



## COVERSHEET

<b>Minister</b>	Hon Carmel Sepuloni	<b>Portfolio</b>	ACC
<b>Title of Cabinet paper</b>	Proposed Review Framework for Schedule 2, List of Occupational Diseases – Approval to Consult	<b>Date to be published</b>	14 April 2022

### List of documents that have been proactively released

<b>Date</b>	<b>Title</b>	<b>Author</b>
16 December 2021	2122-2181 Discussion Document on Proposed Review Framework for Schedule 2: List of Occupational Diseases	Ministry of Business, Innovation and Employment
2 March 2022	Cabinet Paper: Proposed Review Framework for Schedule 2, List of Occupational Diseases – Approval to Consult	Office of the Minister for ACC
2 March 2022	Cabinet Social Wellbeing Committee Minute of Decision [SWC-22-MIN-0023]	Cabinet Office

### Information redacted

### YES / NO

Any information redacted in this document is redacted in accordance with MBIE's policy on Proactive Release and is labelled with the reason for redaction. This may include information that would be redacted if this information was requested under the Official Information Act 1982. Where this is the case, the reasons for withholding information are listed below. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Some information has been withheld to protect confidential advice to Government and the privacy of natural persons.



## BRIEFING

### Discussion document on Proposed Review Framework for Schedule 2: List of Occupational Diseases

<b>Date:</b>	16 December 2021	<b>Priority:</b>	Low
<b>Security classification:</b>	In Confidence	<b>Tracking number:</b>	2122-2181

Action sought		
	Action sought	Deadline
Hon Carmel Sepuloni Minister for ACC	<p><b>Agree</b> to publish a discussion document on the proposed review framework for Schedule 2</p> <p><b>Provide</b> any comments on the attached draft Cabinet paper and discussion document</p> <p><b>Approve</b> the provisional lodgement date of the attached draft SWC Cabinet paper by 10am, 24 March 2022 for consideration at Cabinet Social Wellbeing Committee on 30 March 2022</p>	18 February 2022
	<p><b>Agree</b> for officials to discuss the proposed review framework with the New Zealand Professional Firefighters Union before seeking Cabinet approval to issue a discussion document</p>	7 February 2022

Contact for telephone discussion (if required)				
Name	Position	Telephone		1st contact
Hayden Fenwick	Manager, Accident Compensation Policy	Privacy of natural persons	[REDACTED]	✓
Kayleigh Wiltshire	Senior Policy Advisor, Accident Compensation Policy	Privacy of natural persons	[REDACTED]	

The following departments/agencies have been consulted
Accident Compensation Corporation, The Treasury, Ministry of Health, WorkSafe New Zealand

Minister's office to complete:

- |   |  |
|---|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Declined            |
| <input type="checkbox"/> Noted                | <input type="checkbox"/> Needs change        |
| <input type="checkbox"/> Seen                 | <input type="checkbox"/> Overtaken by Events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn           |

Comments



# BRIEFING

## Discussion document on Proposed Review Framework for Schedule 2: List of Occupational Diseases

<b>Date:</b>	16 December 2021	<b>Priority:</b>	Low
<b>Security classification:</b>	In Confidence	<b>Tracking number:</b>	2122-2181

### Purpose

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This briefing seeks:

- your agreement to publish a discussion document on a proposed review framework for Schedule 2
- subject to any comments on the attached Cabinet paper, your approval to lodge the paper by a provisional date of 10.00am on 24 March 2022, for consideration at the Cabinet Social Wellbeing Committee (SWC) meeting on 30 March 2022. The paper seeks Cabinet agreement to release a discussion document for public and stakeholder feedback on the proposed framework presented in this briefing.

### Executive summary

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One of your portfolio priorities under the 2020 Labour Party's Manifesto is to "consider the range of conditions ACC covers and take an evidence-based approach to updating the list of chronic illnesses caused through workplace exposure to harmful environments". The Prime Minister's Office has also indicated that this is a Government priority.

This briefing seeks your approval to issue a discussion document on a proposed evidence-based review framework for Schedule 2, the list of occupational diseases in the Accident Compensation Act 2001. This would deliver on the above Manifesto commitment. There is currently no review process for Schedule 2, and it was last updated in 2008 through an Order in Council.

