

Improving health screening for commercial vehicle drivers

Discussion paper

National Transport Commission | March 2025



Report outline

Title	Improving health screening for commercial vehicle drivers		
Type of report	Discussion paper		
Purpose	For public consultation		
Abstract	This discussion paper aims to guide stakeholder input by providing preliminary data and evidence and outlining potential options to address screening of commercial vehicle drivers for cardiac risk, diabetes and sleep disorders.		
Submission details	The NTC will accept submissions until Friday 9 May 2025 online at <u>www.ntc.gov.au</u> or by mail to:		
	National Transport Commission Public submission – Improving health screening for commercial vehicle drivers Level 3, 600 Bourke Street Melbourne VIC 3000		
Attribution	This work should be attributed as follows: National Transport Commission (2025), <i>Improving health screening for commercial vehicle drivers: discussion paper</i> , NTC, Melbourne.		
	If you have adapted, modified or transformed this work in anyway, please use the following: Based on National Transport Commission (2025), <i>Improving health screening for commercial vehicle drivers:</i> <i>discussion paper</i> , NTC, Melbourne.		
Key words	Commercial vehicle driver, heavy vehicle driver, bus driver, taxi driver, assessing fitness to drive, cardiovascular risk, diabetes, sleep disorders		
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Have your say

We are seeking submissions on this discussion paper by Friday 9 May 2025.

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National Transport Commission Public submission – Improving health screening for commercial vehicle drivers Level 3, 600 Bourke Street Melbourne VIC 3000.

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Summary

<u>Context</u>

It is well established that, compared with the general population, heavy vehicle drivers, including truck drivers and bus drivers, are at a higher risk of a raft of health issues. These issues include heart disease, diabetes, sleep apnoea, poor mental health, musculoskeletal injury and drug and alcohol use, all of which can contribute to increased road safety risks.

A recent Australian study found that a third of truck drivers had three or more diagnosed medical conditions, which is four times the average for the general population. More concerning is that having three or more chronic conditions nearly doubles the odds of experiencing a crash (Van Vreden et al., 2020).

Addressing heavy vehicle driver health is therefore vital for the longevity of the freight and passenger transport industry and for the safety of all road users. This has prompted numerous government and industry-led initiatives over several decades.

In February 2022, the Infrastructure and Transport Ministers' Meeting (ITMM) asked the National Transport Commission (NTC) to identify options to improve the health screening of heavy vehicle drivers required under Assessing Fitness to Drive (AFTD) (Austroads and National Transport Commission, 2022) for three high-risk conditions – cardiovascular disease, diabetes and sleep apnoea.

This request flowed from the ACT Chief Coroner's findings over the death of a four-year-old in an incident involving a heavy vehicle driver with undiagnosed sleep apnoea. The ITMM request was based on comments from the ACT Minister for Transport that "incorporating objective screening for sleep apnoea would more closely align with the existing medical standards for rail safety, which include objective screening for sleep apnoea, diabetes screening testing and objective cardiac risk assessment".

<u>Approach</u>

The project objectives were to:

- investigate the current state of the issues to understand the nature and extent of the problem
- formulate evidence-based options in consultation with medical experts and other stakeholders
- undertake extensive stakeholder consultation to establish a recommended approach that will feasibly address the issues.

The NTC began the project in April 2024, engaging with jurisdictions, industry, unions and medical stakeholders through an advisory group (Heavy Vehicle Health Advisory Group) (Appendix A). The NTC also received expert advice on the topics of cardiovascular disease, diabetes and sleep apnoea screening through working groups involving experts in disease, occupational medicine and general practice (Appendix B).

The findings of this work highlight the significant size and diversity of the heavy vehicle sector and acknowledge the broader commercial driver sector, comprising taxi and rideshare drivers and delivery drivers, who can experience similar health-related issues.



The paper supports stakeholder understanding of how the AFTD Standards are currently applied across the licensing, accreditation and other authorisation systems to inform how changes to AFTD will affect drivers, employers, licensing authorities and other authorising bodies.

Specifically, this discussion paper describes:

- the nature and size of the heavy vehicle industry and the broader commercial vehicle industry, including the health profile of heavy and commercial vehicle drivers and impacts on road safety (section 2)
- how the AFTD standards are currently implemented for commercial vehicle drivers through heavy vehicle driver licensing and other programs, including accreditation programs (section 3)
- the prevalence and current screening approaches for the three medical conditions, including international approaches to screening commercial vehicle drivers (section 4)
- national and jurisdictional programs addressing commercial vehicle driver health (section 5)
- potential screening approaches for cardiovascular risk, diabetes and sleep disorders (section 6).

Options for driver health screening

The potential options for consideration have been prepared with input from medical specialists, working groups and Heavy Vehicle Health Advisory Group members. After the public consultation period, the NTC will analyse key data and costings from stakeholders. This will inform possible approaches for ITMM's consideration.

Table 1 summarises the options being consulted on. There are three grades of options, from no change (A) to improved implementation of current screening approaches in AFTD (B) to more defined screening approaches for each medical condition as per expert advice (C).

None of the options include criteria for screening outcomes. That is, the outcome of the screening process does not have an impact on licensing or accreditation, but further investigations conducted as a result of the screening findings may have implications for licensing/accreditation.

Option	Description	
Option A:	A: No change to content relating to the 3 clinical areas	
No change	Retain the status quo.	
	This means the current content in AFTD will remain unchanged and actions to undertake screening and manage risk will be at the discretion of the examining health professional.	
Option B: Improved	B: Improve implementation of current AFTD guidance across the cardiovascular, diabetes and sleep disorder chapters	
Implementation	This option involves strengthening implementation efforts to facilitate awareness and application of the guidance relating to screening. For example through:	

Table 1. Summary of options for health screening



Option	Description		
	 awareness and education for medical practitioners for assessing commercial vehicle drivers in general and assessing and managing cardiovascular risk, diabetes and sleep disorders redeveloping forms to include CVD Risk Calculator questions, STOP-Bang, OSA-50 or the Berlin questionnaire educating drivers about cardiovascular disease risk, diabetes and sleep disorders. 		
	current screening requirements.		
Options 1C, 2C	1C: Prescribe cardiac risk screening and facilitate implementation		
Prescribed screening	This option involves defining and prescribing specific requirements for cardiovascular disease risk assessment and management in AFTD, with changes supported by forms and other implementation initiatives as per option B.		
	This may involve updating the content in 'Part B: Chapter 2 Cardiovascular conditions' to include:		
	 updated general guidance in AFTD on assessing and managing cardiac risk for commercial vehicle drivers 		
	 more detailed information in AFTD to facilitate appropriate assessment using the <u>Australian Cardiovascular Disease Risk Calculator</u> including managing levels of risk. 		
	Option 1C also involves updating the Austroads health questionnaire, clinical health record and the report form to align with the changes, acknowledging there will be no changes to licensing criteria.		
	2C: Prescribe diabetes screening and facilitate implementation		
	This option involves defining and prescribing specific requirements for diabetes screening in AFTD including risk screening and/or pathology testing, with changes supported by the forms and other implementation initiatives as per option B.		
	This may involve updating the content in 'Part B: Chapter 3 Diabetes mellitus' to include:		
	 applying the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) every 5 years for commercial vehicle drivers not previously diagnosed or declared to have diabetes and subsequent blood testing for those found to be at high-risk, or 		
	 routine non-rasting single blood test for HbATC every 5 years for commercial vehicle drivers not previously diagnosed or declared to have diabetes 		



 updating the general guidance for commercial vehicle drivers and diabetes in AFTD to support improved management. Option 2C also involves updating the Austroads health questionnaire, clinical health record and the report form to align with the changes, acknowledging there will be no changes to licensing criteria. 3C: <u>Prescribe sleep disorder screening</u> and facilitate implementation This option involves defining specific requirements for sleep disorder screening in AFTD, with changes supported by the forms and other implementation initiatives as per option B. This may involve updating the content in 'Part B: Chapter 8 Sleep disorders' to include: more comprehensive guidance for assessing the risk of sleep apnoea and other sleep disorders, including identification of a preferred risk assessment tool (the STOP-Bang is favoured for consistency with rail) new content on referrals for polysomnography, interpreting results and management considerations including fitness for duty decisions when a commercial vehicle driver is referred for a sleep study new content about the interface with fatigue management, including recognition of the role of fatigue monitoring technology and workplace reports of incidents. Option 3C also involves updating the Austroads health questionnaire, clinical health record and the report form to align with the changes, acknowledging 	Option	Description	
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there will be no changes to licensing criteria.		Option 3C also involves updating the Austroads health questionnaire, clinical health record and the report form to align with the changes, acknowledging there will be no changes to licensing criteria.	

Potential benefits, costs, barriers and limitations of each option are outlined in Table 15. These may not be exhaustive, and we invite stakeholders to provide advice through this consultation to support our understanding of the potential impacts. While it is acknowledged that some benefits relate to improved general health and welfare of commercial vehicle drivers, it should be noted that the purpose of AFTD is to support road safety and to address road safety risks associated with medical conditions.

While the options for screening for cardiovascular disease risk, diabetes and sleep apnoea are presented separately, there is considerable overlap between the conditions. Integrating the screening approaches will be a consideration in AFTD implementation, acknowledging that integrating screening and medical management is fundamental to standard medical practice.

Reforms to achieve consistency in applying the health screening options through driver licensing regulation are out of scope for the project. Any supported changes to screening approaches will be applied by driver licensing authorities and accreditation schemes within their current health assessment frameworks, i.e. screening for the three conditions will not be introduced in systems that do not currently require medical assessments as a part of the licensing or driver accreditation process. For driver licensing authorities, this means the screening changes will be applied to their current licence application and periodic health assessments for heavy vehicle drivers (Table 2). Other than periodic assessments for older drivers, the ACT is currently the only jurisdiction that requires initial and periodic health assessments for applicants/holders of heavy



vehicle licences from medium rigid (MR) to multiple combination (MC). It follows that the benefits, costs, barriers and limitations outlined in this paper largely apply to systems featuring initial and periodic health assessments.

Health assessment timing	Health assessment requirements by jurisdiction	
Licence application	 ACT: MR-MC NSW and Tas: Only MC None: NT, Qld, SA, Vic, WA 	
Licence renewal or periodic	 ACT: MR-MC 5-yearly NSW: MC at age 21 and every 10 years up to age 40, then every 5 years until age 60, then every 2 years until age 70; annually thereafter. SA: MC operating south of Port Augusta every 3 years up to 49 years of age, then annually. None: NT, Qld, Tas, Vic, WA 	
Age-based (all licence categories)	 ACT and Qld: Annually from 75 years NSW: Annually from 70 (MC) and 75 years SA: Annually from 70 years WA: Annually from 80 years None: NT, Tas, Vic 	

Summary of application of screening by jurisdiction

For accreditation schemes, the agreed screening changes will apply to all commercial vehicle drivers who are enrolled in those schemes (about 436,000 drivers) (Table 3 and Table 8). These accreditation schemes include:

- public passenger accreditation (state-based) (about 419,633 drivers)
- dangerous goods licensing (state-based) (about 26,464 drivers)
- National Heavy Vehicle Accreditation Scheme (national, excluding WA and NT) (about 3,178 operators)
- Western Australia Heavy Vehicle Accreditation (state-based) (about 5,034 operators)
- TruckSafe (national) (about 183 operators)
- work health and safety (Western Australia).

Table 3. Summary of accreditation/authorisation by jurisdiction

Vehicle type	Health assessment timing	Health assessment requirements by jurisdiction
Public	Initial application	 All jurisdictions
vehicle drivers	Periodic	 ACT: 5-yearly to age 75 then annually (for rideshare, hire car, hire car motorcycle, taxi, restricted hire car) and annually for bus drivers NSW: 3-yearly to age 60, then annually, for bus drivers NT: 5-yearly Qld: 5-yearly to age 75, then annually SA: 3-yearly to age 70, then annually

Vehicle type	Health assessment timing	Health assessment requirements by jurisdiction
		Tas: 3-yearly to age 65, then annuallyVic: 3-yearly (for taxi, bus and driver instructors)
Dangerous	Initial application	 All jurisdictions
goods vehicle drivers	Periodic	 ACT, NSW, NT, Vic: 5-yearly Qld: 3-yearly to age 75, then annually SA: 3-yearly Tas: Every licence renewal period

Next steps

In this discussion paper, we have set out a number of potential options for consideration. We are seeking views on potential changes to screening approaches for cardiovascular disease, diabetes and sleep disorders and any other initiatives that may promote driver health.

The period for written submissions will close on Friday 9 May 2025.

We will continue to consult with stakeholders during the public consultation period. Following this, we will develop a consultation report and recommendations for ITMM's consideration.



List of questions

Question 1: the commerce	Can you provide any more information relevant to supporting our understanding cial vehicle industry, including road safety impacts?	of _33
Question 2: the general l	Can you provide any more information relevant to supporting our understanding health status, priority health areas and risks for commercial vehicle drivers?	of _33
Question 3: operate?	Can you provide more information about how systems that are based on AFTD 47	
Question 4: cardiovascul screening ap	Can you provide any more information relevant to supporting our understanding lar disease, diabetes and sleep disorders outlined in this section, including possib pproaches?	of ole _71
Question 5: monitoring te	Can you provide any information about other interventions, such as driver echnologies, to support our understanding of managing these conditions?	_75
Question 6: health initiat	Can you provide any more information to support our understanding of other drivities?	/er _75
Question 7: expanded to	What are your views on whether any of these initiatives should be supported or promote driver health?	_75
Question 8: health scree	What are your views on how any of these initiatives might integrate with improve ning for commercial vehicle drivers?	ed _76
Question 9: limitations a	In relation to options A and B, please comment on the benefits, costs, barriers and advise of any other information that should be considered.	nd _85
Question 10: application c	Can you suggest any other implementation approaches to support the of the current standards and guidance in AFTD (option B)?	_85
Question 11: costs, barrie	In relation to options 1C, 2C and 3C, can you please comment on the benefits rs and limitations and advise of any other information that should be considered?	s, 85
Question 12:	Do you have any alternative options to those presented?	_85



1 Introduction

Key points

- The Infrastructure and Transport Ministers Meeting (ITMM) has asked the National Transport Commission (NTC) to review the health screening of heavy vehicle drivers required under the national fitness to drive standards Assessing Fitness to Drive (AFTD) for three high-risk conditions – cardiovascular disease, diabetes and sleep apnoea.
- While the ITMM request relates specifically to heavy vehicle drivers, a range of other 'commercial drivers' experience similar health-related issues and are managed similarly within the current systems, including licensing and accreditation. This paper therefore takes a broader view to support understanding of the issues and inform appropriate solutions.
- Based on the consultation process, the NTC will develop options for ITMM's consideration in the first half of 2025.
- This paper aims to guide stakeholder input by providing preliminary data and evidence on the current approaches to managing driver health and the road safety impacts of the health issues in question. It also outlines potential options for improved screening and management.

1.1 <u>Purpose of this document</u>

This document will inform consultation with stakeholders and subject matter experts by presenting preliminary evidence and data. It also outlines our understanding of the relevant context including:

- the nature of the heavy vehicle industry (section 2)
- health impacts and road safety (section 2)
- the role of AFTD in supporting medical fitness of commercial vehicle drivers (section 3)
- the prevalence and current screening approaches for screening of cardiovascular disease (CVD), diabetes and sleep disorders (section 4)
- other initiatives to support commercial vehicle driver health (section 5)
- potential options to improve screening (section 6)
- next steps (section 7).

Based on this information, this document presents preliminary options for input. It does not reflect a comprehensive literature review nor a comprehensive explanation and assessment of the current situation with respect to health assessments for commercial vehicle drivers. It does, however, shed light on the complexity of the road transport industry and the systems that support road safety.

Throughout the document there are prompts for stakeholders to contribute more information to support our understanding. Depending on the stakeholder feedback received, an impact analysis will be conducted after the public consultation period to evaluate and determine the viability of any preferred options.¹

¹ More information on the impact analysis process can be found in the *Australian Government guide to policy impact analysis* on the <u>Office of Impact Analysis website</u>.



1.2 <u>Background</u>

The AFTD Standards support fitness to drive assessments conducted by health professionals for driver licensing purposes. Health professionals use the Standards to assess and manage patients whose diagnosed long-term medical conditions may affect their driving ability. The Standards are also a reference point for driver licensing authorities that make decisions about medical fitness to drive and licensing.

In addition to driver licensing, AFTD is used as a basis for medical assessments and fitness for duty determinations across the transport industry including for:

- heavy vehicle accreditation programs
- accreditation of public passenger vehicle drivers, dangerous goods drivers and driver instructors.

Other industries, such as emergency services, also draw on AFTD to manage the fitness for duty of personnel with a driving role.

The NTC regularly reviews and updates the AFTD Standards to ensure their technical accuracy, engaging with a wide range of stakeholders.

In February 2022, ITMM asked the NTC to review of the health screening of heavy vehicle drivers required under AFTD for three high-risk conditions – CVD, diabetes and sleep disorders.

This request flowed from the ACT Chief Coroner's findings on the death of a four-year-old child in an incident involving a heavy vehicle driver with undiagnosed obstructive sleep apnoea (OSA). ITMM asked the NTC to undertake this work based on comments from the ACT Minister for Transport that "incorporating objective screening for sleep apnoea would more closely align with the existing medical standards for rail safety, which include objective screening for sleep apnoea, diabetes screening testing and objective cardiac risk assessment".

This project relates to the 2022 edition of AFTD. It also has implications for the next review of these Standards, which is due to begin in the second half of 2025. The project draws on the recently released <u>2024 edition of the National Standard for Health Assessment of Rail Safety</u> <u>Workers</u> (the rail Standard) (National Transport Commission, 2024), which incorporates developments to improve screening of safety critical workers for sleep disorders, diabetes and cardiovascular risk. While the rail Standard provides a useful basis for considering health screening for other safety critical workers, the application of such standards in road transport must consider various contextual issues such as the size and diversity of the road transport industry.

This project also operates within the broader context of commercial vehicle road safety and driver health. As part of the preliminary scoping for this project, the NTC met with stakeholders who are leading initiatives that directly or indirectly support driver health (refer to section 5 for details). These initiatives and organisations include <u>Austroads Guidelines for the provision of heavy vehicle rest area facilities</u>, <u>Healthy heads in trucks and sheds</u> and the <u>National Road Safety Partnership</u> <u>Program</u>. Coordinated engagement with these stakeholders will be an important element for implementing any potential changes proposed in this project.

The project also considers relevant initiatives and guidelines linked to preventative activities in the general population to ensure appropriate alignment (for example, the <u>Royal Australian College of</u> <u>General Practitioners Guidelines for preventive activities in general practice</u>).



1.3 <u>Terminology and implications for project scope</u>

While the ITMM request relates specifically to 'heavy vehicle drivers', a range of other 'commercial vehicle drivers' experience similar health-related issues and are managed within the current systems, including licensing and accreditation. These include public passenger vehicle drivers (buses, taxis, ride share etc), dangerous goods vehicle drivers and driving instructors.

At the same time, it is acknowledged that, from a licensing perspective, the term 'heavy vehicle driver' includes licensing categories from light rigid (LR) to multiple combination (MC). However, drivers of LR vehicles only need to meet the private vehicle medical standards, even if they drive for commercial purposes.

Given these complexities, the project has taken a broader view and explores the systems and evidence relating to heavy vehicle drivers as well as other commercial drivers to support understanding of the issues and to help develop appropriate solutions.

It is acknowledged that the academic literature is not necessarily framed around the Australian terminology and licensing categories, so readers should bear this in mind when reviewing the evidence presented in this paper.

In presenting the information about the current Australian licensing and accreditation systems and the options for consultation, the Australian definitions are applied. Thus, the term 'heavy vehicle driver' includes truck, bus and coach drivers as per the definitions in Table 4 from AFTD, including drivers of LR vehicles. The term commercial vehicle or commercial driver is used as applicable to define the broader categories of driver covered by the commercial standards in AFTD.

Note: The options outlined in this discussion paper are intended to be applied to the **current licensing and accreditation framework**. Thus, there is no recommendation for drivers licensed to drive LR vehicles to meet the commercial standards in AFTD or to be subject to new requirements for health assessments other than those outlined in current legislation.

National heavy v	ehicle licence class	Applicable medical standard
Light rigid (LR)	Any rigid vehicle greater than 4.5 t GVM or a vehicle seating more than 12 adults that is not more than 8 t, plus a trailer of no more than 9 t GVM	 Private standards apply unless the driver: Holds or is applying for an authority to carry public passengers for hire or reward (e.g. taxi driver) Is undertaking a medical assessment as a requirement under an accreditation scheme

Table 4.	Licence classes and application of fitness to drive standards for heavy	v vehicles ²
	Elective classes and application of introde to arrest standards for near	

² Section 6 of the Heavy Vehicle National Law states a vehicle is a heavy vehicle if it has a gross vehicle mass (GVM) or aggregate trailer mass of more than 4.5 t.



National heavy v	ehicle licence class	Applicable medical standard
		 Holds or is applying for an authority to hold a dangerous goods driver licence Holds or is applying to hold authority to be a driving instructor (may vary between jurisdictions). In these cases, the commercial standards apply.
Medium rigid (MR)	Any 2-axle rigid vehicle greater than 8 t GVM, plus a trailer of no more than 9 t GVM	
Heavy rigid (HR)	Any rigid vehicle with 3 or more axles greater than 8 t GVM, plus a trailer of no more than 9 t GVM	Commercial standards apply at all times.
Heavy combination (HC)	Prime mover + single semitrailer greater than 9 t GVM and any unladen converter dolly trailer	
Multiple combination (MC)	Heavy combination vehicle with more than one trailer	

1.4 <u>Purpose and scope</u>

This project identifies options to improve the approach to screening for cardiac risk, diabetes and OSA in commercial vehicle drivers. This will help reduce the risk of death, injuries and damage linked to these medical conditions.

The NTC acknowledges that the project has a reasonably narrow focus and that there are several other health risks of significance to commercial vehicle drivers. So, while the request from ministers focuses on three high-risk medical conditions, this paper presents data on a range of other health issues and an overview of other initiatives and interventions that may need to be considered in the broader context of any policy and administrative changes.

The NTC also welcomes advice from stakeholders about other changes that should be prioritised in future reviews of AFTD to support early identification and management of health conditions for commercial vehicle drivers.

The NTC is committed to an evidence-based approach that considers the range of interventions to manage the road safety risks linked with ill-health of commercial vehicle drivers. The NTC therefore welcomes information about other interventions.

Findings of this project will be considered in the next review of the AFTD Standards, scheduled for 2025.

The objectives of this project are to:

- investigate the current state of the issues to understand the nature and extent of the problem
- form evidence-based options in consultation with medical experts and other stakeholders
- undertake extensive stakeholder consultation to establish a recommended approach that will feasibly address the issues.

Outlined below are the activities conducted to achieve these objectives.

Investigate the current state of the issues to understand the nature and extent of the problem and existing interventions

- Explore how fitness to drive and fitness for duty operate under state and territory road legislation, the Heavy Vehicle National Law (HVNL), other accreditation programs and within the AFTD commercial vehicle driver standards, including the nature of screening, the point in time and frequency of screening.
- Investigate the base case and scale of the problem relating to CVD, diabetes and OSA, acknowledging that these conditions are interrelated and often coexist:
 - number of heavy vehicle driver licence holders
 - number of commercial vehicle driver accredited drivers
 - number of commercial vehicle drivers currently undergoing screening through various systems
 - prevalence of the three medical conditions.
- Examine road safety data relating to these conditions as well as findings from recent coronial inquests related to commercial vehicle driver health.
- Examine research evidence relating to the role of screening in managing these and other health risks for commercial vehicle drivers.
- Investigate approaches in international jurisdictions for periodic screening of commercial vehicle drivers and specific screening practices relevant to CVD, diabetes and OSA.
- Investigate existing interventions aimed at addressing these and broader health conditions for commercial vehicle drivers.

Formulate evidence-based screening and implementation options in consultation with medical experts and other stakeholders

A discussion paper (this paper) will be developed based on the research activities and consultation with relevant experts. Options will be outlined, including screening tests suitable for identifying high-risk individuals for subsequent testing for sleep disorders, cardiovascular conditions and diabetes.

For the options described, the following information will be provided to support public consultation:

- the sensitivity and specificity of the proposed screening tests and the implications in terms of false positives and negatives
- the expected road safety benefits and disbenefits of screening options
- the potential health, social and economic impacts placed on drivers and operators to meet new obligations
- the potential impact on and capacity of health services to deliver the proposed screening, treatment and support for drivers.

Undertake extensive stakeholder consultation to establish a recommended approach that will feasibly address the issues



- Consultation will be via an advisory group, the Heavy Vehicle Health Advisory Group (HVHAG) with representation across all relevant stakeholder groups (refer to section 1.6).
- Public consultation will be via a discussion paper (this document), with engagement facilitated by HVHAG and through NTC networks.

The NTC will submit findings and recommendations for potential reform options for ITMM consideration in 2025.

Subject to advice from the Office of Impact Analysis, an impact analysis (formerly a regulation impact statement) may be needed to consider how any proposed options affect drivers, government departments, health services, industry and the community, as well as broader economic and other impacts. If an impact analysis is needed, this will be considered in-scope for the project.

Any changes to AFTD relating to screening for diabetes, cardiovascular risk and sleep disorders that ITMM agrees on will be incorporated into the next edition of the Standards and will not come into effect until that edition of AFTD is approved.

Acknowledging that AFTD does not prescribe when health assessments are conducted, whether at licence application and/or periodically for ongoing licensing, reforms to achieve consistency in applying the health screening options through driver licensing regulation are out of scope for the project and the set of options. Any supported changes to screening approaches will be applied by driver licensing authorities and accreditation schemes within their current health assessment frameworks, i.e. screening for the three conditions will not be introduced in systems that do not currently require medical assessments as a part of the licensing or driver accreditation process.

Other medical conditions and feedback from stakeholders not specifically related to this project will be addressed in the comprehensive review of the AFTD Standards beginning in 2025.

1.5 Project methodology

The project will be conducted over five phases, culminating in the recommendations to ministers in 2025 (Figure 1):

- **Phase 1 (April to July 2024):** Project preparation, including engagement with key stakeholders and establishing governance, project management and resourcing approaches (Appendix C).
- Phase 2 (August to November 2024): Developing a draft discussion paper based on initial stakeholder consultation and research including:
 - exploring how fitness to drive and fitness for duty operate under state and territory legislation, the HVNL and other accreditation programs and how the AFTD commercial vehicle driver standards are applied
 - investigating the scale of the problem relating to OSA, diabetes and CVD in the community and for commercial vehicle drivers, acknowledging that these conditions are interrelated and often coexist
 - examining road safety data relating to these conditions as well as findings from relevant coronial inquests
 - examining research evidence on the role of screening in managing these and other health risks for commercial vehicle drivers
 - investigating approaches in international jurisdictions
 - investigating existing interventions aimed at addressing these and broader health conditions for commercial vehicle drivers



- compiling options based on these inputs and outlining the expected benefits and costs including the potential health, social and economic impacts on drivers and operators to meet new obligations.
- Phase 3 (December 2024 to February 2025): Consultation with the project advisory group (HVHAG) and other stakeholders about the discussion paper.
- Phase 4 (March to May 2025): Public consultation on the discussion paper.
- Phase 5 (May to June 2025): Developing a consultation report, including recommendations to ministers.





1.6 Governance, stakeholder engagement and expert input

As the lead agency in the project, the NTC is managing all aspects of the project including:

- engaging with stakeholders
- managing expert inputs
- developing the discussion paper, consultation report and impact analysis.

Stakeholders involved in the project include:

- government agencies
- driver licensing authorities
- the heavy vehicle industry and regulators
- the broader commercial vehicle industry and regulators
- unions and medical professionals representing general practitioners, occupational medicine specialists and specialists in the fields of sleep disorders, diabetes and CVD.

Many of these stakeholders are engaged through the HVHAG, as well as through separate working groups to advise on approaches for the three medical conditions in question (refer to Appendix A).



The working groups comprise subject matter experts who provide technical advice on screening options and implications (refer to Appendix B). Representation includes:

- the Cardiac Society of Australia and New Zealand
- the National Heart Foundation
- the Australian Diabetes Society
- Diabetes Australia
- the Australasian Sleep Association
- the Institute for Breathing and Sleep.

Each working group also includes representation from the Royal Australian College of General Practitioners (RACGP) and the Australian and New Zealand Society of Occupational Medicine. This means factors such as the interrelationships between the medical conditions in question and the experience of practitioners delivering the assessments can be considered.

The governance structure is shown in Figure 2. Roles and responsibilities of the stakeholder groups are summarised in Table 5.

Infrastructure and transport ministers are the final decision-makers.

Project Health has been engaged as a medical review consultant to advise the NTC throughout the project.

