



# Information for Rail Transport Operators

FACT SHEET



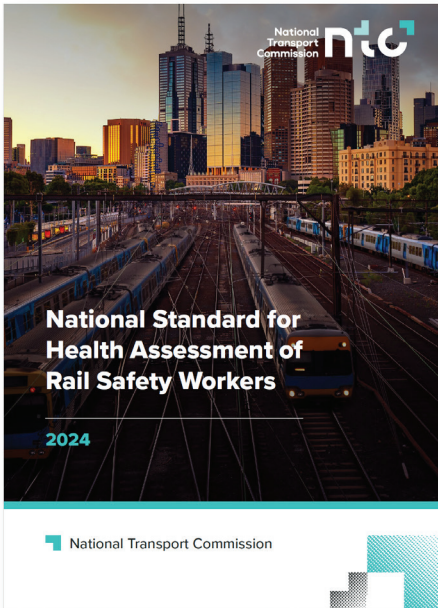
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# National Standard for Health Assessment of Rail Safety Workers 2024

Under the Rail Safety National Law (RSNL), rail operators are required to monitor and manage rail safety worker health in line with the [National Standard for Health Assessment of Rail Safety Workers 2024](#) (the Standard). The Standard supports a consistent and fair approach underpinned by established worker protections, such as privacy and equal opportunity.

This fact sheet contains important information about how the system of health assessments works and what it means for rail operators. It also explains changes resulting from the recent review of the Standard.



## About the Standard

The Standard was first developed by the National Transport Commission (NTC) in 2004 to guide rail transport operators in managing the risks posed by the ill-health of rail safety workers.

The Standard describes the requirements for health assessments conducted throughout workers' employment and applies to all rail transport operators and rail safety workers nationally.

Application of the Standard supports early identification and management of health conditions, which proactively protects rail safety as well as supporting workers' ongoing employment.

The NTC reviews the Standard regularly to ensure it keeps up with medical advances and changes in the rail environment. The latest review was completed in 2024.

The review involved extensive consultation with stakeholders including unions, the rail industry, medical professionals, government transport departments and rail safety regulators. The NTC formally consulted with Queensland Rail, KiwiRail, Association of Tourist & Heritage Rail Australia Inc, Rio Tinto, Metro (Vic), VLine, Aurizon and Sydney Trains. We also heard from the wider community.

## When does the 2024 edition of the Standard come into effect?

The 2024 edition of the Standard was released on 2 October 2024 and can be found on the NTC website.

All health assessments conducted from the 11 November 2024 must be conducted according to the 2024 edition of the Standard.



## What has changed for workers under the new Standard?

### Changes to the assessment and management of health conditions

The changes to the Standard reflect changes in medical approaches to assessing and managing health conditions that may impact safety. They also improve coordination and integration with other health monitoring requirements, including those for occupational health and safety.

Consideration has been given to minimising unnecessary specialist review when a health condition is already being managed by the worker's general practitioner.

Following are the main changes, grouped under the relevant medical conditions.

#### Assessment of cardiac risk

- Workers will no longer need to fast for pathology testing.
- There is a new version of the [Australian Cardiovascular Risk Calculator](#), which is applied to Category 1 workers to assess their risk of having a cardiac event in the next 5 years.
  - The improved assessment tool is more accurate in identifying people at risk of heart disease and stroke.
  - Workers under 30 years of age will not require a cardiac risk score.
  - Workers assessed as being at high risk will be referred for assessment by a cardiologist who will determine what investigations and treatment are appropriate.
- For workers with existing cardiac conditions, the prescribed tests on review, such as exercise stress tests, will only be conducted on the advice of the treating cardiologist.

#### Diabetes

- Category 1 workers no longer need to fast for diabetes pathology testing.
- Category 2 workers will be screened for diabetes via a urine glucose test, which also does not require fasting.
- Category 1 and 2 workers with diabetes that is satisfactorily controlled may be able to be reviewed by their general practitioner or Authorised Health Professional, rather than their specialist.

#### Hearing

- There is no change in the fitness for duty criteria for hearing.
- However, all workers with hearing loss will be referred to the rail transport operator's hearing conservation program.
- Workers requiring hearing aids will have their needs individually assessed.

#### Musculoskeletal conditions

- There are no changes to the musculoskeletal criteria for fitness for duty.
- Operators should ensure that Authorised Health Professionals are provided with information about musculoskeletal requirements relevant to each worker's job. Changes in the forms facilitate this.
- Workers should make sure the examining doctor understands the requirements of their job.

#### Neurodevelopmental disorders

- There is new content in the Standard to address neurodevelopmental conditions such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).
- Category 1 and 2 workers with these conditions are required to declare them in the Health Questionnaire.
- The assessment of these conditions in terms of fitness for duty is based on the impacts on rail safety work, not on the diagnosis. This means that a worker with one of these conditions will be individually assessed as to the potential impact on rail safety work.



### Sleep disorder screening

- Category 1 and 2 workers will be screened using the STOP-Bang questionnaire to determine their risk of obstructive sleep apnoea. This provides a more standardised approach to screening.
- This is in addition to the Epworth Sleepiness Scale, which measures actual sleepiness experienced by the worker.
- Workers will be referred for a sleep study if they are experiencing sleepiness or have other symptoms or risk factors associated with sleep apnoea.

