

PUBLIC HEARING – 14 October 2016

QUESTIONS ON NOTICE

Queensland Health

1. *There are a number of reports and inquiries that have made a number of recommendations. Has Queensland Health taken any action in relation to any of those recommendations? Do any of those specifically relate to the organisation and have you taken action in relation to those?*¹

Response

The Senate Select Committee report includes recommendations under eight headings.

Queensland Health has no direct involvement in the development and implementation of recommendations 1-7.

In recommendation 8, the committee recommends that in the short term, the Queensland Government mitigate the risk of regulatory capture of the Nominated Medical Advisors by making the role an independent statutory position, selected through a rigorous process conducted by Queensland Health in consultation with the Department of Natural Resources and Mines and specialists groups such as the Thoracic Society and the Lung Foundation.

While the implementation of this recommendation will involve input from Queensland Health, the making of the role of the Nominated Medical Advisors independent statutory positions requires legislative changes to the Coal Mining Safety and Health Regulation 2001, which is administered by the Department of Natural Resources and Mines.

Additional requests for the department from the committee:

It may not be possible. As part of our looking into the issue, we looked into our outpatient hospital coding. One of the codes in the international classification of diseases is J60 coal workers' pneumoconiosis. We thought that would actually be useful to look up. Unfortunately, in the way that is coded, a very small number of those people coded may be miners with coal workers' pneumoconiosis. From what we saw, the majority of those were individuals who had a pathological diagnosis of black pigment in lymph glands or lung, and that has many other causes that have nothing to do with coal workers' pneumoconiosis. As far as identifying individual cases, the only way we could do that is probably to go to every respiratory physician and ask them if they are aware of any.

*Would that be possible? What we have here today potentially is the tip of an iceberg. We have seen today—and we note that you have been here since the start of this—that there is a major disconnect in this process, and coal workers obviously are the losers with regard to this. There is a lack of coherence with regard to a competent policy process and framework to ensure the protection of people in the community. That has failed in some way. I think we have already seen enough of that come forward today. It would be very useful as part of this information-gathering stage if you could assist us in that area to undertake to do that.*²

¹ Public briefing transcript, Brisbane, 14 October 2016, pp 36

² Public briefing transcript, Brisbane, 14 October 2016, pp 37

The committee requests the department go to every respiratory physician as noted above.

Response:

Queensland Health employs eighty-three (83) Adult Respiratory/Thoracic Physicians across nine (9) Hospital and Health Services.

The Chief Health Officer has written to the Chief Executive of each of the Hospital and Health Services that employ Adult Respiratory/Thoracic Physicians to request they provide information relating to any patients they recall who was diagnosed with or treated for CWP. It is expected that a collated response will be available by 18 November. Information relating to the response to this request will be provided to the Committee once completed.