Figure 2. Governance structure





Table 5. Stakeholder roles and responsibilities

Stakeholder group	Function/responsibilities	Role
Infrastructure and transport ministers	 Consider the project findings and recommendations and decide on reform options 	 Decision making
NTC	 Project management Prepare and submit recommendations to ITMM 	 Stakeholder engagement and consultation Forming
		recommendations based on expert and stakeholder inputs
HVHAG	 Provide advice to assist understanding of the issues, their impacts and potential solutions Consider advice from expert medical professionals and other stakeholders Assist in resolving project issues 	 Advisory
Working groups	 Provide initial expert advice on medical issues and screening approaches Provide ad hoc advice on health issues throughout the project 	Issues identificationProviding advice
Other relevant stakeholders	 Contribute data relating to driver health, road safety, research and intervention programs 	 Providing data and other inputs
Project Health	 Assist NTC in determining issues, developing options and consulting with stakeholders Provide expert advice to the NTC 	 Subject-matter advisory



2 Understanding the commercial vehicle industry, health impacts and road safety

Key points

This section describes our current understanding of:

- the nature and size of the commercial vehicle industry in Australia, including the freight, public passenger and dangerous goods industries
- evidence of elevated health risks and poor health outcomes for drivers of heavy vehicles and other commercial vehicles, including the impacts of commercial vehicle driving on health
- commercial drivers' access to and use of health services
- the contribution of health to road safety risk for commercial vehicle drivers.

The section highlights several priority health issues for commercial vehicle drivers, including those that are the subject of this report, but also others such as mental health and musculoskeletal health.

These health risks are even more concerning given the heightened road safety risks for commercial vehicle drivers linked to longer periods on the road, larger vehicle size and the nature of the freight being carried, including passengers and dangerous goods.

2.1 <u>Nature and size of the commercial vehicle industry</u>

Australia's freight system connects Australia to the world and allows domestic freight to be moved between regions and within cities. Road freight transport is critical to the national productivity of Australia, with an estimated 58,978 road freight businesses, ranging from single truck operators to large corporations (IBISWorld, 2024a), contributing 7.9 per cent (\$164.4 billion) to gross domestic product in 2021–22 (ABS, 2023). Indeed, truck driving is one of the most common occupations among Australian males, along with other male-dominated sectors including technicians, trade workers, labourers and other professionals (ABS, 2024). The passenger road transport system is also sizeable.

As outlined below, the vehicle, driver and business numbers across these sectors speak to the size and significance of these industries, and to the complexity of managing driver health.

- *Heavy vehicle numbers:* In 2023, there were 694,904 trucks (187,958 LR trucks, 386,609 HR trucks and 120,337 articulated trucks) and 97,469 buses registered in Australia (BITRE, 2023, p. 4).
- Licensed heavy vehicle drivers: In July 2024, licence holders across the heavy vehicle category comprised (data provided by driver licensing authorities) (Table 6):
 - LR 282,901
 - MR 318,279
 - HR 1,002,842
 - HC 386,418
 - MC 215,634.



- Accredited public passenger vehicle drivers: In August 2024, there were 419,633 public passenger vehicle drivers, including bus, taxi and rideshare drivers (Table 7).
- Accredited dangerous goods vehicle drivers: In August 2024, there were 26,464 drivers accredited to carry dangerous goods (Table 8).
- Employed heavy vehicle drivers: While there are well over two million people licensed to drive heavy vehicles, employed drivers represent a fraction of these (Figure 3). As of May 2024, there were:
 - 180,800 truck drivers employed in Australia, with a median age of 47 years (compared with 39 years for other occupations) (Jobs and Skills Australia, 2024d); this includes all those who drive a heavy vehicle as part of a non-transport-related profession such as firefighters, farmers and builders
 - 37,300 bus and coach drivers employed in Australia, with a median age of 58 years (Jobs and Skills Australia, 2024a).
- Taxi and rideshare industry: There are 35,854 businesses in the taxi and limousine transport industry in Australia, with 13,800 employed taxi drivers and 1,900 employed chauffeur drivers (IBISWorld, 2024b). There are seven businesses in the ridesharing services industry in Australia, employing more than 100,000 drivers (RSDAA, 2021).
- Other sectors: Two other commercial driving sectors, delivery drivers and driving instructors, employ a combined 94,700 drivers (Jobs and Skills Australia, 2024b; 2024c). As of January 2024, light commercial vehicles comprised the second-largest vehicle type on register, with 4.08 million vehicles (18.8 per cent of the fleet) (BITRE, 2024). Light commercial vehicles are defined as vehicles built to carry goods, and which are less than or equal to 3.5 t GVM, including utilities, panel vans, cab-chassis and forward-control load carrying vehicles. These drivers are generally outside the scope of the current project, unless they are covered by the AFTD commercial vehicle standards.

Juris dictio n	Car ³	LR ³	MR	HR	НС	МС	Total
АСТ	321,110	4,880	5,243	8,442	1,919	700	342,294
NSW	5,368,688	90,349	1,34,116	210,471	93,111	33,937	5,796,556
NT	121,463	5,755	6,344	15,171	4,091	5,052	157,876
Qld	3,589,942	66,994	101,591	261,781	67,293	71,013	4,158,614
SA	1,189,299	23,859	40,882	57,813	31,411	17,589	1,360,853
Tas	354,536	10,636	27,551	15,847	11,587	2,941	423,098

Table 6. Licensed vehicle drivers by vehicle type (July 2024)

³ Private standards apply unless the driver has an authority to carry public passengers for hire or reward; under an accreditation scheme; holds a dangerous goods driver licence or a driving instructor.



Juris dictio n	Car ³	LR ³	MR	HR	нс	MC	Total
Vic	4,725,481	46,071	103,312	217,481	125,159	41,299	5,258,803
WA	1,813,216	34,357	33,356	215,836	51,847	43,103	2,191,715
Subt otal	17,483,735			2,206,074			19,689,809
Total	17,483,735	282,901	318,279	1,002,842	386,418	215,634	19,689,809

Figure 3. <u>Heavy vehicle drivers – licensed drivers by vehicle type compared with</u> professional drivers



As well as heavy vehicle licensing, various accreditation schemes support safety in the industry. Table 7 shows that, in August 2024, there were:

- 3,149 operators enrolled in Basic Fatigue Management (BFM) under the National Heavy Vehicle Accreditation Scheme (NHVAS)
- 101 operators enrolled in Advanced Fatigue Management (AFM) under NHVAS
- 183 operators enrolled in TruckSafe



 5,034 operators enrolled in the mandatory Western Australian Heavy Vehicle Accreditation Scheme (WAHVAS).

Operators may take part in more than one scheme, so numbers may not add up. There is an average of 30,000 drivers covered by NHVAS and up to 50,000 in seasonal variations. These programs are discussed more in section 3.

Jurisdiction	NHVAS BFM	NHVAS AFM	TruckSafe	WAHVAS
АСТ	13	0	2	1
NSW	1,224	19	74	105
NT	8	0	4	35
Qld	689	46	50	116
SA	401	20	19	171
Tas	51	0	10	2
Vic	724	16	21	138
WA	39	0	3	4,466
Total	3,149	101	183	5,034

Table 7. Number of heavy vehicle accreditation participants (operators) (August 2024)

Number of accredited/authorised public passenger and dangerous goods drivers (August 2024)

Jurisdiction	Public passenger	Dangerous goods
АСТ	10,291	96
NSW	176,2004	7,258
NT	4,178	865
Qld	55,356	6,327

⁴ Rideshare, hire car, taxi and public bus drivers.



Jurisdiction	Public passenger	Dangerous goods
SA	30,202	1,762
Tas	5,116	849
Vic	99,056 ⁵	3,557
WA	39,234	5,750
Total	419,633	26,464

2.2 Road safety outcomes in the commercial vehicle industry

Reflecting the size and nature of the industry, the road transport industry accounted for 21 per cent of all worker fatalities between 2017 and 2021, with 74 per cent of these occurring due to vehicle collisions (Safe Work Australia, 2023). Similarly, research conducted by the Monash University Accident Research Centre (MUARC) found that truck drivers' chances of dying at work were 13 times higher than that of other Australians (Xia et al., 2020a, p. 5).

During the 12 months to the end of June 2024, 176 people died in crashes involving heavy trucks (HR and articulated), and 15 people died in crashes involving buses (BITRE, 2024, p. 1). Fatalities in crashes involving heavy trucks (HR and articulated) decreased by an average of 3.8 per cent per year over the three years to June 2024 and decreased by an average of 3.2 per cent per year over the three years for buses. Data suggests that, including fatality rates and crash data, fatal crashes involving heavy trucks (HR and articulated) and buses cost the economy about \$980 million annually (DITRDC, 2022, p. 11).

Serious injuries linked to heavy vehicle crashes are also a significant problem. About 500 heavy truck occupants are hospitalised from road crashes each year, while about 250 bus occupants are hospitalised annually (BITRE, 2020). Of the heavy truck occupants, about 30 per cent are categorised with high threat-to-life injuries (BITRE, 2020). Data is not available to quantify the total number of people hospitalised due to road crashes involving heavy vehicles, including people who were not inside the vehicle.

While fatal crashes have declined, the 2024 National Truck Accident Research Centre's *Major incident report* highlighted the overall incident rate between 2022 and 2023 has increased by 27 per cent (Proud and Gibson, 2024, p. 7). Incidents are defined as involving at least one heavy vehicle (with a GVM over 4,500 kg) insured with National Transport Insurance with an identified incident cost equal to or greater than \$50,000. The report noted inattention/distraction incidents were the most prevalent cause, with incidents increasing 75 per cent since 2022 (Proud and Gibson, 2024, p. 7). Speed and inadequate following distance were also key contributors to incidents.



⁵ Hire car, taxi and bus and minibus drivers who have actively driven a commercial passenger vehicle, bus or minibus within the past 12 months.

There is currently no systematic information in Australia about the contribution of medical conditions to crashes involving heavy vehicles. The association between health and road safety is discussed in detail in the next section and is noted in the discussion on coronial inquest findings in section 4.4.2.

2.3 Health of commercial vehicle drivers

It is well established that, compared with the general population, heavy vehicle drivers, including truck drivers and bus drivers, are at a higher risk of a raft of health issues including:

- heart disease
- diabetes
- OSA
- poor mental health
- poor musculoskeletal health
- drug and alcohol use.

These all have implications for road safety (Abu Dabrh et al., 2014; Bragazzi et al., 2018; Crizzle et al., 2017; Guest et al., 2020; Pickard et al., 2022; Van Vreden et al., 2020).

Long-haul truck drivers are especially vulnerable due to the nature of their work, which involves (Xia et al., 2020a, p. 4):

- Iong working hours
- prolonged sitting
- continuous noise
- shift work
- overnight driving
- social isolation
- poor access to nutritious food
- strict timetables
- Iow levels of job control
- sometimes not enough rest.

However, short-haul drivers may experience higher levels of psychological distress, spending more time driving in high-traffic areas and experiencing greater time pressure to make multiple deliveries in a day. These factors can erode a driver's health and fitness, contributing to obesity, OSA, cardiovascular disorders and diabetes. In turn, these conditions are linked to an increased crash risk (Abu Dabrh et al., 2014; Charlton et al., 2021; Crizzle et al., 2017).

Timely access to healthcare services is another challenge for commercial drivers, who are often a great distance from home when healthcare needs arise. The vehicle itself may impair physical access to services, and strict schedules may limit the time available to seek medical care. These factors are also likely to limit access to preventative health care.

A survey conducted among American truck drivers found 40 per cent mentioned a lack of medical services on the road, and 71 per cent did not have regular healthcare visits (Apostolopoulos et al., 2013). Nearly 25 per cent reported difficulty in keeping appointments, and 24 per cent reported their inability to afford medical care. Access to fitness facilities was also a problem (Apostolopoulos



et al., 2013). A more recent study in Canada involving interviews with long haul truck drivers reported similar findings for the barriers to accessing healthcare services (Jbilou et al., 2024). This study highlighted the difficulties of accessing services delivered within normal business hours and the need for online services.

A recent Australian study conducted by researchers at Monash University as part of a broader body of research into truck driver health, reinforces these research findings. A key feature of the Driving Health research program has been an extensive survey of the physical and mental health of Australian truck drivers conducted between 2018 and 2020. It involved an online survey of nearly 2,000 drivers as well as a telephone survey and in-depth interviews. Researchers also asked drivers and families for possible solutions and interventions to strengthen the health and wellbeing of drivers. Several reports have been published detailing the findings of the study (Lee et al., 2023; Pritchard et al., 2020; Xia et al., 2018; 2020a; 2020b; 2021; Van Vreden et al., 2020; 2023). These can also be found on the <u>dedicated website</u>.

The survey confirmed a concerning health profile, with 30 per cent of drivers reporting poor overall health compared with 16 per cent in the general population (Van Vreden et al., 2020, p. 8).

Report Number 6 of the survey (Van Vreden et al., 2020, pp. 5–33) also highlighted several health challenges for truck drivers as summarised in Figures 4 and 5, including:

- Overweight and obesity: Over 80 per cent of truck drivers in the study were classified as being overweight or obese compared with the average of 74.5 per cent for Australian males (ABS, 2018c). Obesity is linked to a series of health problems such as type 2 diabetes, high blood pressure, stroke and sleep disorders.
- **Psychological distress:** One in five drivers under 35 years of age reported severe levels of psychological distress, compared with one in nine Australian men of the same age.
- Common medical conditions: The most common medical conditions for drivers were back problems (34.5 per cent), high blood pressure (25.8 per cent) and mental health issues (19.4 per cent).
- Multiple medical conditions: Almost a third of drivers had three or more diagnosed medical conditions, which is four times greater than the average for Australians (ABS, 2018c). Having three or more chronic conditions nearly doubles the odds of experiencing a crash.
- **Cardiovascular disease:** 25.8 per cent of drivers reported having high blood pressure and 5.3 per cent reported having CVD.
- Diabetes: 8.2 per cent of drivers reported having diabetes.
- *Sleep apnoea:* 13.4 per cent of drivers reported having OSA.

Report number 8 of the survey noted the prevalence of fatigue among drivers, with 60 per cent experiencing fatigue while working and one in 10 admitting to nodding off or falling asleep while driving in the previous year (Xia et al., 2021).

We note that the studies were based on the self-reported health status of drivers, and therefore the rates of diagnosed disease are likely to be higher than reported.

As highlighted in later sections of this report, some studies have involved objective measures of various conditions and risk factors, which overcomes some of the limitations of self-reported health status.

For example, using objectively measured anthropometrics and blood biomarkers, Ruettger et al. (2022) identified the prevalence of diabetes (6.1 per cent), hypertension (28.3 per cent), clinically



elevated low-density lipoprotein (83.6 per cent) and clinically elevated total cholesterol (66.6 per cent) among a sample of 329 heavy vehicle drivers in the United Kingdom. They also found links between the cardiometabolic markers and low physical activity levels in these drivers.

In terms of possible solutions and interventions to strengthen the health and wellbeing of drivers, interviewees did not identify clear methods or options in the Monash study, but the researchers presented six themes for areas for future intervention programs and these include (Pritchard et al., 2020, p. 33):

- coping and self-management strategies
- specialised expertise for physical and mental health support
- strategies for better sleep
- health food options on the road
- public education programs
- protection for whistleblowers.

These findings reflect the need for a variety of interventions to address the complex area of commercial vehicle driver health. It is beyond the scope of this project to investigate other interventions in detail.

Short-haul Long-haul Whole cohort Back problems 18.5% 480 (34.5%) High blood pressure 358 (25.8%) 14 1% Mental health problems 10.1% 269 (19.4%) High cholesterol 8.9% 217 (15.6%) Arthritis 7 6% 209 (15.0%) Sleep apnoea 69% 186 (13.4%) Hay fever 174 (12.5%) Migraines 68% 162 (11.7%) Asthma 5 6% 141 (10.1%) Diabetes 114 (8.2%) Traumatic injury 3.4% 2.8% 81 (5.8%) Cardiovascular disease 74 (5.3%) 2 7% Cancer 41 (2.9%) Osteoporosis 33 (2.4%) COPD 24 (1.7%) Cerebrovascular disease 11 (0.8%) Source: Van Vreden et al., 2022, p. 7

Figure 4. Comparison of health conditions between short-haul and long-haul



Figure 5. Comparison of physical health between truck drivers and national average



Source: Transport Workers Union, 2021, p. 1, reporting on the findings of the Monash University Driving Health study

Bus drivers also experience poorer health outcomes compared with the general population. Local research is limited, but several international studies have suggested that bus driving is linked to an increased risk of heart attack and increased levels of musculoskeletal and stress/psychiatric conditions when compared with the general population (Brodie et al., 2021). Also, the Bus Industry Confederation (BIC) has advised that many drivers enter the industry with pre-existing conditions that need ongoing management. Split shifts, sedentary work and poor eating habits contribute to further issues.

Studies also point to ageing and lifestyle factors as potentially contributing to these outcomes. For example, a study commissioned by BIC found that drivers have a poor understanding of weight management and that many drivers were making poor dietary choices (BIC, 2021). BIC advised that once drivers reach 130 kg in bodyweight, they are no longer rated to their industry standard seats, which can impact on the driver's ability to fulfill their role and, at times, their ongoing employment.

Brodie et al. (2021) investigated health-related behaviours of 58 bus drivers using a self-report questionnaire. Only 10.3 per cent of respondents met the Australian recommendations of 150 minutes of moderate-to-vigorous physical activity per week, and 60 per cent reported sitting for seven or more hours per day at work.

Reflecting the potential impact on road safety outcomes, driver health and potential age-related decline have been factors investigated in several recent fatal bus incidents, including in Greta (NSW) (Office of Transport Safety Investigations, 2023), Brisbane (Qld) (Williams, 2024) and Kilmore (Vic) (Australian Broadcasting Corporation, 2024).

Following the Greta incident in New South Wales in June 2023, the NSW Bus Industry Taskforce recommended that "Transport for NSW conduct an in-depth analysis of processes to assess



medical fitness to drive in collaboration with key stakeholders including bus operators, BusNSW and unions and provide actionable recommendations" (NSW Bus Industry Taskforce, 2024, p. 19).

Similarly, an independent report commissioned by Brisbane City Council following a fatal incident in the Brisbane CBD involving a 70-year-old driver (Inside Local Government, 2024) has prompted continued investigation of options to improve health surveillance, particularly of older public passenger vehicle drivers.

Taxi drivers experience similar health concerns linked to long working hours, sedentary behaviour, low levels of activity, poor diet, sleep disruption and fatigue (Apantaku-Onayemi et al., 2012; Elshatarat and Burgel, 2016).

Rideshare drivers express similar concerns about the health impacts of their work, with one study finding a third of rideshare drivers experience acute musculoskeletal pain (Caban-Martinez et al., 2020, p. 237). A separate study concluded that long hours of sedentary behaviour, repetitive movements and poor nutrition and hydration contribute to health risks for rideshare drivers (Bartel et al., 2019, p. 5).

In light of these findings, and as previously noted, the NTC acknowledges that the current project has a reasonably narrow focus and that there are several other health risks of significance to commercial vehicle drivers. These include:

- their general level of physical health
- multiple chronic medical conditions
- musculoskeletal health and injuries
- pain
- diet
- sleep
- substance use
- mental health issues.

In turn, we acknowledge that screening for health conditions is just one approach to addressing these concerns.

2.4 Questions

Question 1: Can you provide any more information relevant to supporting our understanding of the commercial vehicle industry, including road safety impacts?

Question 2: Can you provide any more information relevant to supporting our understanding of the general health status, priority health areas and risks for commercial vehicle drivers?



3 Role of AFTD in supporting medical fitness of commercial vehicle drivers

Key points

- This section describes the application of the AFTD Standards across the various systems governing commercial vehicle driver safety including:
 - licensing
 - HVNL
 - public passenger accreditation/authorisation
 - dangerous goods authorisation/licensing
 - work health and safety more generally.
- While the Standards underpin fitness to drive and fitness for duty decisions under these systems, they do not prescribe whether or when commercial vehicle drivers are subject to such assessments for screening purposes. These requirements are determined by jurisdictional and national legislation relating to licensing and driver accreditation, which are beyond the scope of this project.

3.1 Overview

In Australia, commercial vehicle driver health is managed through a range of formal mechanisms that define requirements for driver health and the related systems for reporting and monitoring (Figure 6).

In the first instance, the national driver licensing system applies to all drivers and is applied across jurisdictions through local road transport legislation, which sets out requirements linked to licensing and fitness to drive.

Specific subgroups of drivers are also managed through interfacing regulation and schemes such as:

- accreditation for drivers of heavy vehicles, dangerous goods vehicles or public passenger vehicles
- requirements established in work health and safety (WHS) regulations.

Health requirements under all these systems are based on the national medical standards for driver licensing, AFTD. While the AFTD Standards prescribe the medical criteria to be met for fitness to drive, they do not prescribe when or whether health assessments should be conducted for various classes of licence or for other regulated schemes. These requirements are directed through national, state and territory-based regulation or policies that define when a driver should be formally assessed against the Standards (refer to section 3.2). There is therefore considerable variability.

A range of supporting programs and initiatives address driver health from varying perspectives including preventative measures focused on drivers and the transport industry more broadly. These are secondary to the focus of this current project, being health screening to support road safety, but they play a vital role in addressing the multifactorial nature of driver health.





Figure 6. Relationship between AFTD, licensing and other interfacing regulation

3.2 Fitness to drive and driver licensing

3.2.1 Driver reporting obligations

Fitness to drive is addressed in all state and territory regulations, although there are some jurisdictional differences.

Driver self-report is the main mechanism by which fitness to drive is managed for licensing purposes, with all states and territories requiring drivers to report any permanent or long-term illness, injury or incapacity that may impair their driving ability (refer to Appendix D). Drivers must also notify the driver licensing authority of any increase or aggravation of a medical condition they have previously reported. Such reporting may prompt a licensing authority to request a medical assessment to verify fitness to drive. Operationally, drivers usually need to make a medical self-declaration as to their fitness to drive at licence application and renewal.

While all jurisdictional regulations include a general duty to maintain control of the vehicle and drive with care and attention, the ACT is the only jurisdiction where it is a specific offence to drive when impaired by a medical condition.

As a strategy for identifying drivers with potentially impairing medical conditions, self-report is limited by:

- Iack of awareness of reporting obligations
- Iack of penalties linked to non-reporting in many jurisdictions
- other driver-related factors such as drivers' fear of losing their licence if they do report.

3.2.2 <u>Reporting obligations for health professionals</u>

While driver reporting obligations are broadly consistent across Australia, health professional reporting responsibilities vary, as do the protections in place for health professionals who report to the licensing authority in good faith and without the consent of the driver.



In South Australia and the Northern Territory, health professionals are legally bound to report to the driver licensing authority if they reasonably believe a person is unfit to drive (so-called mandatory reporting).

Other jurisdictions do not have mandatory reporting, but health professionals are ethically bound to act to protect the safety of the public if they have safety concerns relating to a person's health and concerns that the person may not be following advice to abstain from driving and/or report to the driver licensing authority.

The introduction of health screening for early identification of CVD risk, diabetes and sleep apnoea is likely to have some implications for existing mandatory reporting in South Australia and the Northern Territory, in that the screening process and subsequent investigations may identify a driver as unfit to drive, thus necessitating reporting.

Longstanding stakeholder concerns regarding mandatory reporting in terms of the impact on doctor/patient relationships and doctor avoidance or 'doctor shopping' are likely to remain.

3.2.3 Prescribed health assessments

As well as self-reporting and health professional reporting, some jurisdictions prescribe health assessments for driver categories that they consider to be at higher risk (Table 9). These assessment requirements vary, but prescribed broad-based periodic health assessments are not commonly applied for heavy vehicle licensing.

For example:

- Only one jurisdiction (ACT) requires health assessments for heavy vehicle drivers on application and periodically (five-yearly). This requirement was introduced in 2023.
- Two jurisdictions require health assessments only for drivers of MC vehicles:
 - New South Wales requires an assessment on initial application and then at age 21 and every 10 years up to age 40, then every five years until age 60, then every two years until age 70; annually thereafter.
 - Tasmania requires an assessment at initial application only.
- The remaining jurisdictions either have no health assessment requirements for heavy vehicle drivers who have not been diagnosed with a medical condition or disability (Vic and NT) or apply their annual age-based assessments for all driver classes, starting at 75 (ACT), 70 (SA), 75 (NSW and Qld) and 80 (WA).

This variability in health assessments for licensing of commercial vehicle drivers results in significantly different management (Table 9) and the potential for different road safety outcomes, although there is limited evidence to properly evaluate the various approaches, which occur in the context of regulations and schemes described in the next section.

Case study: Recent changes to heavy vehicle licensing in the ACT

In February 2023, in response to a Coronial Inquest (ACT Government, 2023), the ACT Government introduced new requirements for heavy vehicle driver licensing in the MR, HR, HC and MC licence classes. These drivers must have a health assessment on initial application or upgrade to confirm their fitness to drive. Repeat health assessments are then required every five years (or earlier if advised by the treating health professional).


The requirement is being phased in over a three-year period for existing licence holders, with drivers at higher risk based on their age being prioritised. The ACT Government did not undertake an impact analysis on these changes but consulted with industry stakeholders.

Table 9. Approaches to health assessments for commercial vehicle licensing across driver licence categories

Jurisdiction	Health assessment timing	LR	MR	HR	НС	МС
ACT	Licence application		~	~	~	✓
	Licence renewal or periodic		✓ 5-yearly	✓ 5-yearly	✓ 5-yearly	✓ 5-yearly
	Age-based other (annually – all licence classes)		✓ <u>></u> 75 years	✓ <u>></u> 75 years	✓ <u>></u> 75 years	✓ <u>></u> 75 years
NSW	Licence application					~
	Licence renewal or periodic					√6
	Age-based other (annually – all licence classes)	✓ <u>></u> 75 years	✓ <u>></u> 75 years	✓ <u>></u> 75 years	✓ <u>></u> 75 years	✓ <u>></u> 70 years
NT	Licence application					
	Licence renewal or periodic					
	Age-based other					
Qld	Licence application					
	Licence renewal or periodic					



⁶ NSW: On application and then at age 21 and every 10 years up to age 40, then every five years until age 60, then every two years until age 70; annually thereafter.

Jurisdiction	Health assessment timing	LR	MR	HR	НС	МС
	Age-based other (annually, all licence classes)	✓ <u>></u> 75 years				
SA	Licence application					
	Licence renewal or periodic					~
	Age-based other (annually, all licence classes)	✓ <u>></u> 70 years				
Tas	Licence application					~
	Licence renewal or periodic					
	Age-based other					
Vic ⁷	Licence application					
	Licence renewal or periodic					
	Age-based other					
WA	Licence application					
	Licence renewal or periodic					
	Age-based other (annually, all licence classes)	✓ <u>></u> 80 years	✓ 80 years	✓ ≥ 80 years	✓ 80 years	✓ <u>></u> 80 years



⁷ Commercial drivers seeking accreditation to transport public passengers must have a health assessment.

3.2.4 Levels of medical standards applied to commercial vehicle drivers

AFTD provides two levels of medical standards for licensing – private and commercial (Figure 7). The commercial standards apply to those holding or applying for a heavy vehicle licence in all but the LR class – that is, for MR, HR, HC and MC – acknowledging that only the ACT requires heavy vehicle drivers in these categories to be periodically assessed against these Standards. The rest rely on self-report, which may then prompt a health assessment (except for NSW and Tas for MC).

Applicants or holders of a heavy vehicle licence in the LR class are assessed under the private medical standards if they declare a medical condition. The commercial vehicle standards are applied for assessments if such drivers also:

- apply for or hold accreditation or authorisation to transport public passengers for hire or reward
- apply for or hold accreditation or authorisation to carry dangerous goods, or
- are being assessed under an accreditation scheme or are a driving instructor (refer to section 3.3).

This requirement also applies to car licence holders involved in those activities.

Given the broad range of vehicles and driver roles that fall under the commercial standards, most criteria include 'consideration of the driving task'. Examining health professionals must consider this when assessing a person's fitness to drive. In this way the Standards, where appropriate, are flexible in managing the varying risks within the large and diverse population of drivers subject to the commercial driver medical standards.



