# D. QAO assessment of recommendations

## Monash review recommendations

The tables below detail our assessment of implementation for each recommendation from the Monash review.

**Figure D1**
**Implementation details and status for Monash review**

| Monash review recommendations | |
|---|---|
| **Recommendation 1: The main purpose of the respiratory component of the scheme should explicitly focus on the early detection of CMDLD among current and former coal mine workers.**<br>1.1. The purpose of the respiratory component of the scheme should be clearly stated as being to:<br>1.1.1. Provide mandatory respiratory health screening to detect early CMDLD in coal mine workers.<br>1.1.2. Offer participation in the scheme to former coal mine workers.<br>1.1.3. Ensure appropriate referral for follow-up, diagnosis and management, including appropriate reductions in further exposure to dust, for coal mine workers with respiratory abnormalities indicating CMDLD.<br>1.1.4. Collect, analyse and report group surveillance data to monitor trends in CMDLD, and to inform Government, industry and trade union reviews of dust exposure levels and occupational exposure limits for coal mines.<br>1.2. The purpose of the scheme should be clarified to employers, coal mine workers, doctors and other stakeholders. The roles and responsibilities of the stakeholders (the DNRME, employers unions and mine workers) under the scheme should be defined.<br>1.3. An information pack about CMDLD and how these conditions are identified and diagnosed should be developed for workers.<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • (through the Governor-in-Council), amended the Coal Mining Safety Regulation 2017 to<br>– clearly state the purpose of the Coal Mine Workers' Health Scheme to determine fitness for work and provide early diagnosis and intervention for respiratory diseases<br>– introduce periodic health screening for retired and former coal mine workers, commenced on 1 March 2019<br>• clarified the scheme's purpose in the department's online information about the scheme | • *no further action required.* |

| Monash review recommendations | |
|---|---|
| • consulted with stakeholders through a discussion paper on roles and responsibilities under the scheme<br>• provided information online for current and former coal mine workers, and other stakeholders<br>• developed an information pack about identifying and diagnosing mine dust lung disease for workers. | |
| **Recommendation 2: 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 miner workers should be developed and incorporated into the scheme.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • (through Coal Mine Dust Lung Disease Collaborative Group), developed clinical guidelines for follow-up investigation and referral to relevant specialists of suspected CMDLD cases identified among current and former coal miner workers. The guideline is to be applied by medical practitioners registered to offer health services to coal mine workers. | • *no further action required.* |
| **Recommendation 3: DNRME should require the reporting of detected cases of CWP and other CMDLDs in current and former coal miners identified by the scheme.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 and the Mining and Quarrying Safety and Health Regulation 2017 to require the Site Senior Executive of the mine to notify DNRME of mine dust lung diseases<br>• established a memorandum of understanding with the Office of Industrial Relations to ensure accepted compensation claims for mine dust lung diseases are reported to DNRME. | • *no further action required.* |
| QAO note subsequent to the Monash review, the CWP Select Committee recommended reporting of CWP and CMDLD to Queensland Health as a notifiable condition (refer to CWPSC Report No. 2 recommendation 59 and 60). To allow for information sharing and validation of reported CWP and CMDLD cases in current and former coal mine workers, DNRME need to establish a memorandum of understanding with Queensland Health to ensure reported cases of occupational dust exposure are reported to DNRME. Refer to CWP Select Committee Report No. 2 recommendation 10. | |

## Monash review recommendations

**Recommendation 4: 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • amended the health assessment form to include a separate respiratory section. ILO format reporting is now mandatory and spirograms to be attached. | • *no further action required.* |

**Recommendation 5: The form should include a comprehensive respiratory medical history and respiratory symptom questionnaire.**

The new health assessment form should include:

5.1 A detailed respiratory symptom questionnaire and past medical history.

5.2 Revised and expanded questions about smoking history to better identify current/former/never smokers and cumulative smoking exposure (pack-years).

5.3 Occupational history which allows identification of job categories or industries where high coal dust and/or mixed dust exposure is likely to occur.

5.4 A specific reference to the absence or presence of symptoms/signs and CXR or spirometry changes consistent with CMDLD, the follow-up required and frequency of subsequent health assessments.

5.5 Determination of any restrictions on work capacity for individuals with CMDLD, including ability to use respiratory protective equipment (RPE).

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • updated the health assessment form to include<br>– improved smoking history questionnaire<br>– occupational history specific to mining and dusty jobs in other sectors<br>– a section for the diagnosis of CMDLD, and the frequency of follow up required<br>– reduced work capacity in respect of RPE use. | • update the current health assessment form to ensure that questions regarding past respiratory conditions are collected. |

| Monash review recommendations | |
|---|---|
| **Recommendation 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 CHPPs.**<br>6.1 The criteria to determine job categories "at risk from dust exposure" should be standardized across the Queensland coal mining industry.<br>6.2 All job categories involving underground work in underground mines, and designated jobs in open-cut mines (e.g. blasting, drilling, rock screening) and CHPPs (e.g. some production and laboratory workers) should require a CXR.<br>6.3 For workers currently not involved in such jobs, but who have had significant dust exposure in past jobs, the approved medical practitioner undertaking the health assessment should decide whether a CXR is required, and whether the frequency should be more often than five years, based on discussion with the mine worker, including a full occupational history of exposure to coal dust. This is particularly important for former mine workers.<br>6.4 The criteria to determine dust exposure job categories should be reviewed and/or revised regularly to reflect changes in level of risk, for example due to changes in coal mining technology.<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 to<br>– require all coal mine workers to receive a CXR upon entry to the industry<br>– require all underground and above-ground coal mine workers receive a CXR at least every five years<br>– require regular monitoring and quarterly reporting of respirable coal dust to DNRME to inform future exposure and screening requirements<br>– provide voluntary health assessments for retiring coal mine workers. | • *no further action required.* |
| **Recommendation 7: 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.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 to make the approved provider framework mandatory from 1 March 2019. From this date, only the doctors approved by DNRME can undertake health assessments under the scheme. This has reduced the size of the doctor pool from over 237 at the time of the Monash review to 111 (as at 29 July 2019). | • *no further action required.* |

## Monash review recommendations

**Recommendation 8: Doctors should undergo a formal training program, including visits to mine sites, prior to being approved by the DNRM, to ensure they reach a suitable standard of competence and have the necessary experience to undertake respiratory health assessments under the scheme.**

8.1 The minimum qualifications and experience for doctors who are to undertake respiratory health assessments under the scheme should be established.

8.2 While doctors seeking to be appointed to perform respiratory health assessments should have already reached a certain level of competence in the necessary knowledge and skills set out below, a formal induction and ongoing training and audit program for these doctors should be developed to ensure initial and ongoing competence for the specific requirements of the early detection of CMDLD:

8.2.1 Information about the prima purpose of the respiratory component of the scheme, in particular health protection, prevention and early detection of CMDLD and the importance of undertaking such assessments in an independent way.

8.2.2 Information about the spectrum of diseases included in CMDLD.

8.2.3 Information about coal and silica dust exposure, and other respiratory hazards associated with the Queensland coal mining industry.

8.2.4 A visit to a coal mine(s), with a focus on inspecting jobs deemed “at risk from dust exposure”.

8.2.5 Conduct and interpretation of quality spirometry.

8.2.6 Instruction in how to consider coal dust exposure for the purposes of deciding which miners require a CXR.

8.2.7 Instruction in the ILO CXR classification of pneumoconiosis to enable them to interpret such reports from the radiologists.

8.2.8 Instructions about how to complete each section of the respiratory component of the modified health assessment form.

8.2.9 Clinical guidelines for follow-up and appropriate referral of CMDLD cases or other respiratory abnormalities.

8.2.10 Instructions to explain the outcome of health assessments, including follow-up with treating doctors and specialists and workplace restrictions on dust exposure for those with indications of CMDLD.