We recommend that the proposed framework provides for periodic reviews and additions are made based on clinical evidence, public submissions and officials' comment. There is also an opportunity to consider how the diseases in Schedule 2 specifically impact different genders and population groups, including but not limited to, Māori and Pacific Peoples.

Subject to your agreement, the attached draft Cabinet Paper would seek Cabinet approval to launch a discussion document on the proposed review framework. This could be lodged for the SWC meeting on 30 March 2022.

### Recommended action

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The Ministry of Business, Innovation and Employment recommends that you:

- Note** that gradual process cover is provided either by satisfying section 30 or through cover due to the illness being included on the Schedule 2 list of occupational diseases.
- Note** that the 2020 Labour Party Manifesto included a commitment to take an evidence-based approach to updating the list of chronic illnesses (in Schedule 2) caused through workplace exposure to harmful environments.

*Noted*

*Noted*

c **Note** that there is no system of review in place for the list of diseases in Schedule 2.

*Noted*

d **Agree** to publish a discussion document on the proposed review framework for Schedule 2, for release in April 2022

*Agree / Disagree*

Next Steps

e **Agree** for MBIE officials to discuss the proposed review framework with the New Zealand Professional Firefighters Union to provide an opportunity for their feedback before seeking Cabinet approval to issue a discussion document

*Agree / Disagree*

f **Provide** any comments on the attached Cabinet paper seeking permission to issue a discussion document

*Provided*

**AND**

g **Approve** the lodgement of the attached Cabinet paper by a provisional date of 10.00am on 3 March 2022 for the Cabinet Social Wellbeing Committee (SWC) meeting on 30 March 2022

*Approved / Not Approved*



Hayden Fenwick  
**Manager, Accident Compensation Policy**  
Labour, Science and Enterprise, MBIE

16 / 12 / 2021

Hon Carmel Sepuloni  
**Minister for ACC**

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## Background

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1. The Accident Compensation Scheme (AC Scheme) provides cover for work-related gradual process diseases and infections, as the cover acknowledges that not all injuries have instant effects. Workers may have limited control over their work tasks or environments that cause disease, injury, or illness.
2. Cover for gradual process diseases and illnesses has been a fundamental component of historic workers compensation schemes in New Zealand and internationally, because the diseases and illnesses are caused directly by work. The International Labour Organization (ILO) has a list, established in 1934, of occupational diseases that was most recently updated in 2010.
3. This briefing sets out a proposed review framework for Schedule 2 which delivers on a 2020 Labour Party Manifesto commitment to “consider the range of conditions ACC covers and take an evidence-based approach to updating the list of chronic illnesses caused through workplace exposure to harmful environments”. Once a review is completed, Schedule 2 can be updated through an Order in Council.

### Schedule 2 is one of two routes to gradual process cover

4. There are two routes to cover for work-related gradual process injuries. One is through successful application of the three-step test provided by section 30 of the Accident Compensation Act 2001 (AC Act). Changes to the three-step test would not be included in the discussion document, as this will be amended through the 2021 Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Bill.
5. The second route is through an illness being included in the Schedule 2 list of occupational diseases. These are considered to be work-related if the person suffering the disease has been in employment in an occupation, industry, or process listed, or been in employment involving exposure to the agent or substance listed in Schedule 2 for a disease type.

### Five objectives for assessing a proposed review framework

6. In order to prepare options for consideration, officials determined five objectives to assess and select the proposed review framework. These are based on the fitness-for-purpose assessment and ratings for MBIE’s regulatory stewardship of ACC.
7. The objectives were also used (apart from ‘clinical knowledge’), to inform advice on options to amend the three-step test [BR:2193 19-20 refers]. As Schedule 2 is the other route for work-related gradual process injuries, we are using the same objectives for consistency across how changes to gradual process elements of the regulatory system are approached.
  - **Clinical knowledge:** how well Schedule 2 reflects current clinical knowledge.
  - **Clarity:** the review is easy to understand
  - **Transparency and consistency:** honesty and openness about what is involved in the review
  - **Balance of certainty and flexibility:** people can understand how the review works generally, without compromising the ability of the review to respond to developments in research
  - **How well the option maintains existing coverage:** does not narrow or expand the scope of ACC’s coverage

8. An assessment summarising how the proposed framework and alternative options performed against the objectives outlined above is attached in **Annex 1**.

