

DD/JS:ej

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Mr James Purtill
Director-General
Department of Natural Resources, Mines and Energy

via email: minershealth@dnrme.qld.gov.au

Dear Mr Purtill

Thank you for providing AMA Queensland with the opportunity to provide feedback on proposed mandatory respiratory health surveillance for mineral mine and quarry workers. AMA Queensland is the state's peak medical advocacy group, representing over 9600 medical practitioners across Queensland and throughout all levels of the health system including members who have experience working on coal mining sites and have witnessed first-hand the issues which are the focus of the current inquiry by your department.

AMA Queensland believes the proposed changes to the Mining and Quarrying Safety and Health Regulation 2017 and the Coal Mining and Safety and Health Regulation 2017 represents a real opportunity to contribute to a much better system of respiratory protection throughout Queensland. AMA Queensland believes these amendments may support early detection of respiratory disease in mineral mine and quarry workers while having sufficient penalties for Site Senior Executives (SSE) for failure to carry out health surveillance.

AMA Queensland believes the highest priority is to manage risks relating to coal dust and diesel fumes in mines. The surveillance is important but the focus should always be on risk management. Reducing dust levels and reducing diesel particulates in mines is more important than health surveillance for problems after the fact i.e. work practices and training are key to reducing pneumoconiosis. The value of health surveillance and identifying black lung is so that measures can be taken to reduce the dust levels and reduce the risk in coal mines.

AMA Queensland will now respond to the questions contained within the briefing document:

Discussion questions

Q1. Are the proposed amendments clear in detailing the requirements for respiratory health surveillance?

AMA Queensland, on the whole, agrees with the proposed amendments but wishes to comment on the approach to retired or former worker's respiratory health, the approach to low risk workers (see response in Q2 below) and the process for engaging "appropriate doctors" to undertake respiratory health surveillance for mineral mine and quarry workers.

- i. The approach to retired or former worker's respiratory health

AMA Queensland proposes the following amendment (in red) to the approach to retired or former worker's respiratory health:

"A retired or former worker's may not request respiratory health surveillance if they have had an appropriate test in the last five years. However, where the retired or former worker provides the department a medical certificate signed by a doctor stating the worker has symptoms that may indicate injury or illness to the worker's respiratory system caused by prior exposure to a hazard at a mine, then the department must arrange for the relevant examinations to occur in consultation with the retired or former worker (within the following 30 days)."

It is recognised that disease may manifest or progress after retirement and even after exposure has ceased, so the option for ongoing surveillance must exist.

- ii. The process for engaging "appropriate doctors" to undertake respiratory health surveillance for mineral mine and quarry workers

AMA Queensland is seeking clarification regarding the process for engaging "appropriate doctors" to undertake respiratory health surveillance for mineral mine and quarry workers. AMA Queensland is recommending a standardisation and consistent approach to these issues which takes into consideration the role of general practitioners, the time constraints associated with their role and the establishment of appropriate feedback mechanisms to the mine site.

There are significant benefits of being able to engage doctors close to the mine site (e.g. at a nearby GP practice) as this helps with access for workers and saves the company time and money. The clinical independence of doctors engaged in this process is paramount in this process.

Q2. Is the proposed approach to exclude low risk workers appropriate and workable in practice? If no, what is your suggested approach or what additional guidance would be required?

AMA Queensland believes the approach to low risk workers (i.e. workers who have low exposure to respirable crystalline silica) is fair and reasonable but there may be exceptions to the rule. Therefore, we are suggesting the following amendment (in red):

"The appropriate doctor will need to consider any impact of the medical examination against the risks of not doing the examination on the worker, as well as the risk to other workers. For example, as chest x-ray for a worker who is pregnant."

However, where the worker gives the chief executive a medical certificate signed by a doctor stating the worker has symptoms that may indicate injury or illness to the worker's respiratory system caused by exposure to a hazard at a mine, then the SSE must arrange for the relevant examinations to occur as a matter of urgency (within the following 30 days)."

Q3. Are the transitional arrangements appropriate and workable?

AMA Queensland agrees with the proposed transitional arrangements, namely, a respiratory examination that meets the new requirements and was done in the last five years, will be considered a valid examination under the new regulations. Any missing examinations will need to be carried out within 12 months of the regulations commencing.

It is crucial that respiratory function screening include gas transfer measurement (i.e. DL_{CO}). There is now ample evidence that patients can have normal spirometry (the only current screening test routinely recommended) but a reduced gas transfer/DL_{CO} parameter. It is therefore ideal that screening include gas transfer measurement or at the very least easy access to this measure for patients with disproportionate symptoms, high levels of exposure or other concerns the assessing medical practitioner feels of sufficient magnitude to require gas transfer testing.

In cases where there has been no respiratory examination, or not all examinations align with the new requirements, SSEs will have one year to arrange for the relevant examinations.

AMA Queensland believes the proposed civil penalty (500 units @ \$133.45 per unit) for failing to carry out health surveillance will strongly encourage SSEs to arrange the relevant examinations.

Q4. Are there any particular matters that should be covered in guidance material?

No further comments

Q5. Are there any potential unintended consequences associated with the amendment to allow examinations to be delayed?

AMA Queensland recommends the amendment allowing an appropriate doctor to delay one or more of the medical examinations involved in respiratory health surveillance should only occur on one occasion only. If this amendment is permitted for all workers and for every test, this may lead workers to perceive that doctors employed by the company are minimising issues and delaying screening rather than trying to reduce the incidence of mine dust lung disease.

In AMA Queensland's previous correspondence to your department about doctor involvement in health surveillance and fitness for work assessments in the coal mining industry on 31 October 2019 (see attachment 1), AMA Queensland indicated we were interested in arranging a roundtable discussion with representatives from your department and some of our members about this issue. AMA Queensland would be interested having this opportunity again.

Please contact my personal assistant Erica Judd on 3872 2254 or e.judd@amaq.com.au to arrange an appropriate date

Yours sincerely



Dr Dilip Dhupelia
President
AMA Queensland



Jane Schmitt
Chief Executive Officer
AMA Queensland

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31 October 2019

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Dear Mr Purtill

Thank you for providing AMA Queensland with the opportunity to provide feedback on the important issue of health surveillance, fitness for work assessments and doctor involvement in the coal mining industry.

AMA Queensland is the state's peak medical advocacy group, representing over 6000 medical practitioners across Queensland and throughout all levels of the health system. This issue is important for AMA Queensland as a number of our members have experience working on coal mining sites and have witnessed first-hand the issues which are the focus of the current inquiry by your department.

Rather than preparing a submission, AMA Queensland would prefer having a roundtable discussion with representatives from your department and some of our members about this issue.

Please contact my personal assistant Erica Judd on 3872 2254 or e.judd@amaq.com.au to arrange an appropriate date.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jane Schmitt".

Jane Schmitt
Chief Executive Officer
Australian Medical Association Queensland