8.3 An experienced Medical Officer should be responsible for the ongoing training and audit of doctors approved to undertake respiratory health assessments under the scheme.

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • previously appointed an occupational physician that reviewed clinical decisions made by doctors (until 2017)<br>• established an accreditation system, including minimum qualifications and experience, for doctors who undertake respiratory health assessments (8.1)<br>• amended the Coal Mining Safety and Health Regulation 2017 to require use of approved doctors for the scheme from 1 March 2019 (8.1) | • revise the training program to<br>– specifically address relevant sections of existing codes of practice that emphasise the importance of maintaining independence (8.2.1)<br>– include guidance about determining whether a worker with respiratory disease can continue to use RPE (refer to Monash recommendation 5) (8.2.8)<br>– include guidance on follow-up with treating doctors and specialists and workplace restrictions on dust exposure for those with indications of CMDLD (8.2.10) |

| Monash review recommendations | |
|---|---|
| • engaged the University of Illinois at Chicago to deliver doctor training program which includes bi-annual webinars, an annual face-to-face workshop, online training modules, facilitated coal mine visits and evaluation. Doctors registered with DNRME are required to complete this training program at the time of registration and every three years to maintain registration (8.2)<br>• provided training to doctors on chest imaging (8.2)<br>• released draft terms of reference for public consultation to establish a medical advisory committee in 2020. | • implement an ongoing audit program to assess the competency of doctors approved to undertake respiratory health assessments under the scheme (8.2)<br>• engage an appropriate physician to audit health assessments to review clinical decisions made by doctors, to ensure appropriate follow up investigations for abnormal screening results (8.3) |
| **Recommendation 9: 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 DNRM.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 to make the approved provider framework mandatory from 1 March 2019. From this date, only the doctors approved by DNRME can undertake health assessments under the scheme. | • *no further action required.* |
| **Recommendation 10: Doctors approved to undertake respiratory health assessments should have a different designation from 'NMA', which should reflect their specific responsibility for respiratory health assessments under the new scheme.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 to effect the change in the designation from NMA to Appointed Medical Adviser. The Appointed Medical Advisers are doctors who have been approved by the department and have the necessary qualifications and experience to undertake respiratory health assessments. Changes took effect from 1 March 2019. | • *no further action required.* |

## Monash review recommendations

**Recommendation 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 CXRs for the scheme.**

11.1 Require additional training in the use of the ILO classification for radiologists or respiratory physicians classifying CXRs for the Coal Mine Workers' Health Scheme.

11.2 Develop a program to evaluate those radiologists or respiratory physicians who seek to classify CXRs for pneumoconiosis to demonstrate adequate performance. Examples of programs that provide such an evaluation are the US NIOSH B-Reader and the Asian Air Pneumo programs.

11.3 In order to maintain the highest quality, ILO classifications of CXRs for the DNRM should be performed by a selected group of medical practitioners, separate from the clinical interpretation provided by the local radiologist.

11.4 Due to variability in reading CXRs, utilise a protocol involving at least two independent classifications to confirm agreement about the presence or absence of radiological features of pneumoconiosis, similar to the protocol used in this study.

11.5 Provide guidelines to radiology clinics performing CXRs for the Coal Mine Workers' Health Scheme detailing the appropriate qualification of personnel, imaging equipment and software, image acquisition, documentation, image display, and quality control systems. An example of such a guideline to be found at http://www.cdc.gov/niosh/docs/2011-198/

11.6 Develop ongoing clinical audit of CXRs and classifications to ensure quality.

11.7 Provide appropriate feedback to coal mine workers so that they have access to the information in the radiologist and NMA reports.

11.8 Improve the acquisition and archiving of digital CXRs by Queensland DNRM to facilitate disease surveillance efforts.

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • established an accreditation system, including mandatory training and certification, for independent doctors who interpret chest x-rays using ILO classification for the scheme. This requires doctors to complete the NIOSH B-reader competency examination at the time of registration and maintain B-reader proficiency to remain registered. (11.1–11.3)<br>• (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 to require use of approved doctors for the scheme from 1 March 2019. (11.1–11.3)<br>• introduced dual-reading of chest x-rays. University of Illinois at Chicago were initially engaged to provide dual reading services. From May 2018 and if requested, Lungscreen Australia were able to provide the first read of the dual read process, with the second read being undertaken by UIC. Other qualified Australian B-readers, if requested, were also able to undertake the first read of the dual read process, with the second read being undertaken by the UIC. From 1 March 2019, Lungscreen Australia commenced dual reading services (11.4) | • through UIC, commence clinical audits of CXRs and classifications to ensure quality, including identify a program for audit processes. (11.6) DNRME has advised the clinical audit program is expected to commence in late 2019/early 2020. |

| Monash review recommendations | |
|---|---|
| • developed guidelines for x-ray imaging standards including requirements for personnel and their qualifications, imaging equipment and software, image acquisition, documentation and quality assurance and control. DNRME has published the standards online in September 2017 (11.5)<br>• established an accreditation system for approved imaging practices. These practices are required to adopt the x-ray imaging standards (11.5)<br>• engaged UIC to conduct to conduct clinical audits of CXRs and classifications to ensure quality (11.6)<br>• revised the health assessment form to require AMA's to provide feedback to the coal mine worker (11.7)<br>• documented standards for acquiring and storing digital CXRs (11.8) | |
| **Recommendation 12: Spirometry should be conducted by appropriately trained staff and performed and interpreted according to current ATS/ERS standards.**<br>12.1 Spirometry should be conducted at respiratory laboratories accredited by Thoracic Society of Australia and New Zealand (TSANZ) or similar bodies and for other medical facilities seeking to undertake spirograms under the scheme, accreditation specific to spirometry should be required.<br>12.2 Spirometry scientists or technicians who conduct tests for the new scheme should undergo initial training and participate in periodic refresher courses provided by an approved organisation.<br>12.3 Spirometry testing must take part in a quality control program consistent with current ATS/ERS standards and the quality of spirometry tests should be audited regularly as part of the overall auditing within the scheme.<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • established an accreditation system for spirometry providers, which requires practices to provide evidence that they meet the Thoracic Society of Australia and New Zealand standards (12.1)<br>• (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 to require use of approved spirometry providers for the scheme from 1 March 2019 (12.1)<br>• spirometry providers are required to undertake training to become accredited and complete refresher courses to remain accredited (12.2)<br>• from 30 August 2019, implemented a quality control program with clinical audits of spirometry testing to ensure quality and compliance and with the standards (12.3). | • *no further action required* |

## Monash review recommendations

**Recommendation 13: DNRME should transition to an electronic system of data entry and storage, whereby doctors undertaking these respiratory assessments enter the data for their assessment and can access previously collected data for the mine worker and to facilitate auditing.**

13.1 DNRME should institute electronic data entry and data storage, with suitable consent and security arrangements and the facility to link all records for individual mine workers, and enable access to previous records by doctors undertaking the respiratory health assessments.

13.2 A regular audit function of the collected medical information should be introduced to monitor quality with regular feedback to the doctors performing respiratory health assessments under the scheme.

