



# Medical services in Moranbah and the impact of non-resident workers

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## Background

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Moranbah Medical is a Private Practice owned in partnership between Dr Johann Scholtz and Dr Reyno Nieuwoudt. The Practice is AGPAL accredited (the national peak body monitoring quality assurance), a training post for James Cook University School of Medicine and Dentistry as well as an accredited teaching post for the Training of GP Registrars for Tropical Medical Training. The Practice employs a GP Registrar, Dr Ben Chapman.

Dr Scholtz has been in Moranbah for 14 years in the dual role of Medical Superintendent of the Moranbah Hospital and GP in Private Practice. Dr Nieuwoudt has been in Moranbah for 3 years and before that, in Clermont for 6 as Medical Superintendent of the Clermont Hospital and GP in Private Practice. As such they have an excellent understanding of the dynamics and challenges of providing health care across various settings to communities across the Central Highlands.

Moranbah is also fortunate to enjoy the services of a 4<sup>th</sup> GP, Dr Graham Rowles, who has lived and worked in the town for around 20 years.

Given the majority of Moranbah's GP workforce are over the age of 55, our medium term business plan has focused on succession planning, capacity development and building a sustainable long term business model for the Practice.

Within this context our goal has been to attract, develop and retain a solid pool of committed GPs to provide medical services in the Hospital and Private Practice. Unfortunately we have not been successful in this goal as the chronic and well documented doctor shortage across Australia is exacerbated by some of Moranbah's other challenges including the perception that the area is not a good place to live and the ever increasing impacts of the mining boom on affordable housing.

## Status Quo

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In July 2009 Central Queensland was reported to have the highest doctor to patient ratio in Queensland. At that time it was 1:1 824, considerably outstripping the Commonwealth Government's cut-off for assignment of District of Workforce Shortage (DWS) status which is set at 1:1 400.

Moranbah's current GP workforce numbers 4 and the doctor patient ratio is estimated to be around 1:2 750 – an unsustainable and unsafe level for doctors and patients alike. This shortage is further exacerbated by the effects of the resources boom and the influx of population into the area.

In a recent much quoted report on the impact of non-resident workers on local communities, QUT's Professor Carrington said, "While the state and national economy is clearly benefitting from the resources boom, the impact on local communities needs to be much more carefully considered. Mining activity has sprung up around many country towns, without regard to sufficient planning for this sudden increase in transient population and the flow-on effects on services, infrastructure, housing and community wellbeing,"

This is certainly the case in Moranbah where the current community concerns over the increased levels of non-resident workers (a term used here to encompass Fly-in-fly out FIFO; Drive-in-drive out DIDO and Bus-in-bus out BIBO) are well documented.

The impact of this trend is much discussed and too often Industry comforts themselves with the delusion that a non-resident workforce has no impact on the town’s soft infrastructure such as medical services, police, ambulance and other emergency services. It has unfortunately been our experience that the development of new mines and projects is not necessarily coupled with development of the town and its services.

Moranbah’s growth over the past few years has put pressure on the supply of infrastructure, resources and labour and there needs to be better planning and integrated infrastructure development to manage the next surge of new projects currently awaiting approval.

## Our Experience

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In a June 2007 report “Mining Impacts and the Development of the Moranbah Township, authors John Rolfe, Vanessa Petkova, Stewart Lockie and Galina Ivan investigate the impacts of the coal mining expansion on Moranbah and Associated Community. The report estimates that on any given day “approximately 28% of the Moranbah population is itinerant”. Given the increase in the non-resident workforce since 2007, it stands to reason that this percentage may well have increased although reliable up to date figures are hard to find.

This high percentage is borne out anecdotally by doctors working in both the Private Practice and Hospital settings who perceive the workload coming from Work Camps (both in town and without) as significant in their daily dealings with patients.

Moranbah Medical statistics also bear this out and the table below highlights the increase in percentage of non-resident workers since around 2007 in the private practice setting. Figures have been taken as snapshots of the month of June over a 5 year period, but do not include any information about presentations to Moranbah Hospital.

Patients’ home address post codes	Patients seen in month of June									
	2011		2010		2009		2008		2007	
Moranbah	1578	70%	1486	72%	1182	73%	771	74%	762	80%
Clermont	135	6%	65	3%	57	4%	16	2%	8	0.8%
Dysart	39	2%	34	2%	28	2%	10	1%	9	0.9%
<b>Non-resident</b>	<b>516</b>	<b>23%</b>	<b>479</b>	<b>23%</b>	<b>359</b>	<b>22%</b>	<b>248</b>	<b>24%</b>	<b>172</b>	<b>18%</b>
<b>Total</b>	<b><u>2268</u></b>		<b><u>2064</u></b>		<b><u>1626</u></b>		<b><u>1045</u></b>		<b><u>951</u></b>	

We have broken down the numbers by residential address, using post codes. This allows us to separate out patients from Clermont and Dysart to ensure we are not inflating the numbers of those who live outside of the region and travel in for work. The percentage of patients who are non-resident workers and accessing medical services in Moranbah is significant.

Of late with our GP shortage and the influx of many new patients, our regular patients have to wait longer for appointments and we are no longer able to offer same day service as we have been able to do in the past.

*Although we have no statistics, experience bears out the fact that non-resident patients can offer a more challenging presentation for medical staff with some of the following dynamics at play:*

- Emergency presentations due to workplace accidents
- Lack of relationship between doctor and patient results in lower levels of compliance and co-operation
- Without a prior relationship with a patient, a lack of medical history or other information in an emergency can be very difficult to manage and carries dangers such as drug interactions / allergy risks
- Patients from outside of Moranbah are more likely to be dissatisfied with service due to lack of understanding of how small rural health care systems work (e.g. Moranbah Hospital has no permanent on-site doctor and relies on calling doctors in when required)
- A tendency has been noticed whereby some young unattached men are more reckless and engage in risky behaviors such as excessive drinking or drug taking, often resulting in difficult emergency presentations to the Hospital
- The 200km drive from Moranbah to Mackay on a hazardous single lane, rural road is made all the more treacherous by the impact of fatigue – often cited as a factor in road traffic accidents

A further impact of the travel associated with non-resident mobile shift workers relates to the quick spread of diseases and viruses from areas far afield. An example of this was the well documented measles outbreak in 2010. Communal living at close quarters is another factor to bear in mind – contagious conditions such as conjunctivitis, influenza, gastroenteritis and whooping cough are easily spread through places where many people live closely together. In the past such “outbreaks” have wreaked havoc with the availability of appointments for the local community and the ability of medical services to cope.

Moranbah’s healthcare delivery service is stretched to capacity at the moment and in light of the unprecedented growth expected, support from the industry whose workers are being cared for is essential.

## **Conclusion**

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While the data provided is compelling, it is important to note that this is the tip of iceberg. Given the lack of proper figures, analysis, planning and development in the area of future health service delivery in Moranbah, the future will undoubtedly look worse. With applications for ongoing projects continuing to stream in, the industry underpinning the region’s growth will need to be more mindful of how their workers’ health care needs will be met in future. Industry will also need to take financial responsibility for upgrading medical and other essential services if adequate standards of quality are to be maintained.

**Continuing to mistakenly assert that non-resident workers do not place pressure on health care and other essential services is dangerous and shortsighted in the extreme.**