



Australian Government

Department of Health,  
Disability and Ageing



Interim  
Australian  
Centre for  
Disease  
Control

# National Occupational Respiratory Disease Registry 12-month review

## Consultation paper

September 2025

# Contents

Contents.....	2
Consultation Process .....	3
Request for feedback and comments.....	3
The National Occupational Respiratory Disease Registry.....	4
Background .....	4
Work of the National Dust Disease Taskforce .....	4
Establishment of a National Registry .....	5
Notifications to the National Registry .....	6
A review of the National Registry.....	9
Privacy implications .....	10
Data quality and use .....	12
Data quality .....	12
Data use.....	12
Physician engagement, awareness and experience using the online portal .....	13
Information captured and shared by the National Registry .....	14
Prescribed diseases .....	14
Information included in a notification .....	14
Scope of potential expansion of the prescribed diseases.....	15
Operational governance.....	16
Next Steps:.....	17
All questions.....	18
Attachment A: Purposes under the <i>NORDR Act</i> .....	20

# Consultation Process

## Request for feedback and comments

The purpose of this consultation paper is to seek stakeholder input on issues relevant to the operation of the National Occupational Respiratory Disease Registry (National Registry). Interested parties are invited to provide responses against the terms of reference and we particularly welcome feedback against the consultation questions outlined in this paper.

Interested stakeholders are invited to comment on the issues raised in this paper by 31 October 2025.

Submissions may be lodged electronically or by post, however electronic lodgement is preferred via email to [Dust@health.gov.au](mailto:Dust@health.gov.au). For accessibility reasons, please submit response via email in a Word, RTF or PDF format.

Submissions will be shared with other Commonwealth agencies where necessary for the purpose of this review. All information (including names) contained in submissions may be made publicly available on the Department of Health, Disability and Ageing's website unless you indicate that you would like all or part of your submission to remain in confidence.

If you would like only part of your submission to remain confidential, please provide this information clearly marked as such in a separate attachment. Legal requirements, such as those imposed by the *Freedom of Information Act 1982*, may affect the confidentiality of your submission.

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# The National Occupational Respiratory Disease Registry

The National Occupational Respiratory Disease Registry (National Registry) collects data on occupational respiratory diseases to help reduce, eliminate, and improve our understanding of preventable workplace illnesses like silicosis. The National Registry was established in May 2024. Following 12 months of operation, there is opportunity to consider the extent to which the National Registry is achieving its intended objectives.

## Background

In recent years, there has been a major re-emergence of silicosis in Australia associated with the engineered stone benchtop industry. Engineered stone grew in popularity over the last two decades to become the dominant product in the kitchen and bathroom benchtop market, with an estimated 2-3 million Australian homes containing engineered stone.

## Work of the National Dust Disease Taskforce

The rapid re-emergence of silicosis in the last decade raised concerns about the adequacy of, and compliance with, existing work health and safety arrangements for people working in dust generating industries. This prompted a whole of government response to prevent, identify and manage occupational dust diseases in Australia.

On 26 July 2019, the Commonwealth Government announced the establishment of a National Dust Disease Taskforce (Taskforce) to consider a national approach to the prevention, early identification, control and management of occupational dust diseases in Australia. The work of the Taskforce was in addition to action commenced by Commonwealth, State and Territory work health and safety regulators.

The Taskforce's final report (June 2021) sets out a comprehensive program of work designed to fundamentally address the risks facing workers in industries that generate hazardous dust such as silica, with an immediate focus on the engineered stone industry. A key component of this program of work was the establishment of a national registry.

**While the Taskforce set out a comprehensive program of work to better protect workers, it noted Australian Governments would need to consider the extent to which the remaining risk posed by engineered stone could be adequately addressed.**

**On 1 July 2024, the use, supply, and manufacture of engineered stone benchtops, panels and slabs was banned across Australia. A prohibition on the import of engineered stone benchtops, panels and slabs commenced on 1 January 2025.**

## Establishment of a National Registry

The National Registry was established by the National Occupational Respiratory Disease Registry Act 2023 (the Act).

