><b>Recommendation 1:</b></p> <ul style="list-style-type: none"> <li>• The Commonwealth Government establish a National Coal Dust Monitoring Group</li> <li>• Safe Work Australia reviews current coal dust exposure levels and the current Australian and international academic and industry literature on the safest possible workable threshold for exposure to coal dust, with a view to developing a best practice national maximum exposure level</li> <li>• All Australian States and Territories adopt the national standard for coal dust exposure.</li> <li>• In the short-term, coal mining companies adopt the lowest Australian level (2.5 mg/m<sup>3</sup>) for coal dust exposure until a national standard has been agreed upon and implemented with a more rigorous, independent testing regime instigated as soon as practical in Queensland.</li> <li>• Until the national standard has been developed and adopted, state governments advise mining companies that coal workers should be withdrawn from areas subject to unsafe dust levels without penalty.</li> <li>• The Queensland government and the Department of Natural Resources and Mines should instigate a process of formal warnings followed by naming in a public register for non-compliant companies, along with additional sanctions for non-compliance.</li> <li>• Mining companies operating in Queensland, in consultation with the Queensland Government, technical experts and industry stakeholders, urgently employ more effective coal dust mitigation measures to immediately reduce coal mine workers' current exposure to coal dust.</li> </ul>
<p><b>Coal dust monitoring in Queensland</b></p>	<p><b>Recommendation 2:</b></p> <ul style="list-style-type: none"> <li>• The state governments identify best practice dust monitoring devices or similar best practice technology to be used in all Australian coal mines.</li> <li>• The Queensland government should review the protections provided under the Coal Services (New South Wales) model and identify which aspects should be applied to any new legislative regime in Queensland.</li> <li>• State governments require that dust monitoring be undertaken in a consistent and methodical way, which monitors dust levels in all relevant parts of the mine during both maintenance and production times.</li> </ul>

	<ul style="list-style-type: none"> <li>• State governments increase public transparency and accountability around dust monitoring. Dust monitoring data should be made publically available as a means of increasing accountability and restoring coal mine workers' confidence in the regulatory system.</li> </ul>
<b>Database of coal dust suppression techniques</b>	<p><b>Recommendation 3:</b></p> <ul style="list-style-type: none"> <li>• The proposed National Coal Dust Monitoring Group in consultation with mining companies, state governments, technical experts and industry stakeholders, and with the support of Safe Work Australia, create and manage a database of best practice dust suppression techniques and management of dust sampling data. This would enable coal mining companies to continuously improve their safe work practices and provide increased protection for coal miners.</li> <li>• The establishment of the database, and its day to day running costs, be funded by the state government and the coal mining industry.</li> <li>• Legislation requiring mining companies' input on, and compliance with the database must be instigated at both federal and state government levels.</li> <li>• The National Coal Dust Monitoring Group, and state based bodies, also facilitate cross-jurisdiction information sharing about coal dust mitigation measures.</li> </ul>
<b>Best practice dust control forum</b>	<p><b>Recommendation 4:</b></p> <ul style="list-style-type: none"> <li>• In addition to the National Coal Dust Monitoring Group, the Queensland Government, in consultation with mining companies, technical experts, unions, and industry stakeholders, form a standing dust committee or similar forum, in the near to medium term, to achieve best practice dust control in Queensland coal mines and to address the concerns raised about the current mitigation and monitoring issues.</li> </ul>
<b>Fund for former coal mine workers</b>	<p><b>Recommendation 5:</b></p> <ul style="list-style-type: none"> <li>• The mining industry, through its representative bodies, must create an industry-wide fund to provide compensation for coal mine workers who contract CWP. The fund's aims should include identification of, and communications with former mine workers who may require CWP screening and compensation for travel, medical, and other costs associated with undergoing CWP screening and diagnosis. Workers' access to compensation from this fund should not be time-limited in any way.</li> </ul>

