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Australasian Faculty of  
Occupational and Environmental Medicine

CWP Inquiry  
Sub No. 020

14th November 2016

The Research Director  
CWP Select Committee  
Parliament House  
George Street  
Brisbane Qld 4000

By email: [cwpsc@parliament.qld.gov.au](mailto:cwpsc@parliament.qld.gov.au)

Dear Sir / Madam,

**Submission to the Select Committee of inquiry into coal workers' pneumoconiosis (CWP)**

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) respectfully makes this submission to the Select Committee of inquiry into Coal Workers' Pneumoconiosis (CWP).

AFOEM is a Faculty of the Royal Australasian College of Physicians (RACP) representing specialist occupational and environmental physicians (OEPs) in Australia and New Zealand. We are committed to establishing and maintaining the highest standards of practice in occupational and environmental medicine (OEM) in Australia and New Zealand through training, continuing professional development and advocacy.

**Acknowledgement of the affected coalmine workers**

We firstly acknowledge the coal mine workers in Queensland who have been affected by coal workers' pneumoconiosis. This is a condition that was widely thought to have been eliminated, however it is now clear that is not the case. The coal mine workers who have been diagnosed with CWP will have experienced a range of feelings from surprise and shock, through to anxiety and anger. We extend to those miners, their families and friends our sincere regret that this has happened to them.

We also acknowledge those coal miners who have not yet been fully assessed or investigated medically. We understand that some miners may have reservations and concerns about being tested, about what their results may show and what the future may hold for them.

**Goals and commitment**

AFOEM is committed to improving the systems and processes for preventing and detecting CWP and other coal mine dust lung diseases. Our goal is to ensure that this does not affect other coal workers in future. The aim must be for coal mine dust lung diseases to be eliminated from coal mines in Australia.

## Documents reviewed

In making this submission, we have reviewed the following documents:

1. The Senate Select Committee on Health *Fifth interim report on Black Lung: "It has buggered my life"*, April 2016.
2. The Monash University *Review of Respiratory Component of the Coal Mine Workers' Health Scheme for the Queensland Department of Natural Resources and Mines, Final Report*, July 2016.
3. The Queensland Government Department of Natural Resources and Mines *Chest X-ray screening for the Coal Mine Workers' Health Scheme. Next steps in planning reform. Consultation paper*, October 2016.

## Systematic failures

We acknowledge the findings and recommendations in these three reports. We note that there have been systematic failures at multiple levels including the medical screening processes, diagnostic testing, quality controls and communication. The re-occurrence of CWP also indicates that there have been issues with the levels of dust exposure in Queensland coal mines. At this point it is not clear whether the occupational exposure limit in use is too high to sufficiently protect the health of workers, and/or whether the limit has not been adequately monitored and enforced.

It is essential that as specialist medical practitioners we acknowledge and review these systematic failures. We must work to eliminate these failures and to develop safe and reliable processes. We must ensure that we are protecting the health of coal workers. It is only when we can demonstrate effective quality assurance and quality control processes that we will establish trust and faith in the new system.

## Occupational and environmental medicine (OEM)

OEM takes a preventative approach to health and safety in the workplace through knowledge about how a work environment can affect a person's health, and how a person's health can affect their work. OEM aims to prevent occupational diseases by identifying and eliminating or controlling occupational exposures. OEPs have a unique combination of workplace knowledge and specialist training and skills to diagnose and treat workers and to liaise with other medical practitioners and employers. OEP's specialist training, knowledge and skills include:

- assessing work sites and work practices
- managing medical conditions caused by employment
- establishing and supervising health surveillance programs in the workplace
- a scientific and evidence-based approach to the provision of expert diagnoses
- detailed technical knowledge of environmental factors and their impact on health
- specialised management of work-related disability

In order to become a specialist OEP, a doctor will complete at least four years of specialist training to acquire competencies in fields such as toxicology, epidemiology and occupational lung diseases.

## **The priority of disease prevention**

We emphasise that the primary goal is the prevention of coal mine dust lung diseases. This will require coal dust levels to be minimised and controlled within evidence-based occupational exposure limits. Health surveillance is required to confirm the effectiveness, or otherwise, of the control systems. This is a core skill of OEPs.

The RACP also notes that there is a wider range of environmental health problems associated with the extraction of fossil fuels such as coal. Adverse health consequences include respiratory and cardiac illnesses (further information and references can be found in the RACP's [position statement](#) on the Health Benefits of Mitigating Climate Change). We also want to highlight to the Inquiry that the Australian Government has recently ratified the Paris Agreement, which will result in a review of climate and energy policies to ensure that 2030 targets are met. The RACP strongly supports the shift towards renewable energy production due to the long term health benefits this will bring about for Australian communities.

## **Collaboration with employers, unions and the regulator**

The medical assessment and surveillance processes that are required to eliminate coal mine dust lung diseases are part of a greater system that involves many stakeholders including the employers, the unions and the regulators. We acknowledge that as medical specialists we need to work effectively with all stakeholders for the ultimate benefit of coal workers and the industry.