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • implemented a SharePoint platform to allow uploads and retrieval of medical records<br>• made available the SharePoint platform to all doctors; however, only 60 per cent are using this platform. Other doctors are still posting hard copies which are then required to be scanned.<br>• commenced a project to transition to a long-term electronic records management system and allocated funding to complete roll out by June 2020. | • deliver its long-term technology solution (an integrated information management system).<br>• engage an appropriately qualified physician to audit health assessments, monitor quality and provide regular feedback to doctors<br>• commence an audit program to monitor quality and provide regular feedback to the doctors performing respiratory health assessments under the scheme. |

**Recommendation 14: All coal mine workers, including contractors, subcontractors and labour hire employees, who meet the revised criteria for being "at risk from dust exposure" should be registered in the DNRME database on entry into the industry for the purposes of ongoing medical surveillance.**

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • processes in place to record all coal workers in the Health Surveillance Unit database when it receives a completed health assessment form. These include all coal mine workers, including contractors, subcontractors and labour hire employees. However, the database does not facilitate ongoing medical surveillance. | • develop and implement a long-term electronic records management system to allow ongoing medical surveillance. Expected completion—June 2020 (refer to recommendation 13). |

## Monash review recommendations

**Recommendation 15: DNRME 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.**

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • commenced its research strategy, using individual health surveillance data by<br>– funding the Wesley Dust Disease Research Centre to complete a research project to review recently diagnosed cases of CMDLD to understand the spectrum of diagnoses, the severity of disease and the occupational histories leading to diagnosis. The research project report was published in May 2019.<br>– engaging Monash University to undertake an additional review of the health assessment form to ensure it captures appropriate information for health surveillance. DNRME also engaged Monash University to undertake scoping study of health assessment database to identify surveillance research priorities. And to research cancer and mortality trends in coal mine workers.<br>• developed a dust database to record dust monitoring results to enable comparison with health data information<br>• published the reported number of cases of mine dust lung disease on its website. The Queensland Mines and Quarries Safety Performance and Health Report also includes disease reporting and trends. | • deliver its long-term technology solution to enable group health surveillance to be conducted (expected in 2021–22). Refer also to recommendation 13.<br>• implement an ongoing group surveillance program and publish and disseminate the results of the research to employers, unions and coal mine workers<br>• make deidentified results of research into trends (comparing the dust database of dust monitoring results with health data information) available to employers, unions and coal mine workers. |

| Monash review recommendations | |
|---|---|
| **Recommendation 16: Coal mine workers should have exit respiratory health assessments regardless of whether they leave the industry due to ill-health, retirement or other reasons.**<br>16.1 Due to the latent period for developing CMDLD, health surveillance under the scheme should include current and former coal mine workers, including retirees, as this would provide a more accurate depiction of industry-wide disease trends.<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 to provide voluntary exit health assessments for retiring coal mine workers from 1 January 2017, with costs borne by employers.<br>• (through the Governor-in-Council), amended the Coal Mining Safety and Health Regulation 2017 to include a right to periodic health screening for retired and former coal mine workers from 1 March 2019, with costs borne by DNRME. | • *no further action required.* |
| QAO note individual surveillance has been conducted (including current and former coal mine workers), however an electronic records management system is required to enable group health surveillance to be conducted (refer to Monash recommendation 15). | |
| **Recommendation 17: 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.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • established an internal project team to provide updates to unions, industry, medical professionals. It also referred some matters to the Coal Mine Dust Lung Disease Collaborative Group and the Coal Mining Safety and Health Advisory Committee for advice/consultation. | • *no further action required.* |
| **Recommendation 18: 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.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • has completed this recommendation by participating in this performance audit by QAO. | • *no further action required.* |

*Source: Queensland Audit Office.*

# Coal Workers' Pneumoconiosis Select Committee Report No. 2 recommendations

The tables below detail our assessment of implementation for each recommendation from the Coal Workers' Pneumoconiosis (CWP) Select Committee Report No. 2.

**Figure D2**
**QAO assessment of implementation status**

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 1: 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.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • established an independent specialist Project Management Office (PMO) that developed options for alternative regulatory models, consulted with stakeholders and provided advice to the Minister on a preferred model. This report was delivered in June 2018.<br>• further consulted with stakeholders to finalise a proposed regulatory model.<br>• recommended a final regulatory model to Cabinet for approval. In November 2018, Government endorsed the recommended model and approved the preparation of a new Bill to establish the regulator<br>• prepared a draft Bill to establish the new regulator and through its minister, introduced the Bill to Parliament on 4 September 2019. | • receive Cabinet Budget Review Committee (CBRC) approval for the new funding model to support the ongoing independent operation of the regulator<br>• receive parliamentary approval of the draft Bill<br>• through government, establish the new resources safety and health regulator including transitioning relevant DNRME staff and resources and recruiting key positions. |
| **Recommendation 2: The Mine Safety and Health Authority should be established under its own legislation as a 'unit of public administration' for the purposes of the *Crime and Corruption Act 2001* and a 'public authority' for the purposes of the *Right to Information Act 2009*.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1. | • as per Recommendation 1. |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 3: 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:**<br>**• coal mine operators**<br>**• metalliferous mine operators**<br>**• unions**<br>**• resources transportation and ports, and**<br>**• persons independent of the mining industry (including resources transportation and ports).**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• through government, determined not to implement the recommendation. The Government response dated September 2017 stated that the regulator should not be subject to a board of directors as it would place the independence of the regulator at risk. | |
| **Recommendation 5: 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.**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, determined not to implement the recommendation. | |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 6: 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.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, recommended at alternative option that the new regulator would be headed by a Chief Executive Officer, who would have overall responsibility for the regulator and would report directly to the minister, but would not be subject to ministerial direction on operational matters. | • as per Recommendation 1. |
| **Recommendation 7: The Mines Inspectorate, currently within DNRME should be administratively relocated within the Mine Safety and Health Authority, ensuring statutory and administrative independence from DNRME.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, recommended that the Mines Inspectorate be relocated from DNRME to the new regulator. | • as per Recommendation 1. |
| **Recommendation 8: 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.**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, recommended that the commissioner would not have a role in the operational matters of the new regulator, including managing the inspectors and investigations. | |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 9: 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.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, recommended not to discontinue the SIMTARS fee for service work. | |

**Recommendation 10: 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.**

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • recommended that a resources safety and health regulator be established as a statutory authority<br>• extended previously established MoU with OIR to enable sharing of information relating to mine dust lung disease cases. | • revise as required the MoU between DNRME and OIR following potential legislative reforms, including the establishment of the new regulator<br>• assess the requirements for an MoU between the new regulator and Qld Health and amend the existing MoU with Qld Health accordingly. |

**Recommendation 11: The Mine Safety and Health Authority, including the Coal Workers' Health Scheme, should be supported by an expert Medical Advisory Panel 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.**

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • consulted with the Coal Mine Dust Lung Disease (CMDLD) Collaborative Group, a self-nominated volunteer group of medical experts and includes Dr Robert Cohen, from the University of Illinois<br>• in July 2019, released a draft terms of reference for a proposed Resources Medical Advisory Committee (RMAC) for public consultation. | • progress consultation on the new expert medical advisory panel<br>• establish a formalised expert medical advisory panel, with clearly defined terms of reference and which is focused to deliver more targeted outcomes. |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 12: 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.**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• not appointed a suitably qualified and experienced specialist physician to lead the Coal Mine Workers' Health Scheme. | |
| **Recommendation 13: 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.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• engaged a consulting firm to perform a benchmarking exercise to determine a remuneration rate that is equivalent to a specialist of similar standing. DNRME obtained approval from Public Service Commission for the requested remuneration level. | • as per Recommendation 1. |
| **Recommendation 14: 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.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• drafted terms of reference for a research advisory steering committee to provide oversight and governance for Simtars' five-year research strategy. | • as per Recommendation 1.<br>• establish the research advisory steering committee<br>• establish a properly resourced and dedicated health research function within the new regulator. |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 15: 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.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, recommended to instead use the Work Health and Safety (WHS) prosecutor to prosecute serious offences under mine safety legislation. | |