### **Stakeholders are concerned that the current Schedule 2 impedes access for certain groups and individuals**

9. There are concerns by stakeholders like ACC Futures Coalition (ACC Futures) and New Zealand Professional Firefighters Union (NZPFU) about the incidence of cancer among firefighters, and their exposure to chemicals in the course of their work. All have advocated for official recognition of firefighters' occupational cancers in Schedule 2.
10. The NZPFU campaigned for legislative change to introduce presumptive occupational cancer cover for career firefighters with at least five years of service, who are diagnosed with a listed cancer. Similar forms of presumptive cover have been introduced in Australia and Canada.
11. While there are a number of studies linking firefighting with occupational cancer, the International Agency for Research on Cancer has found that there is limited evidence in humans for the carcinogenicity of occupational exposure as a firefighter. This wouldn't, at present, provide a sufficient basis for including firefighter carcinogenicity in Schedule 2.
12. Additionally, presumptive cover for an occupation group is outside the scope of the existing AC Scheme. To provide this form of cover for a specific occupation group and form of injury is difficult to align with the equitable basis of the AC Scheme, under which all claims are considered on their individual merit.
13. Confidential advice to Government  
[Redacted text]
14. The NZPFU have indicated to officials an interest in the Schedule 2 work following your meeting with them on 9 September 2021 where you discussed work-related gradual process cover provided under the AC Scheme. We think it would be beneficial to share the proposal of a review framework with them before the consultation is released to hear their views beforehand and to provide more time to clarify how this is separate to their request for presumptive cover for an occupation group.
15. ACC Futures also mentioned in your meeting on 24 March 2021 that they recommend reinstating the Ministerial Advisory Panel for Work-Related Gradual Process Diseases and Infections (the WRGPDI Panel) to review Schedule 2. We do not recommend this option for reasons set out below. Further evaluation of alternative options against the objectives is set out in **Annex 1**.

### **A review framework for the Schedule 2 List of Occupational Diseases**

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16. Schedule 2 is based on the International Labour Organization's List of Occupation Diseases ('ILO List'), which was created in 1964 and most recently updated in 2010. Schedule 2 was last updated in 2008, via the Injury Prevention, Rehabilitation, and Compensation (Occupational Diseases) Order 2007, and does not currently have a consistent, formalised framework for review.
17. The last review of New Zealand's Schedule 2 was completed by the WRPGDI Panel in 2006, which was established in 2003 under the *Injury, Prevention, Rehabilitation and Compensation Act 2001* (the IPRC Act). The IPRC Act is the former name for the AC Act

2001. Under the IPRC Act, the Minister was required to convene and chair an advisory panel. The WRGPDI Panel was required to provide advice on:

- any matter relating to WRGPDI
- whether Schedule 2 should be amended
- how ACC deals with gradual process claims for cover for WRGPDI
- the definition of a gradual process injury in section 30 of the AC Act.

18. The WRGPDI Panel consisted of union representatives, lawyers, occupational health providers and medical experts.<sup>1</sup> In 2006, the WRGPDI Panel provided advice on a revised Schedule 2 to the previous Minister for ACC, with the National Occupational Health and Safety Advisory Committee (NOHSAC)'s input. This resulted in the latest legislative amendments to Schedule 2 in 2008.
19. The statutory requirement to have the WRGPDI Panel was removed in 2010, as it had completed the tasks which it was established for and there were no foreseeable legislative amendments expected at the time. Although not the primary reason at the time, disestablishing the WRGPDI Panel had a cost saving of \$60,000 per year for ACC's Work Account.