Figure 7.	Application	of the medical	standards	according	to licence typ	<u>)e</u>
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National licence class		Applicable standard
Motorcycle (R)	Motorbike or motortrike	Private standards apply unless the driver holds or is applying for an authority to carry public passengers for hire or reward, in which case the commercial standards apply.
Car (C)	Vehicle not more than 4.5 tonnes GVM (gross vehicular mass) and seating up to 12 adults including the driver	 Private standards apply unless the driver: holds or is applying for an authority to carry public passengers for hire or reward (e.g. taxi driver) is undertaking a medical assessment as a
Light rigid (LR)	Any rigid vehicle greater than 4.5 tonnes GVM or a vehicle seating more than 12 adults that is not more than 8 tonnes, plus a trailer of no more than 9 tonnes GVM	 requirement under an accreditation scheme holds or is applying for an authority to hold a dangerous goods driver licence holds or is applying to hold authority to be a driving instructor (may vary between jurisdictions).
Medium rigid (MR)	Any two-axle rigid vehicle greater than 8 tonnes GVM, plus a trailer of no more than 9 tonnes GVM	Commercial standards apply at all times.
Heavy rigid (HR)	Any rigid vehicle with 3 or more axles greater than 8 tonnes GVM, plus a trailer of no more than 9 tonnes GVM	
Heavy combination (HC)	Prime mover + single semitrailer greater than 9 tonnes GVM and any unladen converter dolly trailer	
Multiple combination (MC)	Heavy combination vehicle with more than one trailer	

Source: Austroads and National Transport Commission, 2022, p. 36

3.2.5 Conditional licences

The concept of conditional licences was formally included in AFTD from 2003, whereby specific criteria for unconditional and conditional licensing replaced the less defined terminology of 'fit to drive'. This provided greater clarity for health professionals, licensing authorities and drivers and has been well-supported. It has led to greater consistency of licensing decisions nationally, although there are still differences in how conditional licensing is applied in different jurisdictions.

Conditional licence holders generally require periodic medical review to confirm their medical condition is well controlled and that they are still fit to drive. For example, drivers with diabetes who



are covered by the commercial standards must have an annual review by their treating doctor (for diabetes treated by metformin alone) or specialist (for other treatments including insulin). Similarly, drivers diagnosed with a sleep disorder that is likely to impair safe driving must have periodic reviews to assess the effectiveness of treatment.

The introduction of screening for CVD risk, diabetes and sleep disorders is likely to increase the number of drivers identified with these conditions and thus increase the number of drivers on conditional licences. However, this will only apply in jurisdictions that currently feature health assessments at initial licensing and periodically (currently only the ACT).

'Conditional' fitness to drive or fitness for duty is also a feature of health assessments conducted under various other schemes based on AFTD including:

- heavy vehicle accreditation
- dangerous goods accreditation
- public passenger accreditation.

Again, with these systems, better screening will likely lead to more reviews of drivers with diabetes, CVD or sleep disorders.

In August 2024 there were more than two million drivers with a conditional licence in Australia (including car and heavy vehicles).

3.3 Application of AFTD through other interfacing regulation

AFTD is also used as a basis for health assessments and fitness for duty determinations across the transport industry, including for:

- drivers subject to requirements under accreditation programs such as BFM or AFM under the NHVAS, TruckSafe accreditation and the WAHVAS
- drivers authorised to carry public passengers for hire or reward (bus drivers, taxi or rideshare drivers, chauffeurs and hire-car drivers)
- drivers authorised to carry dangerous goods
- drivers subject to WHS requirements (such as in WA)
- other driver categories that may also be subject to the commercial vehicle standards because of the certification requirements of the authorising body or as required by specific industry standards – for example, driving instructors.

The requirements of these schemes and regulations are described below.

3.3.1 Heavy Vehicle National Law and industry accreditation schemes

Heavy Vehicle National Law

The HVNL and regulations took effect in the ACT (partial), New South Wales, Queensland, South Australia, Tasmania and Victoria on 10 February 2014 and apply to vehicles over 4.5 t GVM and gross combination mass (GCM). The National Heavy Vehicle Regulator (NHVR) administers these laws.



While the HVNL does not prescribe practices or processes for driver health, such as periodic assessments, managing the health of drivers relates to the primary duty under the law being to eliminate or minimise public risks, as described in s 26C (Figure 8).

Figure 8. 26C Primary duty under the HVNL

(1) Each party in the chain of responsibility for a heavy vehicle must ensure, so far as is reasonably practicable, the safety of the party's transport activities relating to the vehicle.

(2) Without limiting subsection (1), each party must, so far as is reasonably practicable--

(a) eliminate public risks and, to the extent it is not reasonably practicable to eliminate public risks, minimise the public risks; and

(b) ensure the party's conduct does not directly or indirectly cause or encourage--

(i) the driver of the heavy vehicle to contravene this Law; or

(ii) the driver of the heavy vehicle to exceed a speed limit applying to the driver; or

(iii) another person, including another party in the chain of responsibility, to contravene this Law.

(3) For subsection (2)(b), the party's conduct includes, for example--

(a) the party asking, directing or requiring another person to do, or not do, something; and

(b) the party entering into a contract--

(i) with another person for the other person to do, or not do, something; or

(ii) that purports to annul, exclude, restrict or otherwise change the effect of this Law.

Fatigue is also addressed specifically in the HVNL driver fatigue laws and applies to fatigueregulated heavy vehicles, which include:

- a vehicle with a GVM of over 12 t
- a combination when the total of the GVM/GCM is over 12 t
- buses with a GVM over 4.5 t fitted to carry more than 12 adults (including the driver)
- a truck, or a combination including a truck, with a GVM of over 12 t with a machine or implement attached.

Drivers working under standard hours of fatigue management do not need periodic fitness for duty health assessments. However, those operating under AFM and BFM have to get regular health assessments.

The HVNL is currently being reviewed, with changes to fitness for duty and accreditation being considered. Under the new law, it is expected that the existing duty to be fit to drive a fatigue-regulated heavy vehicle will be combined with a new duty to be fit to drive. The duty is designed to empower drivers to stop driving if they are not generally of good health and fitness to drive a heavy vehicle safely at a point in time. Policy and terminology changes are also proposed for AFM and BFM accreditation, and these will be replaced with broader general safety accreditation and alternative compliance accreditation.



National Heavy Vehicle Accreditation Scheme

The NHVAS is a formal process for recognising operators who have robust safety management systems in place. It is also increasingly used to show compliance with general duty requirements under road transport law. The NHVR manages this.

The current accreditation system is voluntary, and heavy vehicle operators can apply for accreditation under three modules:

- Mass Management
- Maintenance Management
- Fatigue Management (Basic BFM or Advanced AFM).

The fatigue management module includes requirements for health monitoring (Standard 2: Health and wellbeing for performed duty). Under Standard 2, drivers must be certified as fit to drive a heavy vehicle according to AFTD, at a minimum of:

- once every three years for drivers aged 49 years or younger
- yearly for drivers aged 50 years or older.

The examination must also include an assessment to detect drivers at high risk of sleep disorders, but the nature of this assessment is not specifically set out. The assessments are managed by the accredited organisation, not the NHVR, so there is no central coordination or quality control of health assessments conducted under the scheme.

The BFM entry application fee is \$107, and AFM is \$162 per driver.

As of August 2024, 101 road transport operators were participating in AFM, covering 3,702 drivers. At the same time, 3,149 operators were taking part in BFM, including 26,190 drivers (Table 7). Although the fatigue regulations of the HVNL do not apply in Western Australia, the Northern Territory and the ACT, drivers who are based in these jurisdictions may be enrolled in the NHVAS due to interstate requirements.

Forms to support the conduct of the assessments by health practitioners are provided on the Austroads website. General instructions for use are included on the website.

The NTC is leading the review of the HVNL and presenting an amendment package to ministers in mid-2025. The following reforms are being proposed to the current heavy vehicle accreditation framework.

- General safety accreditation and alternative compliance accreditation: The existing types of accreditation BFM, AFM, Mass Management accreditation and Maintenance Management accreditation are proposed to be removed from the law and replaced with two new types of accreditation. The two new forms of accreditation are general safety accreditation, which will be underpinned by a mandatory safety management system, and alternative compliance accreditation, which is intended to provide more flexibility than the existing types of accreditation. An operator will be required to get general safety accreditation before an alternative compliance accreditation.
- Requirements for alternative compliance accreditation: Ministers will be able to set requirements for alternative compliance accreditation in regulations. For example, the regulations maintain fatigue and mass as requirements for alternative compliance accreditation.



This is intended to provide greater flexibility because, currently, the types of accreditation are set out in the law.

- Ministerial standards: The existing power for ministers to standards and business rules is proposed to be removed from the law. Powers for ministers to approve new standards are introduced, and administrative materials are intended to be developed by the regulator. The new ministerial standards include the following:
 - Safety management system standard to support accredited operators to identify and address public risks linked to the operator's transport activities and the driving of heavy vehicles and specify the controls to mitigate those risks.
 - Standard for alternative compliance hours for the purpose of fatigue alternative compliance accreditation – to enable ministers to place limits on the work and rest hours the regulator may specify as part of a fatigue alternative compliance accreditation.
 - Audit standard for carrying out audits of an accredited operator's safety management system – to be developed by the regulator and approved by ministers, for the purpose of audits, how and when they will be carried out, auditors who may carry out audits, and oversight of audits.
- **Grant of accreditation and administrative processes:** The existing policy intent is maintained to ensure controls on granting accreditation; for example, the regulator will continue to approve applications for accreditation in the same way as under the current law.

Western Australian Heavy Vehicle Accreditation

The WAHVA scheme is mandatory for all commercial operators of heavy vehicles operating on permits or orders. All participants must be able to show they comply with standards under fatigue management, mass, dimension and loading, and maintenance. Accreditation costs \$255 for three years. Under the fatigue module, drivers have to have a health assessment based on AFTD 2016 every three years (or more frequently if required by medical advice). As of August 2024, there were 4,800 drivers in WAHVA with a Western Australian licence and another 248 interstate licence holders.

TruckSafe

TruckSafe is the Australian Trucking Association's not-for-profit industry-focused chain of responsibility safety management system aimed at improving the safety and professionalism of trucking operators across Australia. TruckSafe requires drivers to have periodic health assessments based on AFTD every three years, or more frequently on medical advice. TruckSafe also maintains a list of medical providers who provide health assessments under the scheme. The health practitioners are not specifically authorised or trained – the list is a directory to support access to services by TruckSafe members. TruckSafe members use the Austroads forms to administer the health assessments. TruckSafe has 183 member organisations (Table 7, earlier).

3.3.2 Work health and safety

As well as the fitness to drive requirements linked to heavy vehicle licensing and accreditation, Western Australia is unique in requiring certification of fitness to drive for certain commercial vehicle drivers through its WHS regulations (Work Health and Safety (General) Regulations 2022 (WA)). These regulations are based on the type of vehicle, the purpose of the driving and the hours of work.



The regulations apply to workers who drive a commercial vehicle in the course of their work and whose work time is either:

- more than 60 hours per week
- more than 10 hours in any 24-hour period (for more than once per week), or
- includes the period from midnight to 5.00 am (for more than once per week).

Under the regulations, a commercial vehicle includes:

- passenger transport vehicles
- school buses
- any mobile plant or motor vehicle with a GVM over 4.5 t that is designed to carry, or is carrying, a large integrated item of equipment
- any other motor vehicle with a GVM over 4.5 t used or intended to be used to carry goods for hire or reward.

These commercial vehicle drivers must have a certificate issued by a registered medical practitioner confirming their fitness to drive the vehicle (Pt 4.10, r 184D(2)(b)). The certificate must state that not more than five years before the driving, the registered medical practitioner examined and passed the commercial vehicle driver in line with AFTD. More information on the WHS approach is on the <u>Department of Energy</u>, <u>Mines</u>, <u>Industry Regulation and Safety website</u>. The following case study summarises the different approaches for medicals in Western Australia.

Case study: Approach to commercial vehicle health assessments in Western Australia

In Western Australia, commercial vehicle drivers have to comply with legal requirements set by WorkSafe and the Department of Transport on fitness for duty and undertake two separate health assessments to show compliance.

WorkSafe WA

Commercial vehicle drivers have to comply with the **Work Health and Safety (General) Regulations 2022** (WA) from a WHS perspective. This requires a health assessment every five years for certain drivers. The certificate is provided to the operator.

Department of Transport WA

All licence holders have to comply with the **Road Traffic (Authorisation to Drive) Regulations 2014** (WA) on periodic licensing requirements and updates for medical conditions. There are no prescribed health assessments for drivers under 80 years old unless drivers are on a conditional licence. Licence holders from 80 years of age have to get annual health assessments. The certificate or report is provided to the Department. The WAHVAS health assessment can be used for these purposes. Commercial vehicle drivers have to comply with the *Road Traffic (Vehicles) Act 2012* (WA) and **Road Traffic (Vehicles) Regulations 2014** (WA) to meet accreditation requirements under WAHVA. This requires a health assessment every three years. The certificate/report is provided to Main Roads.



3.3.3 Dangerous goods laws and driver accreditation

Transport of dangerous goods is governed through Acts and Regulations in each jurisdiction and managed through various agencies. Health assessment requirements for drivers of dangerous goods vary between jurisdictions, but all require an initial assessment based on AFTD. Reassessment is five-yearly in some states and territories (Vic, ACT, NSW and NT) and three-yearly in others (Qld, SA, Tas and WA). More frequent assessments may be needed to monitor diagnosed health conditions under AFTD. These assessments reference the AFTD forms on the Austroads website.

As part of this project, the NTC will engage with these authorities.

3.3.4 Public passenger laws and driver accreditation

Public passenger accreditation schemes also reference AFTD as the basis for fitness to drive a public passenger vehicle, and all require an assessment on initial application. The frequency of periodic assessments varies from five-yearly to annually (Table 10). All bus operator accreditation schemes are mandatory under relevant state or territory law.

Table 10. Health assessment requirements for public passenger vehicle driver accreditation/authorisation

Jurisdiction	Vehicle type	Initial application	Periodic
ACT ⁸	Rideshare, hire car, taxi, restricted hire car	✓	✓ 5-yearly to age 70 then annually (or sooner if condition reported)
	Bus	√	Annually (or sooner if condition reported)
NSW ⁹	Bus	✓	✓ 3-yearly to age 60, then annually (or sooner if condition reported)
NT ¹⁰	Courtesy vehicles, minibus, motor omnibus, private hire car and limousines, rideshare, special function vehicle, taxi, tourist vehicle	✓	~

⁸ Road Transport (Public Passenger Services) Act 2001 (ACT).

⁹ Passenger Transport Act 1990 (NSW); Passenger Transport Act 2014 (NSW); Passenger Transport (General) Regulation 2017 (NSW).

¹⁰ Commercial Passenger (Road) Transport Act 1991 (NT).

Jurisdiction	Vehicle type	Initial application	Periodic
			5-yearly (or sooner if condition reported)
QId ¹¹	Taxi services, limousine services, booked hire services, buses	✓	✓ 5-yearly to age 75, then annually (or sooner if condition reported)
SA ¹²	Taxi services, small passenger vehicles, large passenger vehicles, motorcycles, horse drawn	✓	✓ 3-yearly to age 70, then annually (or sooner if condition reported)
Tas ¹³	Taxi services, luxury hire cars, restricted hire cars and buses	✓	✓ 3-yearly to age 65, then annually (or sooner if condition reported)
Vic ¹⁴	Taxis and buses	~	✓ 3-yearly (or sooner if condition reported)
WA ¹⁵	Taxi services, small passenger vehicles, large passenger vehicles	~	✓ 5-yearly (or sooner if condition reported)

3.4 Questions

Question 3: Can you provide more information about how systems that are based on AFTD operate?

¹¹ *Transport Operations (Passenger Transport) Act 1994* (Qld); Transport Operations (Passenger Transport) Regulation 2018 (Qld); Transport Operations (Passenger Transport) Standard 2010 (Qld).

¹² Passenger Transport Act 1994 (SA).

¹³ Passenger Transport Services Act 2011 (Tas); Passenger Transport Services Regulations 2023 (Tas).

¹⁴ Commercial Passenger Vehicle Industry Act 2017 (Vic); Bus Safety Act 2009 (Vic); Road Safety (Driving Instructors) Regulations 2020 (Vic); Road Safety Act 1986 (Vic).

¹⁵ Transport (Road Passenger Services) Regulations 2019 (WA).

4 Cardiovascular disease, diabetes and sleep disorders in commercial vehicle drivers

Key points

This section has been developed with input from the medical working groups for CVD, diabetes and OSA. It describes:

- the road safety risk and prevalence of each condition in commercial vehicle drivers
- the current approaches to screening for these conditions within AFTD and any limitations linked to the current approach
- approaches to screening adopted internationally and within other safety-critical industries, as well as population screening recommendations.

4.1 Introduction

Three working groups considered potential screening approaches for the three conditions identified by ITMM: CVD, diabetes and OSA. The groups comprised relevant experts in these three areas, as well as a general practitioner and occupational physician to provide more general advice about application in practice, considering the associations between these conditions and their common risk factors.

Table 11 highlights these common risk factors by describing the data domains for three risk tools considered for inclusion in AFTD, namely the:

- CVD Risk Calculator
- AUSDRISK diabetes risk tool
- STOP-Bang OSA risk tool.

Subsequent subsections address the conditions separately while highlighting the commonalities and need for integration with the other risk areas.

Table 11. Risk factors for cardiovascular disease, diabetes and obstructive sleep apnoea

Cardiovascular disease (CVD Risk Calculator)	Diabetes (AUSDRISK)	Obstructive sleep apnoea (STOP-Bang)
Older age	Older age	Older age
Male gender	Male gender	Male gender
		Snores loudly



Cardiovascular disease (CVD Risk Calculator)	Diabetes (AUSDRISK)	Obstructive sleep apnoea (STOP-Bang)
		Tired, fatigued or sleepy during the daytime
		Stops breathing during sleep
Ethnicity: • Aboriginal or Torres Strait or Pacific Islander • Asian descent	Ethnicity: • Aboriginal or Torres Strait or Pacific Islander • Asian descent	
Family history of premature CVD	Family history of diabetes	
Diabetes	History of high blood glucose	Not included in the score but a consideration for increased risk
High blood pressure or taking blood pressure–lowering medicines in the last 6 months	Taking medication for high blood pressure	High blood pressure or being treated for high blood pressure
Hyperlipidaemia or taking lipid- modifying medicines in the last 6 months		
Taking antithrombotic medicines in the last 6 months		
Current or ex smoker	Current smoker	
	Low intake of vegetables and fruit (less than daily intake)	
	Lack of physical exercise (less than 2.5 hours per week)	
	Waist measurement 90 or more for men, 80 or more for women)	Body mass index more than 35 kg/m ²
		Neck circumference 40 cm or greater
History of atrial fibrillation		

Cardiovascular disease (CVD Risk Calculator) Diabetes (AUSDRISK) Obstructive sleep apnoea (STOP-Bang)

Lower socioeconomic status (determined by postcode)

Severe mental illness

4.2 <u>Cardiovascular disease</u>

4.2.1 Overview

CVD is a broad term for a group of disorders that affect the heart and the blood vessels. Common conditions include ischaemic heart disease (angina, acute myocardial infarction), arrhythmias, heart failure and high blood pressure (hypertension). Particularly relevant to this project is identifying and managing drivers who are at high risk of ischaemic heart disease through cardiovascular risk screening. Risk factors linked to CVD include (Heart Foundation, 2024):

- hypertension
- diabetes
- hyperlipaemia
- smoking
- family history of premature CVD
- chronic kidney disease
- severe mental illness
- obesity.

4.2.2 Road safety risks

As outlined in AFTD, cardiovascular conditions may affect the ability to drive safely due to sudden incapacity such as from a heart attack or arrhythmia (Austroads and National Transport Commission, 2022, p. 63). These conditions may also affect concentration and the ability to control a vehicle due to the onset of chest pain, palpitations or breathlessness. A study of 787 drivers in the US highlighted that truck drivers with higher risks of CVD have a greater risk of having been in a motor vehicle crash than those who were at lower risk of CVD (Ronna et al., 2016).

4.2.3 Prevalence of cardiovascular disease and risk factors

CVD is the most common cause of death among heavy vehicle drivers, with cardiovascular and cerebrovascular diseases accounting for 26.67 per cent of death benefit claims for male members of the Transport Workers Union between 2004 and 2017 (Xia et al., 2020b, p. 12).

While this rate of death tracks closely with the 27 per cent of deaths caused by diseases of the circulatory system among all Australians in 2017 (ABS, 2018a), truck drivers may be dying at higher rates in their younger years compared with the general population. A direct comparison between union members' life insurance claims relating to deaths by CVD with the 2017 National rate of CVD deaths grouped by age showed truck drivers dying at higher rates in all age brackets with the exception of those aged 60 or older (Xia et al., 2020b, p. 19). Despite this, self-reported



cardiac disease remains low, as indicated in the Driving Health study, with 5.3 per cent of drivers reporting CVD (Van Vreden et al., 2020, p. 19).

In terms of cardiovascular risk, evidence indicates that truck drivers have a detrimental cardiometabolic health profile in comparison with the general population. A systematic review of the international literature published in 2020 found strong evidence that truck drivers generally have poor cardiometabolic risk profiles including (Guest et al., 2020):

- overweight and obesity
- hypertension
- hypercholesterolaemia
- high blood glucose
- poor mental health
- cigarette smoking.

Specifically, the review of 95 papers (73 studies) found that the mean body mass index (BMI) among truck drivers ranged from 22 to 39.7 kg/m², with 27 of the studies placing the mean BMI of truck drivers in the overweight category and 23 in the obese category. Thirty-eight of the studies reported smoking rates among drivers ranging from 10 to 72.9 per cent. Of the 10 studies that measured low-density lipoprotein (LDL) levels, all indicated a mean result above optimal levels. The four studies that objectively measured total cholesterol levels reported a prevalence of borderline-high total cholesterol ranging from 11.4 to 45.8 per cent. Finally, a separate literature review of seven studies noted in the paper found that the prevalence of hypertension in truck drivers can range between 24 and 47.9 per cent, which is higher than the global prevalence of 26.4 per cent (Guest et al., 2020, pp. 3–9).

More recent individual studies also reflect these findings. A 2022 study in the UK surveyed 329 heavy goods vehicle drivers via a health questionnaire, finding that 88.1 per cent were overweight or obese, 11.9 per cent had pre-diabetes or diabetes, 28.3 per cent had hypertension and 83.6 per cent had clinically elevated circulating LDL-cholesterol concentrations (> 2 mmol/L), indicating a higher risk of heart disease (Ruettger et al., 2022). A 2023 study in the US reported over 40 per cent of commercial drivers assessed in occupational health assessments were at high risk for CVD, and the average CVD risk score was twice that of scores for the general population (Barnes, 2023).

For taxi drivers, a 2016 US study found a high prevalence of cardiovascular risk factors in their sample group of 130 urban drivers, with a higher prevalence of smoking, overweight/obesity, physical inactivity and lower intake of fruits and vegetables when compared with other men in San Francisco (Elshatarat and Burgel, 2016). The study found that 21.9 per cent of the subjects reported having hyperlipidaemia, 17.7 per cent with hypertension, 13.8 per cent with depression and 8.5 per cent with diabetes. A family history of CVD was also commonly reported, including for hypertension (40 per cent), diabetes (35.4 per cent), heart disease (28.5 per cent) and stroke (21.5 per cent). About 10 per cent of the subjects had only one CVD risk factor. Thirty-five per cent had more than three CVD risk factors.

4.2.4 <u>Current screening approach in Assessing Fitness to Drive</u>

While AFTD does not prescribe cardiovascular risk screening nor provide criteria for managing cardiac risk with respect to driver licensing, the Standard does consider the need to address the risk of cardiac events, particularly for commercial vehicle drivers.



Specifically, section 2.2.2 of AFTD highlights the risk factors for ischaemic heart disease and recommends assessing overall risk when one or more risk factors are being managed, particularly for commercial vehicle drivers. It includes a link to the Australian CVD Calculator, which has since been updated (July 2023).

In implementing these recommendations, the current <u>Commercial vehicle driver health</u> <u>questionnaire</u> asks about cardiac conditions, including relevant risks such as hypertension and diabetes. The <u>Commercial vehicle clinical assessment record</u> does not include an area to record cardiovascular risk but does allow cardiovascular history, blood pressure and confirmed diabetes diagnoses to be recorded.

Given the guidance provided in the text of the Standard, there is scope to have this more specifically reflected in the forms to consider CVD risk, even in the absence of specific licensing criteria.

Current screening content from AFTD

Risk factors

Multiple risk factors interact in developing ischaemic heart disease and stroke. These factors include age, gender, blood pressure, smoking, total cholesterol:HDL ratio, diabetes and evidence of left ventricular hypertrophy on ECG. The combined effect of these factors on CVD risk may be calculated using the Australian CVD Risk Charts (an electronic calculator is available at <u>www.cvdcheck.org.au</u>).

Routine screening for these risk factors is not required for licensing purposes, except where specified for certain commercial vehicle drivers as part of their extra accreditation or endorsement requirements. However, when a risk factor such as high blood pressure is being managed, it is good practice to assess other risk factors and to calculate overall risk. This risk assessment may be helpful in determining fitness to drive, especially for commercial vehicle drivers.

Source: Austroads and National Transport Commission, 2022, p. 64

4.2.5 <u>Screening approaches for cardiovascular disease – evidence and application</u>

Australian CVD Risk Calculator

The Australian CVD Calculator is a screening tool to assess cardiac risk and to guide management and referral. The tool estimates the likelihood, in the next five years, of a person dying or being hospitalised due to:

- myocardial infarction
- angina
- other coronary heart disease
- stroke
- transient ischaemic attack
- peripheral vascular disease
- congestive heart failure
- other ischaemic CVD-related conditions.



The tool does not diagnose cardiovascular conditions. Diagnosis requires further referral and investigation.

It is used in population screening to assess CVD risk in asymptomatic people without known CVD aged 45 to 79 years (35–79 for people with diabetes and 30-79 for First Nations people) and who do not already meet high-risk criteria, such as existing kidney disease or familial hypercholesterolaemia (Department of Health and Aged Care, 2024a). This application is endorsed by the RACGP 'Red Book' (RACGP, 2024, p. 88).

The CVD Risk Calculator data inputs include age, sex, smoking status, blood pressure, cholesterol, diabetes, CVD medicines, postcode, medical history of atrial fibrillation and Indigenous status (Figure 9). It produces estimated 5-year CVD risk scores (Figure 10), expressed as a percentage risk and grouped into low (less than 5 per cent), intermediate (from 5 to less than 10 per cent) and high risk (10 per cent or greater).

It is noted that, in the context of commercial vehicle driving in particular, self-report of diabetes may not be reliable, thus the effectiveness of CVD risk screening interfaces closely with diabetes screening as per section 4.3.

The NTC understands that the CVD Risk Calculator will be included in various practice software in the future, which will facilitate access and integration with patients' medical records.



Figure 9. <u>CVD risk score calculator inputs</u>

1 Enter variables	2 Consider reclassification factors	3 Discuss risk result & management
 This risk assessment is recommended for the foll All people aged 45-79 years People with diabetes aged 35-79 years First Nations people aged 30-79 years (assess in 	owing individuals without known atherosc dividual risk factors 18-29 years).	clerotic cardiovascular disease:
Clinically determined high risk* Clinical conditions that automatically confer high risk. If either of these apply, you will be redirected to management for high risk category	Moderate-severe chronic kidney Familial hypercholesterolaemia Neither present	disease ? ?
Age* ?	Enter age 30-79	Years
Sex at birth* ?	Female	Male
Smoking status★	 Never smoked Previously smoked Currently smokes 	
Systolic blood pressure* ?	SBP	mmHg
Ratio of total cholesterol to HDL cholesterol* ?	Ratio of total cholesterol to HDL cho OR enter mmol/L \checkmark	blesterol
Use of CVD medicines within last 6 months*	 Blood pressure-lowering medicin Lipid-modifying medicines ? Antithrombotic medicines ? None 	nes ?
History of atrial fibrillation ?	O No	Yes
Postcode ?	Enter postcode to generate SEIFA qu	uintile
Diabetes* ?	Calculate	Yes

Source: Australian CVD risk calculator https://www.cvdcheck.org.au/calculator



Risk category	Estimated 5-year CVD risk ^a	Management	Reassessment interval
High	≥10%	Encourage, support and advise a healthy lifestyle. ^b Prescribe blood pressure- lowering and lipid-modifying pharmacotherapy. ^c	Formal reassessment of CVD risk is not generally required. High-risk status requires clinical management and follow up supported by ongoing communication.
Intermediate	5% to <10%	Encourage, support and advise a healthy lifestyle. ^b Consider blood pressure- lowering and lipid-modifying pharmacotherapy, depending on clinical context.	Reassess risk every 2 years if not currently receiving pharmacotherapy to reduce CVD risk. Assess sooner if close to the threshold for high risk, if CVD risk factors worsen, or new CVD risk factors are identified. For First Nations people, reassess every year as part of an annual health check (or opportunistically) or at least every 2 years.
Low	<5%	Encourage, support and advise a healthy lifestyle. ^b Pharmacotherapy is not routinely recommended.	Reassess risk every 5 years. Assess sooner if close to the threshold for intermediate risk, if CVD risk factors worsen, or new CVD risk factors are identified. For First Nations people, reassess every year as part of an annual health check (or opportunistically) or at least every 2 years.