**Recommendation 16: The safety and health fee currently provided for by part 2A of chapter 2 of the *Coal Mining Safety and Health Regulation 2001* should be abolished.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, recommended an alternative funding model to support the establishment of the independent regulatory body. | |

**Recommendation 17: 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.**

**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.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, recommended an alternative funding model to support the establishment of the independent regulatory body. | |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 18: 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.**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • considered this recommendation together with Recommendation 1.<br>• through the project management office, recommended an alternative funding model to support the establishment of the independent regulatory body. | |
| **Recommendation 19: 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:**<br>• **for coal dust – 1.5mg/ m3 air, and**<br>• **for silica – 0.05mg/m3 air.**<br>**Section 89 of the Coal Mining Safety and Health Regulation 2001 should immediately be amended to give effect to this recommendation.**<br>**Consideration should then be given to relocating the OEL provisions within the *Coal Mining Safety and Health Act 1999*.**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • determined not to implement the recommendation to lower the OEL for respirable coal dust to 1.5mg/m3 and silica to 0.05mg/m3 while awaiting the results of the Safe Work Australia review of occupational exposure limits. | |
| QAO note that pending completion of Safe Work Australia's review, as an interim measure, DNRME has reduced the exposure limit for coal dust from 3.0 mg/m3 to 2.5 mg/m3, effective from 1 November 2018.<br>In February 2019, Safe Work Australia released draft exposure limits for coal dust (0.4–0.9 mg/m3) and silica (0.02 mg/m3). DNRME has made a submission to Safe Work Australia on the practical limitations of the draft exposure limits. | |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 20:**

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.**

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.**

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.**

*In relation to this recommendation, the CWP Select Committee noted: 'The committee considers that a pro-active system of regulatory approval for dust mitigation and abatement plans is preferable to the current reactive regulatory approach, which requires inspectors to discover incidents of dust exceedances after they have occurred and then consider coercive action such as the use of directives.'*

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • determined no further action was required, as CMSHAC determined that the current regulatory framework meets the intent of the recommendations.<br>• presented an options analysis to the Coal Mining Safety and Health Advisory Committee (CMSHAC). CMSHAC determined that a pro-active system of regulatory approval for dust mitigation and abatement plans not be implemented. Instead CMSHAC supported developing a new recognised standard for dust management in open cut mines to support existing legislation. | |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 21: 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.**

*In relation to this recommendation, the CWP Select Committee noted: 'The committee considers that a pro-active system of regulatory approval for dust mitigation and abatement plans is preferable to the current reactive regulatory approach, which requires inspectors to discover incidents of dust exceedances after they have occurred and then consider coercive action such as the use of directives.'*

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • determined no further action was required, as CMSHAC determined that the current regulatory framework meets the intent of the recommendations.<br>• presented an options analysis to the Coal Mining Safety and Health Advisory Committee (CMSHAC). CMSHAC determined that a pro-active system of regulatory approval for dust mitigation and abatement plans not be implemented. Instead CMSHAC supported developing a new recognised standard for dust management in open cut mines to support existing legislation. | |

**Recommendation 22: 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.**

**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.**

QAO assessment: *Fully implemented*

| The Commissioner for Mine Safety and Health has: | The Commissioner for Mine Safety and Health still needs to: |
|---|---|
| • actively promoted awareness in the mining industry that it is an offence to cause detriment to another person for raising a safety or health concern through public speaking engagements, presentations and the mine safety health matters newsletter<br>• reviewed complaints and considered prosecution for offences of this nature. | • *no further action required.* |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 23: 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.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • commenced an online government resource called the Library as a database to maintain and public dust techniques and technologies used in Queensland mines. The Library currently consists of publications relating to good practice of dust monitoring and fact sheets<br>• published Recognised Standard 15 “Underground respirable dust control” which also sets out best-practice dust control techniques, developed by regulator, union and industry (effective date May 2017). | • ensure that the database is used to inform research into the efficacy of engineering dust controls, and that this information is made available to the industry stakeholders. |
| **Recommendation 24: 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.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • commenced an online government resource called the Library as a database to maintain and public dust techniques and technologies used in Queensland mines (refer to recommendation 23)<br>• through SIMTARS contributed to the Australian Coal Industry Research Program (ACARP) project "Improving respirable dust exposure monitoring and control" in collaboration with the University of Queensland and NSW Coal Services. | • finalise the ACARP project report for publication<br>• address the requirement to research, review and publish new dust mitigation techniques being used in jurisdictions such as NSW and the United States. |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 25: 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.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • assessed the use of real time monitor - PDM3700 and determined that it is not safe for use in underground coal mines<br>• utilised Advance Queensland's Small Business Innovation Research program to explore other real time monitors for use in Queensland. DNRME has contracted three successful applicants through Advance Queensland to develop real time respirable dust monitors for use in underground coal mines. | • *No further action.* |
| **Recommendation 26: 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.**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • through SIMTARS, contributed to a Failure Modes, Effects and Criticality Analysis (FMECA) conducted by an industry working group<br>• in collaboration with Advance Queensland, funded small business innovation research grants for development of a real-time personal dust monitoring device that complies with Australian Standards. | • address the requirement to consider amendments to Recognised Standard 14 and the Coal Mining Safety and Health Regulation 2017 to enable the use of real time personal dust monitors for compliance monitoring and reporting. |

## CWP Select Committee Report No. 2 recommendations

QAO note that the use of real-time personal dust monitors for compliance monitoring is a separate issue to the certification of real-time personal dust monitors as intrinsically safe for use in underground mines (refer to recommendation 25).

Recognised Standard 14 prevents the use of real-time personal dust monitors for compliance sampling as it requires samples to be collected in accordance with AS 2985 (Workplace atmospheres - Method for sampling and gravimetric determination of respirable dust). This means that open-cut mines are unable to use real-time personal dust monitors for compliance sampling.

AS 2985 is a national standard published by Standards Australia in 2009. AS 2985 did not consider the relevant technology (emerging tapered element oscillating microbalance – TEOM) in the development of the standard. The PDM3700, which is used by the United States for compliance monitoring, utilises TEOM technology.

Following work completed by a joint industry project team, on 29 November 2017 CMSHAC endorsed changes to Recognised Standard 14 to facilitate the use of real-time monitors as compliance sampling instruments.

The Coal Mining Safety and Health Regulation 2017 requires dust monitoring to be conducted in accordance with AS2985.

**Recommendation 27: 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.**

QAO assessment: *Not implemented – recommendation accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • determined that the recommendation is unable to progressed as there is currently no real-time personal dust monitor that may be used for compliance monitoring. DNRME will consider amendments to the Coal Mining Safety and Health Regulation 2017 when an appropriate dust monitor becomes available and is certified intrinsically safe for use in underground mines. | • consider amendments to the Coal Mining Safety and Health Regulation 2017 to allow the use of real-time personal dust monitors for resampling after a trigger event. |

QAO note that the use of real-time personal dust monitors for resampling after a trigger event is a separate issue to the certification of real-time personal dust monitors as intrinsically safe for use in underground mines (refer to recommendation 25).

The Coal Mining Safety and Health Regulation 2017 prevents the use of real-time personal dust monitors for resampling after a trigger event as it requires further samples to be taken in accordance with AS 2985 (Workplace atmospheres - Method for sampling and gravimetric determination of respirable dust). This means that open-cut mines are unable to use real-time personal dust monitors for resampling after a trigger event.

AS 2985, which was published in 2009, did not consider the relevant technology (emerging tapered element oscillating microbalance - TEOM). The PDM3700, which is used by the United States for compliance monitoring, utilises TEOM technology.