### **We do not recommend reinstating the WRGPDI Panel to review Schedule 2**

20. A statutory panel would take longer to establish than a non-statutory option, due to the legislative process involved which would cause further delay to updating Schedule 2. This would not be a flexible process and Schedule 2 could continue to be outdated until, at the earliest, 2023.
21. An annual panel is not required, as it is not cost-efficient due to one year being too short a timeframe for scientific evidence to develop and change. This would be the least cost-efficient model, as the former panel cost \$60,000 per annum and resulted in one review of Schedule 2 between 2003 and 2006.
22. The Panel was not informed by an evidence-based framework relying on clinical advice, due to the Panel's broad remit and mixed membership across disciplines. A tripartite approach (between Government, unions and employers) to Schedule 2, which is part of ACC Futures' reasoning for wanting the WRGPDI Panel, can be included in a more efficient, evidence-based framework.

### **We recommend implementing a system of regular and consistent review**

23. A regular review for Schedule 2 would:
- keep Schedule 2 up-to-date with current medical and epidemiological evidence
  - stimulate the prevention of occupational diseases by facilitating a greater awareness of the risks involved in work
  - discourage the further use of harmful substances which contribute to gradual process injuries for workers.

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<sup>1</sup> Privacy of natural persons

*There are risks, which can be mitigated, in setting up a regular review...*

24. A regular review could prompt pressure from lobby groups to add or remove occupational diseases, without regard to the clinical evidence, and potentially broadening or narrowing the scope of cover under Schedule 2. This risk could be mitigated by having firm criteria around how to make changes to Schedule 2, including an analysis of options conducted independently of MBIE and ACC.
25. The introduction of the proposed review framework would have financial implications on ACC's Work Account, as there would be costs associated with involving clinical expertise in a review process. There would be separate process for implementing the outcome of a review, including assessing the financial implications. If you agree to the costs for a review framework, this does not include any costs that making changes to Schedule 2 (e.g. adding new diseases) could entail as these would be developed in a separate Cabinet process.
26. The previous review of Schedule 2 was funded from ACC's Work Account. ACC's Work Account is funded by levies on employers and self-employed individuals and covers work-related injuries. In the 2019/20 financial year, the Work Account totalled \$815 million.
27. New Zealand Government procurement does not include science-based research or consultant services in its All-Of-Government provider list. A 2019 MartinJenkins literature review of the ACC system, health and disability system and social welfare system cost \$15,594.40. This cost was for the time of two consultants to conduct research, analysis, reporting and system mapping for 3-4 weeks and could provide an indicative comparator if there was a literature review element of the review framework.
28. We expect that the analysis on Schedule 2 would be more complex and require more specialised knowledge. This would increase the associated costs. We can include final costs of the review process in the final policy recommendations brought to Cabinet, after the consultation has closed.
29. We have set out the recommended framework to include in a Discussion document in **Table 1** below. A summary of options and their evaluation against the decision criteria is set out in **Annex 1**.

**Table 1: Review Framework Overview**

<i>Description</i>	
1	Reviews are proposed to occur every 4 to 5 years.
2	Officials undertake an initial determination (engaging relevant agencies) and prepare materials explaining Schedule 2 and the work-related gradual process disease or infection section in the AC Act for the engagement of stakeholders and the public. This will enable informed submissions and properly shape stakeholders' engagement with the process.
3	Officials will begin engaging with key stakeholders one month ahead of opening the submissions process.
4	MBIE releases a consultation document on its website and requests submissions.
5	MBIE compiles the submissions for engagement with researchers. Researchers analyse and evaluate submissions against detailed technical criteria (Table 2 on page 8) to produce an independent report. Researchers would consider how to take a gender-sensitive approach and how Aotearoa New Zealand population groups are impacted by Schedule 2 illnesses.



6	Officials consider the independent report, as well as cost estimates and other policy considerations to inform recommendations to the Minister on proposed changes to Schedule 2.
7	Following the Minister's consideration and decision, we will seek Cabinet permission to consult on these proposals and if approved, consult with relevant stakeholders.
8	The Minister will bring the proposals to Cabinet and any changes to Schedule 2 will be taken to the Executive Council through an Order-in-Council process.

