12 August 2009

NATIONAL TRANSPORT COMMISSION (NTC)
REVIEW OF TRANSPORT MEDICAL STANDARDS 2009

Public Transport Authority of Western Australia (PTA) Submission

Please find attached the PTA’s submission to the review of transport health assessment standards.

The submission has been compiled based on PTA’s experience in applying both the National Standard for Health Assessment of Rail Safety Workers 2004 and Assessing Fitness to Drive 2003 (Commercial Drivers’ component), as well as feedback from Authorised Health Professionals (AHPs) who provide assessments for PTA’s staff and contractors.

In addition to the comments attached, it is worth noting that overall the standards (and in particular the rail standard) are well-written, accessible and easy to use. We look forward to seeing the additional improvements that result from this review process.

Should any clarification of PTA’s submission be required, please contact Catherine Wallace, Manager Occupational Health & Safety (catherine.wallace@pta.wa.gov.au or ph: (08) 9326 2250).

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Medical Standards Review Response Template

(where practicable, complete the following template for each issue that you would like to see addressed as part of the review).

Stakeholder details:

Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #1

Standard to which feedback applies (tick):

- [x] Assessing Fitness to Drive
- [x] National Standard for Health Assessment of Rail Safety Workers

Section of standard:

N/A

What is the issue?

Disparity between the Road and Rail standards

The Public Transport Authority (WA) operates passenger train, bus and roach coach services in Western Australia.

Under the current arrangement, our train drivers are subject to a far more stringent health assessment standard than our bus drivers and Road Coach Operators (RCOs).

However, the standards are risk-based and our bus drivers / RCOs (who drive on public roads and are reliant on their own vigilance and wellbeing) operate at a significantly higher risk of health-related incident than our train drivers (who are protected by measures such as separation of the railway from other traffic, vigilance systems and Automatic Train Protection devices).

As a result of this, we cannot justify assessing our bus drivers and RCOs to a lower standard than our train drivers. We currently assess our bus drivers / RCOs against the Category 1 rail standard.

While we believe this is the most appropriate course of action, and that it is in accordance with the organisation’s risk management philosophy, applying a higher level of health assessment than is strictly required by the commercial vehicle driver standard does create a disparity between the assessment required for our workers and others in comparable positions with companies that have ‘bus only’ operations and exposes us to potential discrimination claims.

See Annex 1 for a table comparing the two standards.

What is the proposed course of action?

The health assessment standards for Rail Safety Workers and Commercial Vehicle Drivers should be aligned, to reflect the relative risks of ill health or sudden incapacity on performing these tasks.

At the very least, this alignment should apply to passenger train drivers and public passenger vehicle operators.
ISSUE #2

Standard to which feedback applies (tick):

- [ ] Assessing Fitness to Drive
- [x] National Standard for Health Assessment of Rail Safety Workers

Section of standard:

N/A

What is the issue?

Focus on operational workers over infrastructure workers

The rail standard is chiefly focussed on train drivers and provides little specific guidance or examples related to other safety critical workers.

Category 1 track workers, for example, constitute a larger percentage of the rail industry workforce and, due to their work environment and subsequently the fewer control measures available, are at higher risk of serious incident due to ill health or sudden incapacity.

What is the proposed course of action?

More examples and guidance be provided regarding safety critical workers other than train drivers (in particular track workers).
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au  Phone: (08) 9326 2250

ISSUE #3

Standard to which feedback applies (tick):

- Assessing Fitness to Drive
- National Standard for Health Assessment of Rail Safety Workers

Section of standard:
Part 2B

What is the issue?

Non-Safety Critical Worker Assessments

The standard is generally quite weak in regards to non-safety critical worker assessments, particularly Category 3 workers.

A large percentage of railway workers, and in particular track workers, fall under Category 3 assessments. It would be beneficial to Authorised Health Professionals to have more guidance provided on the assessment of these workers.

What is the proposed course of action?

Provide more guidance and information on non-safety critical assessments. This could be incorporated into section 2A. If the preference is to keep the sections separate, part 2B should be updated to provide guidance more in line with the level of detail provided in section 2A.
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #4

Standard to which feedback applies (tick):
- Assessing Fitness to Drive
- National Standard for Health Assessment of Rail Safety Workers

Section of standard:
N/A

What is the issue?

