

## MSAC Review Progress Summary: May 2024

CS Health have continued to progress the implementation of MSAC Review recommendations. Their effectiveness is monitored through the Coal Services Internal Audit team and the Coal Services Clinical Governance Committee. An independent impact analysis detailed significant impacts on workforce, with the adoption of low inhalable mine dust (IMD) thresholds. As such, a transitional IMD threshold has been proposed, whilst further research in NSW is undertaken. A communication plan has been developed to support upcoming changes around respiratory surveillance and worker management and will be shared in upcoming Industry Forums planned for June and July 2024.

Recommendation Summary		Status	Comments
<b>Recommendation 1</b>	The medical assessment forms should be modified to better document the work history.	Completed *	CS Health will continue to monitor effectiveness.
<b>Recommendation 2</b>	Develop clear formal guidelines for the management of abnormal findings on spirometry and chest x-rays, or workers with significant symptoms.	Completed	Guidelines form part of Respiratory Health Standard.
<b>Recommendation 3</b>	All cases of CMDLD, including emphysema and chronic bronchitis, should be made reportable to the relevant regulatory bodies.	In progress (75%)	Report in draft, being reviewed.
<b>Recommendation 4</b>	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.
<b>Recommendation 5</b>	All chest x-rays taken are classified by certified B Readers.	Completed ^	To be clarified in the revised Order 43.
<b>Recommendation 6</b>	Two certified B Readers perform chest x-ray classifications.	Completed ^	To be clarified in the revised Order 43.
<b>Recommendation 7</b>	Standardise chest imaging procedures across CS Health and External Doctor Network.	Completed ^	To be clarified in the revised Order 43.
<b>Recommendation 8</b>	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.
<b>Recommendation 9</b>	An external review of cases in which the FEV1 was less than 70% predicted.	In progress (75 %)	An external review is being undertaken.
<b>Recommendation 10</b>	Educate respiratory physicians on disease associated with coal mine dust exposure.	Completed	Educational material to be developed October 2024 conference.
<b>Recommendation 11</b>	An external review of cases referred for respiratory physician evaluation.	In progress (75%)	An external review is being undertaken.
<b>Recommendation 12</b>	Consider utilisation of a multidisciplinary team (MDT), to resolve cases with discordant interpretations of chest imaging and opinions regarding causation.	Completed	External MDT arrangements set up.
<b>Recommendation 13</b>	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 (75%)	Consent forms being review by industry stakeholders.
<b>Recommendation 14</b>	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 (95%)	Formal criteria forms part of Respiratory Health Standard. Stakeholder endorsement currently being undertaken.
<b>Recommendation 15</b>	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.
<b>Recommendation 16</b>	Procedures to follow up on abnormal findings should be reviewed and updated.	Completed	CS Health will continue to monitor effectiveness.

^ Completed and awaiting revised Order 43 legislation. Expected revised Order January 2025

\*An integrated medical system forms part of the Coal Services IT Roadmap and has been prioritised for completion to support CS Health, workers, employers and external providers to access and manage health information.