## CWP Select Committee Report No. 2 recommendations

**Recommendation 28: 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.**

*In relation to this recommendation, the CWP Select Committee noted: 'it is important that there is a complete separation between mining operators and private occupational hygiene service providers. Mining companies must not have a commercial interest in the providers they engage or in an associated third party entity'.*

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • through its Minister, published a mandatory competency (recognised by CMSHAC) for persons carrying out respirable dust sampling at a coal mine in accordance with AS2985. This mandatory competency enables mining operators to conduct their own sampling once accredited.<br>• decided not to implement the recommendation, for which the intent was to ensure separation between mining operators and private occupational hygiene providers. | |

**Recommendation 29: 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.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • through its Minister, published Recognised Standard 14 which requires site senior executives to report<br>– single sample exceedances to the Mines Inspectorate, Industry Safety and Health Representative (ISHR), Site Safety and Health Representative (SSHR) and coal mine workers in relevant Similar Exposure Group (SEG)<br>– all dust sampling results to the Mines Inspectorate<br>• determined not to implement the recommendation, including requirements for<br>– results to be reported directly by the entity undertaking atmospheric dust monitoring<br>– results to be reported to the relevant ISHR. | |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 30: The Mines Inspectorate should increase the proportion of unannounced inspections to a rate of at least 50 per cent of total inspections.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • engaged an external consultant to conduct a review of its annual compliance program for coal mines. The consultant's report found that DNRME's current rate of unannounced inspections aligns with the health and safety regulations of high hazard industries. The report noted a rate of 10–20 per cent is a reasonable proportion of unannounced inspections. In FY2018–19, 19.5 per cent of coal mine inspections were unannounced.<br>• determined not to implement the recommendation to increase the rate of unannounced inspections to at least 50 per cent of total inspections. | |

**Recommendation 31: Section 119(1)(b) of the *Coal Mining Safety and Health Act 1999* and section 116 of the *Mining and Quarrying Safety and Health Act 1999* 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.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • determined not to amend legislation due to lack of demonstrated tripartite support during an inquiry by the Infrastructure, Planning and Natural Resources Committee. | |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 32: Mines inspectors should be prohibited for a limited period – perhaps six months – from inspecting mines at which they worked within the past two years.**

**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.**

*In relation to this recommendation, the CWP Select Committee noted: ''There is no evidence that regulatory capture has impacted upon the inspection or compliance activities of the mines inspectorate in relation to respirable coal mine dust. However, current integrity policies of the inspectorate should be enshrined in regulation so that mine workers and the public may have greater faith in the independence of the Mines Inspectorate.'*

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • updated the Resources Safety and Health Induction checklist for the Mines Inspectorate to consider potential conflicts for new employees (inspection of previous workplaces for 6 months). There is no existing documented policy to prohibit mines inspectors from inspecting mines at which they had previously worked.<br>• determined not to amend regulation as<br>– prohibiting mines inspectors from inspecting mines at which they previously worked has the potential to reduce the effectiveness of the Inspectorate to undertake its functions (including responding to incidents).<br>– prohibiting a person from being appointed to a statutory role may restrict future employment prospects for inspectors and impact the ability of the Inspectorate to maintain a workforce with the required competencies. | |

**Recommendation 33: 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • held discussions with the Mine Health and Safety Academy (MHSA) to understand how mining legislation and regulation in the United States compares to Queensland.<br>• determined that MSHA training has limited application to the Queensland Mines Inspectorate (QMI) regulatory activities and will not be pursued. | • *no further action required.* |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 34: 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.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • developed a structured audit guideline for monitoring respirable dust for use by the department's sole qualified occupational hygienist for coal mines<br>• conducted 15 audits of mines' dust monitoring programs against the requirements of Recognised Standard 14 since 2017. These audits are not dust inspections.<br>• incorporated consideration of dust into the structured inspection guidelines for mining development and outbye mining for use by Mines Inspectors<br>• established a dust monitoring database (refer to recommendation 35) and utilised dust monitoring data to inform risk-based inspections and audits.<br>• determined not to implement the recommendation for inspectors to observe coal workers during periods of atmospheric monitoring as they do not consider it to be an effective measure or compliance of adequacy of monitoring. | |

**Recommendation 35: A comprehensive database of dust monitoring results should be established and maintained by the Mine Safety and Health Authority.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • amended the Coal Mining Safety and Health Regulation 2001 and Recognised Standard 14 to require all Queensland coal mines to provide quarterly respirable dust data to the Chief Inspector of Coal Mines<br>• established a database of dust monitoring results, including both respirable coal dust and respirable crystalline silica<br>• published the de-identified dust monitoring results online. | • *no further action required.* |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 36: 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.**<br>**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.**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • determined no further action was required, as CMSHAC determined that it fulfils the functions of a Standing Dust Committee. | |
| QAO note CMSHAC review the results of quarterly dust monitoring (including results of sampling and exceedances) at each meeting and includes representatives from industry, unions and DNRME. CMSHAC does not include representatives of coal ports and persons independent of the current mining industry. | |
| **Recommendation 37: 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.**<br>QAO assessment: *Not implemented – recommendation not accepted* | |
| **DNRME has:** | **DNRME still needs to:** |
| • determined no further action was required, as CMSHAC determined that it fulfils the functions of a Standing Dust Committee (refer to recommendation 36). | |
| QAO note CMSHAC review the results of quarterly dust monitoring (including results of sampling and exceedances) at each meeting and includes representatives from industry, unions and DNRME. CMSHAC does not include representatives of coal ports and persons independent of the current mining industry. | |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 38: 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.**

**Recommendation 65: 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).**

**Recommendation 66: 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.**

QAO assessment: *Not implemented – recommendation not accepted*

| OIR has: | OIR still needs to: |
|---|---|
| • determined not to implement the recommendation. It determined the existing protections within the Workplace Health and Safety legislation are largely consistent with protections provided to coal mine workers under the Coal Mine Safety and Health legislation, and therefore there was no benefit to be gained in amending the laws. | |

QAO note existing Workplace Health and Safety legislation are not commensurate with the protections provided under Coal Mine Safety and Health legislation (including the Coal Mine Workers' Health Scheme) for coal workers. Workplace Health and Safety legislation is applicable for coal workers other than coal mine workers. This includes coal rail workers, coal port workers and coal-fired power station workers. Key differences include:

| Key difference | Coal Mine Safety and Health legislation | Workplace Health and Safety legislation |
|---|---|---|
| **Responsibility for identifying workers at risk of coal dust or silica exposure** | All coal mine workers (excluding low risk workers) subject to the Coal Mine Workers' Health Scheme. | Responsibility of the employer to identify the risk of exposure to airborne contaminants. |
| **Requirements for conducting and reporting regular coal dust and silica monitoring** | All coal mines must conduct baseline and periodic dust monitoring and must report results of sampling and exceedances to the Mines Inspectorate. | Responsibility of the employer to:<br>• identify the risk of exposure to airborne contaminants<br>• determine if there is a risk of exceeding the exposure standard or a risk to health<br>• ensure air monitoring is conducted to determine the airborne concentration at the workplace. |

| CWP Select Committee Report No. 2 recommendations | | |
|---|---|---|
| **Requirements for conducting ongoing health assessments** | All coal mine workers (excluding low risk workers) are required to have health assessments at least every five years. | Responsibility of the employer to:<br>• identify the risk of exposure to hazardous chemicals (noting that coal dust is not a hazardous chemical listed in legislation)<br>• determine whether there is a significant risk to the worker's health because of exposure to the hazardous chemical<br>• arrange and pay for health monitoring for workers. |
| **Oversight of health assessments** | Appointed medical advisers are required to provide completed health assessment forms and medical records to DNRME. | Responsibility of the employer to provide a copy of the health monitoring report to the regulator if the report contains any advice that the worker may have contracted a disease, injury or illness as a result of carrying out work with a hazardous chemical. |

**Recommendation 39: 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.**

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • completed significant work to implement the recommendations of the Monash review. DNRME has fully implemented Monash review recommendations 1, 2, 3, 4, 7, 9, 10, 16, and 18. | • fully implement the remaining Monash review recommendations. These include Monash review recommendations 5, 8, 11, 12, 13, 14, 15, and 17. |

QAO note the Monash review had 18 recommendations. The CWP Select Committee adopted all but one of the Monash review recommendations (Monash review recommendation 6). Refer to above in this appendix for QAO's assessment of the Monash review recommendation.