### **The review should occur every four to five years**

30. We recommend the acceptable maximum length of time between reviews should be four to five years. A review period should reflect a period of time in which science evolves and develops to an extent that evidence supports the introduction of new protections for workers.
31. A four-to-five-year review cycle is similar to the frequency of changes to the list of occupational diseases, up to 2008. The list was first introduced in the Accident Insurance Act 1998, then updated when the AC Act came into effect in 2001 to include a further six occupational diseases. The 2008 update then added a further 24 occupational diseases.
32. This maximum length of time would provide consistency to updating Schedule 2. A set period of review would not interfere with the ability to respond to unanticipated circumstances, where additions to Schedule 2 were necessary. Officials could conduct an initial determination of the necessity to review.

### **Officials could look at a number of considerations to determine potential additions**

33. Prior to undertaking a review, we recommend that officials make an initial determination of the necessity for a review. Officials could look at a number of considerations and engage with relevant agencies to consider factors, such as:
  - **Acceptance rate:** if a disease has a section 30 claim acceptance rate of 50% or higher, this could indicate a link between the disease or exposure, and a particular employment type.
  - **Evidence based research results:** literature reviews undertaken in the usual course of ACC clinical work could establish information around whether particular work tasks or environments place workers at a significantly greater risk of suffering work-related gradual process, disease, or infection.
  - **Medical knowledge:** advances in knowledge around occupational medicine could provide evidence to substantiate links between gradual process conditions and employment.
  - **International developments:** developments in research from the ILO or World Health Organisation could inform areas of interest.
34. If the initial determination produces any options of merit worth more consideration for inclusion on Schedule 2, then the technical criteria (listed in **Table 2**) could be applied to determine which should be included on a list of diseases for consultation.

### **Public consultation would be used to compile a list for researchers to analyse and add to**

35. Officials would then prepare materials explaining Schedule 2 and work-related gradual process disease or infection in the AC Act for the engagement of stakeholders and the public.

36. This would be open for submissions from the public, including key stakeholders, employers and unions. Submissions are expected to come from a variety of sources, which should ensure that Schedule 2 not only gets updated with gradual process submissions of concern to interested and informed stakeholders, but that it remains based on the most recent clinical evidence related to work-related diseases and infections.
37. When submissions close, officials would compile the submissions and engage with researchers based on their expertise in relevant areas of work-related gradual process injuries. In order that the clinical criteria are properly applied and considered, officials recommend that independent researchers with clinical expertise undertake the first stage analysis of clinical considerations. Where relevant, researchers could be permitted to supplement the submissions provided by officials and the public with any additional diseases that they consider appropriate for review based on modern and relevant clinical literature.
38. Officials propose that these researchers should be independent from MBIE and ACC. Independent research will assure stakeholders and the public of the openness and transparency of the process.

**Decision criteria should be used to provide an evidence-based approach to any additions**

39. We recommend that researchers analyse and evaluate submissions against the criteria set out in **Table 2**. These are informed by previous formulations of Schedule 2 reviews, and the Bradford-Hill criteria used by the ILO to review its list of occupational diseases.
40. The Bradford-Hill criteria were established in 1965 and became an internationally reputable system used to establish if there is strong evidence of a causal link between the occupational exposure and the disorder.<sup>2</sup>

**Table 2: Decision Criteria**

<b><i>Inclusionary Criteria – Bradford-Hill</i></b>
<b>Strength of association:</b> The greater the impact of an exposure on the occurrence or development of a disease, the stronger the likelihood of a causal relationship.
<b>Consistency or reproducibility:</b> Consistent findings observed by different persons in different places with different samples strengthen the likelihood of an effect.
<b>Specificity:</b> Causation is likely if there is a very specific population at a specific site and disease with no other likely explanation. The more specific an association between a factor and an effect is, the bigger the probability of a causal relationship.
<b>Temporality or time sequence:</b> The effect has to occur after the cause (and if there is an expected delay between the cause and expected effect, then the effect must occur after that delay).
<b>Biological gradient:</b> Greater exposure should generally lead to greater incidence of the effect. However, in some cases, the mere presence of the factor can trigger the effect. In other cases, an inverse proportion is observed: greater exposure leads to lower incidence.
<b>Biological plausibility:</b> From what is known of toxicology, chemistry, physical properties or other attributes of the studied risk or hazard, it makes biological sense to suggest that exposure leads to the disease.
<b>Coherence:</b> A general synthesis of all the evidence (e.g. human epidemiology and animal studies) leads to the conclusion that there is a cause-effect relationship in a broad sense and in terms of general common sense.
<b>Analogy:</b> The use of analogies or similarities between the observed association and any other associations.