### Vision

- Workers with stable vision conditions will be categorised as Fit for Duty Unconditional if they meet the visual acuity and visual fields criteria.
- Workers with progressive vision conditions who currently meet the fitness for duty criteria will be Fit for Duty Subject to Review to enable monitoring of the progression of their condition.
- The category Fit for Duty Conditional no longer applies as a separate category, but workers requiring corrective lenses will still need to wear them during work.

### Category 3 workers

- Category 3 workers will be subject to more detailed medical criteria for a range of health conditions that may affect their safety on and around the track. These changes are based on the existing RISSB Technical note, which has been in effect since 2019.

### Medicinal cannabis

- The Standard clearly states that 'prescribed drugs' (defined as delta-9-tetrahydrocannabinol (THC), methylamphetamine (methamphetamine), 3,4-methylenedioxymethylamphetamine (MDMA)) are banned substances, even if prescribed legally by a health professional. The Standard provides additional content regarding medically prescribed medicines, including medicinal cannabis.

## What else has changed in the Standard?

### Notification of workers about health assessments

Operators must notify workers in writing when they are required to undertake a health assessment under the Standard.

Operators will complete Part A of the Worker Notification and Health Questionnaire to advise workers of the appointment details, type of assessment required and reason for the assessment, and provide this to the worker. This form is not returned to the operator but is retained by the Authorised Health Professional to form part of the health record of the worker and for future reference.

Operators must provide workers with reasonable notice to attend a health assessment. For Periodic Health Assessments and non-urgent Triggered Health Assessments associated with a previous Fit for Duty Subject to Review determination, the minimum notice period is 10 working days, unless varied via mutual agreement between the operator and worker. **This is a new requirement.**

Triggered Health Assessments due to sudden concerns about a rail safety worker's health, such as following a sudden loss of consciousness, are not subject to minimum notice periods as it is important that workers' health is assessed as soon as possible.

Operators must also consider the needs of shift workers when scheduling appointments.



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### Request to Authorised Health Professional

Operators will complete Part A of the Request and Report Form and Record for Health Professional and provide these to the Authorised Health Professional. Only the completed Request and Report Form is returned to the operator. This contains the fitness for duty determination.

While this process remains the same, there have been some changes to the forms as described below.

### Other considerations

Operators must ensure that they communicate with workers to support their understanding of the health assessment requirements and outcomes.

In managing worker health assessments, the rail transport operator should consider language, cultural considerations and other considerations that may impact a worker's ability to participate effectively in the health assessment. These may be addressed as appropriate in collaboration with the Authorised Health Professional, including through an interpreter or support person.

Rail transport operators must also provide advice on how workers can make a complaint.

## What forms have changed and why?

There have been changes to [the forms](#) to help improve the health assessment process and support quality and consistency. The model forms should be used by all operators where possible. The relevant changes are described below.

### Worker Notification and Questionnaire (Category 1 and 2) (Category 3)

The changes to this form aim to improve communication with workers and support privacy.

For example, the assessment requirements section has been expanded to include an explanation of why a Triggered Health Assessment has been initiated and by whom.

The worker disclosure statement about the use of health information has been updated to cover the use of information for research.

Some changes reflect various medical updates. A worker's indigenous status and address have been included as part of the Cardiovascular Risk Calculator.

New questions about neurodevelopmental disorders have been included for Category 1 and 2 workers.

Additional questions regarding illicit drug use and health issues have been included.

### Request and Report Form (Category 1, 2 and 3)

The assessment requirements section in this form also now include information about why a Triggered Health Assessment has been initiated and by whom. This supports Authorised Health Professionals' understanding of the reason for the assessment and should be completed in all instances.

Musculoskeletal requirements vary for various tasks and the Authorised Health Professional must conduct an assessment that addresses these differences. To conduct the assessment effectively, they must therefore have specific information about the physical requirements of the worker's task. The Request Form therefore includes prompts for the operator to provide this information. This will also be addressed in training for Authorised Health Professionals.

Details of the last health assessment conducted have been included to facilitate access to information about the previous health assessment.

Securing consent for portability of the health assessment result is no longer part of the Authorised Health Professional's role. A new section on portability has been included in Part A with an option to give or not give consent.

Part B, which is completed by the Authorised Health Professional, has been restructured and refined to support the appropriate follow-up actions. There are now only four main fitness for duty categories, as described below.

### Record for Health Professional (Category 1 and 2) (Category 3)

There have been some important changes to this form, which guides the Authorised Health Professional in conducting the assessment.

The front page has been updated with additional guidance notes to support consistency and quality.

A new question regarding referral for investigation/management has been included for all health conditions to ensure appropriate records are kept.



The content has also been revised to reflect changes in the assessment of various conditions, including the new Cardiovascular Risk Calculator, a new section on neurodevelopmental disorders, and the STOP-Bang questionnaire for sleep disorders.