## CWP Select Committee Report No. 2 recommendations

**Recommendation 40: The Public Service Commissioner should review the process adopted by DNRME 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.**

QAO assessment: *Fully implemented*

| PSC has: | PSC still needs to: |
|---|---|
| • engaged McGrath Nicol to conduct an independent investigation into the process adopted by DNRME for the appointment of the current 'Occupational Physician'. The investigation identified a number of procedural deficiencies in the recruitment process, however found that there was no breach of the *Public Service Act 2008.*<br>• communicated the results of the independent investigation to DNRME and the Clerk of Parliament. | • *no further action required.* |

**Recommendation 41: 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.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • considered this recommendation together with Recommendation 1.<br>• not appointed a suitably qualified and experienced specialist physician to lead the Coal Mine Workers' Health Scheme. | • as per Recommendation 1.<br>• establish the role of the Chief Executive Officer and/or appoint a suitably qualified and experienced specialist physician. |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 42: 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 individual mines for potential scrutiny.**

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • a database to capture health assessment data, however, there is limited scope for using it to perform meaningful surveillance of health data (refer also Monash review recommendation 13)<br>• implemented a SharePoint platform to allow uploads and retrieval of medical records. DNRME has made available the SharePoint platform to all doctors; however, only 50 per cent are using this platform. Other doctors are still posting hard copies which are then required to be scanned<br>• engaged Wesley Dust Disease Research Centre to investigate confirmed cases to analyse common medical and occupational histories of workers to determine any commonalities that can be used to inform exposure control efforts and health surveillance aims. | • develop and implement an integrated information management system that can perform regular and meaningful surveillance. |

**Recommendation 43: 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'.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • obtained advice from the CMDLD collaborative group who recommended that an 'opt out' category for health assessments be considered (as determined by the AMA) for certain low-risk jobs within the mine, as determined by an appropriate risk assessment process and with reasons fully documented and substantiated by serial low dust measurements.<br>• determined not to implement the recommendation to remove the exception for workers employed in a 'low risk task'. | |

QAO note this recommendation relates to Monash recommendation 6, which notes that DNRME still need to develop criteria and define 'low risk task' as per the Coal Mining Safety and Health Regulation 2017.

## CWP Select Committee Report No. 2 recommendations

**Recommendation 44: 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.**

QAO assessment: *Partially implemented*

**DNRME has:**

- in September 2016, *amended the Coal Mining Safety and Health Regulation 2001* to require all coal mine workers (to be employed for a task other than a low-risk task) to undergo a health assessment prior to commencing work in the coal mining industry. The regulation requires the health assessment to include an examination of respiratory function and a chest x-ray examination.

QAO note that recommendations to expand the Coal Mine Workers' Health Scheme to include all coal workers (including those involved in the transportation and handling of coal outside coal mines) were not implemented as they were not accepted by Office of Industrial Relations. Refer to CWP Select Committee Report No. 2 recommendations 38, 65 and 66.

As the scheme was not expanded to include all coal workers, the amendment regulation noted above applies only to coal mine workers.

**Recommendation 45: All underground coal mine workers should be required to undertake a health assessment every three years.**

QAO assessment: *Not implemented – recommendation not accepted*

| DNRME has: | DNRME still needs to: |
|---|---|
| • consulted with the CMDLD collaborative group who advised that underground coal mine workers should receive a health assessment every 3–5 years.<br>• determined not to implement the recommendation to require health assessments (including an examination of respiratory function and a chest x-ray examination) for underground coal mine workers every three years. The Coal Mining Safety and Health Regulation 2017 requires underground coal mine workers to undergo a health assessment at least once every five years. | |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 46: All other coal workers should be required to undertake a health assessment at least every six years.**

QAO assessment: *Partially implemented*

**DNRME has:**

- on 20 July 2018, amended the Coal Mining Safety and Health Regulation 2017, to require all coal mine workers to undergo a health assessment at least once every five years. The regulation requires the health assessment to include an examination of respiratory function and a chest x-ray examination.

QAO note that recommendations to expand the Coal Mine Workers' Health Scheme to include all coal workers (including those involved in the transportation and handling of coal outside coal mines) were not implemented as they were not accepted by Office of Industrial Relations. Refer to CWP Select Committee Report No. 2 recommendations 38, 65 and 66.

As the scheme was not expanded to include all coal workers, the amendment regulation noted above applies only to coal mine workers.

**Recommendation 47: 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.**

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • assessed the CWP Select Committee's recommendation to operate at least one mobile unit for delivering health assessments, including chest x-rays and spirometry<br>• appointed an approved provider to implement a mobile x-ray service to target rural Queensland coal mines. This service is working with Lungscreen Australia which is accredited by DNRME to read all coal mine chest x-rays in Queensland. This mobile service only provides chest x-rays and does not include provisions of health assessments and spirometry services.<br>• sought feedback from stakeholders through a consultation paper released 30 July 2019.<br>• obtained funding for the establishment of one mobile health unit for a period of two years. | • establish the mobile health unit. |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 48: 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.**<br>QAO assessment: *Partially implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • refer to recommendation 47. | • ensure the mobile health unit is properly staffed and maintained under the Coal Mine Workers Health Scheme. |
| **Recommendation 49: The cost of health assessments undertaken at the Coal Workers' Health Mobile Units should be met by the Coal Workers' Health Scheme.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • refer to recommendation 47. The mobile unit is funded through the 2019–20 state budget. | • *no further action required* |
| **Recommendation 50: 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.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • published information about prevention, detection and support for mine dust lung diseases on the Miners' Health Matters website<br>• published contact details for the Health Surveillance Unit, who provide free advice by phone and email to current and former mine workers about accessing respiratory health assessments. | • *no further action required.* |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 51: 'Nominated Medical Advisors' should be renamed and redefined as 'Approved Medical Advisors'.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • amended the Coal Mining Safety and Health Regulation 2017 to establish a mandatory 'approved provider' framework, and replaced the term 'Nominated Medical Adviser' (NMA) with 'Appointed Medical Adviser' (AMA)<br>• From 1 March 2019, employers must appoint a doctor (Appointed Medical Adviser), who must be approved by DNRME, to undertake the role of supervising and reporting on health assessments. | • *no further action required.* |
| **Recommendation 52: Approved Medical Advisors should be approved as such by the Commissioner for Mine Safety and Health.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • made regulatory amendments to introduce an approved provider framework and made the use of Appointed Medical Advisors (AMAs) mandatory from 1 March 2019<br>• From this date, only doctors approved by DNRME can undertake the role of supervising and reporting on health assessments. Under the current regulator model, the Chief Executive DNRME approves the AMAs. | • *no further action required.* |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 53: 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)'.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • made regulatory amendments to introduce an approved provider framework and made the use of Appointed Medical Advisors (AMAs) mandatory from 1 March 2019 (refer to CWP Select Committee Report No. 2 recommendation 52).<br><br>AMA's, also referred to as supervising doctors, must meet minimum eligibility requirements for accreditation including<br><br>– post-graduate qualification in occupational medicine or occupational health<br><br>– experience with health surveillance, fitness to work or providing occupational health advice<br><br>– experience conducting medical assessments for the coal mining industry<br><br>– visit to an operating coal mine within the last three years. | • *no further action required.* |