Older Workers

There is currently no guidance in the rail standard and limited guidance in the road standard regarding health issues specific to older workers; an issue that is becoming increasingly important in light of our ageing workforce.

What is the proposed course of action?

Provide greater guidance regarding specific issues to consider when assessing older workers.
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #5

Standard to which feedback applies (tick):
- ✔ Assessing Fitness to Drive
- ✔ National Standard for Health Assessment of Rail Safety Workers

Section of standard:
N/A

What is the issue?

Age-based reviews

Both the road and rail standards currently require more frequent health assessment reviews based on the age of the worker (for example, Cat 1 rail workers are reviewed 5 yearly to age 50; 2 yearly to age 60; and annually thereafter).

Whilst PTA does not specifically have an issue with this process, we are aware of reports that in other industries, specifically oil & gas, age-based review frequencies have been successfully challenged and review periods changed to be consistent across all ages.

What is the proposed course of action?

Review the appropriateness and legal defensibility of age-based review frequencies in light of challenges to this process in other industries.
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #6

Standard to which feedback applies (tick):
- Assessing Fitness to Drive
- National Standard for Health Assessment of Rail Safety Workers

Section of standard:
s.4 CARDIOVASCULAR DISEASE

What is the issue?
1. In the medical criteria tables in both standards (rail: p.40; road: p.44), the section on Hypertension requires clarification.
   
   For example, in the current rail standard, the criteria for Fit for Duty is not met if the person’s resting BP is 200/110 or greater. The question often received from AHPs is whether, for example, 210/90 should be considered as being above or below the cut-off.

2. A issue often identified at assessment is Ischaemic Heart Disease, however this is not specifically identified in the medical criteria tables.

3. In the road standard there are prescribed durations for the Bruce Treadmill Test. Time is not the relevant factor to prescribe in this test, it is the tolerance level for the person’s age/sex predicted exercise capacity that is required.

What is the proposed course of action?
1. The criteria for blood pressure should be separated into systolic and diastolic cut-offs throughout both standards.

2. Add Ischaemic Heart Disease to the medical criteria tables.

3. Align the references to the Bruce Test in the road standard with that of the rail standard, removing prescribed time periods in preference of exercise tolerance levels.
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #7

Standard to which feedback applies (tick):
- [x] Assessing Fitness to Drive
- [x] National Standard for Health Assessment of Rail Safety Workers

Section of standard:
s.5 DIABETES

What is the issue?
The road and rail standards are inconsistent, with the rail standard section on diabetes being generally more useable.

The exception to this is in the way hypoglycaemic episodes are managed in the road standard, which is more prescriptive than the rail standard, recommending 6 weeks away from driving (dependent on the reason for the episode and a specialist opinion).

What is the proposed course of action?
Replace the road standard section on diabetes with information from the rail standard section, with the exception of the increased guidance on hypoglycaemic episodes, which should be retained in the road standard and reflected in the rail standard.
ISSUE #8

Standard to which feedback applies (tick):

☑ Assessing Fitness to Drive
☑ National Standard for Health Assessment of Rail Safety Workers

Section of standard:

s.7 DRUGS (PRESCRIPTION & OTC)

What is the issue?

More guidance is required regarding the assessment of workers on prescription medication.

For example, should the prescription be sighted? Should the AHP request a letter from the prescribing doctor regarding their understanding of the workers’ role (safety critical tasks) and the likelihood of the medication to affect the person's ability to work safely? etc

What is the proposed course of action?

Provide more guidance for AHPs regarding the assessment of workers on prescription medication.
Stakeholder details:

Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #9

Standard to which feedback applies (tick):

☐ Assessing Fitness to Drive
☑ National Standard for Health Assessment of Rail Safety Workers

Section of standard:
s.10 HEARING

What is the issue?

The hearing section is currently inadequate and requires extensive review.

The note on p.57 that “workers who are at any time working directly on the track should be regarded as functionally deaf... A hearing standard for their safety is not appropriate and they require suitable track protection” is neither accurate nor helpful.

It is not possible for all track works to be performed during track closures and a critical form of protection for many track workers is the use of a lookout who alerts the work gang to an approaching train by use of an auditory signal (air horn). Automated devices that can be placed on track to back-up the lookout (in case of their incapacity) are similarly based on visual and audible alarms. Furthermore, the person assigned lookout duties requires good use of all their senses, including hearing, to detect an approaching train.