Figure 10. <u>CVD risk score result</u>

Source: Australian CVD risk calculator https://www.cvdcheck.org.au/calculator



International approaches to screening commercial vehicle drivers

The NTC has sought to understand international approaches to screening of commercial vehicle drivers for CVD risk. The approaches in the US, Canada and the UK were investigated.

These jurisdictions vary in terms of their requirements for periodic assessments of commercial vehicle drivers and specific approaches to identifying and managing CVD and risk.

For example, in the US, federal and state regulations mandate annual to biannual medical examinations for commercial vehicle drivers who operate across state lines. These are conducted by certified medical examiners who review the driver's medical history, height, weight, blood pressure, smoking status and urinalysis (Federal Motor Carrier Safety Administration, 2023).

Current examination guidelines do not require BMI, lipid levels or physical activity to be documented, but these factors are generally discussed during the assessment. The guidelines also require drivers to self-report any symptoms that may affect their ability to safely carry out their occupation. While there have been recommendations from the American College of Cardiology/American Heart Association to incorporate cardiovascular risk screening using a tool similar to the Australian CVD Risk Calculator, this has not been adopted (Arnett et al., 2019). Other authors in the US have recently highlighted the value of addressing cardiac risk factors through occupational health assessments, which reach these populations with a high incidence of coronary artery disease and who may not otherwise seek preventative care (Barnes, 2023; Kim et al., 2022).

Similarly, the Canadian Council of Motor Transport Administrators' (2021) *National Safety Code Standard 6: Determining Driver Fitness in Canada* does not include assessing cardiovascular risk. Under this standard, commercial drivers are subject to health assessments every five years to age 45, then three-yearly to age 65 and annually thereafter, unless more frequent assessment is required at the discretion of the licensing authority. These assessments focus on identifying established conditions that may affect safety. Currently, 10 Canadian provinces and territories have a mandatory reporting system obliging health practitioners to report people who have conditions that impair their ability to drive (Houlden et al., 2018).

In the UK, Group 2 drivers (drivers of trucks and buses) require a health assessment at initial licensing, then five-yearly after 45. Prior to 45, any medical conditions are self-declared. From 65, drivers have a health assessment every year. Drivers with an established cardiovascular condition are licensed for a maximum of three years. The assessment focuses on identifying established disease and does not include any predictive elements such as the cardiac risk score (Driver and Vehicle Licensing Agency, 2024).

RACGP Red Book – population screening

In line with the CVD Risk Calculator and its guidelines, the RACGP Red Book recommends calculating cardiac risk every five years for people aged 45 to 79 years without known CVD, and more frequently if risk factors worsen (RACGP, 2024, p. 88). Refer to section 4.2.4 for more information.

Note that the Red Book also includes guidance about opportunistic screening for overweight and obesity, which includes calculating BMI. It is also noted that the *Australian clinical practice guidelines for the management of overweight and obesity* were last revised in 2013 and the RACGP plans to review its guidance when these guidelines have been updated.



Rail Standard – screening for rail safety workers

Under the rail Standard, Category 1 (high-risk safety critical) workers aged 30 years or older are screened using the Australian CVD Risk Calculator at pre-placement and at periodic health assessments (National Transport Commission, 2024). The calculator is not applied to workers who are already at high risk or to those with existing CVD. Repeat assessment aligns with the CVD guidelines (Department of Health and Aged Care, 2024a).

The risk score is used to categorise the worker's fitness for duty and to guide the investigation and referral approach, as well as the need for future reviews (Figure 11). The management reflects the safety critical nature of these workers. For example, Category 1 workers found to have a risk score of 10 per cent or more are referred to a cardiologist for investigation, which is not a requirement for the general population undergoing this assessment. Workers in this risk category may be assessed as 'temporarily unfit for duty' depending on the overall risk assessment.

This screening approach is reflected in questions in the health assessment forms for authorised health professionals and rail safety workers.

Probability of cardiovascular event in the next 5 years				
	≥ 10% (High risk)	≥ 5 and < 10% (Intermediate risk)	< 5% (Low risk)	
Initial categorisation	Temporarily Unfit for Duty or Fit for Duty Subject to Review pending investigation	Fit for Duty Subject to Review	Fit for Duty Subject to Review or Fit for Duty Unconditional	
Investigation and referral	Refer for cardiologist assessment. Cardiologist to advise review requirements as below.	Assess overall risk including risk factors such as obesity, physical activity, and family history. Refer to general practitioner or cardiologist.	Assess overall risk including risk factors such as obesity, physical activity, and family history. Refer to general practitioner if required.	
Subsequent review	No repeat cardiac risk score required as under clinical management. Specialist or general practitioner review annually (unless otherwise recommended by cardiologist). Manage confirmed cardiovascular disease and comorbidities as per standard.	Reassess risk every 2 years if not receiving pharmacotherapy unless cardiologist or treating doctor advises otherwise. Assess sooner if close to high-risk threshold, if risk factors worsen, or new risk factors identified.	Reassess risk every 5 years. Assess sooner if close to intermediate risk threshold, if risk factors worsen, or new risk factors are identified.	

Figure 11. Management of risk calculator scores for Category 1 safety-critical workers



4.3 Diabetes

4.3.1 Overview

Diabetes is a disorder of glucose metabolism resulting in raised levels of glucose in the blood. There are two main types of diabetes, type 1 and type 2. Type 1 is an autoimmune disease that occurs when the body's immune system destroys the immune-producing cells. It usually occurs in children and young adults, with a rapid onset and requiring daily administration of insulin. Type 2 diabetes is the most common type of diabetes. It usually develops in adults and is associated with risk factors such as obesity and family history. In type 2 diabetes, the body becomes resistant to insulin or doesn't produce enough insulin. Type 2 diabetes develops more slowly over time and may be managed with lifestyle change and medication. Ultimately, insulin treatment may be required for type 2 diabetes.

Over time, high glucose levels can damage blood vessels and nerves, resulting in long-term health complications, including heart, kidney, eye and foot damage (Diabetes Australia, 2025). Hyperglycaemia itself can affect mental functioning. The main risk for drivers is hypoglycaemia linked to diabetes treatment. Diabetes is also a risk factor for CVD and OSA, which is relevant to the screening approach for AFTD.

Since type 1 diabetes is generally diagnosed in childhood or early adulthood and has a rapid onset of serious symptoms that are likely to facilitate the diagnosis, the main focus of screening is for type 2 diabetes.

4.3.2 Road safety risks

As outlined in AFTD, diabetes may directly affect a person's ability to drive, either through a 'severe hypoglycaemic event' linked to treatment or from end-organ effects linked to damage to blood vessels and nerves, including effects on vision, the heart and the peripheral nerves and vasculature of the extremities, particularly the feet.

In people with type 2 diabetes, OSA is also more common, so diabetes should be considered in the risk assessment for OSA. And while diabetes is not included in the STOP-Bang questionnaire, a diagnosis of diabetes may increase clinical suspicion and prompt referral for a sleep study (refer to section 4.4.3).

The main road safety consideration in people with insulin-treated diabetes is the occurrence of hypoglycaemia. Lack of hypoglycaemia awareness, which is commonly experienced by insulindependent patients on long-term insulin treatment, is a particular risk (Austroads and National Transport Commission, 2022, p. 92).

Various studies have found that truck drivers with diabetes are at greater risk of crashes, particularly if the diabetes is uncontrolled or they have low blood sugar levels associated with treatment (Abu Dabrh et al., 2014, p. 9; Charlton et al., 2021). This aligns with studies in the general population (Cox et al., 2009; Redelmeier et al., 2009).

Given that the main concern for road safety relates to hypoglycaemia associated with treatment, it may be argued that screening for diabetes may not realise road safety benefits in the short to medium term. A proportion of people with undiagnosed diabetes might have complications of diabetes that would impact their ability to drive, but these may be picked up through other measures, such as vision checks conducted as part of general management (assuming appropriate management).



As noted above, however, diabetes is a risk factor considered in cardiovascular risk screening and OSA risk assessment.

4.3.3 Prevalence of diabetes and risk factors

Diabetes is a common condition affecting between 1.4 and 1.5 million Australians (National Diabetes Services Scheme, 2024). The worldwide prevalence of diabetes in the general population is estimated at 9.3 per cent for adults aged between 20 and 79 years, with a rise to 19.3 per cent for those aged over 65 years (Saeedi et al., 2019, p. 2).

From 2013 to 2024 the number of people aged over 20 years known to be living with all types of diabetes in Australia rose by 35 per cent (National Diabetes Services Scheme, 2013; 2024).¹⁶ It is predicted that the prevalence will continue to increase by 50 per cent over the next 20 to 25 years, principally due to the ageing population and the increase in obesity and sedentary lifestyles (Charlton et al., 2021, p. 21).

Many people with type 2 diabetes are unaware of their condition and do not seek help until they have developed complications (Baker IDI Heart and Diabetes Institute, 2012). It is estimated that at least three in 10 adults with diabetes in Australia are undiagnosed (Sainsbury et al., 2018, p. 7) and that about 500,000 people may be living with undiagnosed type 2 diabetes in Australia (Sainsbury et al., 2020). The number of people living with diabetes could therefore be up to two million (or 7.5 per cent of the total population) (Diabetes Australia, 2024).

Among Australian heavy vehicle drivers, the Driving Health study found 8.2 per cent of the 1,390 drivers studied self-reported a diagnosis of diabetes compared with the Australian norm of 5.3 per cent in between 2020 and 2021 (ABS, 2021; Van Vreden et al., 2020).

A review of the international literature on the health of truck drivers including 95 papers and 73 studies found that 24 studies of the sampled reported a prevalence of type 2 diabetes with rates ranging from 1.5 to 17 per cent (Guest, 2020, p. 6).

Obesity is a significant risk factor linked to diabetes and is common among commercial vehicle drivers. Diabetes Australia has reported that a 45-year-old male truck driver has a one in 50 risk of developing type 2 diabetes, but if their waistline is over 100 cm, their risk increases to one in 14 (Walsh, 2024). The Driving Health results indicated that over 80 per cent of truck drivers were overweight or obese in 2021. Given the average weight and age of truck drivers and bus and coach drivers, it is likely that the rate of undiagnosed diabetes is significant.

4.3.4 Current screening approach in Assessing Fitness to Drive

Currently, screening for diabetes is limited to self-reported diabetes, and there is no clinical screening to identify undiagnosed diabetes (Austroads and National Transport Commission, 2022, p. 100).

Section 3 of the <u>Commercial vehicle driver health questionnaire</u> asks about existing diabetes. Section 4 of the <u>Commercial vehicle clinical assessment record</u> allows recording of the driver's diabetes history.



¹⁶ At 31 December 2013, there were 1,083,600 adults aged over 20 years with diabetes, and as at 30 June 2024, there were 1,467,751 adults aged over 20 years with diabetes.

The 2013 AFTD Clinical Assessment Record form included a general section on urinalysis but did not correspond with the Standard in terms of screening for diabetes. It was therefore not included in future editions of this form.

Current screening content from AFTD

Screening is by self-report of known, diagnosed diabetes. There is no clinical screening requirement.

4.3.5 <u>Screening approaches for diabetes – evidence and application</u>

RACGP Red Book – population screening

The RACGP Red Book recommends population screening for the risk of type 2 diabetes (to be distinguished from screening for established disease) for people aged over 40 who do not have specific risk factors. The recommendation is for three-yearly screening. It recommends using a validated tool such as AUSDRISK (Figure 12) (RACGP, 2024).

AUSDRISK was developed by the Baker IDI Heart and Diabetes Institute and calculates the risk of type 2 diabetes in the next five years. This risk screen tool includes data inputs on age, gender, Indigenous status, birthplace, family history, high blood pressure, medical history of high blood glucose, smoking status, diet, physical activity and waist measurement (Department of Health and Aged Care, 2024b). Note, much of this data is also used in the CVD Risk Calculator. It is noted that the Cardiovascular Working Group recommended including waist circumference as a screening measure for commercial vehicle drivers.

An AUSDRISK score of 12 or more indicates a high risk of developing diabetes in the next five years. Other criteria for high risk are shown in Figure 13. The RACGP recommends adults at high risk of developing type 2 diabetes be screened every 3 years using fasting blood glucose and HbA1c, and annually for Aboriginal and Torres Strait Islander people (RACGP, 2024, p. 231).



Figure 12. Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK)

1.	Your age group		
	Under 35 years		0 points
	35 – 44 years		2 points
	45 – 54 years		4 points
	55 – 64 years		6 points
	65 years or over		8 points
2.	Your gender		
	Female		0 points
	Male		3 points
3.	Your ethnicity/country of birth:		
3a.	Are you of Aboriginal, Torres Strait Islan	der,	
	Pacific Islander or Maori descent?		
	No		0 points
	Yes		2 points
3b.	Where were you born?		
	Australia		0 points
	Asia (including the Indian sub-continent), Middle East, North Africa, Southern Europe		2 points
	Other		0 points
4.	Have either of your parents, or any of or sisters been diagnosed with diabe (type 1 or type 2)?	your tes	brothers
	No		0 points
	Yes		3 points
5.	Have you ever been found to have hig (sugar) (for example, in a health exam during an illness, during pregnancy)?	gh blo ninati	od glucos on,
	No		0 points
	Yes		6 points
6.	Are you currently taking medication f blood pressure?	or hig	h
	No		0 points
	Yes		2 points
	Do you currently smoke cigarettes or	any o	ther
7.	tobacco products on a daily basis?		
7.	tobacco products on a daily basis? No		0 points

Source: RACGP, 2024, p. 230

reduce your risk of developing type 2 diabetes.

8. How often do you eat vegetables or fruit? Every day 0 points Not every day 1 point 9. On average, would you say you do at least 2.5 hours of physical activity per week (for example, 30 minutes a day on 5 or more days a week)? Yes 0 points No 2 points 10. Your waist measurement taken below the ribs (usually at the level of the navel, and while standing) Waist measurement (cm) For those of Asian or Aboriginal or Torres Strait Islander descent: Men Women Less than 90 cm Less than 80 cm Π 0 points 90 - 100 cm 80 - 90 cm 4 points More than 100 cm More than 90 cm 7 points For all others: Men Women Less than 102 cm Less than 88 cm 0 points 102 - 110 cm 88 - 100 cm 4 points More than 110 cm More than 100 cm □ 7 points Add up your points

Your risk of developing type 2 diabetes within 5 years*:

5 or less: Low risk Approximately one person in every 100 will develop diabetes.

 6-11: Intermediate risk For scores of 6-8, approximately one person in every 50 will develop diabetes. For scores of 9-11, approximately one person in every 30 will develop diabetes.

 12 or more: High risk For scores of 12-15, approximately one person in every 14 will develop diabetes. For scores of 16-19, approximately one person in every 7 will develop diabetes. For scores of 20 and above, approximately one person in every 3 will develop diabetes.

If you scored 12 points or more in the AUSDRISK you may have undiagnosed type 2 diabetes or be at high risk of developing the disease. See your doctor about having a fasting blood glucose test. Act now to prevent type 2 diabetes.



Figure 13. Management of people at high risk of type 2 diabetes

Source: RACGP Red Book

International approaches to screening commercial vehicle drivers

The NTC has sought to understand international approaches to screening of commercial vehicle drivers for diabetes and diabetes risk. The approaches in the US, Canada and the UK were investigated.

In the US, the *Federal Motor Carrier Safety Administration handbook* does not include screening for diabetes as part of the prescribed periodic assessment for commercial vehicle drivers (refer to 'International approaches to screening commercial vehicle drivers' in section 4.2.5). Self-declared diabetes will result in investigation and management according to their fitness to drive criteria.

Similarly, the Canadian Council of Motor Transport Administrators' (2021) *National Safety Code Standard 6: Determining Driver Fitness in Canada* does not include screening for diabetes at periodic reviews for commercial vehicle drivers (refer to section 4.2.5).

As noted earlier, Group 2 drivers (drivers of trucks and buses) in the UK require a health assessment at initial licensing, then five-yearly after 45. Prior to 45, any medical conditions are self-declared. From 65, they must have a health assessment every year. As for other conditions, the focus is on identifying and managing existing disease, and screening is not undertaken.



Rail Standard – screening for rail safety workers

Under the rail Standard, all categories of rail safety worker have to self-declare existing diabetes (National Transport Commission, 2024).

For Category 1 workers who have not self-declared, screening is conducted using HbA1c testing on non-fasting blood. A HbA1c result less than 6.5 per cent suggests that the person does not have diabetes.

Screening results are interpreted and actioned as follows:

- If the initial test shows HbA1c is less than 48 mmol/mol (6.5 per cent), the person is regarded as not having diabetes and is reviewed per the normal periodic health assessment schedule.
- If the initial test shows HbA1c is equal to or greater than 53 mmol/mol (7 per cent), the person is regarded as having diabetes.
- If the initial test shows HbA1c is 48 mmol/mol (6.5 per cent) or greater but less than 53 mmol/mol (7 per cent) arrange a repeat (confirmatory) test.
 - If the repeat (confirmatory) HbA1c is 48 mmol/mol (6.5 per cent) or greater, a diagnosis of diabetes is confirmed.
 - If the repeat test is less than 48 mmol/L (6.5 per cent), the person is regarded as not having diabetes and reviewed per the normal periodic health assessment schedule.

Category 2 workers who do not self-declare diabetes are screened via a urine glucose test at the time of their health assessment. A positive urine test will result in a confirming blood test as above.

Category 3 workers do not undergo further testing if they do not self-declare diabetes.

All rail safety workers must report incidents at work.

This screening approach is reflected in questions in the health assessment forms for authorised health professionals and rail safety workers. The outcome of diabetes screening is considered in assessing cardiovascular risk and the risk for OSA.

4.4 Sleep disorders

4.4.1 Overview

Sleep disorders involve problems with the quality, timing and amount of sleep, which can result in daytime sleepiness and impairment in functioning. They include disorders such as OSA, obstructive sleep apnoea syndrome, narcolepsy, insomnia and restless leg syndrome. These disorders are often linked to other medical conditions, including CVD and diabetes.

4.4.2 Road safety risks

OSA can increase the crash risk of motor vehicle drivers by two to seven-fold (Mulgrew et al., 2008), with a meta-analysis of 18 studies estimating a 2.5 times increased risk of motor vehicle crash in untreated OSA (Tregear et al., 2009). An estimated 20 to 30 per cent of heavy vehicle crashes may be sleep-related (Howard et al., 2004). Shift workers are at higher risk of drowsiness and related motor vehicle crashes due to chronic sleep restriction, with increased homeostatic pressure for sleep often combined with circadian impacts on alertness. Drivers with shift work disorder have a three-fold increase in crash risk, similar to people with OSA (Bharadwaj et al., 2021).



As shown in both simulated driving and naturalistic driving studies (Howard, 2023), people with untreated OSA have impaired driving performance including:

- difficulty keeping within a lane
- maintaining the designated speed
- slower braking reaction times.

However, this risk is reduced to similar levels of drivers without OSA when OSA is treated effectively using continuous positive airway pressure (CPAP) therapy (Garbarino et al., 2016; Tregear et al., 2009). Based on driver simulator performance, driving improves in 2 to 7 days of starting treatment (Tregear et al., 2009).

Sleep disorders are also linked to heart disease, stroke, diabetes, cognitive dysfunction and depression, which are also relevant to road safety risk (Medic et al., 2017). A meta-analysis of more than 25,000 people in 12 studies showed, for those with OSA, relative increased risks of 1.79 for CVD, 2.15 for fatal and non-fatal stroke and 1.92 for death from all causes (Wang et al., 2013).

A number of coronial cases have highlighted the road safety risks linked to undiagnosed or poorly managed sleep disorders. For example, the inquest into the death of Jackson David Eales (Coroners Court of Victoria, 2023) investigated the death of Mr Eales, who was driving a ute when it was hit by a prime mover B-double tanker truck, driven by Gerard Voss. Deputy State Coroner Hawkins found that it was highly probable that Mr Voss suffered from undiagnosed severe OSA, and this may have contributed to his failure to stop at an intersection that caused the fatality. Mr Voss also suffered from a known cardiac condition and experienced a small myocardial infarction following the collision. A physical examination indicated no overt features to suggest a high risk of significant OSA, apart from Mr Voss's age and gender. A sleep study provided evidence of severe OSA. An expert at the coronial inquest advised "sleep apnoea is a condition which usually progresses over time. A 50-year-old person diagnosed with sleep apnoea will have likely had it for 10 to 15 years prior" (Coroners Court of Victoria, 2023, p. 22). Another expert at the inquest suggested anyone who drives commercial vehicles should have a mandatory OSA test, which Mr Voss's family supported.

The inquest into the death of Andrew Blake Corney (Coroners Court of the Australian Capital Territory, 2021) investigated the death of Master Corney, aged four, who was a passenger in a stationary SUV when a 16 t MR tipper truck driven by Mr Akis Livas collided with the vehicle. Chief Coroner Walker concluded that since 2013 Mr Livas was on notice that he may have had OSA but failed to seek a diagnosis or treatment and failed to attend two sleep study referrals. Mr Livas did not disclose his possible OSA to the driver licensing authority or his employer. Chief Coroner Walker noted that this situation illustrates the danger of relying on self-report to identify conditions that may affect a driver's capacity.

4.4.3 Prevalence of sleep disorders and risk factors

Sleep disorders are common and underdiagnosed. A recent Australian study of middle-aged adults aged 45 to 65, using a combination of survey, clinical assessment and in-laboratory polysomnography, found a prevalence of clinically significant OSA in 24 per cent of females and 47 per cent of males. At least one sleep disorder was present in 43 per cent of the 895 people studied (McArdle et al., 2022).

The prevalence of OSA is high in the transport industry, linked to risk factors such as obesity, age and male gender. In a systematic review of studies of commercial truck drivers, OSA prevalence estimates ranged from 28 per cent to 78 per cent (Gurubhagavatula et al., 2017). Other risk factors



for sleep disorders, such as neck circumference, high blood pressure and diabetes, are also prevalent among commercial vehicle drivers, as previously discussed.

Studies of commercial vehicle drivers reflect these findings. An early study of 3,268 commercial truck drivers in Australia found that 60 per cent had OSA confirmed by polysomnography (Howard et al., 2004). Another study in 2012 identified a high rate (41 per cent) of previously undiagnosed OSA indicated by a portable testing device – only 12 per cent of these drivers reported excessive daytime sleepiness (Sharwood et al., 2012). The study also found low proportions of drivers described themselves as having been diagnosed with hypertension or diabetes, and the authors speculated a similar proportion of drivers may be found to be living with these conditions undiagnosed (Sharwood et al., 2012). Of the random sample of drivers obtained in the study, 50 per cent were obese (Sharwood et al., 2012).

Most recently, the Driving Health study found that only 13.4 per cent of drivers reported having OSA (Van Vreden et al., 2020). In light of other studies, this would appear to reflect a significant proportion of undiagnosed disorder.

A 2012 study in the US used an online employer-mandated OSA screening questionnaire to screen 19,000 commercial vehicle drivers (Berger et al., 2012). The data was self-reported by drivers and included questions on height, weight, neck circumference, medical conditions and sleepiness. The online screening categorised 30 per cent of drivers as high risk and, following polysomnography, it concluded as many as 21 per cent of commercial drivers may have OSA. The study concluded that mandatory screening can have a high yield among commercial drivers.

4.4.4 Current screening approach in Assessing Fitness to Drive

Section 8.2.3 of AFTD includes guidance for health professionals on risk factors and clinical indicators of sleep disorders. These include clinical and physical features and subjective measures.

AFTD refers to three clinical screening tools for assessing the risk of OSA (STOP-Bang, Berlin, and OSA-50) but does not prescribe their application. It also identifies the Epworth Sleepiness Scale as a tool for assessing sleepiness. This scale is included in the health questionnaire, but the OSA screening tools are not, nor are they included in the Clinical Record form. The Clinical Record form does not record of any of the clinical measures outlined in the AFTD. There is therefore scope for the forms to be redeveloped to better reflect the suggested clinical assessment described in AFTD, creating a consistent approach to screening and assessment and clearer criteria for referral for a sleep study.

Current screening content from AFTD

Clinical and physical features

Clinical features can have a high predictive value for a subsequent diagnosis of OSA via a sleep study.

Criteria of significant concern include:

- BMI \geq 40 kg/m²
- BMI \geq 35 kg/m² and either
 - hypertension requiring \geq 2 medications for control, or
 - type 2 diabetes



- Sleepiness-related crash or accident, offroad deviation or rear-ending another vehicle by report or observation
- Excessive sleepiness during the major wake period.

Other clinical features include:

- habitual snoring during sleep
- witnessed apnoeic events (often in bed by a spouse/partner) or falling asleep inappropriately (particularly during non-stimulating activities such as watching television, sitting reading, travelling in a car, when talking with someone)
- feeling tired despite adequate time in bed.

Other physical features commonly include a thick neck (> 42 cm in men, > 41 cm in women) and a narrow oedematous ('crowded') oropharynx.

The STOP-Bang, OSA-50 and Berlin questionnaire are clinical screening tools with proven predictive value for diagnosing OSA. Using these questionnaires may trigger referral for further sleep studies.

Subjective measures of sleepiness

Determining excessive daytime sleepiness is a clinical decision that may be assisted with clinical tools. Tools such as the Epworth Sleepiness Scale or other validated questionnaires can be used as subjective measures of excessive daytime sleepiness while recognising that the Epworth Sleepiness Scale is neither sensitive nor specific in diagnosing OSA. Such tests rely on honest completion by the driver, and there is evidence that incorrect reporting may occur in some cases. The tools are therefore just one aspect of the comprehensive assessment.

Commercial vehicle drivers

Commercial vehicle drivers who need treatment for OSA must have an annual review by a sleep specialist to ensure adequate treatment is maintained. For drivers who are treated with CPAP, it is recommended that they use CPAP machines with a usage meter to allow objective assessment and recording of treatment compliance. Minimally acceptable adherence with treatment is defined as four hours or more per day of use on 70 per cent or more of days. An assessment of sleepiness should be made, and an objective measurement of sleepiness should be considered (maintenance of wakefulness test), particularly if there is a concern about persisting sleepiness or treatment compliance.

Source: Austroads and National Transport Commission, 2022, pp. 180-193

4.4.5 <u>Screening approaches for sleep apnoea – evidence and application</u>

While not all people with OSA will need treatment, various authors support screening for OSA through questionnaires and then formal sleep studies in transport drivers, noting that screening increases the number of people on treatment for OSA and is cost-effective through a reduction in crashes and injuries (Gurubhagavatula et al., 2017; Howard et al., 2004). They highlight that it can be challenging to determine which drivers need treatment, emphasising the importance of providing education on (Howard, 2023):

- warning symptoms of drowsiness
- factors that may compound the impact of OSA on crash risk

countermeasures to support safety, including the role of technology.

Several screening tools are described in the literature including:

- Epworth Sleepiness Scale (daytime sleepiness)
- STOP-Bang questionnaire (OSA risk)
- Berlin questionnaire (OSA risk)
- OSA-50 (OSA risk)
- Lausanne NoSAS (OSA risk)
- Somni-Sage questionnaire (OSA risk).

The Epworth Sleepiness Scale, Berlin questionnaire and STOP-Bang are the most commonly known questionnaires and most studied (Schiza and Bouloukaki, 2020).

International approaches to screening commercial vehicle drivers

The NTC has sought to understand international approaches to screening of commercial vehicle drivers for sleep disorders. The approaches in the US, Canada and the UK were investigated. Both the US and Canada outline general screening approaches for OSA in their medical guidelines for determining fitness to drive commercial vehicles, similar to AFTD. The UK guidelines are limited to fitness to drive criteria on diagnosis of OSA and do not prescribe screening approaches.

In the US, the Federal Motor Carrier Safety Regulations do not include requirements for screening for OSA or requirements for whether a driver should be referred for OSA testing. The regulations also don't prescribe testing methods or treatment methods, or requirements for assessing compliance with treatment. The Federal Motor Carrier Safety Administration has considered the issue of screening for OSA on several occasions but has not progressed any regulatory changes (Colvin and Collop, 2016).

While not regulated, the assessment conducted according to the *National Registry of Certified Medical Examiners handbook* (Federal Motor Carrier Safety Administration, 2024) does outline an approach to risk factor screening for identifying those at risk of OSA. Drivers are asked to selfdeclare sleep disorders on the medical examination form. The handbook notes that the following risk factors should be considered when identifying drivers at risk for moderate-to-severe OSA:

- history of small airway
- Ioud snoring
- witnessed apnoeas
- self-reported episodes of sleepiness during the major wake periods
- obesity, high BMI
- large neck size
- hypertension
- cardiovascular disease
- history of stroke, diabetes or other comorbid conditions.

