

E. Government response to original reviews and reported status

Monash review recommendations

The table below details the government's response to the recommendations, the reported status of recommendation implementation, and our assessment of implementation for each recommendation from the Monash review.

Figure E1
Government response and status of Monash review

Monash review recommendations			
Recommendation	Government response	Government reported status	QAO assessment
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.	The Queensland Government supports all 18 recommendations of the Monash review. <i>Queensland Government response tabled 8 September 2017</i>	The Queensland Government has fully implemented all recommendations.	Fully implemented
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.			Fully implemented
Recommendation 3: DNRM should require the reporting of detected cases of CWP and other CMDLDs in current and former coal miners identified by the scheme.			Fully implemented

Monash review recommendations			
Recommendation	Government response	Government reported status	QAO assessment
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.			Fully implemented
Recommendation 5: The form should include a comprehensive respiratory medical history and respiratory symptom questionnaire.			Partially implemented
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.			Fully implemented
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.			Fully implemented
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.			Partially implemented
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.			Fully implemented
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.			Fully implemented



Monash review recommendations			
Recommendation	Government response	Government reported status	QAO assessment
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.			Partially implemented
Recommendation 12: Spirometry should be conducted by appropriately trained staff and performed and interpreted according to current ATS/ERS standards.			Fully implemented
Recommendation 13: DNRM 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.			Partially implemented
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 DNRM database on entry into the industry for the purposes of ongoing medical surveillance.			Partially implemented
Recommendation 15: DNRM 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.			Partially implemented
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.			Fully implemented



Monash review recommendations			
Recommendation	Government response	Government reported status	QAO assessment
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.			Fully implemented
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.			Fully implemented

Source: Queensland Audit Office.



Coal Workers' Pneumoconiosis Select Committee Report No. 2 recommendations

The table below details the government's response to the recommendations, the reported status of recommendation implementation, and our assessment of implementation for each recommendation from the Coal Workers' Pneumoconiosis (CWP) Select Committee Report No. 2.

Figure 6
Government response and status of CWP Select Committee Report No. 2 recommendations

CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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 <i>Crime and Corruption Act 2001</i> and a 'public authority' for the purposes of the <i>Right to Information Act 2009</i> .	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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: <ul style="list-style-type: none"> • coal mine operators • metalliferous mine operators • unions • resources transportation and ports, and • persons independent of the mining industry (including resources transportation and ports). 	Supported in principle - subject to further independent advice <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
Recommendation 7: The Mines Inspectorate, currently within DNRM should be administratively relocated within the Mine Safety and Health Authority, ensuring statutory and administrative independence from DNRM.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
<p>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.</p>	<p>Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Partially implemented</p>
<p>Recommendation 11: The Mine Safety and Health Authority, including the Coal Workers' Health Scheme, should be supported by an expert Medical Advisory Panel (as per recommendation 17 of the 2002 review of the Health Surveillance Unit) of suitably experienced and qualified medical specialists and internationally recognised experts, including at least two respiratory physicians (one of whom has internationally recognised experience and expertise in the prevention, identification, and treatment of CWP) and at least one specialist in occupational medicine.</p>	<p>Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Partially implemented</p>
<p>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.</p>	<p>Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
Recommendation 16: The safety and health fee currently provided for by part 2A of chapter 2 of the <i>Coal Mining Safety and Health Regulation 2001</i> should be abolished.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
<p>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.</p> <p>The dedicated proportion of the royalties should be fixed by regulation and reviewed periodically by the parliamentary committee responsible for the Mine Safety and Health Authority.</p>	<p>Supported in principle - subject to further independent advice</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>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.</p>	<p>Supported in principle - further consultation required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>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—</p> <ul style="list-style-type: none"> • for coal dust – 1.5mg/ m³ air, and • for silica – 0.05mg/m³ air. <p>Section 89 of the <i>Coal Mining Safety and Health Regulation 2001</i> should immediately be amended to give effect to this recommendation.</p> <p>Consideration should then be given to relocating the OEL provisions within the <i>Coal Mining Safety and Health Act 1999</i>.</p>	<p>Supported in principle - consultation with CSMHAC and/or MSHAC required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Not Actioned / Implemented - awaiting Safe Work Australia review of airborne contaminants</p> <p><i>DNRME progress tracker provided to QAO in March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
<p>Recommendation 20:</p> <p>a) An underground mine operator should be required to submit to the Authority a dust abatement plan and ventilation plan for approval by the Commissioner for Mine Safety and Health before any underground coal mining operations are commenced; and again, with appropriate amendment as necessary, before mining operations are commenced on any new longwall block.</p> <p>b) An above-ground (surface) mine operator should be required to submit to the Authority a dust abatement plan for approval by the Commissioner for Mine Safety and Health before any mining operations are commenced.</p> <p>c) The Commissioner for Mine Safety and Health should take into account the mine operator's compliance history and record of respirable dust monitoring results in deciding whether to approve, reject, or require amendments to the dust abatement and/or ventilation plans.</p>	<p>Supported in principle - consultation with CMSHAC required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>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.</p>	<p>Supported in principle - consultation with CMSHAC required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>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.</p> <p>The Commissioner should give special attention to the investigation of any complaints of such conduct and consider prosecuting offences of this nature if there is sufficient evidence and it is in the public interest to do so.</p>	<p>Supported</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Fully implemented</p>



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
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.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
Recommendation 27: The definition of ‘further sample’ in section 89A(5) of the <i>Coal Mining Safety and Health Regulation 2001</i> 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.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation accepted