**Recommendation 54: 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • amended the Coal Mining Safety and Health Regulation 2017 to require<br><br>– spirometry testing must be performed for all health assessments<br><br>– use of approved spirometry providers for the scheme from 1 March 2019. Under the current regulator model, the Chief Executive DNRME approves spirometry providers.<br>• established an accreditation system for spirometry providers, which requires practices to provide evidence that they meet the Thoracic Society of Australia and New Zealand standards. | • *no further action required.* |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 55: 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • amended the Coal Mining Safety and Health Regulation 2017 to require<br>– chest x-rays must be performed for all health assessments<br>– use of approved x-ray imaging providers for the scheme from 1 March 2019. Under the current regulator model, the Chief Executive DNRME approves x-ray imaging providers.<br>• developed and published x-ray imaging standards including requirements for personnel and their qualifications, imaging equipment and software, image acquisition, documentation and quality assurance and control.<br>• established an accreditation system for x-ray imaging providers, which requires practices to provide evidence that they meet the x-ray imaging standards. | • *no further action required.* |

**Recommendation 56: 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • amended the Coal Mining Safety and Health Regulation 2017 to require use of approved radiologists (B-readers) for the examination of chest x-rays for the scheme from 1 March 2019. Under the current regulator model, the Chief Executive DNRME approves radiologists (B-readers).<br>• established an accreditation system, including mandatory training and certification, for radiologists who read and interpret chest x-rays using ILO classification for the scheme. This requires radiologists to complete and maintain NIOSH B-reader competency. | • *no further action required.* |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 57: 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 pneumoconioses 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • amended the Coal Mining Safety and Health Regulation 2017 to require<br>– chest x-rays are assessed and classified in compliance with the ILO guidelines<br>– use of approved radiologists (B-readers) for the examination of a chest x-rays for the scheme from 1 March 2019. Under the current regulator model, the Chief Executive DNRME approves radiologists (B-readers).<br>• established an accreditation system, including mandatory training and certification, for radiologists who read and interpret chest x-rays using ILO classification for the scheme. This requires radiologists to complete and maintain NIOSH B-reader competency. | • *no further action required.* |

**Recommendation 58: 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • engaged Dr Robert Cohen, from the University of Illinois at Chicago to provide expert advice in improving the Coal Workers' Health Scheme. | • *no further action required.* |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 59: Cases of CWP/CMDLD identified or diagnosed by medical professionals should be compulsorily reported to the Chief Health Officer, Queensland Health, as a notifiable disease under the *Public Health Act 2005*.**

QAO assessment: *Fully implemented*

| Queensland Health has: | Queensland Health still needs to: |
|---|---|
| • amended the *Public Health Act 2005* and Public Health Regulation 2018 to enable the establishment of the Notifiable Dust Lung Disease (NDLD) register. The Public Health Regulation 2018 defines notifiable dust lung disease as: cancer, chronic obstructive pulmonary disease or pneumoconiosis (including silicosis) caused by occupational exposure to inorganic dust.<br>• in July 2019, established the NDLD register.<br>• notified relevant medical practitioners of the legislative changes and their obligations to report diagnosis of NDLD to the chief executive.<br>• developed the *Public Health Act 2005* Compliance Plan 2019-21 which details planned activities to promote and enforce compliance for the NDLD register. | • *no further action required.* |

**Recommendation 60: The legislative framework should require the Chief Health Officer to report on an annual basis to the Mine Safety and Health Authority and to the parliamentary committee with responsibility for the authority on Queensland Health's activities in relation to CMDLD including CWP.**

QAO assessment: *Fully implemented*

| Queensland Health has: | Queensland Health still needs to: |
|---|---|
| • amended the *Public Health Act 2005* to require:<br>– the chief executive of Queensland Health to report annually to the Minister on the Notifiable Dust Lung Disease register (including the number of notifications received, types of notifiable dust lung disease and actions the department has taken)<br>– the Minister to table the report in the Legislative Assembly. | • *no further action required.* |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 61: 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.**

QAO assessment: *Partially implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • developed options for alternative regulatory models, including different governance frameworks, and sought feedback from stakeholders on the alternative models<br>• recommended that a tripartite Resources Safety and Health Advisory Council be established to deliver the functions of strategic direction, advice and monitoring. PMO suggested that the current advisory committees such as CMSHAC and MSHAC could be accommodated in this model to provide a source of expert advice to the Resources Safety and Health Advisory Council on matters relevant to those sectors. | • seek Cabinet Budget Review Committee (CBRC) funding approval for the new regulator<br>• draft Bill to Parliament and seek Parliamentary approval for the establishment of the new regulator<br>• establish the Resources Safety and Health Advisory Council. |

**Recommendation 62: The *Workers' Compensation and Rehabilitation Act 2003* and *Workers' Compensation and Rehabilitation Regulation 2014* should be amended as necessary to provide for:**

**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**
**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**
**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**
**d) the alignment of the workers' compensation scheme with proposed new arrangements for the Coal Workers' Health Scheme.**

QAO assessment: *Partially implemented*

| | OIR has: | OIR still needs to: |
|---|---|---|
| a) | • amended the *Workers' Compensation and Rehabilitation Act 2003* and Workers' Compensation and Rehabilitation Regulation 2014 to introduce a medical examination process for former coal workers who stopped working in the industry prior to 1 January 2017 (available through to 1 January 2022). | • *no further action required.* |

| CWP Select Committee Report No. 2 recommendations | | |
|---|---|---|
| b) | • amended the *Workers' Compensation and Rehabilitation Act 2003* and Workers' Compensation and Rehabilitation Regulation 2014 to<br>– clarify that a worker with pneumoconiosis can access further workers' compensation entitlements if they experience disease progression<br>• introduce an additional lump sum compensation up to $120,000 for workers with pneumoconiosis. | • *no further action required.* |
| c) | • monitored return to work outcomes for mine dust lung disease claims by requiring insurers to provide periodic reports on return to work outcomes for these workers<br>• established the Coal Mine Dust Lung Disease rehabilitation and return to work stakeholder working group (the working group) in August 2018<br>• engaged medical experts in February 2019 to provide advice to inform the development of a decision-making framework for assessment of suitable duties and return to work. | • accept and implement the outcomes of the working group including to<br>– obtain advice from the medical experts, including advice on "acceptable level" of dust exposure for a worker diagnosed with a CMDLD and the role and effectiveness of personal dust monitors<br>– develop a risk matrix for use in the coal mining industry to assist in providing a systematic approach to identifying jobs for workers diagnosed with CWP or CMDLD<br>• develop an agreed approach for employers and insurers to adopt when facilitating return to work for workers diagnosed with CWP or other CMDLD. |
| d) | • extended an existing memorandum of understanding with DNRME to enable sharing of information for all mine dust lung diseases. | • once the new regulator has been established (refer to CWP Select Committee Report No. 2, recommendation 1), address any implications of new arrangements for the Coal Mine Workers' Health Scheme. |
| | Government still needs to address the requirement for a medical examination process for former or retired coal workers (other than coal mine workers) who stopped working in the industry after 1 January 2017. These workers are not otherwise eligible for a free health assessment under the Coal Mine Workers' Health Scheme or the Workers' Compensation Scheme. | |

## CWP Select Committee Report No. 2 recommendations

**Recommendation 63: 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • made regulatory changes that came into effect on 1 January 2017, to provide voluntary health assessments for retiring coal mine workers. Employers are required to organise and pay for a retirement examination for any eligible retiring coal mine worker who requests one.<br>• amended the Coal Mining Safety and Health Regulation 2017 to provide the former coal mine workers the right to voluntary respiratory health assessments, from 1 March 2019. | • *no further action required.* |