Supplementary guidance is provided in a linked document containing recommendations from the Medical Review Board and the Motor Carrier Safety Advisory Committee, which details more specific screening and management approaches not yet formally adopted in the handbook (Federal Motor Carrier Safety Administration, 2016).



Further evidence-based guidance was also developed in 2017 by the American Academy of Sleep Medicine Sleep and Transportation Safety Awareness Task Force (Gurubhagavatula et al., 2017).

A 2016 article in the US recommended the following objective clinical assessment for OSA (Colvin and Collop, 2016):

- age ≥ 42 years
- male gender
- observed sleeping during clinical evaluation
- BMI ≥ 35 kg/m² or BMI ≥ 28 kg/m² with additional risk factors present
- neck circumference male ≥ 17 inches or female ≥ 15.5 inches
- airway (posterior oropharynx) and facial examination
- Mallampati or Friedman classification (posterior oropharynx)
- small or recessed jaw
- absence of uvula or surgical scarring suggestive of OSA airway surgery
- elevated blood pressure.

In Canada, assessment under the Canadian Council of Motor Transport Administrators *National Safety Code Standard 6: Determining Driver Fitness in Canada* (2021, p. 228) requires screening for symptoms suggestive of OSA as well as risk factors and conditions linked to OSA. This, in turn, informs the referral for diagnostic polysomnography. The licensing authority will determine whether a driver is fit to continue driving while awaiting investigation. Specific screening tools for OSA risk are not prescribed. This approach is based on the US Federal Motor Carrier Safety Administration Expert Panel Recommendations on Obstructive Sleep Apnea and Commercial Motor Vehicle Driver Safety (Federal Motor Carrier Safety Administration, 2024).

Symptoms that suggest OSA include:

- chronic loud snoring
- witnessed apnoeas or breathing pauses during sleep
- daytime sleepiness.

Risk factors for OSA include:

- being male
- advancing age
- a BMI > 28 kg/m²
- having a small jaw
- having a large neck size (>17 inches male, >15.5 inches female)
- having a small airway
- a family history of OSA.

Conditions linked to OSA include:

- high blood pressure or hypertension arterial
- type 2 diabetes
- hypothyroidism.

In the UK, there is no prescribed screening approach for OSA in commercial vehicle drivers presenting for periodic assessments.

RACGP Red Book – population screening

The RACGP Red Book does not recommend population screening for OSA (RACGP, 2024). It notes that:

- the prevalence of undiagnosed OSA is high and is linked to considerable morbidity
- while there are some screening tools available, there are no large-scale random controlled trials showing the benefit or cost-benefit of routine screening for OSA in primary care
- case-finding for OSA may be beneficial for commercial vehicle drivers and pilots, but it has not been mandated by any government authority.

This was written before the recent rail Standard was developed, which now requires OSA risk screening based on the high prevalence, high rates of undiagnosed disease and impacts on safety.

Australasian Sleep Association guidelines – population screening

The Australasian Sleep Association (2024b) guidelines note that screening for OSA in asymptomatic people is currently not recommended based on recommendations from the RACGP Red Book and the most recent review of screening for OSA in adults for the US Preventative Services Task Force (Jonas et al., 2017). The Australasian Sleep Association (2024a) guidelines reinforce the advice in AFTD that any patient with suspected OSA and excessive daytime sleepiness should be referred to a sleep specialist for assessment and a sleep study.

Rail Standard – rail safety workers

The screening, assessment and management approach in the rail Standard includes (National Transport Commission, 2024):

- screening for existing sleep disorders via a self-report questionnaire
- screening for excessive daytime sleepiness (relevant to all sleep disorders) using the selfreported Epworth Sleepiness Scale
- consideration of self-reported incidents and workplace reports
- screening for specific risks for OSA using the STOP-Bang questionnaire, which incorporates clinical measurements and self-reported symptoms referring as appropriate for a sleep study
- referring those with a positive sleep study for specialist assessment and management
- monitoring to confirm compliance and appropriate response to treatment.

The flowchart in Figure 14 supports this, as well as through questions in the health questionnaire for workers and the clinical record for authorised health professionals.



Figure 14. Sleep disorders – screening in the rail Standard



* See definition of OSAS (Figure 25)

** Review will be required while the treatment is being established and appropriate response is determined

Source: National Transport Commission, 2024



4.5 Questions

Question 4: Can you provide any more information relevant to supporting our understanding of cardiovascular disease, diabetes and sleep disorders outlined in this section, including possible screening approaches?



5 Other initiatives to support improved driver health assessments

Key points

Concerns over the impacts of commercial vehicle driver ill-health on road safety and industry have prompted numerous government and industry-led initiatives over several decades.

This section describes current and recent initiatives including:

- recent regulatory changes to support improved monitoring of commercial vehicle driver health in the ACT
- the extensive and ongoing program of work by Austroads to improve AFTD implementation
- initiatives to support collaboration across the transport industry for road safety
- initiatives to improve working conditions that may affect driver health
- initiatives to support driver awareness and education about health
- initiatives to encourage prioritising safety within the road transport sector
- the potential role of driver monitoring technologies.

These examples are not exhaustive but provide a context for any new initiatives in this area.

5.1 Existing regulatory approaches to manage driver health

As outlined in the case study in section 2.3, in 2024 the ACT Government introduced new requirements for heavy vehicle drivers to have a health assessment on initial application or upgrade to confirm their fitness to drive.

Driver licensing authorities have suggested monitoring and evaluating the impacts, success and challenges of the ACT reforms on drivers, the driver licensing authority and the healthcare system before this approach may be considered more broadly across Australia.

An evaluation could include considering the process, impact and outcome of changes, including whether it has reduced deaths and injuries linked to medical causes. This dataset and learnings could then be used by other driver licensing authorities to inform future policy and legislative change.

5.2 Existing non-regulatory driver health initiatives

To prepare for this paper, the NTC met with several organisations that are responsible for various driver health or heavy vehicle safety initiatives. The below list and Table 12 provide an overview of our understanding of the current initiatives in place across Australia. These offer valuable context for potential non-regulatory options that may be considered in the future.

 <u>Austroads AFTD implementation work</u>: Austroads endorsed an implementation framework for AFTD in 2021. The framework positions implementing AFTD for the National Roads Safety Strategy (Safe People). Austroads then consulted with stakeholders to develop the *Assessing Fitness to Drive implementation strategy 2022* (Austroads, 2022), setting out priorities and


activities based on the framework. This includes several initiatives to improve understanding of and how to apply AFTD, including activities to target structures, resourcing, platforms, communication/promotion, education, systems/tools, collaboration and monitoring/feedback. Commercial vehicle drivers are a focus, with efforts directed to understanding the barriers to effective health management. A survey of TruckSafe doctors conducted in with the Australian Trucking Association in 2023 found an unmet need for education and resources to support health practitioners conducting health assessments for commercial vehicle drivers (Austroads, 2024).

- Austroads Heavy Vehicle Rest Areas update: Heavy vehicle rest areas are provided to help heavy vehicle drivers manage fatigue and work within driving hours limits. Rest opportunities may also be available at other facilities such as commercial or in-town facilities. Recognising the importance of this, Austroads has released guidelines to assist road managers in assessing the need and prioritisation for these rest areas. They also aim to prompt consideration of issues relating to planning and design concepts in the initial set out of rest areas. Austroads is currently reviewing the guidelines.
- Austroads Review of the National Heavy Vehicle Driver Competency Framework: Austroads is undertaking a project to review and improve the National Heavy Vehicle Driver Competency Framework. The review was completed in 2023 with ministerial approval of changes as outlined in the National Heavy Vehicle Driver Competency Framework decision regulation statement. The changes are aimed at delivering a harmonised Australian licence training and assessment framework that produces safe and competent heavy vehicle drivers and reflects the current and future needs of heavy vehicle operators and the future freight task. The program will be rolled out in stages over a number of years. An industry reference group will provide input on the implementation elements and approach and on engaging with stakeholders. The NTC and Austroads will work together to ensure any complementary or related projects or legislative changes are managed effectively for stakeholders.
- Driving Better Health with Queensland Trucking Association: Between 2020 and 2022, the Queensland Trucking Association delivered the 'Driving Better Health' initiative aimed at supporting the health and wellbeing of truck drivers across Australia. With funding from the federal government and NHVR, the initiative sought to increase driver health awareness to support positive health behaviours and reduce chronic illness. The initiative provided driver health assessments in Queensland that focused on addressing health risks and implementing health and wellness strategies. The initiative also aimed to provide a successful project framework that can be replicated in other states and jurisdictions in Australia, but the initiative has not received further funding.
- Healthy Heads in Trucks and Sheds: Healthy Heads in Trucks and Sheds is a registered not-for-profit foundation that provides a national approach to improving mental health and physical wellbeing for people working in road transport, warehousing and logistics. Launched in August 2020, Healthy Heads was established by Australia Post, Coles, Linfox, Toll, Ron Finemore Transport, Woolworths and Qube to drive the changes to the whole industry that these businesses want to see. Their work focuses on providing industry with tools, resources and programs to allow businesses of all sizes to create psychologically safe, healthy working environments and thriving individuals.
- <u>Heavy Vehicle Safety Initiative</u>: The Heavy Vehicle Safety Initiative supports implementable, value-for-money projects that deliver tangible improvements to heavy vehicle safety. The Australian Government has invested more than \$41 million across 169 projects since the



program began in 2016. Over the nine rounds funded to date, successful projects are delivering outcomes aimed at making Australia's roads safer for all users.

- National Road Safety Partnership Program: The National Road Safety Partnership Program offers a collaborative network for Australian organisations to build and implement effective road safety strategies in the workplace. The program offers organisations the resources to improve road safety that best fit their individual operations and, at the same time, improve business productivity through less time and money lost through safety incidents. The program is not a prescriptive approach but aims to complement existing safety legislation by providing access to a 'knowledge bank' from a diverse network of organisations to give them the resources to implement their own initiatives. The tools will help make the business case for organisations shifting their safety focus from 'having' to safety to secure a contract to 'wanting' to because it is simply good business.
- Fatality Prevention Strategic Approach Transport 2023–2026 WorkSafe Victoria: WorkSafe Victoria published its latest *Fatality Prevention Strategic Approach – Transport* in 2023. This framework seeks to motivate employers and employees to prioritise health and safety, ensuring they have the knowledge, tools and support measures in place to improve performance and create a safer workplace. It also takes a targeted approach that focuses on the highest-risk sectors and the hazards that are causing harm, to ensure work is prioritised where it's needed most.
- The Open Road Program Tasmania: The Open Road program was created by the Tasmanian Transport Association and is delivered across Tasmania in partnership with Rural Alive and Well to ensure a sustainable and thriving transport industry. The program delivers education, awareness and practical support tailored to the unique situational stressors experienced by workers in the transport industry. Open Road is made possible with funding from the NHVR Heavy Vehicle Safety Initiative.

Table 12 provides a matrix of the current initiatives and indicates which area of behavioural, technical, environmental or health screening it targets, as well as the geographical area it targets (national or local state). The matrix highlights that only two of the nine initiatives target health screening (one nationally and one at the state level), with most focused on behavioural change.

Initiative name	National or local	Behavioural	Technical	Environmental	Health screening
Austroads AFTD implementation work	National	\checkmark	\checkmark		
<u>Austroads Heavy</u> <u>Vehicle Rest Areas</u> <u>update</u>	National			✓	
Austroads Review of the National Heavy Vehicle Driver Competency Framework	National	~	~		

Table 12. Matrix of current non-regulatory initiatives



Initiative name	National or local	Behavioural	Technical	Environmental	Health screening
Driving Better Health with Queensland Trucking Association	Queensland	~			
<u>Healthy Heads in</u> <u>Trucks and Sheds</u>	National	✓			✓
<u>Heavy Vehicle Safety</u> Initiative	National	\checkmark	\checkmark	\checkmark	
National Road Safety Partnership Program	National	√	✓	~	
Fatality Prevention Strategic Approach – Transport 2023-2026 WorkSafe Victoria	Victoria			✓	
<u>The Open Road</u> <u>Program Tasmania</u>	Tasmania	√			\checkmark

5.3 Role of driver monitoring technology

Driver alertness monitoring technology is being rolled out across commercial vehicle fleets to manage risks linked to fatigue (Higginson et al., 2019). This technology can monitor physiological changes such as slowing eyelid movements and sends alerts to warn the driver to stop driving. A recent study indicated "strong and almost unanimous belief that the effective use of fatigue and distraction detection technology will profoundly reduce the frequency of fatigue and distraction events while driving. If implemented more broadly, they believe this will significantly improve industry safety outcomes" (Higginson et al., 2019, p. 2).

The NTC understands the United Nations has developed a draft regulation for including driver drowsiness and attention warning systems in vehicles to help prevent crashes caused by driver inattention. The NTC will monitor progress in this area.

5.4 Questions

Question 5: Can you provide any information about other interventions, such as driver monitoring technologies, to support our understanding of managing these conditions?

Question 6: Can you provide any more information to support our understanding of other driver health initiatives?

Question 7: What are your views on whether any of these initiatives should be supported or expanded to promote driver health?



Question 8: What are your views on how any of these initiatives might integrate with improved health screening for commercial vehicle drivers?



6 Potential options to improve screening of cardiovascular disease, diabetes and sleep disorders

Key points

This section has been developed with input from the medical working groups for each of the health conditions. It describes:

- options for screening, drawing on population screening approaches, research and precedents in other industries and jurisdictions and advice from clinical experts
- likely benefits, costs, barriers and limitations linked to the options.

The potential options for consideration have been prepared with input from medical specialists, working groups and Heavy Vehicle Health Advisory Group members.

Table 15 summarises the options being consulted on. There are three grades of options, from no change (A) to improved implementation of current screening approaches in AFTD (B) to more defined screening approaches for each of the medical conditions as per expert advice (C).

The table also describes the potential benefits, costs, barriers and limitations of each option. These may not be exhaustive, and we invite stakeholders to provide advice on this through consultation to support our understanding of the potential impacts.

None of the options include criteria for screening outcomes. That is, the outcome of the screening process does not have an impact on licensing or accreditation, but further investigations conducted as a result of the screening findings may have implications for licensing/accreditation.

While the options for screening for CVD risk, diabetes and OSA are presented separately, there is considerable overlap between the conditions. Integrating the screening approaches will be a consideration in AFTD implementation, acknowledging that integrating screening and medical management is fundamental to standard medical practice.

Reforms to achieve consistency in applying the health screening options through driver licensing regulation are out of scope for the project. **Any supported changes to screening approaches will be applied by driver licensing authorities and accreditation schemes within their current health assessment frameworks,** i.e. screening for the three conditions will not be introduced in systems that do not currently require medical assessments as a part of the licensing or driver accreditation process. For driver licensing authorities, this means the screening changes will be applied to their current licence application and periodic health assessments for heavy vehicle drivers (Table 13). Other than periodic assessments for older drivers, the ACT is currently the only jurisdiction that requires initial and periodic health assessments for applicants/holders of heavy vehicle licences from MR to MC. It follows that the benefits, costs, barriers and limitations outlined in this paper largely apply to systems featuring initial and periodic health assessments.



Health assessment timing	Health assessment requirements by jurisdiction
Licence application	 ACT: MR-MC NSW and Tas: Only MC None: NT, Qld, SA, Vic, WA
Licence renewal or periodic	 ACT: MR-MC 5-yearly NSW: MC at age 21 and every 10 years up to age 40, then every 5 years until age 60, then every 2 years until age 70; annually thereafter SA: MC operating south of Port Augusta every 3 years up to 49 years of age, then annually None: NT, Qld, Tas, Vic, WA
Age-based (all licence categories)	 ACT: Annually from 70 years NSW: Annually from 70 (MC) and 75 years Qld: Annually from 75 years SA: Annually from 70 years WA: Annually from 80 years None: NT, Tas, Vic

Table 13. Summary of application of screening by jurisdiction

For accreditation schemes, the agreed screening changes will apply to all commercial vehicle drivers who are enrolled in those schemes (about 436,000 drivers) (Table 3 and Table 8). These accreditation schemes include:

- public passenger accreditation (state-based) (about 419,633 drivers)
- dangerous goods licensing (state-based) (about 26,464 drivers)
- National Heavy Vehicle Accreditation Scheme (national, excluding WA and NT) (about 3,178 operators)
- Western Australia Heavy Vehicle Accreditation (state-based) (about 5,034 operators)
- TruckSafe (national) (about 183 operators)
- work health and safety (Western Australia).

Table 14. Summary of accreditation/authorisation by jurisdiction

Vehicle type	Health assessment timing	Health assessment requirements by jurisdiction
Public	Initial application	 All jurisdictions
vehicle drivers	Periodic	 ACT: 5-yearly to age 70 then annually (for rideshare, hire car, hire car motorcycle, taxi, restricted hire car) and annually for bus drivers NSW: 3-yearly to age 60, then annually for bus drivers NT: 5-yearly Qld: 5-yearly to age 75, then annually SA: 3-yearly to age 70, then annually Tas: 3-yearly to age 65, then annually



Vehicle type	Health assessment timing	Health assessment requirements by jurisdiction	
		 Vic: 3-yearly (for taxi, bus and driver instructors) 	
Dangerous	Initial application	All jurisdictions	
goods vehicle drivers	Periodic	 ACT, NSW, NT, Vic: 5-yearly Qld: 3-yearly to age 75, then annually SA: 3-yearly Tas: Every licence renewal period 	

In relation to enhanced implementation efforts (options B and C) the NTC would work with Austroads (responsible for leading the AFTD implementation framework and strategy), driver licensing authorities, the RACGP, medical specialist societies (Cardiac Society, Heart Foundation, Diabetes Australia, Diabetes Society and Australasian Sleep Association) and the road transport industry to explore education options such as webinars and articles to target health professionals and drivers.

The goal of option C for each of the medical conditions is to adopt a more consistent, comprehensive and evidence-based approach to identifying commercial drivers at risk of these conditions as well as better identifying undiagnosed and undisclosed conditions so appropriate management can be facilitated.

Much of the improved guidance recommended for option C will draw on the current content of the rail Standard but will be tailored to the specific needs of the commercial vehicle driver sector based on stakeholder feedback.



Option A: No change	Option B: Improved implementation	Options 1C, 2C and 3C: Prescribed screening
Description of options		
A: <u>No change</u> to content relating to the 3 clinical areas	B: Improve implementation of current AFTD guidance across the cardiovascular, diabetes and sleep disorder chapters	1C: <u>Prescribe cardiac risk screening</u> and facilitate implementation
Retain the status quo. This means the current content in AFTD will	This option involves strengthening implementation efforts to facilitate awareness and application of the guidance relating to screening – for example, through: • awareness and education for health professionals on	This option involves defining and prescribing specific requirements for CVD risk assessment and management in AFTD, with changes supported by forms and other implementation initiatives as per option B.
remain unchanged and actions to undertake screening and manage risk will be at the discretion of the examining health professional.	 assessing commercial vehicle drivers in general and assessing and managing CVD risk, diabetes and sleep disorders redeveloping forms to include CVD Risk Calculator questions, STOP-Bang, OSA-50 or the Berlin questionnaire education of drivers about CVD risk, diabetes and sleep disorders. 	This may involve updating the content in 'Part B: Chapter 2 Cardiovascular conditions' to include:
		 updated general guidance in AFTD on assessing and managing cardiac risk for commercial vehicle drivers more detailed information in AFTD to facilitate appropriate assessment using the <u>CVD Risk</u> <u>Calculator</u> including managing levels of risk.
	This option does not introduce changes to licensing criteria linked to the current screening requirements.	Option 1C also involves updating the Austroads health questionnaire, clinical health record and report form to align with the changes, acknowledging there will be no changes to licensing criteria.

Table 15. Options for changes to health screening



Option A: No change Option B: Improved implementation

Options 1C, 2C and 3C: Prescribed screening

2C: <u>Prescribe diabetes screening</u> and facilitate implementation

This option involves defining and prescribing specific requirements for diabetes screening in AFTD including risk screening and/or pathology testing, with changes supported by the forms and other implementation initiatives as per option B.

This may involve updating the content in 'Part B: Chapter 3 Diabetes mellitus' to include:

- applying AUSDRISK every 5 years for commercial vehicle drivers not previously diagnosed or declared to have diabetes and subsequent blood testing for those found to be at high-risk, or
- routine non-fasting single blood test for HbA1c every 5 years for commercial vehicle drivers not previously diagnosed or declared to have diabetes.

Updating general guidance for commercial vehicle drivers and diabetes in AFTD to support improved management.

Option 2C also involves updating the Austroads health questionnaire, clinical health record and the report form to align with the changes, acknowledging there will be no changes to licensing criteria.

3C: <u>Prescribe sleep disorder screening</u> and facilitate implementation

This option involves defining specific requirements for sleep disorder screening in AFTD, with changes



Option A: No change	Option B: Improved implementation	Options 1C, 2C and 3C: Prescribed screening
		supported by the forms and other implementation initiatives as per option B.
		This may involve updating the content in 'Part B: Chapter 8 Sleep disorders' to include:
		 more comprehensive guidance for assessing the risk of OSA and other sleep disorders, including identifying a preferred risk assessment tool (the STOP-Bang is favoured for consistency with rail) new content on referrals for polysomnography, interpreting results and management considerations including fitness for duty decisions when a
		commercial vehicle driver is referred for a sleep study
		 new content about the interface with fatigue management, including recognising the role of fatigue monitoring technology and workplace reports of incidents.
		Option 3C also involves updating the Austroads health questionnaire, clinical health record and the report form to align with the changes, acknowledging there will be no changes to licensing criteria.

Benefits

As this option does not change the current situation, it is not anticipated to impose any extra benefits. This option is likely to be beneficial in facilitating existing recommendations that are unlikely to be widely implemented when commercial drivers attend health assessments.

Under option B, the benefits may include:

Under options 1C, 2C and 3C, the benefits are similar to those for option B but may be experienced to a greater degree due to the prescribed screening requirements.



Option A: No change	Option B: Improved implementation	Options 1C, 2C and 3C: Prescribed screening
	 improved confidence of health professionals in conducting health assessments for commercial vehicle drivers improved consistency and quality of health assessments. early identification and management of risk factors for chronic disease early identification and management of chronic conditions including CVD, diabetes and sleep disorders closer integration of health assessments conducted for fitness to drive with routine management of driver health improvements in road safety outcomes reduced ongoing impact on health system. It should be noted that the potential benefits are more likely to be realised in jurisdictions and industries where there are periodic assessment requirements. 	It should be noted that any of the benefits are more likely to be realised in jurisdictions and industries where there are periodic assessment requirements.
Costs, barriers and limita	ations	
As this option does not Ur change the current ind situation, it is not	Under option B, the costs, barriers and limitations may include:	Under options 1C, 2C and 3C, the costs are similar to those for option B but may be experienced to a greater degree.
anticipated to impose any extra costs. Maintaining the status	 costs inned to implementation, including education and communication initiatives increased costs for drivers and/or employers linked to a more comprehensive assessment including 	It should be noted that any costs are more likely to be experienced in jurisdictions and industries where there are periodic assessment requirements.
quo may pose risks for the health of drivers in an industry where there is an	pathology testing, counselling and referral	The beneficial impact of these options may be limited where drivers do not have a regular GP and therefore



Option A:	Option B:	Options 1C, 2C and 3C:
No change	Improved implementation	Prescribed screening
increased risk of CVD, diabetes and sleep disorders.	 increased costs for drivers and/or employers associated with specialist referrals for investigations, including time off work increased costs for drivers linked to ongoing management of risk factors or medical conditions identified potential impacts on workforces due to drivers being unfit to work while undergoing investigation and treatment potential healthcare service shortages/pressures linked to the increased demands on the system, including occupational medicine providers and specialists system changes for driver licensing authorities to record and manage health outcomes, monitor the frequency of periodic assessments and requirements for specialist input increased number of conditional licenses and reviews. 	options for referral are limited and where lack of driver consent may limit contact with treating health professionals.



6.1 <u>Questions</u>

Question 9: In relation to options A and B, please comment on the benefits, costs, barriers and limitations and advise of any other information that should be considered.

Question 10: Can you suggest any other implementation approaches to support the application of the current standards and guidance in AFTD (option B)?

Question 11: In relation to options 1C, 2C and 3C, can you please comment on the benefits, costs, barriers and limitations and advise of any other information that should be considered?

Question 12: Do you have any alternative options to those presented?



7 Next steps

Key points

This section summarises the next steps for the project.

7.1 Next steps

In this discussion paper we have set out a number of potential options for consideration. We are seeking views on potential changes to screening criteria for CVD, diabetes and sleep disorders and any other initiatives that promote driver health.

The period for written submissions will close on Friday 9 May 2025.

During the consultation period we will consult more with stakeholders. After this, we will develop a consultation report and recommendations for ITMM's consideration.



Appendix A: Heavy Vehicle Health Advisory Group members

Name	Title and/or organisation
Adam Cameron	Principal Policy Officer, Road Safety Policy and Reform Directorate, Department for Infrastructure and Transport (SA)
Alan McKenzie	Australian Livestock and Rural Transport Association
Amanda Carter	Department of Transport (Vic)
Amie Buisman	Manager Driver Services, Department of Transport (WA)
An Rendell	Project Manager AFTD, Austroads
Dr Andrew Lingwood	Consultant Occupational and Environmental Medicine Physician, The Australian and New Zealand Society of Occupational Medicine
Anthony Pepi	Chief Legal Officer, National Transport Commission
Bill McKinley	Chief of Staff, Australian Trucking Association
Caitlin Crockett	Senior Policy Advisor (Licensing), Department of Transport and Main Roads (Qld)
Christopher Poulter	Safe Transport Victoria
Claire Williams	Manager Licensing and Assessment Services, Department of State Growth (Tas)
Damien Hense	Crane Industry Council of Australia
David Jordan	A/Director Transport Policy, Transport for NSW
David Babineau	NSW Tram & Bus Secretary, Rail, Tram and Bus Union
Ernestina Di Marco	WorkSafe Victoria
Fiona Landgren	Consultant, Project Health
Glyn Castanelli	President, National Road Freighter's Association
Joanne van Uden	Manager Industrial, Department of Mines, Industry Regulation and Safety (WA)
John Simic	Head of Risk/Safety, Quality & Environment at McColl's Transport, National Bulk Tanker Association
Josie Thomas	Principal Policy Advisor, National Transport Commission
Kim Mestroni	Department of Transport (Vic)

Name	Title and/or organisation
Lisa Manning	National Manager Health & Wellbeing, Linfox Logistics/National Bulk Tanker Association
Louise Purcell	Principal Policy Lead – Licensing & Access, Department of Transport (Vic)
Matthew Bolin	Manager Fatigue and Human Factors, National Heavy Vehicle Regulator
Melissa Weller	Director of Industry Relations and Program Management, Healthy Heads in Trucks and Sheds
Michael Buba	Director Heavy Vehicle Services, Main Roads WA
Nikki Vajrabukka	Director Transport Market Reform and Technology Branch, Department of Infrastructure, Transport, Regional Development, Communications and the Arts
Oscar Goodwin	Manager, Policy and Stakeholder Engagement Bus Association Victoria
Peter Valentine	Director, Victorian Taxi Association
Prof. Nigel Stocks	Royal Australian College of General Practitioners
Rachel Smith	Executive Director, Australian Livestock and Rural Transport Association
Rebecca Wilson	Senior Director, Licensing and Registration, Access Canberra
Roz Chivers	Executive Director, Bus Industry Confederation
Shane Tucker	Ron Finemore
Assoc. Prof. Sjaan Kopel	Associate Director, Behavioral Science, Monash University
Stephen Mackrow	Manager Licensing, Motor Vehicle Registry, Department of Infrastructure, Planning and Logistics
Therese Walton	Transport Workers Union



Appendix B: Working group members

Cardiovascular risk screening working group

Name	Title and/or organisation
Dr Andrew Lingwood	Consultant Occupational and Environmental Medicine Physician, The Australian and New Zealand Society of Occupational Medicine
Anthony Pepi	Chief Legal Officer, National Transport Commission
Fiona Landgren	Consultant, Project Health
Prof. Nigel Stocks	Royal Australian College of General Practitioners
Clinical Prof. Rajesh Puranik	CSANZ Board member – Clinical Practice Advisor, Cardiac Society of Australia and New Zealand

Diabetes working group

Name	Title and/or organisation
Dr Andrew Lingwood	Consultant Occupational and Environmental Medicine Physician, The Australian and New Zealand Society of Occupational Medicine
Anthony Pepi	Chief Legal Officer, National Transport Commission
Fiona Landgren	Consultant, Project Health
Hannah Jackson	National Manager Policy, Diabetes Australia
Clinical Prof. Jane Holmes-Walker	Australian Diabetes Society
Prof. Nigel Stocks	Royal Australian College of General Practitioners

Sleep disorders working group

Name	Title and/or organisation
Dr Andrew Lingwood	Consultant Occupational and Environmental Medicine Physician, The Australian and New Zealand Society of Occupational Medicine
Anthony Pepi	Chief Legal Officer, National Transport Commission
Fiona Landgren	Consultant, Project Health
Dr Linda Schachter	Respiratory and Sleep Physician, Australasian Sleep Association
Prof. Mark Howard	Director, Victorian Respiratory Support Service, Austin Health, Institute for Breathing and Sleep



Prof. Nigel Stocks



Appendix C: Consultation activities

Date	Stakeholder
13 May 2024	Australian Trucking Association meeting
14 May 2024	Dr Sarah Jones meeting
21 May 2024	National Heavy Vehicle Regulator meeting
7 May 2024	Rail, Tram, and Bus Union meeting
3 June 2024	Healthy Heads in Trucks and Sheds meeting
4 June 2024	Main Roads WA meeting
4 June 2024	NatRoad meeting
5 June 2024	National Road Safety Partnership Program meeting
24 June 2024	Monash University Accident Research Centre meeting
24 June 2024	Austroads rest areas meeting
1 July 2024	Centre for Automotive Safety Research SA meeting
8 July 2024	Centre for Accident Research and Road Safety – Queensland meeting
12 August 2024	Sleep Working Group meeting #1
13 August 2024	Diabetes Working Group meeting #2
14 August 2024	Cardiac Working Group meeting #3
3 September 2024	Heavy Vehicle Health Advisory Group meeting #1
10 September 2024	Office of Impact Analysis meeting
8 October 2024	Office of Transport Safety Investigations meeting
22 October 2024	Australia and New Zealand Society of Occupational Medicine annual scientific meeting panel session
12 November 2024	Transport for Brisbane meeting
26 November 2024	National Heavy Vehicle Driver Competency Framework meeting
25 November 2024 – 13 March 2025	Bilateral meetings and emails with HVH Advisory Group and working group stakeholders



Appendix D: Driver obligations

The following table outlines regulations that apply to drivers including:

- driving while impaired by a medical condition or treatment
- reporting medical conditions and treatment
- the authority of driver licensing authorities to vary, suspend, cancel a licence due to health reasons.