The current hearing thresholds that are provided in the standard (for train drivers) are in any case too low and below the standard that our organisation had in place before the national standard was introduced (and which we still use, rather than lowering our level of assessment).

As a guide, the table below shows PTA’s standard for safety critical workers compared with the existing rail standard:

<table>
<thead>
<tr>
<th>Hz</th>
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<th>1000</th>
<th>1500</th>
<th>2000</th>
<th>3000</th>
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</tr>
</thead>
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<td>PTA  Threshold</td>
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<td>20dB</td>
<td>40dB</td>
<td>40dB</td>
<td>50dB</td>
<td>50dB</td>
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<td>40dB</td>
<td>-</td>
<td>40dB</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

What is the proposed course of action?

Review the entire hearing section of the rail standard in consultation with ENT specialist(s), giving consideration to:

- the appropriateness of the current thresholds for train and tram drivers
- including appropriate standards for track workers (safety critical and non-safety critical)
- including thresholds and guidance for aided tests
- providing guidance on appropriate additional tests for those workers who do not pass the initial hearing test, other than referring them for practical testing (see Issue #17).
Stakeholder details:

Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #10

Standard to which feedback applies (tick):
- Assessing Fitness to Drive
- National Standard for Health Assessment of Rail Safety Workers

Section of standard:

s.11 HIV/AIDS

What is the issue?

This section is rarely utilised and the information contained within it could be readily covered under other existing sections.

What is the proposed course of action?

Delete the section on HIV/AIDS in each standard and include any specific issues, as required, under other sections (such as cardiovascular disease; neurological disorders; prescription medication; etc)
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #11

Standard to which feedback applies (tick):

☐ Assessing Fitness to Drive
☒ National Standard for Health Assessment of Rail Safety Workers

Section of standard:

s.13 MUSCULOSKELETAL DISORDERS

What is the issue?

In contrast to the majority of the standard, this section is rather vague and not overly helpful.

For example, in the medical criteria table for this section it is only stated that “The criteria for Fit for Duty are not met: If the ability to perform the activities needed for Safety Critical Work is inadequate”. This is not particularly useful guidance for the AHPs.

The section requires a more functional focus and, again, should not rely on practical assessment by another driver as the primary back-up. In practice, these types of assessments are not particularly practical and are susceptible to bias (often inadvertent), particularly in small workforces.

What is the proposed course of action?

Review the Musculoskeletal Disorders section to provide more specific guidance and have a more functional focus.

Give consideration to replacing the functional assessment by another driver with specific guidelines for referring for functional assessment by an Occupational Therapist, or similar.

Keep in mind that safety critical workers are not restricted to drivers and the section also needs to be applicable to such groups as transit security and track workers.
Stakeholder details:

Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #12

Standard to which feedback applies (tick):

☐ Assessing Fitness to Drive
☑ National Standard for Health Assessment of Rail Safety Workers

Section of standard:

s.14 NEUROLOGICAL DISORDERS

What is the issue?

In the medical criteria table on p.65 of the standard, the section on Migraine lists the criteria as “See text”. This is the only area in the entire standard where we are aware of this occurring.

What is the proposed course of action?

Update the medical criteria table to reflect all other sections (ie. specifically list the criteria for Migraine in the table, rather than referring the reader back to the text).
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #13

Standard to which feedback applies (tick):

☐ Assessing Fitness to Drive
☒ National Standard for Health Assessment of Rail Safety Workers

Section of standard:

s.15 PREGNANCY

What is the issue?

There is currently no guidance on suggested stopping timeframes for pregnant workers.

For example, guidance on whether or not pregnant workers should be restricted from physically strenuous work during certain stages of their pregnancy; providing an indication of when safety critical work may need to cease (for example, at 30 weeks).

What is the proposed course of action?

Consider including some additional guidelines for AHPs regarding pregnant workers.
Stakeholder details:

Organisation:  Public Transport Authority of Western Australia
Name:  Catherine Wallace, Manager Occupational Health & Safety
Email:  catherine.wallace@pta.wa.gov.au  Phone: (08) 9326 2250

ISSUE #14

Standard to which feedback applies (tick):

☐ Assessing Fitness to Drive
☑ National Standard for Health Assessment of Rail Safety Workers

Section of standard:

s.16 PSYCHIATRIC DISORDERS

What is the issue?