**Recommendation 64: 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.**

QAO assessment: *Fully implemented*

| DNRME has: | DNRME still needs to: |
|---|---|
| • published information about the health assessments available for former or retired workers on the Business Queensland website and the Miners health matters website. Free health assessments for retired and former workers were introduced under the Coal Mine Workers' Health Scheme on 1 March 2019. As at 24 July 2019, 76 retired or former workers have accessed a free respiratory health check.<br>• in April 2019, developed a social media plan to promote the former mine worker health assessments. | • *no further action required.* |

| CWP Select Committee Report No. 2 recommendations | |
|---|---|
| **Recommendation 67: 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.**<br>QAO assessment: *Fully implemented* | |
| **PSC has:** | **PSC still needs to:** |
| • sought advice from Crown Law and the Clerk of Parliament about the ability of the Public Service Commission to conduct this review. On the basis of this advice, PSC were unable to conduct this review as it was outside PSC's statutory functions and powers, and would be a breach of parliamentary privilege.<br>• on 21 August 2017, issued a formal response to the Committee, advising that the Committee is best placed to identify and assess whether there are sufficient grounds to recommend that matters be referred to the Assembly's Ethics Committee as a possible contempt of the Parliament. | • *no further action required.* |

*Source: Queensland Audit Office.*

# Coal Workers' Pneumoconiosis Select Committee Report No. 4 recommendations

The tables below detail our assessment of implementation for each recommendation from the CWP Select Committee Report No. 4.

**Figure D3**
**QAO assessment of implementation status**

| CWP Select Committee Report No. 4 recommendations | |
|---|---|
| **Recommendation 1: The committee recommends the development of a code of practice on the management of respirable dust hazards in coal-fired power stations, to be informed by international best practice and consultation with industry stakeholders.**<br>QAO assessment: *Fully implemented* | |
| **OIR has:** | **OIR still needs to:** |
| • established a stakeholder working group, including representatives from industry, unions and DNRME<br>• developed the code of practice through consultation with the stakeholder working group, informed by international best practice and relevant information from DNRME's Recognised Standard 14: Monitoring respirable dust in coal mines<br>• published a Code of Practice approved by the Minister for managing respirable dust hazards in coal-fired power stations. | • *no further action required.* |
| **Recommendation 2: The committee recommends that the Minister approve the national model code of practice for managing risks in stevedoring as a code of practice under section 274 of the *Work Health and Safety Act 2011 (Qld).***<br>QAO assessment: *Fully implemented* | |
| **OIR has:** | **OIR still needs to:** |
| • published a Code of Practice approved by the Minister for managing risks in stevedoring, based on the national model code of practice. | • *no further action required.* |

| CWP Select Committee Report No. 4 recommendations | |
|---|---|
| **Recommendation 3: The committee recommends that the *Guideline for Management of Respirable Crystalline Silica in Queensland Mineral Mines and Quarries* be amended to require that all exposure monitoring data is reported to the Mines Inspectorate, consistent with the requirements for coal mines set out in Recognised standard 14: Monitoring respirable dust in coal mines.**<br>QAO assessment: *Fully implemented* | |
| **DNRME has:** | **DNRME still needs to:** |
| • conducted a review of the *Guideline for Management of Respirable Crystalline Silica in Queensland Mineral Mines and Quarries* (QGL02)<br>• consulted with the Mining Safety and Health Advisory Committee (MSHAC)<br>• amended QGL02 to require that all exposure monitoring data is reported to the Mines Inspectorate. | • *no further action required.* |
| **Recommendation 4: The committee recommends that the Minister for Local Government* conduct a review of the use of buffer zones in local government planning schemes to protect Queensland communities from large point-source dust emissions.**<br>QAO assessment: *Fully implemented* | |
| **DSDMIP has:** | **DSDMIP still needs to:** |
| • conducted a review of the policies and mechanisms in the planning framework relevant to managing large point-source dust emissions in planning schemes, including review of a sample of local government planning schemes.<br>• prepared a review report, which found that there are no barriers to local governments using these mechanisms and the sampled local governments are using the planning mechanisms available to manage land uses nearby large point-source emitting activities. The review report also identified three actions for DSDMIP to assist local governments to continue or improve the use of planning mechanisms to protect their communities from large point-source dust-emitting activities. | • *no further action required.* |

## CWP Select Committee Report No. 4 recommendations

**Recommendation 5: The committee recommends that the Queensland Government consider:**

**a) commissioning research into the impacts of environmental dust exposure on occupational dust exposure tolerance thresholds.**

*The Queensland Government response to this recommendation noted: 'Rather than commissioning research on environmental dust exposure on occupational dust exposure tolerance thresholds, the Queensland Government proposes that resources should primarily be focused on:*

- *ensuring duty holders comply with requirements to ensure workers are not exposed above relevant workplace exposure standards and that exposure is kept as low as reasonably practicable;*
- *ensuring business keep concentrations of airborne pollutants below environmental air quality standards; and*
- *encouraging improvements in technology, plant and product development focused on reducing the emission of airborne pollutants.'*

QAO assessment: *Partially implemented*

| OIR has: | OIR still needs to: |
|---|---|
| • conducted compliance activities to ensure duty holders (that is, employers) comply with workplace dust exposure standards for the following industries<br>– Coal-fired power stations<br>– Coal terminals<br>– Stone benchtop manufacturing<br>– Construction<br>• developed a workplan which outlines completed, ongoing and planned compliance activities for respirable crystalline silica for the stone benchtop manufacturing industry<br>• drafted a construction dust program which outlines the planned compliance approach for respirable crystalline silica. | • further progress development of an overall evidence-based compliance approach for occupational health hazards, including minimising occupational dust exposure.<br>• work with DES to confirm steps to implement the alternative action stated in the government response to recommendation 5(a). |

QAO note that the alternative action stated in the Queensland Government response does not address the intent of the Select Committee's recommendation.

| CWP Select Committee Report No. 4 recommendations | | |
|---|---|---|
| **Recommendation 5: The committee recommends that the Queensland Government consider:**<br>**b) conducting a review of the positioning of environmental air quality monitoring stations across Queensland; and**<br>**c) increasing the level of engagement with communities affected by industrial dust in relation to the levels of community dust exposure and any health effects or otherwise.**<br>QAO assessment: *Fully implemented* | | |
| | **DES has:** | **DES still needs to:** |
| b) | • conducted an annual review of the State-wide Air Quality Monitoring Program plan, which considers positioning of environmental air quality monitoring stations across Queensland<br>• established a new particle monitoring station in Blackwater in February 2019<br>• committed to establishing a new particle monitoring station in Emerald, by June 2020. | • *no further action required.* |
| c) | • enhanced the accessibility and presentation of air quality monitoring data on the Queensland Government website<br>• partnered with Clean Air Wynnum to develop the Wynnum citizen science air monitoring project, which aims to improve community knowledge and understanding of air monitoring processes and regulation. The interim report for the project found that<br>– between December 2018 and February 2019 all 24-hour averages were well below the NEPM standards<br>– the composition of dust from surface wipe samples found only trace amounts (less than one per cent) of coal, with the primary components being mineral dust and black rubber dust<br>• partnered with the Gladstone Air Quality Community Group (GAQCG) to empower the community to access and understand information available in their local community. | • *no further action required.* |

*Note: The Queensland Government response to CWP Select Committee Report No. 4 noted that this recommendation would be addressed through a review of the planning framework, within the responsibility of the Minister for State Development, Manufacturing, Infrastructure and Planning. Therefore, QAO assessed action taken by the Department of State Development, Manufacturing, Infrastructure and Planning (DSDMIP).

*Source: Queensland Audit Office.*