

## Media Release

### Call for changes to Queensland health assessments after seven cases of 'black lung'

14 July 2016

Following the diagnosis of seven Queensland coal workers with coal mine dust lung disease (CMDLD) or 'black lung' disease, The Royal Australasian College of Physicians (RACP) has given its full support to the 18 recommendations made in an independent review of the Coal Mine Workers' Health Scheme.

Released yesterday, the [Review of Respiratory Component of the Coal Mine Workers' Health Scheme](#), makes 18 recommendations on how to make improvements to the respiratory component of the medical assessment performed under the Coal Mine Workers' Health Scheme.

Introduced in 2001, the Coal Mine Workers' Health Scheme seeks to protect the health of Queensland coal mine workers by ensuring they undergo periodic health assessments.

The catalyst for the report was seven cases of coal mine dust lung disease (CMDLD) in Queensland. The cluster of cases follows cases of CMDLD being rare in recent decades, despite coal mining growing into a major industry during this period. The issue featured on ABC's 7.30 program on Tuesday evening.

President of RACP's Australasian Faculty of Occupational & Environmental Medicine (AFOEM) Associate Professor Peter Connaughton, said he is keen to support the implementation of the recommendations of the independent review.

"In recent years, the coal mining industry has employed more than 20,000 in Queensland and to have a cluster of CMDLD cases identified within a short period reflects major systems failures," explained Associate Professor Peter Connaughton.

"CMDLD was thought to have been eliminated on Australian coal mine sites. Pneumoconiosis is a debilitating disease and the fact that it has re-emerged as an occupational issue, confirms that major changes must be made.

"Several of our Faculty Fellows have been participating in the review process, and we are keen to assist in the implementation of the recommendations."

Medical surveillance for CMDLD is only useful for secondary prevention and identifying where there may have been excessive coal mine dust exposure. Due to the long latency in the development of CMDLD, surveillance is not a substitute for primary prevention, which should be in the form of coal mine dust monitoring and control.

Included among the recommendations are:

- The main purpose of the respiratory component of the scheme should explicitly focus on the early detection of CMDLD among current and former coal mine workers.

- Clinical guidelines for follow-up investigation and referral to an appropriately trained respiratory or other relevant specialist of suspected CMDLD cases identified among current and former coal miner workers should be developed and incorporated into the scheme.
- There should be a separate respiratory section of the health assessment form which includes all respiratory components, including the radiology report using the International Labour Organisation (ILO) format and the spirogram tracings and results.
- The form should include a comprehensive respiratory medical history and respiratory symptom questionnaire.
- There should be a much smaller pool of approved doctors undertaking the respiratory component of health assessments under the scheme, taking into account geographical considerations and other workforce needs.
- Doctors should undergo a formal training program, including visits to mine sites, prior to being approved by the Queensland Department of Natural Resources and Mines (DNRM), to ensure they reach a suitable standard of competence and have the necessary experience to undertake respiratory health assessments under the scheme.

“Monash University and the University of Illinois at Chicago have completed a comprehensive review of the respiratory component of the Coal Mine Workers' Health Scheme. It is pleasing that a number of RACP Fellows have been involved in this process and we wholeheartedly support the recommendations made.”

**Ends**

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The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 60 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.