It is increasingly common to identify workers with depression, however this is currently only covered in the standard as “depressive psychosis”.

It would be useful for AHPs to have clearer guidance on depression, without it always being connected to psychosis. For example, severe depression is not referred to in the guidance notes.

Consideration should also be given to whether a psychiatrist’s opinion is always required to fulfil the requirements for Fit for Duty, Subject to Review. For example, would a GP or psychologist letter be sufficient for a person with a stable condition on anti-depressant medication? Many people in the more straightforward cases have never seen a psychiatrist before and such referrals can result in seemingly unnecessary anxiety for the individual, as well as expense and time delay for the organisation.

What is the proposed course of action?

Review the section to include reference to more common disorders, including non-psychotic depression, and review the level of referral required in stable, well-controlled cases (treating GP, rather than psychiatrist).
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #15

Standard to which feedback applies (tick):
- Assessing Fitness to Drive
- National Standard for Health Assessment of Rail Safety Workers

Section of standard:
s.18 (road) & s.17 (rail) - RENAL FAILURE

What is the proposed course of action?
Retitle to “Renal Conditions” (section covers more than just renal failure).
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #16

Standard to which feedback applies (tick):

- [x] National Standard for Health Assessment of Rail Safety Workers

Section of standard:

s.22 VISION AND EYE DISORDERS

What is the issue?

1. The Farnsworth Lantern test is referred to in Diagram 11 (Colour Vision Requirements...) and in the Medical Criteria table. This testing device has not been manufactured since the 1950’s and is very difficult to access.

2. Practical tests are not at all practical to conduct effectively and reference to them should be removed in this and other sections. See also Issue #17.

What is the proposed course of action?

1. Replace reference to the Farnsworth Lantern with an alternative test, or include provision to conduct a Farnsworth Lantern “or comparable” test.

2. See issue #17.
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #17

Standard to which feedback applies (tick):

☐ Assessing Fitness to Drive
☒ National Standard for Health Assessment of Rail Safety Workers

Section of standard:
VARIOUS

What is the issue?

Practical tests are often identified as a further testing option, should a worker fail initial medical tests. It is PTA’s contention that such tests are rarely “practical” to undertake and are often ineffectively applied, more likely to lead to a reduction in health-related safety standards than an improvement.

The practical tests outlined in the standard under sections such as hearing and vision relate almost entirely to train drivers, with no examples provided of practical tests for track workers.

Even if further guidance was provided, practical tests have significant limitations, with the most critical being that they are really only predictors of performance under the environmental conditions in which they are conducted (for example, testing colour vision on an overcast day and a clear night will not reliably predict performance on a sunny day and foggy night, etc).

The excessive time and resources required to design and conduct practical tests under all relevant environmental conditions make such testing ultimately impractical. As a results, the most likely outcomes of including provision for practical tests is that they are:
a) not conducted at all; or
b) conducted inappropriately, thus rendering them useless (or worse, creating or masking a hazard themselves).

What is the proposed course of action?

Remove all reference to practical tests in relevant sections (including vision and hearing), or ensure that there is always at least one additional avenue for further testing of health conditions in lieu of practical assessments.
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #18

Standard to which feedback applies (tick):

- [ ] Assessing Fitness to Drive
- [x] National Standard for Health Assessment of Rail Safety Workers

Section of standard:
N/A

What is the issue?
In the Discussion Paper for Consultation issued by the NTC as part of this review process, under section 2.2.1 “Medical Issues Previously Raised” on p.7, the 5th dot point noted that it has been suggested to broaden the range of health professionals who can conduct Category 3 tests to include Occupational Therapists (OTs) and physiotherapists.

Currently only medical practitioners and occupational nurses can conduct these assessments. PTA believes that this current situation is appropriate and that other health care workers such as OTs and physiotherapists should be used only when appropriate for further exploration of an identified condition (such as for functional assessments related to musculoskeletal disorders).

We do not think it is likely that many OTs and physiotherapists would have the requisite skills and training to conduct all the tests required, including vision and hearing assessments.