## **Medical collaboration with other medical specialists and general practitioners**

Other medical stakeholders including Nominated Medical Advisers, general practitioners, company doctors, thoracic physicians and radiologists also play important and specific roles in these processes. An effective medical system will require good communication and collaboration between the various different medical specialists and doctors and AFOEM is committed to developing effective processes to achieve this.

AFOEM convened and co-hosted a collaborative meeting with thoracic physicians and radiologists in Sydney on Friday 4 November 2016. At that meeting, we all affirmed our commitment to working together to develop effective health surveillance programs for coal mining and other industries.

## **Clinical guidelines**

AFOEM supports the development of clinical guidelines which specify appropriate processes, systems and pathways for health surveillance in coal mines. These guidelines will also document the processes required for the referral, further investigation and management of identified cases, including the review and monitoring of any ongoing coal dust exposures.

There are existing examples of well-established clinical guidelines in other areas including:

- The National Transport Commission's *National Standard for Health Assessment of Rail Safety Workers* published in 2012. As stated on the NTC website, this standard "underpins a system for monitoring the health of Rail

safety workers and enables a consistent application of health standards across the Australian rail industry”.

- *Assessing Fitness to Drive*, a joint publication of Austroads and the NTC published in 2016. It details the medical standards for driver licensing for use by health professionals and driver licensing authorities.

Some OEPs have been central to the development of these documents and they are keen to develop similar guidelines for the prevention of coal mine dust lung diseases.

### **Required standards for health surveillance**

AFOEM does not advocate that every medical practitioner involved in workplace health surveillance needs to be an OEP. However, it is essential that any medical practitioner who performs health surveillance has the required training, skills, experience and competency to do so effectively and to the required quality.

Some OEPs are currently involved in the delivery of training for other health surveillance programs. Similarly, training programs could be established for other doctors who perform health surveillance for coal mine dust lung diseases.

It is essential that minimum standards and key competencies are established. It is also crucial that appropriate quality control and quality assurance processes be put in place for all components of a health surveillance system.

### **Spirometry**

In order for spirometry to be reliable the following components are required:

- appropriate spirometry equipment, of an endorsed standard
- appropriately trained technicians to an endorsed level of training
- proper data storage technology
- proper accreditation processes
- quality control and quality assurance processes

Spirometry is a uniformly accepted screening test however it is also acknowledged that it has limitations. Other medical tests, such as the diffusing capacity of the lungs for carbon monoxide (DLCO) may have a role to play, however further evaluation and research will be required before this would be more broadly adopted.

### **Radiology**

AFOEM acknowledges that screening chest x-rays need to be classified using the ILO classification system. If a coal worker has an abnormal chest x-ray then high resolution CT (HRCT) scanning provides more detailed diagnostic information and should be performed prior to a diagnosis being made.

In future, better and more detailed screening and assessment protocols could be developed through focused research and pilot programs. There are currently, for example, no international standards for using HRCT as a screening test. Australia could be at the forefront of the development of protocols which add to and improve on the ILO classification system. Future advances could include the development of a standard HRCT protocol for screening or diagnosis of coal mine dust lung diseases.

## **Health surveillance record storage**

AFOEM advocates for the establishment of a suitable electronic database for storing health surveillance records. Such a database would need to comply with all of the current data security and privacy standards. It is essential that previous records are available for comparison with subsequent testing.

The confidentiality of medical records and the privacy of coal mine workers must be maintained. In addition, a mechanism needs to be developed that will allow employers to be provided with sufficient information to appropriately manage exposure risks.

AFOEM advocates for the establishment of a suitable register for recording cases of coal mine lung dust diseases.

## **Medical review panels**

In some cases, reaching a clinical diagnosis requires input and expertise from a range of medical specialists. AFOEM supports the establishment of expert medical review panels for the purpose of determining a diagnosis if there is uncertainty or disagreement about the clinical diagnosis.

## **Vocational rehabilitation for coal workers with CWP**

AFOEM advocates the use of vocational rehabilitation principles for any coal worker who has been diagnosed with CWP. The process should include a careful medical assessment of the coal worker's symptoms, disabilities, occupational experience, training and personal goals. In most cases a coal mine worker with simple CWP would be fit to return to the industry with appropriate controls and health surveillance. In some cases vocational retraining and redeployment will be required.

## **Conclusion**

AFOEM acknowledges that there have been systematic failures in health surveillance for CWP and is committed to improving and developing the systems and processes for effectively preventing and detecting coal mine dust lung diseases. Our goal is to ensure that this does not affect other coal workers in the future. AFOEM is also committed to improving such health surveillance systems in other industries.

We emphasise that it is essential to control dust exposures to appropriate levels, and to develop a high quality and rigorous health surveillance system to monitor the health of workers and to identify any unexpected health issues as early as possible.

AFOEM respectfully makes this submission to the Select Committee and would be happy to provide any further information as requested.

Should you have any questions or require any further information about this submission, please contact AFOEM on [AFOEM@racp.edu.au](mailto:AFOEM@racp.edu.au),

Yours sincerely,

Associate Prof Peter Connaughton  
President AFOEM  
14 November 2016