The Act indicates the purposes of the National Registry are to facilitate the following:

- (a) collecting, storing, analysing and publishing information relating to the diagnosis and progression of occupational respiratory diseases in Australia
- (b) collecting, analysing and publishing statistics in relation to occupational respiratory diseases in Australia
- (c) providing statistics in relation to occupational respiratory diseases in Australia to States and Territories and to prescribed medical practitioners
- (d) for the benefit of the nation:
  - monitoring the incidence of occupational respiratory diseases in Australia; and
  - taking preventative action
- (e) supporting the identification of industries, occupations, job tasks and workplaces where there is a risk of exposure to respiratory disease-causing agents:
  - to enable the application of timely and targeted interventions and prevention activities to reduce further worker exposure and disease; and
  - to assist with compliance and enforcement activities in relation to occupational health and safety matters
- (f) providing prescribed medical practitioners with access to information about individuals for the purposes of providing healthcare
- (g) monitoring the quality and effectiveness of policy and regulatory arrangements in relation to occupational respiratory diseases to inform and enhance policy development, programs and decision-making relating to the prevention of occupational respiratory diseases
- (h) planning, delivering and promoting healthcare and associated services in relation to occupational respiratory diseases
- (i) identifying individuals for inclusion in clinical trials or observational studies in relation to occupational respiratory diseases
- (j) research.

Under the Act, prescribed medical practitioners must notify the National Registry when they diagnose a patient with a prescribed occupational respiratory disease after the commencement date. Notifications must be made within 30 days of diagnosis.

Prescribed occupational respiratory diseases and prescribed medical practitioners are defined in the National Occupational Respiratory Disease Registry Rules 2024. These definitions have remained unchanged from the commencement of the National Registry on 22 May 2024.

A prescribed medical practitioner is a medical practitioner registered under the Health Practitioner Regulation National Law in the specialities of:

- occupational and environmental medicine
- respiratory and sleep medicine.

Silicosis is currently the only nationally prescribed occupational respiratory disease.

The *National Occupational Respiratory Disease Registry Determination 2024* defines what information can be collected in the National Registry.

Consistent with the Act, information from each notification is made available to states and territories. Details of the patient, the disease and the relevant exposure history for notifications are made available to a state or territory if the individual is living in the state or territory, was exposed in the state or territory or was diagnosed in the state or territory.

The Act also requires a report to be published each year covering notifications made to the National Registry in the 12 months prior to 30 June. These reports must include:

- the number of notifications of each prescribed occupational respiratory disease
- the number of notifications of each non prescribed occupational respiratory disease
- aggregate information and statistics about the occupation, main job task, industry and state of residence of diagnosed individuals at the time they were exposed to respiratory disease-causing agents.

## Notifications to the National Registry

From its commencement on 22 May 2024, prescribed medical practitioners have been required to notify the National Registry via an online portal when they diagnose a patient with silicosis.

For each notification, the physician is required to provide a minimum set of information which includes details about the patient, the occupational respiratory disease they have been diagnosed with, and their exposure history. A physician may also provide further additional information including demographic and lifestyle information and medical tests if the patient consents. A detailed overview of the notification process is provided in *National Occupational Respiratory Disease notification process – July 2025*.

A physician may also provide similar information for any other occupational respiratory disease where they have patient consent.