What is the proposed course of action?
The current arrangements for who can conduct testing should remain. If consideration is given to broadening what sort of health professionals can conduct assessments, this should take into account the likelihood of most members of each occupational group having the skills, experience and training required to conduct all aspects of the assessment.
Stakeholder details:
Organisation: Public Transport Authority of Western Australia
Name: Catherine Wallace, Manager Occupational Health & Safety
Email: catherine.wallace@pta.wa.gov.au Phone: (08) 9326 2250

ISSUE #19

Standard to which feedback applies (tick):
- Assessing Fitness to Drive
- National Standard for Health Assessment of Rail Safety Workers

Section of standard:
Part 4 – Model Forms

What is the issue?
1. The recommendation page of a health assessment is often all Accredited Rail Organisations (AROs) see of contractors’ assessments and it is on the basis of this one page that we issue track access permits. The page currently does not include a lot of information required to validate that an appropriate health assessment has been conducted for the work to be undertaken.
2. We have not seen any instances in Western Australia where the colour coding of forms is used, so it doesn’t seem to have much purpose or provide any assistance to AHPs or AROs.
3. The model forms do not provide for room for AHPs to write notes and thus do not encourage thoroughness in the recording of assessments, which can be useful for the next AHP assessing the worker as well as generally providing a more comprehensive record.
4. There is no provision for recording family history or previous work experience, which can assist the AHPs in their assessments (for example, knowing there’s a history of heart disease in the family may help an AHP decide whether to send a borderline person for a stress test; knowing that a worker used to be employed in a noisy work environment may assist in interpreting hearing test results and determining a further course of action; etc).
5. There are no direct questions in the form regarding the person’s physical capacity, providing little additional guidance for the AHPs on areas they may want to further investigate or assess.
6. The K10 Safety Critical Worker Questionnaire can be greatly affected by recent events, such as a death in the family, etc.
7. There is no standard form to clarify job modifications required when a person is declared “Fit for Duty, Subject to Job Modifications” or to clarify capacity for alternative duties when they are “Temporarily Unfit for Duty”.

What is the proposed course of action?
1. Update the recommendation page to include all information required by AROs, including Type & Category of Assessment; consistent fields for all fitness recommendations (for example, “Local Doctor Referral”; “Conditional on Corrective Lenses”; “Conditional on Hearing Aid” is only provided under the “Fit for Duty” box, but may be relevant to “Fit, Subject to Review” and “Fit, Subject to Job Modifications” as well); review date; etc. See Annex 2 for a copy of PTA’s tailored recommendations page.
2. Remove colour coding.
3. Provide a notes page and/or margin on the model forms for doctors to take notes.
4. Include sections in the model forms to record family history and previous work experience.
5. Include direct questions (for example, tick box options) regarding physical capacity (relate to review of musculoskeletal disorders section).
6. Provide an area at the end of the K10 questionnaire to comment on any recent events that the person thinks may affect their score.
7. Add a model form to assist AHPs in clarifying capacity restrictions for workers who are Fit, Subject to Job Mods or Temp Unfit. Copies of PTA’s tailored forms are available upon request as examples of all of the above suggestions in practice.
### ANNEX 1: STANDARDS COMPARISON TABLE

#### Comparison of Assessing Fitness to Drive 2003 requirements against National Standard for Health Assessment of Rail Safety Workers (Category 1 and 2)

<table>
<thead>
<tr>
<th>Health Assessment Requirements</th>
<th>National Standard for Health Assessment of Rail Safety Workers (Category 1)</th>
<th>National Standard for Health Assessment of Rail Safety Workers (Category 2)</th>
<th>Assessing Fitness to Drive 2003 (DPII/road standard)</th>
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</thead>
<tbody>
<tr>
<td>Psychological Questionnaire</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>AUDIT (alcohol dependency)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>K10 (anxiety &amp; depression)</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Personal Medical History</td>
<td>YES</td>
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<td>Cardiac Risk Score (Includes blood test &amp; resting ECG)</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>Neurological/Musculoskeletal</td>
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<td>Hearing</td>
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<td>Pre-employment 5 yearly to age 50 2 yearly to age 60 Yearly thereafter*</td>
<td>5 yearly to age 50 2 yearly to age 60 Yearly thereafter</td>
<td>5 yearly to age 45 2 yearly to age 65 Yearly thereafter</td>
</tr>
<tr>
<td>Triggered</td>
<td>YES</td>
<td>YES</td>
<td>NO*</td>
</tr>
</tbody>
</table>

* Depending on the requirements identified in the Task Risk Assessment for the position. Road Coach Operators are currently tested for colour vision, but are not ruled out of a position on this basis. Assessing Fitness to Drive 2003 originally included a requirement for colour vision which has since been removed.