	<ul style="list-style-type: none"> <li>• That state governments provide a means for former and current miners to seek assistance which is independent of their employers and Nominated Medical Advisors such as a hotline or helpdesk, to be funded by the industry and independently administered by an organisation such as the Lung Foundation Australia.</li> </ul>
<b>Queensland Government's review of regulations</b>	<p><b>Recommendation 6:</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government gives the highest priority to its review of coal dust regulations as part of its five point action plan. To achieve this the committee recommends that the Queensland Government take note of the concerns expressed by the committee in relation to the mine Directives, particularly the enforcement of these Directives and the need for the information contained within the Directives and rates of compliance to be able to be audited and reported on. Directives issued by government departments should use standardised language and have a rigorous process for auditing, compliance, and data collection.</li> </ul>
<b>Regulatory capture</b>	<p><b>Recommendation 7:</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government direct relevant officials to undertake independent, high level, training on avoiding regulatory capture.</li> <li>• In developing this training the Queensland Government have regard to the Better Practice Guides developed by the Australian National Audit Office in relation to regulatory capture.</li> </ul>
<b>Nominated Medical Advisors</b>	<p><b>Recommendation 8:</b></p> <ul style="list-style-type: none"> <li>• In the short term the Queensland Government mitigate the risk of regulatory capture of the Nominated Medical Advisors by making the role an independent statutory position, selected through a rigorous process conducted by Queensland Health in consultation with the Department of Natural Resources and Mines and specialists groups such as the Thoracic Society and the Lung Foundation.</li> </ul>

## Appendix 5: CMDLD Collaborative Group members

<b>Facilitator</b>	Dr Jeannette Young, MB, BS, MBA, FRACMA, FFPH, FCHSM (Hon) (Chief Health Officer, Queensland Health)
<b>Chairs</b>	Associate Professor Peter Connaughton, MB, BCh, BAO, LRCP&SI, AFOM, CIME, MBA, FAFOEM (President AFOEM)  Associate Professor Deborah Yates, MBBChir, MSc, MD, Dip Occ Med, AFOM (UK), FRACP, FRCP
<b>Members</b>	<p>Dr Robert Cohen MD, FCCP, B-Reader. Clinical Professor of Environmental and Occupational Health Sciences, University of Illinois at Chicago School of Public Health</p> <p>Dr Keith Adam, MBBS, FAFOEM (Specialist Occupational and Environmental Physician, Chief Medical Officer, Sonic Health Plus)</p> <p>Dr Bob Edwards, MBBS, FRACP, FCCP (Private Respiratory Physician)</p> <p>Dr Katrina Newbigin, MBBS, RANZCR (Chest Radiologist, National Institute for Occupational Safety and Health certified B-reader)</p> <p>Dr Edward Foley, MB, BCh, BAO Dobs, DCH, Grad Dip Occ Env Med, Monash MRO KCHS</p> <p>Professor Peter Gibson, MBBS, FRACP, F Thor Soc (John Hunter Hospital, Hunter New England Local Health District)</p> <p>Dr Nigel Sommerfeld, MBBS (Qld), FRANZCR (Radiologist, Imaging Queensland)</p> <p>Dr David Meredith, MBBS, LLB (Hons), Grad Dip Leg Prac, Grad Dip Occ Med (Senior Medical Officer, Coal Services)</p> <p>Dr Rob McCartney (Occupational Physician, Resile Pty Ltd)</p> <p>Dr Robert McDonald, FAFOEM, MBBS, PGDip Health Sciences (Vice President Health and Hygiene, BHP Billiton)</p> <p>Professor Malcolm Sim, B.Med.Sc, MBBS, GDip.Occ Hyg, MSc (Lond), PhD, FAFOEM, FAFPHM, FFOM (Lond) (Director Centre for Occupational and Environmental Health, Monash University)</p> <p>Professor Tim Driscoll (Professor, Epidemiology and Occupational Medicine, and Director, Master of Public Health, Sydney School of Public Health)</p> <p>Professor Bruce Thompson, B.App.Sci, CRFS, FANZSRS, PhD (Head Physiology Service, Allergy, Immunology and Respiratory Medicine, Alfred Hospital)</p> <p>Mr Mark Nevin (Senior Executive Officer, Faculty of Clinical Radiology, The Royal Australian and New Zealand College of Radiologists)</p> <p>Dr Richard Slaughter, MBBS, FRANZCR (Radiologist)</p> <p>Dr Liz Silverstone, MB, MRCP, FRANZCR (Radiologist)</p> <p>Dr Bruce Hocking, MBBS (Melb), FRACGP, FAFOEM (RACP), FAFPHM (RACP) (Occupational Physician)</p>

## List of shortened forms

ATS/ERS standard	American Thoracic Society/European Respiratory Society technical standard
CMDLD	coal mine dust lung disease
CMSHAC	Coal Mining Safety and Health Advisory Committee
CT scan	computed tomography scan
CWP	coal workers' pneumoconiosis
DNRM	Department of Natural Resources and Mines
ILO	International Labour Organization
Monash Review	independent review by the Monash University Centre for Occupational and Environmental Health on the respiratory component of the Coal Mine Workers' Health Scheme
MSHAC	Mining Safety and Health Advisory Committee
NIOSH	National Institute for Occupational Safety and Health
NMA	nominated medical adviser
Simtars	Safety and Mines Testing and Research Station