<sup>2</sup> Austin Bradford-Hill, 'The Environment and Disease: Association or Causation?' in Proceedings of the Royal Society of Medicine, 58(5), 1965.

**Experimental evidence:** this can be considered if relevant.

### **Exclusionary Criteria**

Diseases will be excluded if evidence of the causal connection of the disorder to work is insufficient to allow a connection to work to be automatically accepted.

'Insufficient' here is not generally quantifiable. For each condition on Schedule 2, it would be based on an expert assessment of the evidence available and its quality.

Diseases will be excluded if the proportion of cases due to work is so low, that it is likely that, in any individual, even if they are a worker with relevant exposures, the disorder arose as a result of non-work exposure.

## **Researchers could consider taking a gender-sensitive approach in their analysis**

41. We recommend that researchers consider a gender-sensitive approach when reviewing options for Schedule 2 and how this approach operates is decided independently by the researchers. We would expect that the research they review (and/or any research they commission) aligns with the National Ethics Advisory Committee's *National Ethics Standards for Health and Disability Research and Quality Improvement*, published in 2019 ('the Ethics Standards').
42. Since Schedule 2 was last updated, the ILO recommended in 2013 that a gender-sensitive approach to occupational research should be taken as it is vital in ensuring the health and safety of men and women workers.<sup>3</sup> The approach recognises that, because of gender and sex (i.e. biological differences between males and females) factors, women and men are exposed to different occupational risks and may react differently to the same risks due to these factors.
43. Also, in 2004, a National Occupational Health and Safety Advisory Committee (NOHSAC) report on occupational disease and injury in New Zealand concluded that there was a lack of information on women in occupational research. They found that the vast majority of published research in New Zealand presented information only, or predominantly, on males<sup>4</sup>.
44. Overall, a gender-sensitive approach to reviewing the evidence to inform the inclusion of illnesses in Schedule 2 could result in an improved representation of gender differences in Schedule 2. This could inform future preventative action and awareness. It could also promote more gender-sensitive research in occupational diseases, addressing the lack of research in exposures and health effects in occupations dominated by women.

## **Researchers could also consider reviewing how occupational diseases impact population groups in New Zealand**

45. We also recommend that researchers consider reviewing how the illnesses in Schedule 2 impact different population groups in New Zealand. Researchers would make the decision independently on how to review the impact.
46. To date, we are unaware of research into how population groups in New Zealand are proportionately impacted by the illnesses in Schedule 2. From MBIE officials' initial review of Schedule 2, there is a high prevalence of illnesses which are linked to industries that are overrepresented by Māori workers (primary, manufacturing and construction). This aligns with a 2011 study that identified there are ethnic differences in occupational exposures in New Zealand between Māori and non-Māori, largely due to differences in occupational

<sup>3</sup> International Labour Organization, [10 Keys for Gender Sensitive OSH practice – Guidelines for Gender Mainstreaming in Occupational Safety and Health](#), 2013.

<sup>4</sup> NOHSAC, [The Burden of Occupational Disease and Injury in New Zealand: Technical Report](#), 2004.

distribution with Māori over-represented in manual (e.g. manufacturing and forestry) and elementary occupations (e.g. cleaning and labouring) which are typically more hazardous<sup>5</sup>.

47. There is a lack of detailed information regarding ethnicity in much of the published research, including for Pacific Peoples who have different employment distributions from New Zealand Europeans.
48. Overall, the review process could consider how occupational diseases are impacting different population groups and where information gaps are, which could stimulate preventative action, awareness and further research.

### **Researchers will provide an analysis paper and officials will review this to inform recommendations**

49. The use of independent researchers and officials for distinct stages in the process will ensure the review process, and different responsibilities within the process, will be clear and well-defined.
50. Once researchers provide an analysis paper to us with their recommendations, we would assess those based on cost and policy considerations. Our final recommendations would be significantly informed by the independent clinical research, in addition to knowledge of the Scheme and its relationship with other relevant considerations, for example the health and welfare system.
51. Following your decision, any changes to Schedule 2 would be considered by Cabinet and taken through the Executive Council through an Order in Council process.