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
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.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
Recommendation 30: The Mines Inspectorate should increase the proportion of unannounced inspections to a rate of at least 50 per cent of total inspections.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
Recommendation 31: Section 119(1)(b) of the <i>Coal Mining Safety and Health Act 1999</i> and section 116 of the <i>Mining and Quarrying Safety and Health Act 1999</i> should be amended to remove the requirement for industry safety and health representatives to give 'reasonable notice' to the mine operator before the power to enter a mine site is exercised.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
<p>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.</p> <p>Regulation should prohibit a person from being appointed to a statutory role at a mine (e.g. SSE, Underground Mine Manager, OCE) within six months of the person having conducted inspection activities as an inspector at that mine.</p>	<p>Supported in principle - further consultation required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>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.</p>	<p>Supported in principle - further investigation required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Fully implemented</p>
<p>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.</p>	<p>Supported in principle - further consultation required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>Recommendation 35: A comprehensive database of dust monitoring results should be established and maintained by the Mine Safety and Health Authority.</p>	<p>Supported</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Fully implemented</p>



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
<p>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. The committee should be chaired by the Commissioner of Mine Safety and Health or a delegate, and include representatives of underground mine operators; above-ground coal mine operators; metalliferous mine operators; coal ports; unions; and persons independent of the current mining industry.</p>	<p>Supported <i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>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.</p>	<p>Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>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.</p>	<p>Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Not implemented – recommendation not accepted</p>
<p>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.</p>	<p>Supported <i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Partially implemented</p>
<p>Recommendation 40: The Public Service Commissioner should review the process adopted by DNRM for the appointment of the current 'Occupational Physician' and consider whether there was any breach of the <i>Public Service Act 2008</i> or other statutory instrument.</p>	<p>Actioned <i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Fully implemented</p>



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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'.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
Recommendation 45: All underground coal mine workers should be required to undertake a health assessment every three years.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted

CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
Recommendation 46: All other coal workers should be required to undertake a health assessment at least every six years.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Partially implemented
Recommendation 49: The cost of health assessments undertaken at the Coal Workers' Health Mobile Units should be met by the Coal Workers' Health Scheme.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
Recommendation 51: 'Nominated Medical Advisors' should be renamed and redefined as 'Approved Medical Advisors'.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
Recommendation 52: Approved Medical Advisors should be approved as such by the Commissioner for Mine Safety and Health.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
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)'.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
Recommendation 59: Cases of CWP/CMDLD identified or diagnosed by medical professionals should be compulsorily reported to the Chief Health Officer, Queensland, as a 'Notifiable Disease' under the <i>Public Health Act 2005</i> .	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
Recommendation 60: The legislative framework should require the Queensland Chief Health Officer to report to the Mine Safety and Health Authority and the parliamentary committee with responsibility for the Authority on an annual basis on Queensland Health's activities in relation to CMDLD, including CWP.	Supported <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
<p>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.</p>	<p>Supported in principle - further consultation required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Partially implemented</p>
<p>Recommendation 62: The <i>Workers' Compensation and Rehabilitation Act 2003</i> and <i>Workers' Compensation and Rehabilitation Regulation 2014</i> should be amended as necessary to provide for:</p> <p>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</p> <p>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</p> <p>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</p> <p>d) the alignment of the workers' compensation scheme with proposed new arrangements for the Coal Workers' Health Scheme.</p>	<p>Supported</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Partially implemented</p>
<p>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.</p>	<p>Supported in principle - further consultation required</p> <p><i>Queensland Government response tabled 8 September 2017</i></p>	<p>Actioned / Implemented</p> <p><i>DNRME progress tracker provided to QAO March 2019</i></p>	<p>Fully implemented</p>



CWP Select Committee Report No. 2			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented
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).	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
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.	Supported in principle - further consultation required <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Not implemented – recommendation not accepted
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 <i>Code of Practice for Public Service Employees Assisting or Appearing Before Parliamentary Committees</i> .	Actioned <i>Queensland Government response tabled 8 September 2017</i>	Actioned / Implemented <i>DNRME progress tracker provided to QAO March 2019</i>	Fully implemented

Source: Queensland Audit Office.



Coal Workers' Pneumoconiosis Select Committee Report No. 4 recommendations

The table below details the government's response to the recommendations, the reported status of recommendation implementation, and our assessment of implementation for each recommendation from the CWP Select Committee Report No. 4.

Figure 7
Government response and status of CWP Select Committee Report No. 4 recommendations

CWP Select Committee Report No. 4			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported <i>Queensland Government response tabled 9 March 2018</i>	Status not reported	Fully implemented
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 <i>Work Health and Safety Act 2011 (Qld)</i> .	Supported <i>Queensland Government response tabled 9 March 2018</i>	Status not reported	Fully implemented
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.	Supported <i>Queensland Government response tabled 9 March 2018</i>	Status not reported	Fully implemented
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.	Supported <i>Queensland Government response tabled 9 March 2018</i>	Status not reported	Fully implemented

CWP Select Committee Report No. 4			
Recommendation	Government response	Government reported status	QAO assessment
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.	Supported in-principle <i>Queensland Government response tabled 9 March 2018</i>	Status not reported	Partially implemented
Recommendation 5: The committee recommends that the Queensland Government consider: b) conducting a review of the positioning of environmental air quality monitoring stations across Queensland 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.	Supported in-principle <i>Queensland Government response tabled 9 March 2018</i>	Status not reported	Fully implemented

Source: Queensland Audit Office.