**As at 30 June 2025, 97 new cases of silicosis and 24 cases of other occupational respiratory diseases were notified to the National Registry.**

**Table 1: Notifications of occupational respiratory diseases by State or territory of main exposure to 30 June 2025.**

State or territory	Silicosis	Other occupational respiratory diseases
New South Wales	54	5
Victoria	16	<5
Queensland	5	12
South Australia	11	<5
Western Australia	7	<5
Australian Capital Territory	<5	<5
Northern Territory	<5	0
Tasmania	<5	0

**Table 2: Notifications of occupational respiratory disease by industry of main exposure to 30 June 2025.**

Industry of main exposure (ANZSIC)	Silicosis	Other occupational respiratory diseases
<b>Manufacturing</b>	<b>43</b>	<b>&lt;5</b>
Engineered stone products	28	<5
Natural stone products	10	<5
<b>Construction</b>	<b>36</b>	<b>7</b>
Concrete, masonry or stone work	23	<5
Site preparation, excavation or demolition work	5	<5
Civil projects	5	<5
<b>Mining</b>	<b>&lt;5</b>	<b>6</b>

**Table 3: Notifications of occupational respiratory disease by occupation of main exposure to 30 June 2025.**

Occupation of main exposure (ANZSCO)	Silicosis	Other occupational respiratory diseases
<b>Technicians and Trades Workers</b>	<b>42</b>	<b>11</b>
Stonemason	37	<5
<b>Machinery Operators and Drivers</b>	<b>34</b>	<b>&lt;5</b>
Stone benchtop manufacturer/fabricator	9	<5
<b>Labourers</b>	<b>6</b>	<b>&lt;5</b>

**Table 4: Notifications of occupational respiratory disease by job task of main exposure to 30 June 2025.**

Main job task	Silicosis	Other occupational respiratory diseases
Cutting/Shaping/Sawing	46	<5
Excavating/drilling/earth moving	15	<5
Not stated	14	5
Installing	5	<5



# A review of the National Registry

When the legislation was passed, the Australian Government announced it would review the National Registry after 12 months of operation. This review will include, at a minimum, an assessment of the Registry's privacy implications, in line with the recommendation from the Parliamentary Joint Committee on Human Rights that such a review be conducted for this purpose.

Throughout the development and implementation of the National Registry, health and work health and safety stakeholders have demonstrated significant interest in its design and function, and have provided input on opportunities to enhance its effectiveness and operation. Stakeholder views on the scope of a potential review were formally sought in mid-2025.

## Scope of the review of the National Occupational Respiratory Disease Registry

The review will consider how effective the National Registry has been in meeting its stated objectives and identify opportunities which will improve the impact of the National Registry, the level of physician engagement and the quality of data collected and disclosed.

The review will examine and make recommendations on:

- The privacy implications of the National Registry.
- Whether the National Registry is fulfilling its purposes as legislated in the *National Occupational Respiratory Disease Registry Act 2023*, with a focus on:
  - Data governance, quality and use
  - Physician engagement, awareness and experience using the online portal
  - The framework which oversees the operation of the National Registry
- Whether the information captured and shared by the National Registry, as prescribed in the Rules and Determination, remains appropriate. This includes but is not limited to:
  - Diseases which require notification
  - Information which is required to, or may, be notified.

The scope is proposed to guide the review of the National Registry.

### Questions

1. The department invites comments on whether the National Registry is fulfilling its objective and purposes. This includes comments at the broader level as well as against specific purposes; any practical, legal, or administrative barriers to this being achieved; as well as opportunities to improve the extent to which a purpose could be more effectively met.
2. The department invites comments on the how the operation of the National Registry aligns with broader initiatives relating to national occupational health, worker compensation and disease prevention.

## Privacy implications

The National Registry collects information on individuals who are diagnosed with an occupational respiratory disease and shares this information identified organisations.

Data in the National Registry may be disclosed for specific purposes in accordance with the Act, the *Privacy Act 1988* and Australian Privacy Principles. The purposes include:

- **Supporting Clinical Care and Notification**  
Physicians are provided access to data that assists in delivering healthcare to individuals and fulfilling notification requirements to the National Registry. They can view information about individuals they have diagnosed and notified, as well as those who they are treating (with patient consent). Aggregated national-level data is also available to inform broader clinical insights.
- **Enabling Public Health and Safety Interventions**  
State and territory health departments and work health and safety agencies receive data to inform targeted interventions aimed at reducing further worker exposure. This data also supports their understanding of the prevalence of occupational respiratory diseases within their jurisdictions. These agencies have access to personal information for individuals who reside in, were exposed in, or were diagnosed within their respective jurisdictions. Aggregated national-level data is also provided.
- **Supporting Commonwealth Functions**  
Data may be shared with prescribed Commonwealth authorities to enable them to carry out their statutory functions or exercise relevant powers. The Australian Bureau of Statistics and the Australian Institute of Health and Welfare are the prescribed authorities under current arrangements.
- **Facilitating Research**  
Data may also be provided to support research into occupational respiratory diseases, including investigations into their causes, incidence, prevalence, characteristics, extent, and trends. Importantly, the department must obtain patient consent before releasing personal information or contact details for research purposes.

The department uses this legislation and the Five Safes Framework to assess requests for access to National Registry data.



In considering the legislation which established the National Registry, the Parliamentary Joint Committee on Human Rights<sup>1</sup> noted aspects which it considered may engage with and limit the right to privacy. This included:

- why information which identifies a person is necessary to be provided to the register for it to achieve its stated objective
- why there was not a mechanism by which the patient (or their relevant physician) may request they not be required to provide all or some information to the National Registry.

### Questions

3. The department invites comment on the privacy implications of the National Registry. This includes comments on the mandatory collection and sharing of identifiable information relating to individuals with silicosis.

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<sup>1</sup> See Parliamentary Joint Committee on Human Rights, *Report 9 of 2023* (6 September 2023) pp 154-169

# Data quality and use

## Data quality

Since commencing operation on 22 May 2024, the National Registry has received notifications of both prescribed and non-prescribed occupational respiratory diseases from a range of physicians across Australia. The notification of diseases which are not required under Act demonstrates the willingness of physicians and patients to support the operation of the National Registry.

Through preliminary consultation with key stakeholders, the department has identified that diagnoses of silicosis may be underreported to the National Registry in some states or territories. Voluntary reporting is low nationally, with just 30 voluntary disease notifications made between commencement of the registry and 30 June 2025.

An analysis of National Registry data has also identified ways disease notifications can be improved. Many of the mandatory fields set out a minimum notification, a medical practitioner may indicate 'unknown or not stated', recognising that the patient may be unable or unwilling to provide that information. In these fields:

- Approximately one quarter of notifications do not include country of birth or Indigenous status for the patient.
- Less than 30% of notifications do not include contact phone number, email address or physical address of the business at which they were exposed to a disease-causing agent.
- Only 30% of notifications included lung function tests.

Less than half of patients consented to providing demographic, lifestyle and other data which is collected through the additional notification information.

## Data use

Data can also be provided to researchers under the Act. Before providing access to data, the department is required to seek patient consent before providing their information or contact details for the purposes of research.

### Questions

4. The department invites comment on barriers that may be impacting the completeness, accuracy and usefulness of data reported to the National Registry.
5. The department invites comments on opportunities to improve how information from the National Registry is shared and used. This includes comments on how organisations are using National Registry data, including (but not limited to) investigation or action following notification of diagnoses.

## Physician engagement, awareness and experience using the online portal

Under the Act, physicians registered in the specialties of respiratory and sleep medicine and occupational and environmental medicine are required to notify all new diagnoses of prescribed occupational respiratory diseases to the National Registry. Notifications to the National Registry are made using an online portal. A detailed overview of the notification process is provided in *National Occupational Respiratory Disease notification process – July 2025*. Physicians can choose to nominate an agent to notify on their behalf, using the same online portal. State and territory health and work health and safety agency officers access relevant records from the National Registry using a separate online portal.

The department has provided resources for physicians, physician agents, agency officers and patients on the National Registry website. These resources include user guides, brochures, postcards and instructional videos. A helpdesk is also available between 9am and 5pm on weekdays to support National Registry users.

To promote physician engagement, the department distributes communication materials, including a quarterly newsletter, via the Thoracic Society of Australia and New Zealand, the Royal Australasian College of Physicians Australasian Faculty of Occupational and Environmental Medicine and the Australia and New Zealand Society of Occupational Medicine. The department also attends conferences and events held by these medical colleges.