Note that, while the ACT is the only jurisdiction that has a regulation specifically prohibiting driving if impaired by an illness, injury or incapacity, most states and territories have regulations relating to a broader requirement to always maintain proper control of the vehicle and drive with due care and attention, as well as criminal offences relating to dangerous operation of a vehicle.

State/ territory	Content in regulation			
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence	
АСТ	<u>Road Transport (Driver Licensing)</u> <u>Regulation 2000, r 77 (1)</u>	<u>Road Transport (Driver Licensing) Regulation</u> 2000, r 77 (2), (3)	<u>Road Transport (Driver Licensing)</u> <u>r 87</u>	
	Medical condition or treatment affecting driving ability	Medical condition or treatment affecting driving ability	When authority may vary, suspend or cancel driver	
	 (1) A person must not drive a motor vehicle on a road or road related area if the person's ability to drive safely is impaired by— (a) an illness, injury or incapacity suffered by the person; or (b) the effects on the person of treatment for any illness, injury or incapacity suffered by the person. 	 (2) If a person who is the holder of a driver licence suffers any permanent or long-term illness, injury or incapacity that may impair his or her ability to drive safely, the person must tell the road transport authority as soon as practicable (but within 7 days). Maximum penalty: 20 penalty units. (3) It is a defence to the prosecution of a person for an offence against this section if the person establishes— 	licences The road transport authority may vary, suspend or cancel a person's driver licence on its own initiative under <u>section 88</u> (Procedures for variation, suspension or cancellation of driver licences) if the authority is satisfied on reasonable grounds that—	



State/ territory	Content in regulation			
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence	
	Maximum penalty: 20 penalty units.	(a) that the person was unaware that his or her ability to drive safely had been impaired; or	(d) the person does not comply with the required medical standards; or	
		(b) that the person had another reasonable excuse for contravening the subsection.	(e) the person's ability to drive safely is impaired by—	
			(i) an illness, injury or incapacity suffered by the person; or	
			(ii) the effects on the person of treatment (including the taking of a drug) for an illness, injury or incapacity suffered by the person;	

NSW

Road Transport (Driver Licensing) Regulation 2017

Road Transport (Driver Licensing) Regulation 2017, r 122(4)

Change of name, address or medical condition

(4) The holder of a driver licence must, as soon as practicable, notify Transport for NSW of any permanent or long-term injury or illness that may impair the licence holder's ability to drive safely.

Road Transport (Driver Licensing) Regulation 2017, r 65

Variation, suspension or cancellation of driver licence by TfNSW

(1) Transport for NSW may vary, suspend or cancel a person's driver licence if it appears to Transport for NSW that--

(a) the person has failed or refused to submit to a test or medical examination required under or in accordance with the Act or this Regulation, or has failed such a test or examination, or



State/ territory	Content in regulation		
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence
			(b) it would be dangerous for the person to drive a motor vehicle because of illness or incapacity, or because of the effects of treatment for such conditions, or
NT		Motor Vehicles Act 1949, s 11(3)	
Motor Vehicles Act		Physical or mental incapacity or unfitness to hold licence	
1949		If a person who is licensed to drive a motor vehicle is suffering from a physical or mental incapacity that may affect his or her ability to drive a motor vehicle with safety to the public, the person or his or her personal representative, they must notify the registrar of the nature of the incapacity in terms of unfitness.	
Qid	Nil	Transport Operations (Road Use Management – Driver Licensing) Regulation	Transport Operations (Road Use Management – Driver Licensing)
<u>Operations</u>		2021, rr 176– 78 177 Applicants for grant or renowal of	Regulation 2021, rr 176, 179, 213, 352, 358
(Road Use <u>Management</u> <u>– Driver</u> Licensing) Regulation		Queensland driver licences must give notice of mental or physical incapacity likely to adversely affect ability to drive safely	176. Eligibility if mental or physical incapacity likely to adversely affect ability to drive safely



State/	Content in regulation			
territory	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence	
<u>2021</u> , rr 176– 179		(1) A person who applies for the grant or renewal of a Queensland driver licence must, when making the application, give a notice to the chief executive about any mental or physical incapacity that is likely to adversely affect the person's ability to drive safely.	(1) A person is not eligible for a Queensland driver licence if the chief executive reasonably believes the person has a mental or physical incapacity that is likely to adversely affect the person's ability to drive safely	
		Maximum penalty—60 penalty units. Note—	(2) However, subsection (1) doesnot apply if the chief executive	
		(2) In a proceeding for an offence against subsection (1), it is a defence for a person to prove the person was unaware, at the time of the offence, that—	reasonably believes that, by stating a condition on the Queensland driver licence, the person's incapacity is not likely to	
		(a) the person had a mental or physical incapacity; or	adversely affect the person's ability to drive safely.	
		(b) the incapacity was likely to adversely affect the person's ability to drive safely.	Example— A person with unstable night time	
		178. Holders of Queensland driver licences must give notice of mental or physical incapacity likely to adversely affect ability to drive safely	vision has a valid medical certificate from a doctor stating the person can drive safely only during daylight. The chief executive may reasonably believe that by	
		(1) The holder of a Queensland driver licence who develops, after the grant or renewal of the licence, a permanent or long-term mental or physical incapacity that is likely to	imposing an M condition, the person's incapacity is not likely to adversely affect the person's ability to drive safely.	
		adversely affect the holder's ability to drive safely must give a notice about the incapacity	(3) For this section, the chief executive may require the person to give the chief executive a valid	



State/ territory	Content in regulation			
terntory	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence	
		to the chief executive before the holder continues to drive under the licence.	medical certificate from a stated type of health professional—	
		Maximum penalty—60 penalty units.	(a) stating the person does not	
		(2) Subsection (3) applies to the holder of a Queensland driver licence if—	have a mental or physical incapacity likely to affect the person's ability to drive safely: or	
		(a) the holder has an increase in, or other aggravation of, an existing permanent or long- term mental or physical incapacity, including an incapacity that the holder has previously given notice of to the chief executive; and	(b) giving information about the person's mental or physical incapacity that may allow the chief executive to form a belief as mentioned in subsection (2).	
		(b) the increase in, or other aggravation of, the incapacity is likely to adversely affect the holder's ability to drive safely.	179. Disqualification from holding Queensland driver licence because of conviction	
		(3) The holder must give a notice about the increase in, or other aggravation of, the incapacity to the chief executive before the	under rr 177 or 178	
			(1) This section applies if—	
		holder continues to drive under the licence.	(a) a person is convicted by a	
		Maximum penalty—60 penalty units.	court of an offence against section 177(1) or 178(1) or (3); and	
		(4) In a proceeding for an offence against subsection (1) or (3), it is a defence for a person to prove the person was unaware, at the time of the offence, that—	(b) the court that convicts the person is satisfied, having regard to the circumstances in which the offence was committed, the person	
		(a) the person had a mental or physical incapacity; or	should, in the interests of justice, be disqualified from holding or	
		(b) the incapacity was likely to adversely affect the person's ability to drive safely.	obtaining a Queensland driver licence.	



State/ territory	Content in regulation		
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence
		(5) In a proceeding for an offence against (2) The subsection (3), it is also a defence for a any person to prove that the person was unaware, order	(2) The court may, in addition to any penalty that may be imposed, order that the person is, from the day of the order, disqualified
		(a) the incapacity had increased or otherwise been aggravated; or	absolutely, or for the period ordered by the court, from holding or obtaining a Queensland driver
		(b) the increase in, or other aggravation of,	licence.
		the incapacity was likely to adversely affect the person's ability to drive safely.	352. Grounds for amending, suspending or cancelling Queensland driver licences
			(a) the holder of the licence has a mental or physical incapacity that is likely to adversely affect the holder's ability to drive safely
			358. Immediate amendment or suspension of Queensland driver licences if mental or physical incapacity
			(1) This section applies if—
			(a) the chief executive is given information about the holder of a Queensland driver licence from the holder or a health professional; and
			(b) because of the information, the chief executive considers the holder may have a permanent or long-term mental or physical

State/	Content in regulation		
territory	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence
			incapacity that is likely to adversely affect the holder's ability to drive safely; and
			(c) the chief executive considers—
			(i) public safety has been endangered, or is likely to be endangered, because the holder's ability to drive safely is likely to be adversely affected; or
			(ii) immediate amendment or suspension of the holder's Queensland driver licence is otherwise necessary in the public interest.
			(2) The chief executive may, by written notice given to the holder, immediately amend or suspend the holder's Queensland driver licence.
			(3) The chief executive may give a notice under subsection (2) immediately amending the holder's Queensland driver licence even if the licence is suspended.
			(4) The notice under subsection(2) must state that the amendment or suspension takes effect



State/ territory	Content in regulation		
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence
			immediately on the giving of the notice.
			(5) The chief executive must also give the holder an information notice for the decision.
			(6) The chief executive must give the holder a show cause notice under section 353 within 7 days after the day the notice under subsection (2) is given to the holder.
			(7) The amendment or suspension—
			(a) takes effect immediately on the giving of the notice under subsection (2); and
			(b) continues in effect until the show cause notice given to the holder is finally dealt with under this division.
Qld (cont'd)	(1) A person is not eligible to be granted	(2) An authorised driver must—	

Transport Operations (Passenger Transport) (1) A person is not eligible to be granted driver authorisation unless the person give the chief executive a prescribed medical certificate for the person [r 40B]

(a) notify the chief executive if there is a change in the driver's medical condition that makes the driver continuously unfit to safely drive a motor vehicle for more than 1 month; and



State/	Content in regulation		
terniory	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence
Regulation 2005, r 40A		(b) within 5 years after the issue of the last prescribed medical certificate for the driver given to the chief executive under subsection (1) or this paragraph, give the chief executive a fresh prescribed medical certificate for the driver.	
		(3) However, if a prescribed medical certificate for a person given under subsection (1) or (2) indicates it is for a period of less than 5 years, the person must give the chief executive the next prescribed medical certificate for the person within the period.	
		Examples of indications that a prescribed medical certificate is for a period of less than 5 years—	
		 The certificate states it lasts or applies for 2 years. 	
		 The certificate states it should be renewed or reviewed after 2 years. 	
		 The certificate states the person's condition should be reviewed, or the person should be re-examined, within 2 years. 	
		(4) If a prescribed medical certificate for a person given under subsection (1) or (2) contains a limitation on driving a motor vehicle, the person must not drive a motor vehicle, under driver authorisation, contrary to the limitation.	



State/ territory	Content in regulation				
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence		
		(5) This section does not apply to a person seeking a restricted driver authorisation. Note— For the effect of noncompliance with subsection (2) or (4), see section 28(1)(d) and (2)(c).			
SA		Motor Vehicles Act 1959, s 98AAF			
<u>Motor</u> <u>Vehicles Act</u>		Duty on holder of licence or leaner's permit to notify illness etc.			
<u>1959, s</u> <u>98AAF</u>		The holder of a licence or learner's permit who, during the term of the licence or permit, suffers any illness or injury that may impair the holder's competence to drive a motor vehicle without danger to the public must, within a reasonable time after the occurrence of the illness or injury, notify the Registrar in writing of that fact.			
		Maximum penalty: \$750.			
Tas <u>Vehicle and</u> <u>Traffic (Driver</u> <u>Licensing and</u>		<u>Vehicle and Traffic (Driver Licensing and</u> <u>Vehicle Registration) Regulations 2021, rr</u> <u>45(1), 45(2)</u> Notification of change of circumstances			
Vehicle Registration) Regulations	on) (1) The holder of a driver licence must, as ns soon as practicable, notify the Registrar of –				



State/	Content in regulation				
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence		
<u>2021, rr 45(1),</u> <u>45(2)</u>		(a) any permanent or long-term injury or illness that may impair his or her ability to drive safely; or			
		(b) any deterioration of physical or mental condition, including a deterioration of eyesight, that may impair his or her ability to drive safely; or			
	(c) any other factor related to physical or mental health that may impair his or her ability to drive safely.				
		Penalty: Fine not exceeding 10 penalty units.			
		(2) Unless the Registrar requires written notification, the notification need not be in writing.			
Vic Road Safety		<u>Road Safety (Drivers) Regulations 2019, r</u> <u>68(2)</u>	<u>Road Safety (Drivers) Regulations</u> 2019, r 80		
(Drivers) Regulations		Change of personal particulars or medical condition	Variation, suspension or cancellation of driver licence or		
2019		(2) If a holder of a driver licence or learner permit, or a person who is authorised to drive under regulation 12, is affected by any permanent or long term illness, disability	learner permit on the grounds that the person is unfit to drive or that it is dangerous for the person to drive		
		medical condition or injury or because of the effects of the treatment for any of those things, that may impair the person's ability to drive safely, the person must, as soon as	(1) The Secretary must vary, suspend or cancel a person's driver licence or learner permit if, based on the results of a test or		



State/ territory	Content in regulation				
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence		
		practicable after becoming aware of the injury or illness or commencing the treatment for any of those things, notify the Secretary about it. Penalty: 3 penalty units.	assessment required by the Secretary under section 27 of the Act or a report from a registered medical practitioner, the Secretary believes it would be dangerous for the person to drive a motor vehicle, or a category of motor vehicle, because of any illness, disability, medical condition or injury, or because of the effects of the treatment for any of those things, that may impair the person's ability to drive safely.		

WA

Road Traffic (Authorisation to Drive) Regulations 2014

Road Traffic (Authorisation to Drive) Regulations 2014, r 64

Duty to reveal things that might impair ability to drive

(1) In this regulation —

driving impairment of the person means any permanent or long-term mental or physical condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to, impair the person's ability to control a motor vehicle either —

(a) in all circumstances; or

Road Traffic (Authorisation to Drive) Regulations 2014, r 25

Some grounds for refusing to grant driver's licence

The CEO may refuse to grant a driver's licence to a person if the CEO has reason to believe that the person —

(b) suffers from a mental or physical condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to,

State/		Content in regulation	
terntory	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence
		(b) except under certain conditions or subject to certain limitations; or	impair the person's ability to control a motor vehicle; or
		(c) unless measures are taken to overcome the impairment.	
		(2) A person applying for the grant of a learner's permit or a driver's licence, other than by way of renewal must, when applying, inform the CEO of any driving impairment of the person.	
		Penalty for this subregulation: a fine of 10 PU.	
		Modified penalty for this subregulation: 1 PU.	
		(3) If a person who holds a learner's permit or a driver's licence becomes affected by any driving impairment of the person of which the person has not already informed the CEO the person must, as soon as practicable, inform the CEO in writing of the impairment.	
		Penalty for this subregulation: a fine of 10 PU.	
		Modified penalty for this subregulation: 1 PU.	
		(4) If a person who has informed the CEO of a driving impairment of the person becomes affected by an increase in the extent of the impairment to a degree that is substantially different from that of which the CEO was most recently informed the person must, as soon as practicable, inform the CEO in writing of the development.	



State/ territory	Content in regulation				
	Driving while impaired by a medical condition / treatment	Reporting of medical conditions / treatment	When authority may vary, suspend or cancel driver licence		
		Penalty for this subregulation: a fine of 10 PU.			
		Modified penalty for this subregulation: 1 PU.			
		(5) If a person who has informed the CEO of a driving impairment of the person later informs the CEO that the person has ceased to be affected by the impairment but subsequently becomes again affected by it the person must, as soon as practicable, inform the CEO in writing of the development.			
		Penalty for this subregulation: a fine of 10 PU.			
		Modified penalty for this subregulation: 1 PU.			



Appendix E: AFTD commercial vehicle driver

forms

Driver health questionnaire

Assessing fitness to drive

2022

Health Assessment for Commercial Vehicle Driver

DRIVER HEALTH QUESTIONNAIRE

(to be completed by driver)

Health assessment history:

Please note the date of your last fitness to drive	Date:	Not applicable or not known
assessment		
Driver information:		

Surname:	Given name(s):
Address:	
Date of birth:	Phone:
Driver licence number:	State of issue:

Employer information:

Employer:	
Address:	
Contact name:	Phone:
Contact email	

Instructions to driver:

Please answer the questions by ticking the appropriate box and providing details as requested. If you are not sure what a question means, leave the answer blank and the health professional will help you. The health professional will ask you additional questions during the assessment.

Please bring with you to the assessment:

- A list of current prescription, non-prescription and complementary medicines
- Glasses/contact lenses and hearing aids if you use them
- Disease management plans (e.g. sleep disorder management plan, diabetes management plan)

On completion of the questionnaire, you will be asked to sign a declaration to confirm the accuracy of your responses. You will also be asked to provide your consent if the health professional requests to make contact with your treating health professional(s) to help clarify your medical management as required to determine fitness to drive.

Management of your health information:

Please read carefully and sign the declaration on the last page to indicate you understand how health information is reported, stored and accessed.

Your health information may only be collected and disclosed for the purpose of managing your fitness to drive a commercial vehicle. This means that details of your health assessment will remain confidential and will only be reported to the requesting organisation in terms of your fitness to drive.

The examining health professional retains all detailed health documentation including your questionnaire responses and the completed record of clinical findings. The examining health professional will provide you with the report form to return to the requesting organisation indicating your fitness for duty classification. If you are assessed as unfit to drive, the examining doctor will advise you and contact the requesting organisation straight away.

Other than the above, your personal information will not be disclosed to any other person or organisation without your written permission, except when required by law.

You have the right to access your health records including those held by the examining health professional and the reports held by the requesting organisation.

Clinical Assessment Record (revised June 2022) - Page 1 of 4



IN-CONFIDENCE WHEN COMPLETED THIS FORM SHOULD BE COMPLETED AND RETAINED BY THE EXAMINING HEALTH PROFESSIONAL

Questions:

1.	Are you currently attending a health professional for any illness, injury or disability?	🗌 No 🗌 Yes			
2.	Are you taking any prescription, non-prescription or complementary medicines?	🗌 No 🗌 Yes			
If YE	If YES to Question 1 or 2 please provide brief details:				

Health professional comments:

3. Do you suffer from or have you ever suffered from any of the following:

3.1	High blood pressure	🗌 No 🗌 Yes	3.11	Stroke	🗌 No 🗌 Yes
3.2	Heart disease	🗌 No 🗌 Yes	3.12	Dizziness, vertigo, problems with balance	🗌 No 🗌 Yes
3.3	Chest pain, angina	🗌 No 🗌 Yes	3.13	Memory loss or difficulty with attention or concentration	🗌 No 🗌 Yes
3.4	Any condition requiring heart surgery	🗌 No 🗌 Yes	3.14	Other neurological or neurodevelopmental disorder	🗌 No 🗌 Yes
3.5	Palpitations / irregular heartbeat	🗌 No 🗌 Yes	3.15	Neck, back or limb disorders	🗌 No 🗌 Yes
3.6	Abnormal shortness of breath	🗌 No 🗌 Yes	3.16	Double vision, difficulty seeing	🗌 No 🗌 Yes
3.7	Diabetes	🗌 No 🗌 Yes	3.17	Colour blindness	🗌 No 🗌 Yes
3.8	Head injury, spinal injury	🗌 No 🗌 Yes	3.18	Hearing loss or deafness or had an ear operation or use a hearing aid	🗌 No 🗌 Yes
3.9	Seizures, fits, convulsions, epilepsy	🗌 No 🗌 Yes	3.19	A psychiatric illness or nervous disorder	🗌 No 🗌 Yes
3.10	Blackouts or fainting	🗌 No 🗌 Yes			

Health professional comments:

4. Have you ever had any other serious injury, illness, disability, operation or accident or been in hospital 🗌 No 🗌 Yes for any reason?

Please describe:

Health professional comments:

Driver Health Questionnaire (revised June 2022) - Page 2 of 4



IN-CONFIDENCE WHEN COMPLETED THIS FORM SHOULD BE COMPLETED AND RETAINED BY THE EXAMINING HEALTH PROFESSIONAL

5.	s	lee	р
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5.1	Have you ever been tested for a sleep disorder or been told by a doctor that you have a sleep disorder, sleep apnoea or narcolepsy?				
5.2	Are you aware or have you been told that you snore loudly?				No 🗌 Yes
5.3	Has anyone told you that your breathing stops or is disrupted by episode	es of choking	during your	sleep?	No 🗌 Yes
5.4	How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?	would slight moder never chance of chance			e high of chance of
	This refers to your usual way of life in recent times. If you haven't done some	doze on	dozing	aozing	dozing
	of these things recently try to work out how they would have affected you.	(0)	(1)	(2)	(3)
а	Sitting and reading				
b	Watching TV				
с	Sitting inactive in a public place (e.g. a theatre or a meeting)				
d	As a passenger in a car for an hour without a break				
е	Lying down to rest in the afternoon when circumstances permit				
f	Sitting and talking to someone				
g	Sitting quietly after a lunch without alcohol				
h	In a car, while stopped for a few minutes in the traffic				

Health professional comments:

6. Alcohol and other drugs

61	Have you ever sought assistance for alcohol or substance use issues?					
0.1						
6.2	Please circle the answer that best describes your situation.	(0)	(1)	(2)	(3)	(4)
а	How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 + times per week
b	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 to 5	5 to 6	7 to 9	10 or more
с	How often do you have six or more drinks on one occasion?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 + times per week
d	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 + times per week
е	How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 + times per week
f	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 + times per week
	drinking session?					
g	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 + times per week
h	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 + times per week
i	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year

Driver Health Questionnaire (revised June 2022) - Page 3 of 4


j	Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down2	No	Yes, but not in the last year	Yes, durin the last ye
	uowit:			
Heal	Ith professional comments:			
~				
Oth 6 3	Po you currently use illicit drugs?			
6.4	Do you use any drugs or medications not prescribed for you	by your docto	r?	
0.4	Please describe:	by your doold		
6 5	Have you tested positive for drugs or alphabal in the paried size		accacement?	
0.0	have you tested positive for drugs of alcohol in the period si	fice your last a	assessment?	
Heal	Ith professional comments:			
_				
7.	Have you been in a vehicle crash or had a near miss since y	our last fitnes	s to drive examination?	🗌 No 🗌 Ye
7. Heal	Have you been in a vehicle crash or had a near miss since y Ith professional comments:	our last fitnes	s to drive examination?	🗌 No 🔲 Ye
7. Heal	Have you been in a vehicle crash or had a near miss since y Ith professional comments:	our last fitnes	s to drive examination?	🗌 No 🗌 Ye
7. Heal	Have you been in a vehicle crash or had a near miss since y	our last fitnes	s to drive examination?	🗌 No 🗌 Ye
7. Heal	Have you been in a vehicle crash or had a near miss since y	our last fitnes	s to drive examination?	No Ye
7. Heal	Have you been in a vehicle crash or had a near miss since y Ith professional comments:	rour last fitnes	s to drive examination?	□ No □ Ye
7. Heal Driv	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of info	our last fitnes	s to drive examination?	□ No □ Ye
7. Heal Driv To ti	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of info he best of my knowledge the answers given above are a	ormation procession	s to drive examination?	No Ye
7. Heal <u>Driv</u> To ti	Have you been in a vehicle crash or had a near miss since y Ith professional comments: <u>ver's declaration – accuracy and completeness of infe</u> he best of my knowledge the answers given above are a nature of driver	our last fitnes	s to drive examination? <u>ovided</u> complete:	□ No □ Ye
7. Heal Driv To ti Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: ver's declaration – accuracy and completeness of info he best of my knowledge the answers given above are a nature of driver	ormation pro ccurate and Date	s to drive examination? <u>ovided</u> complete:	No Ye
7. Heal Driv To ti Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of infe he best of my knowledge the answers given above are a nature of driver	ormation procurate and Date	s to drive examination? <u>ovided</u> complete:	□ No □ Ye
7. Heal Driv To ti Sign Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: <u>rer's declaration – accuracy and completeness of infe</u> he best of my knowledge the answers given above are a nature of driver	ormation procurate and Date Date	s to drive examination? <u>ovided</u> complete:	□ No □ Ye
7. Heal Driv To ti Sign Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: ver's declaration – accuracy and completeness of info he best of my knowledge the answers given above are a nature of driver nature of examining doctor	ormation procession of the second sec	s to drive examination?	No Ye
7. Heal Driv To ti Sign Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of infe he best of my knowledge the answers given above are a nature of driver nature of examining doctor rer's declaration	ormation procurate and Date	s to drive examination?	No Ye
7. Heal Driv To ti Sign Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: <u>rer's declaration – accuracy and completeness of infe</u> he best of my knowledge the answers given above are a nature of driver nature of examining doctor <u>rer's declaration</u> we read and understand the statement of the	ormation procession of the second sec	s to drive examination?	No Ye
7. Heal Driv To ti Sign Sign Driv I hav	Have you been in a vehicle crash or had a near miss since y Ith professional comments: <u>rer's declaration – accuracy and completeness of infe</u> he best of my knowledge the answers given above are a nature of driver nature of examining doctor <u>rer's declaration</u> ve read and understood the statement concerning the he	ormation procession of the second sec	s to drive examination?	No Ye
7. Heal Driv To ti Sign Sign Driv I hav	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of info he best of my knowledge the answers given above are a nature of driver nature of examining doctor rer's declaration ve read and understood the statement concerning the he nature of driver	our last fitnes	s to drive examination?	No Ye
7. Heal Driv To ti Sign Sign Driv Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of info he best of my knowledge the answers given above are a nature of driver nature of examining doctor rer's declaration ve read and understood the statement concerning the he nature of driver	ormation procession of the second sec	s to drive examination?	No Ye
7. Heal Driv To ti Sign Driv Sign Driv Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of infe he best of my knowledge the answers given above are a nature of driver nature of examining doctor rer's declaration ve read and understood the statement concerning the he nature of driver seent to contact treating health professionals	ormation procession of the second sec	s to drive examination?	No Ye
7. Heal Driv To ti Sign Driv Sign I hav Sign I com	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of info he best of my knowledge the answers given above are a nature of driver rer's declaration ve read and understood the statement concerning the he nature of driver seent to contact treating health professionals nsent to the examining doctor contacting my treating hea nagement.	ormation pro- ccurate and Date Date Date	s to drive examination?	No Ye
7. Heal Driv To ti Sign Driv Sign Driv Sign I hav Sign I cor man Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of infe he best of my knowledge the answers given above are a nature of driver nature of examining doctor rer's declaration ve read and understood the statement concerning the he nature of driver sent to contact treating health professionals near to the examining doctor contacting my treating hea nature of driver	ormation procession	s to drive examination?	No Ye
7. Heal Driv To ti Sign Sign Driv I hav Sign I cor man Sign	Have you been in a vehicle crash or had a near miss since y Ith professional comments: rer's declaration – accuracy and completeness of info he best of my knowledge the answers given above are a hature of driver hature of examining doctor rer's declaration ve read and understood the statement concerning the he hature of driver heature of driver	our last fitnes	s to drive examination?	No Ye



Assessing fitness to drive 2022

Health Assessment for Commercial Vehicle Driver

CLINICAL ASSESSMENT RECORD

Driver information:										
Surname:		Given name(s):							
Address:										
Date of birth:		Phone:								
Driver licence number:		State of issue:								
Employer information:										
Employer:										
Address:										
Contact name: Phone:										
Contact email										
Nature of driving duties (ty	pe of vehicle, hours and di	stances of dri	iving, purpose	e of driving):						
The patient has been asso	essed to the following AFT	D standard:								
Health assessment histor	v									
Date of driver's last fitness to o	drive assessment	Date:	🗌 No	t applicable or not known						
Health professional comment	s:									
1. Vision										
1.1 Visual acuity (refer AFT	D, page 201, 210)									
Are glasses or contact lenses	worn?	No		D-#						
	R	L		Both						
Without Correction	6/	6 /		6/						
With Correction	6/	6 /		6/						
Meets criteria	Without correction	Vith correction								
Does not meet criteria										
1.2 Visual Fields	Normal A	bnormal	(refer AFTD, pa	age 203-204, 209)						
			(·····						
neattri protessional comment	5.									

