

INQUIRY INTO 2018 REVIEW OF THE DUST DISEASES SCHEME

Organisation: The Thoracic Society of Australia and New Zealand

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To whom it may concern,

Re: 2018 review of the Dust Diseases Scheme

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure and relieve disability caused by lung disease. TSANZ is the only Peak Body in Australia that represents all health professionals working in all fields of respiratory health.

TSANZ has a membership base of approximately 1600 individual members from a wide range of health and research disciplines. TSANZ is a leading provider of evidence-based guidelines for the treatment of respiratory disease in Australia and New Zealand, undertakes a large amount of professional education and training, is responsible for significant research administration and coordinates an accredited respiratory laboratory program.

TSANZ is very concerned about the re-emergence of coal workers' pneumoconiosis and silicosis in Australia. The occurrence of new cases of pneumoconiosis in Australia in the 21st century is unacceptable. TSANZ members have previously given evidence to the Senate inquiry on coal workers' pneumoconiosis in Qld and to the NSW Review of the Dust Disease Scheme and predicted the current epidemic of silicosis in Qld although we are concerned that this is an Australia wide issue that has yet to be identified in other states. Pneumoconioses are preventable diseases and TSANZ supports the position of the World Health Organisation and the International Labor Organisation, aiming for worldwide elimination of pneumoconiosis by 2030.

In this submission we would like to flag the following items for your consideration:

1. TSANZ recommends a review of the Medical Assessment Panel processes to ensure that these are conducted by the most appropriately qualified and experienced medical practitioners, are consistent in their application of decisions and provide clear and transparent reporting to both the Dust Diseases Authority and to applicants.
2. TSANZ suggests a review of the last two years' medical assessment decisions, to check for consistency and conformity with current medical evidence. Regular audits of medical decision-making processes should be performed. Dedicated training and regular renewal of training in this area is required, to ensure optimal standards. All determinations should be made on the balance of probabilities, and not to a more exact standard. Medical decisions should always be independent.
3. Appointments to the Medical Assessment Panel should be made after wide advertisement and based on transparent, objective criteria. Demonstrated qualifications and training in occupational respiratory disease are essential. In line with the TSANZ's commitment to

diversity, we recommend the Panel should reflect the gender and ethnicity balance of the community.

4. The spectrum of diseases currently covered by Dust Diseases should be revised to ensure it conforms to international standards of attribution of causality in the field of occupational lung diseases.
5. Dust Diseases (iCare) should provide applicants with a detailed procedure outlining how causality is determined by the Medical Assessment Panel, and the applicable criteria for diagnosis.
6. TSANZ suggests that the current system for assessment of the level of disability should be reviewed. This is increasingly an issue with respect to accessing services through providers such as NDIS for applicants and should align with other disablement assessments.
7. We strongly suggest that all lung function testing is conducted by TSANZ accredited laboratory providers. This was a key recommendation in the Queensland review of Coal Worker's Pneumoconiosis. TSANZ is currently in the process of developing auditing capacity for spirometry only providers, as the evidence is clear from the Queensland experience that spirometry has not met uniform acceptable criteria in the context of occupational health screening.
8. We strongly urge that chest radiographs performed for surveillance purposes should be taken according to ILO recommendations and that these should be interpreted by radiologists who have completed accredited ILO training. Dual readings have been implemented in Qld, as well as quality control of radiographs, with the aim of assisting in the standard of diagnosis.
9. We strongly support the development of a National Registry for Occupational Lung diseases and suggest that the NSW Government should consider future support of an evidence-based national health surveillance program for workers exposed to dusts, fumes and vapours. Currently, iCare does not have any responsibility towards prevention, but we suggest that this should be changed. Better co-interaction between SafeWork, iCare and clinicians could assist greatly in improving preventative strategies.
10. Finally, TSANZ would like to commend the work of the NSW Silicosis Taskforce and strongly advocate for the mandatory limit for silica dust exposure be reduced to $0.025\text{mg}/\text{m}^3$

Thank you for the opportunity to make a submission to this inquiry. If further information is required, please do not hesitate to contact TSANZ on +61 9222 6200 or via TSANZOffice@thoracic.org.au.

Yours sincerely,

Prof Allan R Glanville MBBS, MD, FRACP

President