* Only required at pre-employment, change of category or when specifically referred in triggered assessments under the Standard, but required at all health assessments under PTA’s Alcohol & Other Drugs Policy.

* Frequencies for Assessing Fitness to Drive 2003 are currently applied to RCOs, as they are more frequent than under the National Standard for Health Assessment of Rail Safety Workers.

* ‘For Cause’ examinations may be requested by the Driver Licensing Authority (ie. DPI) out of concern for driving behaviour (eg. recurrent crashes, etc.).
### ANNEX 2: PTA Recommendation Page

<table>
<thead>
<tr>
<th>Referring Officer:</th>
<th>PTA Office</th>
<th>Division notified</th>
<th>/120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Only:</td>
<td>Entered in SiteSafe</td>
<td>/120</td>
<td></td>
</tr>
</tbody>
</table>

**Examiner's Name (DOB):**  
**Assessment Type:**  
- Pre-employment  
- Change of Category  
- Periodic  
- Triggered  
- Other (specify: ........................................)  

**Assessment Category:**  
- Category 1 (High Level Safety Critical Worker)  
- Category 2 (Safety Critical Worker)  
- Category 3 (Non-Safety Critical Worker – Uncontrolled Environment)  
- Category 4 (Non-Safety Critical Worker – Controlled Environment/Other)  
- Bus Driver / Road Coach Operator  

**ID description:**  
- I certify that I have examined the person named in accordance with the medical standards contained in the National Standard for Health Assessment of Rail Safety Workers, Volume 2: Assessment Procedures and Medical Criteria or the National Standard for Assessing Fitness to Drive for Commercial and Private Vehicle Drivers (as applicable), and in my opinion the worker / applicant is (tick as appropriate):

#### Fit for Duty
- Meets all relevant medical criteria

**Medical Review in ........................................ years**
- Specialist referral  
- Local doctor referral  
- Laboratory tests  
- Other (specify)  
  - Conditional on:  
  - Corrective lenses  
  - Hearing aid  
  - Other (specify)  

**This certificate is valid until: ........................................**

#### Fit for Duty, Subject to Review
- Does not meet all medical criteria, but could perform the inherent requirements of the position if the condition is sufficiently under control and worker / applicant is more frequently reviewed than prescribed under periodic review

**Medical Review in ........................................ years**
- Specialist referral  
- Local doctor referral  
- Laboratory tests  
- Other (specify)  
  - Conditional on:  
  - Corrective lenses  
  - Hearing aid  
  - Other (specify)  

**This certificate is valid until: ........................................**

#### Fit for Duty, Subject to Job Modification
- Does not meet all medical criteria, but could perform the inherent requirements of the position if suitable modifications were made to the duties

**Medical Review in ........................................ years**
- Specialist referral  
- Local doctor referral  
- Laboratory tests  
- Other (specify)  
  - Conditional on:  
  - Corrective lenses  
  - Hearing aid  
  - Other (specify)  
  - Clarification of modifications attached

**This certificate is valid until: ........................................**

#### Temporarily Unfit for Duty, Subject to Review
- Does not meet all medical criteria and cannot perform the inherent requirements of the position, but may perform alternative duties. May return to full duty pending improvement in condition, response to treatment, confirmed diagnosis of undifferentiated illness

**Medical Review in ........................................ years**
- Specialist referral  
- Local doctor referral  
- Laboratory tests  
- Other (specify)  
  - Conditional on:  
  - Corrective lenses  
  - Hearing aid  
  - Other (specify)  
  - Clarification of temporary restrictions attached

**This certificate is valid until: ........................................**

#### Permanently Unfit for Duty
- Does not meet the medical criteria and cannot perform the job in the future

**Comments:**

- ..............................................................

**Date: /120**

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**Name of Examining Health Professional**

**Signature**

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Public Transport Authority Submission – NTC Medical Standards Review