

16 Recommendations progress summary as at 7 December 2023 as reported to MSAC

The Mine Safety Advisory Council (MSAC) Independent Review of the NSW Coal Industry Health Surveillance Scheme (the Review) found that Coal Services Health (CS Health) has a robust system for medical health surveillance of coal mine workers in NSW, noting that considerable improvements have been made to the scheme since the re-identification of black lung disease in Australia in 2015.

The report outlined 16 recommendations to consider to further strengthen the health surveillance of coal mine workers and to provide enhanced health protection for workers. These recommendations were unanimously accepted by MSAC, with Coal Services, through CS Health, being tasked with the implementation of the recommendations.

CS Health have completed key pieces of work and will continue to monitor their effectiveness through the Coal Services Internal Audit team. A working group has been established to further consult with industry stakeholders on changes to clinical guidelines, following concerns from industry on the implementation of recommendations 2 and 14. The working group is undertaking an independent impact analysis and collaborating on how the recommendations can be implemented.

A review of Coal Services Health Order 43 under the *Coal Industry Act 2001* (NSW) has recommenced, with this process is running concurrently with the implementation of the Review recommendations, as these recommendations are helping inform the new Order. A key outcome from the Order 43 ideation sessions with industry was the need to have a health standard for the NSW coal industry. The development of a health standard supports several of the Review recommendations and will be progressed through Coal Services Standing Health Committee as a key priority.

	Recommendation summary	Status	Comments
Recommendation 1	The medical assessment forms should be modified to better document the work history.	Completed*	CS Health will continue to monitor effectiveness.
Recommendation 2	Develop clear formal guidelines for the management of abnormal findings on spirometry and chest x-rays, or workers with significant symptoms.	In progress (50%)	MSAC Review Working Group undertaking an impact analysis to inform implementation.
Recommendation 3	All cases of CMDLD, including emphysema and chronic bronchitis, should be made reportable to the relevant regulatory bodies.	In progress (50%)	CS Health developing reporting for NSW Resources Regulator.
Recommendation 4	Record occupational exposure data in a more detailed and structured format, with data including years of coal mine employment, work setting, and other exposures.	Completed*	CS Health will continue to monitor effectiveness.
Recommendation 5	All chest x-rays taken are classified by certified B Readers.	In progress (95%)	To be clarified in the revised Order 43.
Recommendation 6	Two certified B Readers perform chest x-ray classifications.	In progress (50%)	MSAC Review Working Group to consider recommendation and other new technology protocols.
Recommendation 7	Standardise chest imaging procedures across CS Health and External Doctor Network.	In progress (95%)	To be clarified in the revised Order 43.
Recommendation 8	Expand and standardise data collection to include important variables from spirometry that would permit epidemiologic analysis of data, and early detection of CMDLD.	Completed*	CS Health will continue to monitor effectiveness.
Recommendation 9	An external review of cases in which the FEV1 was less than 70% predicted.	In progress (15%)	An external review is being undertaken.
Recommendation 10	Educate respiratory physicians on disease associated with coal mine dust exposure.	In progress (15%)	Educational opportunities are being explored.
Recommendation 11	An external review of cases referred for respiratory physician evaluation.	In progress (15%)	An external review is being undertaken.
Recommendation 12	Consider utilisation of a multidisciplinary team (MDT), to resolve cases with discordant interpretations of chest imaging and opinions regarding causation.	In progress (85%)	An external MDT is being trialled.
Recommendation 13	CS Health should have access to all records and studies resulting from investigations initiated by CS Health to the extent permissible by law.	In progress (25%)	Consent forms to be updated with legal requirements for the sharing of information collected by specialists.
Recommendation 14	Establish formal criteria to return workers with CMDLD or other non-occupational lung diseases to work, or removal from exposure for those with more advanced disease.	In progress (50%)	MSAC Review Working Group completing impact analysis and collaborating on implementation.
Recommendation 15	Ensure a firewall within Coal Services between those responsible for determining disability and impairment, and those responsible for workers compensation claims.	Not applicable	Already in place.
Recommendation 16	Procedures to follow up on abnormal findings should be reviewed and updated.	Completed	CS Health will continue to monitor effectiveness.