Between commencement of the National Registry and 31 July 2025, 158 physicians had registered to access the online portal. However, there are approximately 1,200 physicians registered by the Australian Health Practitioner Regulatory Agency (AHPRA) in the specialties of respiratory and sleep medicine or occupational and environment medical in Australia. While not all prescribed medical practitioners will treat patients with occupational respiratory disease, it may be the case that some physicians remain unaware of their obligation to notify to the National Registry in accordance with the Act.

### Questions

6. The department invites comments on opportunities to improve process of notification to the National Registry. This includes comments on experiences with registering, notifying and viewing reports on the online National Registry physician portal.
7. The department invites comments on any potential barriers to registering and notification to the National Registry.
8. The department invites comments on potential mechanisms for improving physician engagement with, and understanding of, the National Registry. This includes comments addressing the efficiency of existing communication and promotional activities, the physician guidance and support materials as well as help desk access.

# Information captured and shared by the National Registry

## Prescribed diseases

Since the establishment of the National Registry, it has only been mandatory for physicians to notify the National Registry when diagnosing a patient with silicosis. Other diseases can be notified, but this depends on three factors: whether the physician is aware that notification is possible, whether they are willing to notify, and whether the patient gives consent.

By only requiring silicosis to be notified, the information the National Registry holds on other occupational disease has proven to be limited. Through the first 14 months of operation of the National Registry, physician reporting of other diseases is significantly lower than that for silicosis. Stakeholders note this impacts the ability of the National Registry to provide information on occupational respiratory diseases in Australia and detect new and emerging respiratory diagnoses.

The National Registry legislative framework provides for the potential expansion of the diseases requiring notification and sets out consultation obligations for the Government prior to progressing with any such change.

## Information included in a notification

Notifications to the National Registry capture information which is considered necessary to ensure the National Registry can achieve its purpose and the objectives of the Act.

For each notification, the physician or their agent, is required to provide a minimum set of information. This minimum notification information includes details about the patient, the occupational respiratory disease they have been diagnosed with, and their exposure history. Notification of this information is mandatory for a physician if they diagnose a new case of silicosis. This also forms the minimum information which must be provided for historical cases of silicosis and all other occupational respiratory disease where the patient has consented to notification to the National Registry.

Additional details such as demographic data, lifestyle factors, and results from medical tests may also be reported to the National Registry. This information is optional and requires patient consent, regardless of whether it relates to silicosis or another occupational respiratory disease.

The National Registry legislative framework provides for the Chief Medical Officer to determine what information is required or may be provided as part of a notification.

### Questions

9. The department invites comments on the list of prescribed occupational respiratory diseases (currently only silicosis) that must be notified to the National Registry. This includes the feasibility of collecting notifications for a disease.
10. The department invites comments on the information which is required and may be included in a notification to the National Registry.

## Scope of potential expansion of the prescribed diseases

The department acknowledges that expanding the list of prescribed diseases (i.e. those which physicians must notify) has been raised by stakeholders for some time, initially as part of the development of the National Registry and subsequently during its operation.

Some stakeholders have flagged expanding the National Registry to require notification of any respiratory disease that was caused or exacerbated, in whole or in part, by a person's occupation. Options to improve alignment with mandatory notification operation in New South Wales and Queensland have also been presented.

New South Wales Dust Disease Register	Queensland Health Notifiable Dust Lung Disease Register <sup>2</sup>
<p>The following diseases must be notified to the New South Wales Dust Disease Register:</p> <ul style="list-style-type: none"><li>• Silicosis</li><li>• Asbestosis</li><li>• Mesothelioma</li></ul> <p>Any medical practitioner may notify to the register.</p>	<p>In Queensland, physicians registered in the specialties of respiratory and sleep medicine and occupational and environmental medicine must notify certain diseases to the Queensland Health Notifiable Dust Lung Disease Register.</p> <p>The following diseases are notifiable when caused by occupational exposure to inorganic dust:</p> <ul style="list-style-type: none"><li>• Cancer</li><li>• Chronic obstructive pulmonary disease including chronic bronchitis and emphysema</li><li>• Pneumoconiosis including:<ul style="list-style-type: none"><li>○ asbestosis</li><li>○ coal workers' pneumoconiosis</li><li>○ mixed-dust pneumoconiosis</li><li>○ silicosis.</li></ul></li></ul>

The more limited models for expansion raised have flagged inclusion of asbestos and mesothelioma.