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IN-CONFIDENCE WHEN COMPLETED THIS FORM SHOULD BE COMPLETED AND RETAINED BY THE EXAMINING HEALTH PROFESSIONAL

2. Hearing (refer AFTD, page 105-109 including flowchart)

Assess clinically in the first instance. Audiometry is only required if clinical assessment indicates possible hearing loss. (Clinical tests used to screen for hearing impairment include testing whether a person can hear a whispered voice, a finger rub, or a watch tick at a specific distance. Perceived hearing loss can be assessed by asking a single question (for example, "Do you have difficulty with your hearing?" as per the Driver Health Questionnaire)

Possible bearing loss?		Vec							
If yes, are bearing aids worn?									
Defer for sudiametry if indicate] 163					L.\		
Refer for audiometry if indicate	Refer for audiometry if indicated: Hearing level at frequencies (db)								
	0.5kHz	1.0kHz	1.5kHz	2.0kHz	3.0kHz	4.0kHz	6.0kHz	8.0kHz	Average of 0.5,1,2,3 kHz
Right ear									
Left ear									
Meets criteria Without hearing aid With hearing aid Does not meet criteria Health professional comments: 3. Cardiovascular system (refer AFTD page 63-91) Relevant findings from questionnaire:									
Blood prossure		Ben	aatad (if r	accessory					
Biood pressure		Repe	eated (if r	ecessary)					
Systolic		Sys	tolic						
Diastolic		Dias	stolic						
Pulse rate	beats/mir	ı			Normal			Abnormal	
Heart sounds					Normal			Abnormal	
Peripheral pulses					Normal			Abnormal	
Health professional comment exercise, stress):	s (including	g comme	ents regar	ding overa	ll cardiac	risk and ri	sk factors	e.g. obesi	ty, smoking,

4. Diabetes (Refer AFTD page 92-104)

No No

Yes

Health professional comments including comments about hypoglycaemia awareness and end organ effects and impact on driving:

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Existing diabetes?

IN-CONFIDENCE WHEN COMPLETED THIS FORM SHOULD BE COMPLETED AND RETAINED BY THE EXAMINING HEALTH PROFESSIONAL

5. Musculoskeletal / neurological system (Refer AFTD page 112-119, 120-166)

Relevant findings from questionnaire including existing neurological and musculoskeletal conditions and impact on driving:

Cervical spine rot	ation	Normal	
Back movement	allon		
Linner limbs:	(a) Appearance		
opper innos.	(b) Joint movements		
Lower limbs:	(a) Appearance		
	(b) Joint movements		Abnormal
Reflexes		Normal	Abnormal
Romberg's sign*		Normal	Abnormal
(* A pass requires	the ability to maintain balance wh	ile standing with shoes off, feet togeth	er side by side, eyes closed and
arms by sides, for	r thirty seconds)		
Functional/ prac	tical assessment required?	No No	Yes
Health profession	al comments including any impac	ts of chronic pain:	
6. Psycho	ological health (Refer AFTD pa	age 170-176)	
Delevent findinge	from superfigure inc.		
Relevant findings	from questionnaire:		
Mental state exam	nination:		
Appearance		Normal	Abnormal
Attitude		Normal	Abnormal
Behaviour		Normal	Abnormal
Mood and aff	fect	Normal	Abnormal
Thought form	n stream and content	Normal	Abnormal
Perception		Normal	Abnormal
Cognition		Normal	Abnormal
Insight		Normal	Abnormal
Judgement		Normal	Abnormal
Health profession	- I		

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	IN-1 THIS FORM SHOULD BE COMPLET	CONFIDENCE WHEN CO TED AND RETAINED BY	OMPLETED THE EXAMINING H	IEALTH PROFESSIONAL
7.	Sleep disorders (Refer AFTD page	e 179-186)		
Existi	ng sleep disorder?		🗌 No	Yes
ESS S	core (Screen): f Driver Health Questionnaire)			
(0,00				
(Score out sle	e = 16 to 24 is consistent with moderate to eep apnoea)	o severe excessive day	time sleepiness. [to not rely solely on the ESS to rule
Other r	elevant findings from questionnaire:			
Clinic	al signs of sleep disorder		Absent	Present
Health	professional comments:			
8.	Substance misuse (Refer AFTD p	page 190 -197)		
Note:	Drug screening not routinely required.			
Existi	ng substance use disorder?		🗌 No	Yes
Audit (Q6 of	Score (Screen): Driver Health Questionnaire)			
(Score	> 8 indicates strong likelihood of hazardo	ous or harmful alcohol	consumption)	
Other r	elevant findings from questionnaire:		consumption	
Clinic	al signs of substance misuse	Absent		Present
Health	professional comments			
•		070)		
9.	Medication (Prescription and (010)		
Speci	fy:			

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IN-CONFIDENCE WHEN COMPLETED THIS FORM SHOULD BE COMPLETED AND RETAINED BY THE EXAMINING HEALTH PROFESSIONAL

SUMMARY:

Sumr	narise si	gnificant findings			
Are a	ny furthe	er investigations or referrals	required?	Yes (describe)	
What	is the re	commendation for this drive	er in terms	of fitness to drive?	
	Uncor	nditionally meets the medical	criteria – m	eets all relevant medical criteria (r	no restrictions)
	<u>Condi</u> fitness Indicat	tionally meets the medical crit to drive but it is well controlled a also if:	eria for fitne I and meets	ess to drive – has a medical condi s the conditional criteria in Assess	ition that may impact on ing Fitness to Drive 2022.
		Driver requires aids to drive:			
		Vision aids Hearing	aids 🗌 Of	ther devices or vehicle modificatio	ns (specify)
		Driver requires more frequen	t review that	an prescribed under normal period	lic review:
		Specify recommended rev	iew:		
	Tempo investi	orarily does not meet the med gation and treatment (record d	ical criteria etails).	(unconditional or conditional) – pe	ending further
	Perma	anently does not meet the med	lical criteria	a (record details)	
Conta	act(s) wit	th other treating health profe	ssional(s)		
Note	: Contac	t is to be made with patient's c	onsent as p	per questionnaire	
Contr	act with	requesting organisation /if re	lovant and	d clinically warranted)	
	If the dri	ver is classified Temporarily of	r r	Details of contact made	
	Perman send Fit requesti driver ac	ently does not meet the medic ness to Drive Report immediat ng organisation, if relevant and ccordingly.	<i>al criteria</i> , ely to d advise		
Nam	e of doct	or	Signature	of doctor	Date

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Assessing fitness to drive 2022

Health Assessment for Commercial Vehicle Driver

FITNESS TO DRIVE REPORT

This form supports the reporting of **fitness for duty** for commercial vehicle drivers. This includes health assessments conducted under heavy vehicle accreditation schemes such as TruckSafe, the National Heavy Vehicle Accreditation Scheme and the WA Heavy Vehicle Accreditation scheme. In Western Australia, this form should also be used for the assessments that are required under WHS legislation (Regulation 184D). This form should not be used for licensing assessments – forms for this purpose will be provided by the licensing authority.

Driver information:

Given name(s):
Phone:
State of issue:

Employer information:

Employer:	Contact name:
Address:	
Phone:	Contact email:

Nature of driving duties (type of vehicle, hours and distances of driving, purpose of driving):

Asse	essment outcome:							
l was	I was familiar with the driver's medical history before conducting this assessment Yes No							
I hav	e sighted the driver's licence		Yes No					
This	report is (select one):							
🗌 Ar	n interim report pending further investigation	A final report of the driver's fit	ness to drive status					
l hav drive	e examined the driver in accordance with Assessing Fitne ers, and in my opinion: (tick ONE box and indicate recomm	ss to Drive 2022 standards for co ended management overleaf):	mmercial vehicle					
	UNCONDITIONALLY <u>meets</u> the medical criteria for fitness to drive							
	The driver meets all relevant medical criteria. No restrictions or conditions.							
	They should be reviewed in line with the prescribed schedule – see overleaf.							
	CONDITIONALLY meets the medical criteria for fitness to drive The driver has a medical condition that may impact on fitness to drive, but it is well controlled and meets the	Aids required for fitness to drive Corrective lenses Hearing aid	e (tick if applicable):					
	conditional criteria in Assessing Fitness to Drive 2022.	Other aids/devices (specify):						
	Periodic review may be required – see recommended review date overleaf.	Management and review – see o	overleaf					
	TEMPORARILY does not meet the medical criteria for	Estimated time off duty:	days/weeks/months					
	These to drive The driver does not meet relevant medical criteria (Unconditional or Conditional) and should not undertake normal driving duties. They may perform alternative (non- driving) tasks. They may return to driving following: an improvement in condition, response to treatment or confirmed diagnosis of undifferentiated illness.	Management and review – see o	overleaf					
	PERMANENTLY does not meet the medical criteria for fitness to drive							
	The driver does not meet relevant medical criteria and cannot perform normal driving duties in the foreseeable future.							

Fitness to Drive Report (revised December 2022) - Page 1 of 2



THE FORM SHOULD BE COMPLETED BY THE EXAMINING MEDICAL PRACTITIONER AND PROVIDED TO THE REQUESTING ORGANISATION/DRIVER. A COPY SHOULD BE RETAINED BY THE EXAMINING MEDICAL PRACTITIONER

Recommended management							
I recommend and/or have actioned the following:							
Local doctor referral							
Specialist referral							
Drug test							
Practical driver test							
Other, please describe:							
Recommended next assessment							
I recommend the next assessment be conduc	ted as per the prescribed accreditation program schedule (see below)						
Next review in month/years from this	assessment.						
OR							
I recommend the driver undergoes more frequent This recommendation is based on the require standards.	ent review to monitor a health condition that may impact fitness to drive. ements contained in Assessing Fitness to Drive commercial vehicle						
Next review in month/years from this assessment.							
Other comments:	Other comments:						
Health professional's details (stamp acce	pted):						
Surname:	Given name(s):						
Practice address:							
Phone:	Facsimile:						
Signature:	Date of assessment:						

Heavy vehicle accreditation program requirements for health assessments

N 93 93	National Heavy Vehicle Accreditation Scheme – Basic Fatigue Management – Standard 2	TruckSafe Accreditation	Western Australia – WHS regulation and Heavy Vehicle Accreditation scheme
A ac c c F F N E e e e T m A tti n n fi	Accredited operators must ensure drivers are certified as fit to drive based on the commercial vehicle driver standards contained in latest edition of Assessing Fitness to Drive (or equivalent agreed by NHVR). Drivers are required to attend medical examinations to certify fitness to drive: at least every three years for drivers 49 years and under at least yearly for drivers 50 years and over The assessment must be conducted by a nedical practitioner. As required by Assessing Fitness to Drive, he medical practitioner will recommend nore frequent assessments if required to nonitor a health condition that may impact thess to drive.	Accredited operators must ensure drivers are certified as fit to drive based on the commercial vehicle driver standards contained in the latest edition of Assessing Fitness to Drive. Drivers are required to attend medical examinations to certify fitness to drive: • at least every three years for drivers 49 years and under • at least yearly for drivers 50 years and over The assessment must be conducted by a medical practitioner. As required by Assessing Fitness to Drive, the medical practitioner will recommend more frequent assessments if required to monitor a health condition that may impact fitness to drive.	WA WHS Regulation 184D requires all commercial vehicle drivers who drive such a vehicle for work to hold a current medical certificate indicating their fitness to drive according to the commercial vehicle driver standards contained in <i>Assessing Fitness to Drive</i> . Employers of such drivers have an obligation under the Regulation to ensure their drivers hold such certification. The WA Heavy Vehicle Accreditation scheme has the same requirements for operators under Standard 3 - Fatigue Management. The assessment for fitness for duty must be conducted by a medical practitioner. The fitness to drive certificate must be no more than 5 years old. As required by <i>Assessing Fitness to Drive</i> , the medical practitioner will recommend more frequent assessments (more frequent certification) if required to monitor a health certification) if required to monitor a health

Fitness to Drive Report (revised December 2022) - Page 2 of 2



Appendix F: Rail fitness for duty standard

Under the Rail Safety National Law, rail transport operators have to manage the risks posed by the ill-health of rail safety workers. The <u>National Standard for Health Assessment of Rail Safety</u> <u>Workers 2024</u> (the rail Standard) provides practical guidance for rail transport operators to meet these obligations (National Transport Commission, 2024). The rail Standard provides comprehensive advice on the health assessment process (before, during and after assessments), as well as detailed screening and management advice for medical conditions.

Category 1, 2 and 3 rail safety workers undertake health assessments at pre-placement, periodically and if triggered due to a health concern or if more frequent monitoring is required. The health assessments are undertaken by authorised health professionals who are suitably qualified, complete approved training (on boarding and yearly reaccreditation) and are registered with the authorised health professionals program.

For Category 1 and 2 workers, periodic health assessments are conducted:

- at the time of commencement (pre-placement), then
- every five years to age 50, then
- every two years to age 60, then
- every year.

For Category 3 workers, periodic health assessments are conducted:

- at time of commencement (pre-placement), then
- every five years from the age of 40 years.

Workers are categorised as either:

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

The rail Standard includes a suite of model forms to be used by operators and authorised health professionals, including a detailed fit slip in Part B of the request and report form.



Appendix G: Rail forms

Worker notification and health questionnaire (Categories 1 and 2)

National Standard for Health Assessment of Rail Safety Workers (2024)

Rail Safety Worker Health Assessment Category 1 and 2

WORKER NOTIFICATION AND HEALTH QUESTIONNAIRE

Rail worker's name:	Date:	
Name of rail transport operator:		

CONFIDENTIAL:

For privacy reasons the completed form must be retained by the Authorised Health Professional (AHP) and not returned to the Rail Transport Operator (RTO) or contracting firm.

Instructions to the worker or applicant

- You are required to attend a health assessment as part of your employment to assess your fitness for rail safety work. The health assessment must be completed by (date) to ensure that you can carry out or commence normal duties. The assessment will be conducted by an Authorised Health Professional (AHP).
- Please complete the enclosed questionnaire and provide it to the AHP. You must sign the last page of the questionnaire in the
 presence of the AHP.
- Please take to the appointment: glasses, hearing aid or any other aids required for your work; all medications you are currently taking or a list of these; and photo identification.
- If you are a Category 1 Safety Critical Worker, you must have a blood test as part of your Periodic Health Assessment. This test
 should take place at least 48 hours before the appointment with the AHP so that they have the results. Fasting is not required.
- The health assessment may include a drug and alcohol test (at Pre-employment or Triggered Health Assessment if indicated).
 If you return a positive drug or alcohol test, you will be categorised Temporarily Unfit for Duty until you have complied with your RTO's drug and alcohol policy requirements.
- The AHP may ask your permission to speak to your general practitioner or treating specialist. If you agree, the AHP will ask you
 to sign a document providing written consent to such contact.
- If the AHP finds or suspects something is wrong with your health that you did not know about, they will ask your permission to
- inform your doctor. The examining doctor will not treat any medical condition but will give you a letter to take to your doctor.
 If the AHP finds that you do not meet all relevant medical criteria, your supervisor at the RTO or contracting firm will discuss with you the appropriate actions to be taken.

Disclosure of health information – please read carefully and sign the declaration at the end of the form to indicate you understand how health information is reported, stored and accessed.

In line with privacy and health records legislation, the AHP retains and keeps confidential all detailed medical information relating to your health assessment, including your test results and the completed record of clinical findings. They do not disclose this information to your RTO or contracting firm unless you provide specific written authorisation. The AHP only sends the completed health assessment report to indicate your fitness for rail safety work.

The exception to the above is that the Chief Medical Officer (CMO) or a person authorised by the CMO may access your full medical records and test results to aid in the management of your health in relation to your work, or for audit purposes, or to compile statistics. The CMO or authorised representative must maintain the confidentiality of these records and ensure they are not made available to, or discussed with, any person within your RTO or contracting firm.

Other than the above, your personal information will not be disclosed to any other person or organisation without your written

permission, except in any of the following circumstances:

- a notifiable disease is diagnosed which must by law, be reported to the State authorities
- a report is subject to subpoena or a statutory disclosure requirement
- the rail safety regulator (or another person) is required to conduct an inquiry into a railway accident or incident
- a person or organisation is appointed to conduct an audit of the AHP's compliance with the National Standard for Health Assessment of Rail Safety Workers
- · de-identified statistical information related to your health assessment is compiled for research purposes
- there is another lawful purpose.
- You have the right to request access to the health records held by the AHP and reports held by the RTO.

Portability of health assessment reports: Your health assessment report cannot be shared with another RTO without your written consent.

Please sign the declaration at the end of the form to indicate your understanding of how your health information will be managed.

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	PART A. WORKER AND APPOINTMENT DETAILS	(rail transport operator to complete)
--	--	---------------------------------------

Farr	nily name:	First name	s:			
Emp	ployee no:	Date of bir	th:			
Risk	Category: Category 1	Categ	gory 2			
2.	HEALTH ASSESSMENT APPOINTMENT DETAILS					
Doc	ctor / practice:	_				
Add	Iress:	Phone:				
App	pointment date:	Time:				
3.	TYPE OF ASSESSMENT REQUIRED (tick one category and provide more information as requ	ired for Trigge	red Health Assessment)			
	Pre-placement / Change of Risk Category Health Asset health assessment as a requirement of employment)	ssment (All app	plicants for rail safety work are required to have a			
	Periodic Health Assessment (All rail safety workers are of assessments are defined in Section 2.2.6 of the Stand	required to und lard)	dergo regular health assessments. The frequencies			
Triggered Health Assessment (provide details below) (Rail safety workers may be required to undergo additional health assessments due to health concerns arising between Periodic Health Assessments, or the need to monitor an existing health condition as outlined in Section 2.2.6 of the Standard.) For more information about the reasons for the Triggered Health Assessment, please speak to your supervisor.						
	Initiated by:					
	Rail transport operator Authoris (Fit for D	ed Health Pro Outy Subject to	fessional Worker Review)			
	Provide details of reasons for Triggered Health Assessment and any other assessment requirements. Refer to relevant workplace reports as appropriate.					
Prov Refe	e					

PART B. HEALTH QUESTIONNAIRE (worker/applicant to complete)

This questionnaire must be completed to help assess your fitness for rail safety duties. Please answer the questions by ticking the appropriate box and providing the detail requested. If you are not sure, leave the question blank and ask the Authorised Health Professional (AHP) what it means. The AHP will ask you more questions during the assessment.

1. PLEASE PROVIDE YOUR HOME ADDRESS AND CONTAG	CT DETAILS
Address:	Phone:
	Email address:
2. ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLAND	ER ORIGIN?
No Yes Aboriginal origin	Yes Torres Strait Islander origin
3. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT	YOUR EXPERIENCE AT WORK AHP COMMENTS
3.1. Have you experienced difficulty completing any tasks required for your work (e.g. concentrating, making decisions, seeing signals, walking on ballast, hearing train instructions)? If yes, please describe:	Yes No
Page 2 of 7	



Rail	worker's name:			Date:
3.2.	Have you experienced persistent symptoms such as feeling tired, drained or exhausted? If yes, please describe:	Yes	No	
3.3.	Have you been involved in any accidents or near misses at work? If yes, please describe:	Yes	No No	
3.4.	Have you tested positive for drugs or alcohol (at work or elsewhere e.g., driving)? If yes, please describe:	Yes	No	
4.	PLEASE ANSWER THE FOLLOWING QUESTIONS ABO	UT YOUR HEA	LTH	AHP COMMENTS
4.1.	Are you currently attending a health professional for any illness or injury? If yes, please describe:	Yes	No	
4.2	Are you currently taking any medications?	Voc	No	

4.2. Are you currently taking any medications? If yes, please list:	Yes	No
4.3. Since your last assessment have you started any new medication? (current employees only)	Yes	No
4.4. Since your last assessment have you been admitted to hospital? If yes, please describe: (current employees only)	Yes	No
4.5. Do you have or have you ever had:		
Blackouts or fainting	Yes	No No
High blood pressure	Yes	No
Heart disease	Yes	No
Chest pain, angina	Yes	No
Any condition requiring heart surgery	Yes	No
Any condition requiring heart surgery Abnormal shortness of breath or chest disease	Yes Yes	No No
Any condition requiring heart surgery Abnormal shortness of breath or chest disease Palpitations / irregular heartbeat	Yes Yes Yes	No No No
Any condition requiring heart surgery Abnormal shortness of breath or chest disease Palpitations / irregular heartbeat Diabetes	Yes Yes Yes Yes Yes	No No No No No
Any condition requiring heart surgery Abnormal shortness of breath or chest disease Palpitations / irregular heartbeat Diabetes Memory loss or difficulty with attention or concentration	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No
Any condition requiring heart surgery Abnormal shortness of breath or chest disease Palpitations / irregular heartbeat Diabetes Memory loss or difficulty with attention or concentration Head injury, spinal injury	Ves Ves Ves Ves Ves Ves Ves Ves	No
Any condition requiring heart surgery Abnormal shortness of breath or chest disease Palpitations / irregular heartbeat Diabetes Memory loss or difficulty with attention or concentration Head injury, spinal injury Stroke	Yes Yes Yes Yes Yes Yes Yes Yes	No N

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4.5. (continued) Do you have or have y	you ever had:				
Dizziness, vertigo, problems with balance	e	Yes	No		
Neurodevelopmental disorder such as at hyperactivity disorder (ADHD), autism sp or other neurodevelopmental disorder	ttention deficit ectrum disorder (ASD	Yes	No		
Psychiatric or psychological condition		Yes	No		
Sleep disorder, sleep apnoea or narcole	osy	Yes	No		
Hearing loss or deafness or had an ear o using a hearing aid	pperation or are	Yes	No		
Double vision, difficulty seeing, or difficu changing light conditions	Ity adapting to	Yes	No		
Vision disorder, including cataract, glauc and retinitis pigmentosa	oma, optic neuropath	/ Yes	No		
Colour blindness		Yes	No		
Neck, back or limb disorders		Yes	No		
4.6. Have you ever had any other series operation, or been in hospital for a please describe briefly below.	ous injury, illness, any reason? If yes,	Yes	No		
4.7. These questions concern how you Tick the box to the right of each que Please tick the answer that is correct fo over the past four weeks.	n have been feeling o nestion that best represent All of r you the time (Score 5)	ver the <u>past 4 wee</u> sents how you ha Most of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time
 4.7. These questions concern how you Tick the box to the right of each queen the past the answer that is correct for over the past four weeks a. About how often did you feel tired ou no good reason? 	I have been feeling o I have best representation that best representation that best representation for the time (Score 5) It for	ver the <u>past 4 wee</u> sents how you ha Most of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each que Please tick the answer that is correct for over the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou 	All of ryou the time (Score 5) ut for s?	ver the <u>past 4 wee</u> sents how you ha Most of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each quere the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou c. About how often did you feel so nervou that nothing could calm you down? 	I have been feeling or prestion that best representation that the time (Score 5) and the	ver the <u>past 4 wee</u> sents how you ha Most of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each queen tick the answer that is correct for over the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou c. About how often did you feel so nervo that nothing could calm you down? d. About how often did you feel hopele 	I have been feeling or isstion that best representation that best	ver the past 4 week sents how you ha Most of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each quere tick the answer that is correct for over the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou c. About how often did you feel so nerve that nothing could calm you down? d. About how often did you feel neplee e. About how often did you feel restless fidgety? 	I have been feeling or itestion that best representation that bes	rer the past 4 wee sents how you ha Most of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each quere tick the answer that is correct for over the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou that nothing could calm you down? d. About how often did you feel nopele e. About how often did you feel restless fidgety? f. About how often did you feel so restly you could not sit still? 	I have been feeling or restion that best representation that best	rer the past 4 wee sents how you ha Most of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each quere provide the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou that nothing could calm you down? d. About how often did you feel hopele e. About how often did you feel restless fidgety? f. About how often did you feel so restly you could not sit still? g. About how often did you feel depres 	I have been feeling or restion that best representation that best	rer the <u>past 4 wee</u> sents how you has of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each queen provide the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou c. About how often did you feel nervou c. About how often did you feel so nerve that nothing could calm you down? d. About how often did you feel hopele e. About how often did you feel so restligety? f. About how often did you feel so restly you could not sit still? g. About how often did you feel depres h. About how often did you feel depres h. About how often did you feel that everything was an effort? 	I have been feeling or lestion that best representation that best	rer the past 4 weeksents how you have of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each queen provide the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou c. About how often did you feel nervou c. About how often did you feel so nerve that nothing could calm you down? d. About how often did you feel hopelee e. About how often did you feel so rest fidgety? f. About how often did you feel so rest you could not sit still? g. About how often did you feel depres h. About how often did you feel depres h. About how often did you feel so sad nothing could cheer you up? 	I have been feeling or restion that best representation (Score 5) It for It for s? It 'ous It sor It sed? It that It	rer the past 4 weeksents how you have sents how you have of the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1
 4.7. These questions concern how you Tick the box to the right of each quere tick the answer that is correct for over the past four weeks a. About how often did you feel tired ou no good reason? b. About how often did you feel nervou c. About how often did you feel nervou c. About how often did you feel so nerve that nothing could calm you down? d. About how often did you feel restless fidgety? f. About how often did you feel so restly you could not sit still? g. About how often did you feel depres h. About how often did you feel so setty you could not sit still? g. About how often did you feel depres h. About how often did you feel so sad nothing could cheer you up? About how often did you feel so sad nothing could cheer you up? 	I have been feeling or restion that best representation that best	rer the past 4 weeksents how you have a sents how you have a sents the time (Score 4)	eks. ve been feeling. Some of the time (Score 3)	A little of the time (Score 2)	None of the time (Score 1)





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Rail	worker's name:				Date:	
=						ITC
5. 51	Do you spore lo	er The Following duestions about		No	AHP COMMEN	115
5.1.	closed doors or snoring at night	your bed-partner elbows you for t)? If yes, please describe:	163			
5.2.	Do you often fe the daytime (su talking to some	el tired, fatigued, or sleepy during ich as falling asleep during driving or one)? If yes, please describe:	Yes	No		
5.3.	Has anyone ob gasping during	served you stop breathing or choking/ your sleep? If yes, please describe:	Yes	No		
5.4.	Have you ever sleep disorder, If yes, please de	been told by a doctor that you have a sleep apnoea or narcolepsy? escribe:	Yes	No		
5.5.	This question a Please tick the these things rea	sks how likely you are to doze or fall asle response that best applies to you for eac cently, try to work out how they would ha	ep (rather than ju h situation in rec ave affected you.	ust feel tired) in a ent times. Even if	number of situa you haven't do	ntions. ne some of
How (rath	/ likely are you to her than just feeli	doze off or fall asleep ng tired) in the following situations?	Would never doze off (0)	Slight chance of dozing (1)	Moderate chance of dozing (2)	High chance of dozing (3)
a. S	Sitting and readin	g				
b. \	Watching TV					
c. 5	Sitting inactive in a meeting)	a public place (e.g., a theatre or				
d. A	As a passenger in	a car for an hour without a break				
e.L	ying down to res ircumstances pe	t in the afternoon when rmit				
f. 5	Sitting and talking	to someone				
g. S	Sitting quietly afte	r a lunch without alcohol				
h. I	n a car, while stop	oped for a few minutes in the traffic				
AHF	COMMENTS					



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6. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR USE OF ALCOHOL, TOBACCO AND OTHER DRUGS

6.1. The following questions ask about your alcohol intake. For each question, please tick the answer that is correct for you.