To help address the quality issues identified during the review, this form now comprehensively steps the Authorised Health Professional through the assessment process to support decision-making. It is therefore important that rail transport operators provide the form with every health assessment request.

### **Risk Categorisation and Health Assessment Requirements Template**

This form, which guides the health risk assessment process and the categorisation of workers' tasks, has been substantially revised to better reflect the process described in the Standard.

## **How is privacy of medical information maintained?**

Privacy of health information and appropriate management of health records is central to the effective delivery of the rail safety worker health assessment system. This section of the Standard has been substantially updated to provide the necessary guidance for operators.

In accordance with privacy legislation, confidentiality of workers' personal health information must be assured, and only shared by the health professional with the consent of the worker.

Operators should only receive a statement regarding worker fitness for duty (via Part B of the Request and Report Form).

Operators should ensure there are internal processes, such as a Privacy Policy, to prevent unauthorised access to medical information. Operators should also develop processes to notify workers and respond to data breaches if they occur.

Workers have the right to request access to their health assessment records. The Standard provides guidance in this regard.

## **What are the fitness for duty categories?**

There are now four fitness for duty categories:

- Fit for Duty Unconditional
- Fit for Duty Subject to Review
- Temporarily Unfit for Duty
- Permanently Unfit for Duty.

Workers will no longer be categorised 'Fit for Duty Conditional'. Workers with stable vision conditions will be categorised as Fit for Duty Unconditional.

Workers with a permanent or progressive condition that is predicted to render them unfit for their current rail safety duties for 12 months or more will be categorised as 'Permanently Unfit'. This is an existing requirement, but the definition has been clarified in the revised Standard. Workers do not have to be unfit for duty for 12 months before being assessed as Permanently Unfit for Duty.

## **What has changed regarding risk categorisation?**

Risk categorisation of workers is an important first step in identifying the level of health assessment required. Consistency of such risk assessments is therefore important, both in terms of rail safety and fairness for workers.

The Standard outlines the risk categorisation and health assessment requirements and has been updated to reflect the requirement that an operator should draw upon the expertise of their Chief Medical Officer, an Authorised Health Professional or another occupational physician familiar with rail to identify necessary health attributes for a task.

A separate project is underway, being led by the Rail Industry Safety and Standards Board (RISSB), to develop a suite of risk assessment examples. Operators will be involved in this project, along with rail regulators, unions and health professionals.



### What has changed regarding Authorised Health Professionals?

The role of the Authorised Health Professional is vital in ensuring the quality and consistency of health assessments conducted under the Standard. Changes to the Standard clarify the authorisation process and the roles of Authorised Health Professionals.

In particular, it clarifies that Authorised Health Professionals are responsible for directly performing the clinical examination, which is to be distinguished from signing off on an assessment performed by a person who is not an Authorised Health Professional.

The Standard also clarifies that only Authorised Health Professionals registered in the [AHP Program](#) can conduct health assessments for rail safety workers. These Authorised Health Professionals are required to undergo standardised training and to pass a competency assessment, as well as participate in annual refresher training.

The Standard has also been updated to reflect that screening for Category 3 assessments can be undertaken by suitably qualified and appropriately supervised health professionals; however, non-medically trained Authorised Health Professionals should not assess or sign off on fitness for duty for Category 3 workers who are diagnosed with medical conditions such as epilepsy, cardiovascular conditions and so on, as described in the Standard.

### Can an operator authorise an Authorised Health Professional independently?

No. Only health professionals authorised and registered with the AHP Program can conduct health assessments for rail safety workers.

Operators should ensure all Authorised Health Professionals used for their health assessments are trained and registered through the AHP Program.

### How can an operator find an Authorised Health Professional?

Please visit the Authorised Health Professional list on the AHP Program website.

### What happens if an operator cannot find an Authorised Health Professional in their area?

Where the services of an Authorised Health Professional are unable to be secured (such as in a remote location) and this precludes the timely medical certification of a worker, a Chief Medical Officer may approve a health professional, who is not an Authorised Health Professional, to conduct an assessment under the Standard. Such approval can be given only on a case-by-case basis and not as an ongoing arrangement, and the number of decisions made by unauthorised health professionals will be reported on by the AHP Program. Further details are contained in section 2.5.1 of the Standard.



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### Questions

For general, operator or worker questions:  
[enquiries@ntc.gov.au](mailto:enquiries@ntc.gov.au)

For questions about Authorised Health  
Professionals: [contact@ahpprogram.com.au](mailto:contact@ahpprogram.com.au)

### Complaints

For complaints about an Authorised Health  
Professional: [contact@ahpprogram.com.au](mailto:contact@ahpprogram.com.au)

For general complaints:  
[contact@onrsr.com.au](mailto:contact@onrsr.com.au)

For complaints about medical misconduct:  
[Australian Health Practitioner Regulation Agency \(AHPRA\)](https://www.ahpra.gov.au).

### Feedback

For feedback on the 2024 edition of the  
Standard: [Microsoft Forms link](#).



### More information on the new Standard



2024 edition  
of the Standard

[Consultation report](#)  
[Summary of changes](#)  
[Forms](#)



### ONRSR

<https://www.onrsr.com.au/contact-us>

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