### **Next steps**

52. If you agree to launch a discussion document on this proposed framework, subject to your approval of the Cabinet paper, officials can lodge the Cabinet paper by a provisional date of 10am on Thursday 24 March 2022 for the SWC meeting on 30 March 2022.
53. Subject to Cabinet approval, we can publish the discussion document in April 2022. Timeframes for the discussion document are set out below in **Table Three**.

**Table Three: Timeframes for Discussion document**

<b>Item</b>	<b>Date</b>
Draft Discussion document to Minister	16 December 2021
Minister comments on draft Cabinet Paper and Discussion document	By end of February 2022
Ministerial Consultation	28 February – 21 March 2022
Provisional date for lodging the Cabinet Paper with SWC	Thursday 24 March 2022 by 10am
SWC meeting	30 March 2022
Discussion document released to public (pending Cabinet approval)	Anytime on or after Monday 4 April 2022, closing date to be established

<sup>5</sup> Amanda Eng, Andrea't Mannetje, Lis Ellison-Loschmann, Dave McLean, Soo Cheng and Neil Pearce, [Ethnic differences in patterns of occupational exposures in New Zealand](#), 54(5) American Journal of Industrial Medicine, 410 (2011).

## **Annexes**

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**Annex One:** Summary of Options and Evaluation against Decision Objectives

**Annex Two:** Draft Discussion document on a Proposed Review Framework for Schedule 2

**Annex Three:** Draft Cabinet Paper

## Annex One: Summary of Options and Evaluation against Objectives

	<b>Clarity:</b> how easy is the review to understand for the public	<b>Transparency:</b> honesty and openness about what is involved in the review	<b>Balance of certainty and flexibility:</b> sufficiently certain that people can understand how a review works, without compromising the ability of the review to respond to developments in research	<b>Scope:</b> The established scope of ACC's cover is not expanded or narrowed by this change.	<b>Clinical knowledge:</b> how well Schedule 2 reflects current clinical knowledge
<b>Option 1 (recommended):</b> Introduce the proposed review framework for Schedule 2 based on clinical evidence and informed by public submissions and officials' comment.	++ The framework is simple and enables easy engagement by the public, supported by the expertise of independent researchers.	++ Enables the public to engage in processes which impact injuries, diseases and illnesses covered in the Schedule.	++ Introduces flexibility to more regularly add conditions to the Schedule that meet requisite causation standards. Maintains certainty of cover for existing or added conditions.	+ Scope is not expanded or narrowed and framework supports those with eligible claims to have access to cover.	++ Relies on clinical analysis and decision-making is shaped by epidemiological expertise.
<b>Option 2:</b> Review Schedule 2 using ILO's updates to their list of occupational illnesses	- No public involvement in the process and open consultation from stakeholders.	- Unclear about the process involved in ILO review.	- Does not introduce flexibility to regularly add conditions to the Schedule. Maintains certainty of cover for existing or added conditions.	+ Scope is not expanded or narrowed as greater number of illnesses included for cover could improve access.	- Does not create an evidence-based framework for illnesses relevant to New Zealanders.
<b>Option 3:</b> Re-introduce the Ministerial Advisory Panel on Work-Related Gradual Process Disease or Infection (ACC Futures' recommendation)	- Unclear how the Panel operates with clinical research and policy recommendations as no clear framework.	- Panel is a closed set of individuals so lack of transparency on the process.	- Statutory requirement reduces ability to respond quickly to developments.	0 No change, as the Panel's remit would be to operate within ACC's current scope.	- Does not create an evidence-based framework for illnesses relevant to New Zealanders.
<b>Option 4:</b> Not introducing a review framework for Schedule 2 (status quo)	- Currently no clear process for review.	- Not transparent until after the review is completed.	- No response to developments in research.	- ACC's operation would not consider updated evidence for covering legitimate gradual process claims.	- The Scheme would not adapt to modern clinical evidence.

**Annex Two: Draft Discussion document on a Proposed Review Framework for Schedule 2**

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**Annex Three: Draft Cabinet Paper**

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