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<sup>2</sup> <https://www.qld.gov.au/health/staying-healthy/workplace/notifiable-dust-lung-diseases>

Should the scope of prescribed diseases be expanded, the Government would need to give consideration to whether the current limitation on who can notify the National Registry would be appropriate.

### Questions

11. The department invites comments on the expansion of prescribed disease to include:
  - a. asbestosis, mesothelioma
  - b. all diseases notifiable to the NSW Dust Disease Register
  - c. all diseases notifiable to the QLD Notifiable Dust Lung Disease Register
  - d. all non-communicable occupational respiratory diseases
  - e. other.
12. The department invites comments on the potential implications of reporting additional diseases. Input is encouraged from all affected parties, including patients and notifying physicians, among others.
13. The department invites comment on the current limitation on notifiers to the National Registry.

## Operational governance

The National Registry is operated by the Department of Health, Disability and Ageing with assistance from the National Registry Operator, a contracted service provider.

Policy functions in support of the National Registry sit within the Interim Australian Centre for Disease Control, which is focused on protecting Australia from public health threats and improving the health of all Australians.

During 2025, the department has established three advisory groups to assist with ongoing operation of the National Registry:

- The National Registry Operations Advisory Group

The purpose of the National Registry Operations Advisory Group is to:

- Review and provide feedback on the National Registry and the Physician Portal's features
- Provide advice on action that could be undertaken to improve the quality of the data collected through the Physician Portal
- Provide advice on the improvement of the National Registry, in line with emerging occupational respiratory disease diagnosis processes and practices
- Provide advice on action that could be taken to support better usage of data from the National Registry.



The National Registry Operations Advisory Group is composed of a chair from the department alongside eight individuals with expertise in one or more of the following fields:

- Respiratory and sleep medicine
- Occupational and environmental medicine
- Occupational hygiene
- Occupational epidemiology
- Disease registry operation.

- The State and Territory Advisory Network

The State and Territory Advisory Network provides for direct engagement between the department and jurisdictional health and work health and safety bodies. The network has a particular focus on how the information collected by the Registry can best support action by jurisdictions to address risk.

The State and Territory Advisory Network is composed of a chair from the department alongside a representative from any relevant state/territory government health or work health and safety agency.

- The Commonwealth and Related Agencies Group

The Commonwealth and Related Agencies Group identifies opportunities and pathways for the National Registry to better support the use and linkage of data and the understanding of disease at a national level.

The Commonwealth and Related Agencies Group membership includes a representative from:

- The Department of Health, Disability and Ageing (Chair)
- Safe Work Australia
- The Australian Institute of Health and Welfare
- The Australian Bureau of Statistics
- The Department of Employment and Workplace Relations
- The Asbestos and Silica Safety and Eradication Agency.

### Question

14. The department invites comments on governance and oversight of the National Registry.

## Next Steps:

Feedback is sought against the questions throughout the paper. Your feedback will assist in the development of potential options for improvements to the operation of the National Registry, which will be subject to further public consultation.

# All questions

Below is a list of all questions included in this discussion paper.

Please indicate which question(s) you are responding to in your submission.

You do not need to answer every question to make a submission.

1. The department invites comments on whether the National Registry is fulfilling its objective and purposes. This includes comments at the broader level as well as against specific purposes; any practical, legal, or administrative barriers to this being achieved; as well as opportunities to improve the extent to which a purpose could be more effectively met.
2. The department invites comments on the how the operation of the National Registry aligns with broader initiatives relating to national occupational health, worker compensation and disease prevention.

## *Privacy implications*

3. The department invites comment on the privacy implications of the National Registry. This includes comments on the mandatory collection and sharing of identifiable information relating to individuals with silicosis.

## *Data quality and use*

4. The department invites comment on barriers that may be impacting the completeness, accuracy and usefulness of data reported to the National Registry.
5. The department invites comments on opportunities to improve how information from the National Registry is shared and used. This includes comments on how organisations are using National Registry data, including (but not limited to) investigations or actions following notification of diagnoses.

## *Physician engagement, awareness and experience using the online portal*

6. The department invites comments on opportunities to improve process of notification to the National Registry. This includes comments on experiences with registering, notifying and viewing reports on the online National Registry physician portal.
7. The department invites comments on any potential barriers to registering and notification to the National Registry.
8. The department invites comments on potential mechanisms for improving physician engagement with, and understanding of, the National Registry. This includes comments addressing the efficiency of existing communication and promotional activities, the physician guidance and support materials as well as help desk access.

#### *Information captured and shared by the National Registry*

9. The department invites comments on the list of prescribed occupational respiratory diseases (currently only silicosis) that must be notified to the National Registry. This includes the feasibility of collecting notifications for a disease.
10. The department invites comments on the information which is required and may be included in a notification to the National Registry.

#### *Scope of potential expansion of the prescribed diseases*

11. The department invites comments on the expansion of prescribed disease to include:
  - a. asbestosis, mesothelioma
  - b. all diseases notifiable to the NSW Dust Disease Register
  - c. all diseases notifiable to the QLD Notifiable Dust Lung Disease Register
  - d. all non-communicable occupational respiratory diseases
  - e. other
12. The department invites comments on the potential implications of reporting additional diseases. Input is encouraged from all affected parties, including patients and notifying physicians, among others.
13. The department invites comment on the current limitation on notifiers to the National Registry.

#### *Operational Governance*

14. The department invites comments on governance and oversight of the National Registry.

# Attachment A: Purposes under the *NORDR Act*

Section 13 of the *National Occupational Respiratory Disease Registry Act 2023* defines the purposes of the National Registry. A copy of this section is provided in the dialogue box below.

## **13 Purposes of the National Registry**

- (1) The purposes of the National Registry are to facilitate the following:
  - a. collecting, storing, analysing and publishing by electronic means information relating to the diagnosis and progression of occupational respiratory diseases in Australia;
  - b. collecting, analysing and publishing statistics in relation to occupational respiratory diseases in Australia;
  - c. providing statistics in relation to occupational respiratory diseases in Australia to States and Territories and to prescribed medical practitioners;
  - d. for the benefit of the nation:
    - i. monitoring the incidence of occupational respiratory diseases in Australia; and
    - ii. taking preventative action;
  - e. any activities that are incidental to the above purposes.
- (2) The purposes of the National Registry also include to facilitate the following:
  - a. supporting the identification of industries, occupations, job tasks and workplaces where there is a risk of exposure to respiratory disease-causing agents:
    - i. to enable the application of timely and targeted interventions and prevention activities to reduce further worker exposure and disease; and
    - ii. to assist with compliance and enforcement activities in relation to occupational health and safety matters;
  - b. providing prescribed medical practitioners with access to information included in the National Registry in relation to an individual who has been diagnosed with an occupational respiratory disease for the purpose of providing healthcare to the individual in relation to the disease;
  - c. monitoring the quality and effectiveness of policy and regulatory arrangements in relation to occupational respiratory diseases to inform and enhance policy development, programs and decision-making relating to the prevention of occupational respiratory diseases;
  - d. planning, delivering and promoting healthcare and associated services in relation to occupational respiratory diseases;
  - e. identifying individuals for inclusion in clinical trials or observational studies in relation to occupational respiratory diseases;
  - f. research (as defined in section 8);
  - g. any activities that are incidental to the above purposes.