Date:

				Scoring		
		(0)	(1)	(2)	(3)	(4)
a.	How often do you have a drink containing					
	alcohol?	Never	Monthly or	2 to 4 times	2 to 3 times	4 or more
		(skip to Q6.2)	less	a month	a week	times a week
b.	How many drinks containing alcohol					
	are drinking?	1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more
c.	How often do you have 6 or more drinks					
	on one occasion?	Never	Less than	Monthly	Weekly	Daily or
			monthly			almost daily
d.	How often during the last year have you					
	from you because of drinking?	Never	Less than	Monthly	Weekly	Daily or
_	How often during the last year have you		monthiy	_		
e.	needed a first drink in the morning to					
	get yourself going after a heavy drinking	Never	monthly	Monthly	weekiy	almost daily
	session?					
ī.	you had a feeling of quilt or remorse					
	after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
g.	How often during the last year have you					
-	been unable to remember what happened	Never	Less than	Monthly	Weekly	Daily or
	the hight before because you had been drinking?		monthly			almost daily
h.	Have you or someone else been injured as					
	a result of your drinking?	No		Yes, but not in		Yes, during
				the last year		the last year
i.	Has a relative or friend or a doctor or other					
	drinking or suggested you cut down?	No		Yes, but not in		Yes, during
				the last year		the last year
A	IP COMMENTS					
6.3	2. Do you smoke or have you ever been a si	moker?				
	I have never smoked cigarettes					
	I previously smoked cigarettes	Quit date:				
	I currently smoke cigarettes	Number of ciga	arettes per day:			
	I currently vape		_	_		
6.3	3. Have you ever used illicit drugs?		Yes	No		
A	IP COMMENTS					





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Rail worker's name:	Date:	

PART C. WORKER'S DECLARATION

WORKER'S DECLARATION - MANAGEMENT OF HEALTH INFORMATION						
l,	(print name)					
certify that I have read and understood the statement concerning the management of the health information provided in this document. I agree that this declaration cannot be withdrawn to avoid the consequences of not passing a medical assessment and/or failing a drug or alcohol test.						
Signature:	Date:					
WORKER'S DECLARATION - ACCURACY OF INFORMATION	PROVIDED					
(To be completed by the worker in the presence of the Authoris	ed Health Professional after completing the questionnaire)					
l,	(print name)					
certify that, to the best of my knowledge, the information provided by me is true and correct.						
Signature of worker:						
Signature of AHP:	Date:					







Record for health professional (Categories 1 and 2)

National Standard for Health Assessment of Rail Safety Workers (2024)

Rail Safety Worker Health Assessment Category 1 and 2

RECORD FOR HEALTH PROFESSIONAL

Rail worker's name:	Date:	
Name of rail transport operator:		

CONFIDENTIAL:

For privacy reasons the completed form should be retained by the Authorised Health Professional (AHP) and not returned to the rail transport operator (RTO).

PART A. HEALTH ASSESSMENT REQUEST (rail transport operator to complete)

1. WORKER / APPLICANT DETAILS						
Family name:		First names:				
Employee no:		Date of birth:				
Risk Category:	Category 1	Category 2	2			
2. CATEGORY 1 PAT	THOLOGY TESTS					
Conducted at:						
Date of appointment:						

PART B. PATIENT CONSENT (worker to complete)

The AHP should obtain and record the worker's informed consent to consult with the worker's general practitioner or other treating health professional if required.

l,	(print name)			
give do not give	(please indicate)			
permission for the Authorised Health Professional to contact my discuss or clarify information relating to my current health status	r general practitioner or other treating health professionals to s.			
Signature:				
Provide contact details below				
(1) Name of health professional:	(2) Name of health professional:			
Phone:	Phone:			
IMPORTANT:				

- The health assessment and documentation must be completed by an Authorised Health Professional (medical practitioner) and signed and dated accordingly.
- In order to undertake the assessment effectively, the Authorised Health Professional must also have access to the previous health assessment record.
- The Record for Health Professional form is designed to guide a Periodic Health Assessment. It may also be used for a Triggered Health Assessment, acknowledging that the scope of that assessment is likely to focus on a particular concern or health issue.
- The form is set out according to the main health requirements for Category 1 and Category 2 Safety Critical Workers, with
 reference to the relevant sections of the Standard. It includes health screening requirements and areas to record the status
 of existing health conditions.
- It is not a checklist and not all fields will be relevant to all workers and all assessments. Please refer to the Standard for detailed assessment and review requirements. For example, the cardiac risk score should only be conducted for Category 1 Safety Critical Workers aged 30 years and over who don't have known cardiac disease or symptoms, and should only be repeated as defined in the Standard.





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Rail worker's name:	Date:	

PART C. EXAMINATION RECORD (Authorised Health Professional to complete)

1.	HEARING (refer Section 4	.4 of the Standa	rd)			AHP COMMENTS
1.1.	Hearing issues identified general history or workpla	Include comments regarding management of existing				
Prov	ide details under AHP com	hearing issues, including specialist reports.				
1.2.	Are hearing aids worn?			Yes	No	specialist reports.
1.3.	Results for pure tone aud	iometry				
Cate	egory 1 and 2 workers with h	earing aids to b	e tested as per S	Section 4.4.4 of	the Standard	
		0.5 kHz	1.0 kHz	1.5 kHz	2.0 kHz	
Righ	t					
Left						
		3.0 kHz	4.0 kHz	6.0 kHz	8.0 kHz	
Righ	it					
Left						
Hea	ring loss averaged over 0.5,	1, 2 and 4 kHz i	n better ear:			
1.4.	Further investigation					
Spee	ech discrimination test requi	ired?		_		
	No	Yes, speed	h in noise	Yes, spee	ech in quiet	
Deta	ails:					
1.5.	Referral to hearing conse	rvation program	1?	Yes	No	
Deta	ails:					
2.	VISION (refer Section 4.13	of the Standard)		—	AHP COMMENTS
2. 2.1.	VISION (refer Section 4.13 Vision issues identified or general history or workpla	of the Standard n Health Questic ace reports?) onnaire,	Yes	No	AHP COMMENTS Include comments regarding management of existing vision issues, including
2. 2.1. Prov	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm	of the Standard n Health Questia ace reports? ments, including) onnaire, stability of cond	Yes	No No	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids	of the Standard n Health Questi ace reports? ments, including) onnaire, stability of cond	Yes	No No	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn?	of the Standard n Health Questi ace reports? ments, including) onnaire, stability of cond	Yes	No No	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn?	of the Standard n Health Questi ace reports? ments, including) onnaire, stability of cond	Yes	No No No	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3.	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn? Visual acuity assessment	of the Standard n Health Questi ace reports? ments, including) onnaire, stability of cond	Yes lition. Yes Yes	No No No	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3.	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn? Visual acuity assessment Uncorrected	of the Standard n Health Questin ace reports? ments, including) onnaire, stability of cond	Yes lition. Yes Yes Corrected	No No No	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3.	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn? Visual acuity assessment Uncorrected R	of the Standard n Health Questin ace reports? ments, including) onnaire, stability of cond	Yes lition. Yes Yes Yes Corrected	No No No	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3.	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn? Visual acuity assessment Uncorrected R 6/6	of the Standard n Health Questin ace reports? ments, including) onnaire, stability of cond R 6/	Yes Ition. Yes Yes Corrected	No No No	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3.	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn? Visual acuity assessment Uncorrected R 6/6	of the Standard n Health Questin ace reports? ments, including) onnaire, stability of cond R 6/	Yes Itition. Yes Yes Corrected	No No No L 6/ Abnormal	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3. 2.4. 2.5.	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? Contact lenses worn? Visual acuity assessment Uncorrected R 6/ 6 Visual fields (confrontation Colour vision required?	of the Standard n Health Questin ace reports? ments, including) onnaire, stability of cond R 6/	Yes lition. Yes Yes Yes Corrected Normal Yes	No No No L 6/ Abnormal	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3. 2.3. 2.4. 2.5. If rec plate	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? Contact lenses worn? Visual acuity assessment Uncorrected R 6/ 6 Visual fields (confrontation Colour vision required? quired conduct Ishihara (≥ 3 as is a fail)	L L c errors / 12 scree) onnaire, stability of cond R 6/	Yes lition. Yes Yes Corrected Normal Yes Pass	No No No No L 6/ Abnormal No Fail	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 21. Prov 2.2. Are 2.3. 2.4. 2.5. If rec plate	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? Contact lenses worn? Visual acuity assessment Uncorrected R 6/ 6 Visual fields (confrontation Colour vision required? quired conduct Ishihara (≥ 3 es is a fail) I (as appropriate for task):	of the Standard n Health Questin ace reports? ments, including L / n to each eye) errors / 12 scree) onnaire, stability of cond R 6/	Yes lition. Yes Yes Corrected Normal Yes Pass	No No No L 6/ Abnormal No Fail	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 21. Prov 2.2. Are 2.3. 2.4. 2.5. If rec plate	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? Visual acuity assessment Uncorrected R 6/6 Visual fields (confrontation Colour vision required? quired conduct Ishihara (≥ 3 es is a fail) I (as appropriate for task): Railway LED Lantern test 6 m	of the Standard n Health Questin ace reports? ments, including L / n to each eye) errors / 12 screet n (Colour Vision) onnaire, stability of cond R 6/ ening Normal)	Yes lition. Yes Yes Yes Normal Yes Pass	No No No No L 6/ Abnormal No Fail	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3. 2.4. 2.5. If rec plate	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn? Visual acuity assessment Uncorrected R 6/ 6 Visual fields (confrontation Colour vision required? quired conduct Ishihara (≥ 3 es is a fail) I (as appropriate for task): Railway LED Lantern test 6 m Railway LED Lantern test 3 m	of the Standard n Health Questin ace reports? ments, including L / n to each eye) errors / 12 screet n (Colour Vision n (Colour Vision) onnaire, stability of cond R 6/ ening Normal) Safe A) OR	Yes Iition. Yes Yes Yes Corrected Normal Yes Pass Pass Pass	No No No No Abnormal No Fail Fail Fail	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3. 2.4. 2.5. If rec plate If fai • F • F	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn? Visual acuity assessment Uncorrected R 6/6 Visual fields (confrontation Colour vision required? quired conduct Ishihara (≥ 3 es is a fail) I (as appropriate for task): Railway LED Lantern test 6 m Railway LED Lantern test 3 m Farnsworth D15 (Colour Visio	of the Standard n Health Questin ace reports? ments, including L / n to each eye) errors / 12 screet n (Colour Vision n (Colour Vision on Safe B)) onnaire, stability of cond R 6/ ening Normal) Safe A) OR	Yes Iition. Yes Yes Yes Corrected Normal Yes Pass Pass Pass Pass Pass	No No No No No No Fail Fail Fail Fail Fail	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.
2. 2.1. Prov 2.2. Are 2.3. 2.3. 2.4. 2.5. If rec plate If fai • F • F • F 2.6.	VISION (refer Section 4.13 Vision issues identified or general history or workpla ride details under AHP comm Visual aids glasses worn? contact lenses worn? Visual acuity assessment Uncorrected R 6/ 6 Visual fields (confrontation Colour vision required? quired conduct Ishihara (≥ 3 es is a fail) I (as appropriate for task): Railway LED Lantern test 6 m Railway LED Lantern test 3 m Farnsworth D15 (Colour Vision Referral for investigation/	of the Standard n Health Questin ace reports? ments, including L / n to each eye) errors / 12 scree n (Colour Vision n (Colour Vision on Safe B) management?) onnaire, stability of cond R 6/ ening Normal) Safe A) OR	Yes lition. Yes Ves Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	 No No No No No No No Abnormal Abnormal Fail Fail Fail Fail Fail No 	AHP COMMENTS Include comments regarding management of existing vision issues, including specialist reports.

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Rail worker's name:					Date:	
3. CARDIOVASCI	ULAR SYSTEM (refer Section 4	2 of the Standard	l)		AHP CO	MMENTS
3.1. Cardiovascular	issues identified in Health		Yes	No	Include c	omments regarding
Questionnaire,	general history or workplace r	eports?			manager	nent of existing
Provide details under	r AHP comments.				including	specialist reports.
3.2. Family history	Demostral (Kenner		Yes	No	Include o	other considerations
3.3. Blood pressure	Repeated (if necess	sary)			e.g. phys	ical activity, diet,
Diastolic	Diastolic				comorbio	lities, work
3.4. Pulse rate	Didstolic	bom	Regular	Irregular	condition	ns, recent COVID-19
3.5. Heart sounds			Normal	Abnormal	status	and margenous
3.6. Peripheral puls	ses		Normal	Abnormal		
3.7. Resting ECG (C	Category 1)		Normal	Abnormal		
3.8. Calculation of	Cardiac Risk Level (refer Sectio	on 4.2.2 of the Sta	andard)			
(Category 1 wor	kers 30 years and over, without	t existing CVD) (w	ww.cvdcheck	c.org.au)		
Clinically determined Clinical conditions the	J high risk at automatically confer high risl	κ.				
Moderate-severe	e chronic Familial		Neither pres	ent		
kidney disease	hypercholester	olaemia				
Age	yrs Se	x at birth	Female	Male		
Smoking status	_	_				
Never smoked	Previously smo (ceased >1 year	rago)	Currently sm (or ceased ≤	okes I vear ago)		
Systolic blood press	ure (from above)			,,,		
Ratio of total cholest	erol to HDL cholesterol					
Total mmol/L	HDL mmol/L	Rat	io			
Diabetes	Yes	No Hb/	A1c			
Use of CVD medicine	es within last 6 months					
Blood pressure-l	owering medicines	Lipid-modifying	medicines			
Antithrombotic n	nedicines	None		1		
History of atrial fibril	lation		Yes	NO		
3.9 Referral for inv	estigation/management?		Voc	No		
Details:	esugation/management.					
4. DIABETES (refe	er Section 4.3 of the Standard)				АНР СО	MMENTS
4.1. Diabetes identi	ified in Health Questionnaire (s	elf-report)	Yes	No	Include o	omments regarding
or general histo	ory?				manager existing (nent and control of
4.2. Diabetes scree	n (see below for existing diabe	tes)			specialis	t reports.
Has diabetes based (on HbA1c (above)?		Yes	No		
A 3 Existing diabat	e test (Category 2)		res	NO		
satisfactory control?	6 3		Yes	No		
Clarke Questionnaire	: Less than 4 'R' responses? /if :	applicable)	Yes	No		
4.4. Referral for inv	estigation/management?		Yes	No		
Details:						
age 3 of 7						2002002444



Rail v	vorker's name:						Date:	
	MUSCULOSKELETAL (refer Section 4.5 or	f the Standard)					AHP C	OMMENTS
.1.	Musculoskeletal issues identified on Hea Questionnaire, general history or workpla	lth ace reports?		Yes		No	Include manage	comments regarding ement of existing
.2.	Musculoskeletal screening assessment*						muscul	oskeletal disorders,
pine	2		_		_		includin	ig specialist reports.
ervi	cal spine movements		Ц	Normal	Ц	Abnormal		
ack	movements			Normal		Abnormal		
ppe	er limbs				_			
ppe	earance		Н	Normal	н	Abnormal		
bint	movements			Normal		Abnormal		
we	er limbs			Managal		A Is		
ope	and ince			Normal		Abnormal		
7111C ai+	noventents			Normal		Abnormal		
aler	200			Normai		Abrioffial		
omł	pera's test			Normal		Abnormal		
3.	Referral for investigation/management?		Н	Yes	Н	No		
etai	ile.			100				
Not	e: Musculoskeletal requirements are task depende	ent.						
	NEUROLOGICAL SYSTEM (refer Sections	4.6, 4.7, 4.8 of th	ne Sta	andard)			AHP C	OMMENTS
1.	Neurological issues or cognitive impairm identified on Health Questionnaire, gene workplace reports?	ent ral history or		Yes		No	Include nature a of exist	comments regardin and management ing neurological
2.	Is there any presence of tremor?			Yes		No	conditio	ons, including
3.	Balance (Romberg's test)			Normal		Abnormal	special	st reports.
4.	Referral for investigation/management?			Yes		No		
etai	ils:							
	NEURODEVELOPMENTAL DISORDERS (refer Section 4.9	of th	e Standard	i)		AHP C	OMMENTS
1.	Neurodevelopmental issue (ADHD, autist developmental condition) identified on H	n or other ealth		Yes		No	Include manage	comments regardin ement of existing
2	Deferred for investigation/management2	ice report:		Vee		No	includir	ig specialist reports.
e.	Referral for investigation/management?			tes		INO		
etal								
	PSYCHOLOGICAL HEALTH (refer Section	4.10 of the Stan	dard)				AHP CO	OMMENTS
1.	Psychological issue identified on Health	Questionnaire,		Yes		No	Include	comments regarding
2.	Anxiety & depression screen – K10 Quest	t ionnaire (Questi	ion 4.	7 of Health	Ques	tionnaire)	psychia	tric conditions,
10 0	Questionnaire Score:**							
	Zone I (10-18)	Fit for Duty	у					
	Zone II (19-24)	Fit for Duty	y Sub	ject to Rev	iew			
	Zone III (25-29) – Refer to GP and/or counselling	Fit for Duty	y Sub Iy Un	ject to Rev fit for Duty	iew O	R		
]	Zone IV (35-50) – Refer for assessment	Temporari	ly Un	fit for Duty				
ote:	All clinical findings need to be integrated to result	t in a final Fitness fr	or Duty	/ categorisat	ion in s	Section 13.		
≥4 c	of 7							



Rail worker's name:				Date:	
8.3. Existing psychological condition					
Satisfactory control?	tata?	Yes	NO No		
8.4. Is attitude, speech and behaviour approp	nater	Yes			
o.o. Referral for investigation/management:		tes			
Details.					
9 SI FEP (refer Section 4.11 of the Standard)				AHP COMMENTS	
9.1. Sleep disorder self-identified on Health Q or general history?	uestionnaire	Yes	No	Include comments regar	ding
 9.2. Potential sleepiness identified in ESS, wo reports or incidents? 	rkplace	Yes	No	sleep disorders, includin specialist reports.	g
ESS score (from Question 5.5 of Health Question	nnaire):				
9.3. Sleep apnoea risk assessment					
Clinical Measures					
BMI: kg/m ²	Neck circumf	erence:	cm		
STOP-Bang Questionnaire (numbers below refe	er to relevant q	uestions in Hea	lth		
Questionnaire - validate verbally as required)					
		Sco	ore 1 for each YES		
S Does the worker snore? (Qu 5.1)	Yes	No			
T Does the worker often feel tired, fatigued or sleepy during the daytime? (Qu 5.2)	Yes	No No			
O Has anyone observed the worker stop breathing or choking/gasping during sleep? (Qu 5.3)	Yes	No			
P Is the workers under treatment for high blood pressure? (see above - Item 3.8)	Yes	No No			
B BMI ≥ 35? (see above)	Yes	No			
A Age ≥ 50?	Yes	No			
N Neck circumference \geq 40cm? (see above)	Yes	No			
G Gender male?	Yes	No			
Total score (see below for categorisation):					
9.4. Fitness for Duty categorisation based on	sleep assessm	ent*			
ESS score 0-10 (normal range)					
No other symptoms / risk factors (STOP-Bang <3) / incidents	Fit for Du	ty			
Plus other symptoms / risk factors (STOP-Bang ≥3) / incidents	Fit for Du	ty Subject to Re	view OR		
ESS score 11.15 (mild to moderate cleaning	ee)	iny office for Duty	y		
No other symptoms / risk factors	Eit for Du	tv			
(STOP-Bang <3) / incidents	nicioi Du	.,			
Plus other symptoms / risk factors	Fit for Du	ty Subject to Re	view OR		
(STOP-Bang ≥3) / incidents	Temporar	ily Unfit for Dut	y		
ESS score ≥ 16 (moderate to severe sleepin	ess)				
Temporarily Unfit for Duty					

* Note: All clinical findings need to be integrated to result in a final Fitness for Duty categorisation in Section 13.

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Rail worker's name:		Date:
Q.E. Evicting clean disorder		
9.5. Existing sleep disorder		
Compliance with treatment and satisfactory response	fes No	
9.6. Referral for investigation/management?		
Polysomnography	Yes No	
Specialist referral	Yes No	-
MWT	Yes No	
Details:		
10. SUBSTANCE MISUSE (refer Section 4.12 of the	Standard)	AHP COMMENTS
10.1. Substance misuse issue identified on Health Questionnaire, general history or workplace re	Yes No	Include comments regarding management of existing
10.2. Alcohol misuse screening	Yes No	substance misuse, including
AUDIT Score (from Question 6.1 of Health Questionna	ire):*	specialist reports.
Zone I (0-7) – Alcohol education	Fit for Duty Unconditional	
Zone II (8-15) – Simple advice	Fit for Duty Subject to Review	
Zone III (16-19) – Brief counselling and	Fit for Duty Subject to Review OR	
continued monitoring	Temporarily Unfit for Duty	
Zone IV (20-40) – Diagnostic evaluation and treatment	Temporarily Unfit for Duty	-
10.3. Drug/alcohol test**	Yes No	
Drug test		
Details and result:		
Alcohol breath test		
Details and result:		
10.4. Existing substance misuse		
Satisfactory control?	Yes No	
10.5. Referral for investigation/management?	Yes No	

* Note: All clinical findings need to be integrated to result in a final Fitness for Duty categorisation in Section 13.

** Note: Drug/alcohol tests are not routinely conducted for Periodic Health Assessments. They may be conducted at Pre-placement and Change of Grade Health Assessments, or for Triggered Health Assessments if specifically ordered or indicated.





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Details:

Rail worker's name:	Date:	

PART D. RELEVANT CLINICAL FINDINGS AND ACTION

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the Standard.

11. SIGNIFICANT FINDINGS
12. FURTHER INVESTIGATIONS / REFERRAL REQUIRED
Summarise here the requirements for investigation and management described above.
13. FITNESS FOR DUTY CLASSIFICATION AND EXPLANATION
Tick the appropriate box coinciding with the conclusion of your assessment and provide appropriate details in the box below.
Fit for Duty Unconditional
Fit for Duty Subject to Review (describe the reasons and nominate date for review)
Temporarily Unfit for Duty (describe reasons, contact the rail transport operator immediately)
Permanently Unfit for Duty (describe the reasons, contact the rail transport operator immediately)
14. CONTACT WITH WORKER'S TREATING HEALTH PROFESSIONALS
Was the worker's GP or other treating health professional contacted (with their consent)?
Yes No
Provide brief notes regarding discussion:
15. OTHER CLINICAL NOTES
Authorised Health Professional
Name:
Address:
Signature:
Date of assessment:





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Request and report form

National Standard for Health Assessment of Rail Safety Workers (2024)

Rail Safety Worker Health Assessment Category 1, 2 and 3

REQUEST AND REPORT FORM

Rail	worker's	name:
1.0011	1101101-0	indirita.

Date:

Name of rail transport operator:

CONFIDENTIAL:

The completed form should be returned to the rail transport operator. A copy should be retained by the Authorised Health Professional (AHP).

Instructions to the Authorised Health Professional

- You are requested to conduct a health assessment to assess the rail safety worker's fitness for duty according to the details provided in PART A of this form and according to the National Standard for Health Assessment of Rail Safety Workers.
- You must sight photo identification of the rail safety worker/applicant (e.g. driver's licence).
- Please perform the assessment, complete PART B of this form and return the whole form to the rail transport operator according to contact details in PART A below, within 7 days of the assessment, OR should the worker be assessed Unfit for Duty, please contact the operator immediately by phone so that appropriate rostering changes may be made. Please keep a copy of this form for your own records.
- You should have the required pathology (non-fasting cholesterol, HDL and HbA1c) and ECG results available for the assessment. This applies to Category 1 Safety Critical Workers at Pre-placement, Change of Grade and Periodic Health Assessments.
- Requirements for audiometry are noted in Part A of the form. This will be arranged separately if audiometry facilities are not available at your practice.
- You may need to contact the worker's nominated doctor to discuss conditions that may affect their fitness for duty. Such contact should be made with the worker's signed consent (see Record for Health Professional).
- Details of the assessment should be recorded on the Record for Health Professional. This record is confidential and should be retained by you, not returned to the operator.
- For more detailed information about the conduct of health assessments for rail safety workers see the National Standard for Health Assessment of Rail Safety Workers.

PART A. REQUEST FOR HEALTH ASSESSMENT (rail transport operator to complete)

A health assessment is requested to assess fitness for rail safety duty.

Date requested:

1. RAIL TRANSPORT OPERATOR DETAILS	
Rail transport operator:	
Supervisor / contact:	
Phone:	Facsimile:
Email:	

Account and report to be sent to Supervisor at the following address (please insert postal address or fax no):

2. WORKER / APPLICANT DETAILS				
Family name:	First names:			
Employee no. (if applicable):	Date of birth:			



3. WORKER'S HEALTH ASSESSMENT		TAILS		
Doctor / practice:				
Address:		Phone:		
Appointment date:		Time:		
4. ASSESSMENT REQUIREMENTS				
4.1. Risk Category / Level of assessment				
Category 1	Category 2			Category 3
4.2. Description of duties (or see attached	d Job Description or	Health Risk	Assessment)	
4.3. Type of assessment required (tick on	ie)			
Pre-placement / Change of Risk Cate	gory Health Assessr	nent		
Periodic Health Assessment				
Initiated by:	e details below)			
Rail transport operator	Authorised He (Fit for Duty Su	alth Professio bject to Revi	onal ew)	Worker
Provide details of reasons for Triggered He	alth Assessment and	d any other a	ssessment r	equirements.
Refer to relevant workplace reports as app	ropriate (see section	5).		
4.4. Task specific requirements (Category	1 and 2 Safety Criti	cal Workers)		
Colour vision	No colour visio	n requiremen	nts	Colour Vision Normal
	Colour Vision [Defective Saf	e A	Colour Vision Defective Safe B
Hearing	Speech in nois	e		Speech in quiet
Musculoskeletal	Standing			
and provide details as appropriate)	Sitting			
	Lifting / carryin	g		
	Walking / unev	en ground		
	Aerobic require	ements		
	Other			
4.5. Specific tests required				
The following tests are required for Pre-pla	cement, Change of	Risk Categor	y and Period	ic Health Assessments. They are not
routinely required for Triggered Health Ass	essments. Note: Fas	ting is not re	quired for pa	thology tests.
Total cholesterol and HDL (Category	1)			
HbA1c (Category 1)				
Urine glucose (Category 2)				
Resting ECG (Category 1)				
Audiometry (Category 1, 2 and 3)				
Audiometry ordered from:				
Drug or alcohol test (Pre-placement /	Change of Risk Cate	egory only) u	nless require	ed for Triggered Health Assessment
Pathology ordered from:				100000000000000000000000000000000000000
Page 2 of 4				



5.	SUPPORTING INFORMATION RELEVANT TO THE ASSESSMENT (tick information	on provided)
	Most recent health assessment (attach report)	
	Completed by (insert AHP name):	on (insert date):
	Previous relevant Health Assessment Report(s) (attach report(s) and describe below	w)
_		
	Aids required to be worn (specify)	
	Corrective lenses Hearing aids	Other (specify)
	Job modifications currently in place (provide or attach details)	
	Relevant sick leave for last 12 months (number of days, not details):	
	Relevant workers compensation history (attach details)	
	Relevant critical incident episodes (attach details)	
	Relevant workplace reports (attach details)	
	Record of involvement in serious rail safety incidents (attach details)	
	Other (specify)	

Rail transport operator to complete after the assessment.

6.	ACTION TAKEN AS A RESULT OF HEALTH ASSESSMENT (tick	as appropriate and record details)
	Periodic Health Assessment scheduled as per Standard		Alternative duties / redeployment
	Job modification		Drug or alcohol test/assessment
	Triggered review scheduled (e.g. Fit for Duty Subject to Review)		Referral to hearing conservation program

7. PORTABILITY OF HEALTH ASSESSMENT REPORT (refer to Section 2.6.6 of the Standard)

The Standard allows for portability of health assessment reports to avoid unnecessary repeat assessments under different transport operators. This is often at the worker's request and must be voluntary. The worker must provide their informed consent in writing for sharing of the report and for the specific circumstances. The rail transport operator must not share the report of this assessment with another operator without the worker's consent.

Portability of assessment result - worker to complete				
I,	(print name)			
give do not give	(please indicate)			
permission for this health assessment report to be forwarded to as confirmation of my fitness for duty for the risk category and specific tasks described.				
Signature:	Date:			





PART B. HEALTH ASSESSMENT REPORT (Authorised Health Professional to complete)

Worker's first name:		Worker's surname:		Date of birth:	
Worker's job title:		Sy	stem identifier (if applicable):		
Worker category	Type of assessn	nent Cu	urrent aids required	Worker identificat	ion
Category 1 Category 2 Category 3	 Pre-placem Risk Categr Periodic He Triggered H (refer Part J 	ent / Change of ory ealth Assessment Health Assessment A for details)	Corrective lenses Hearing aids Other specify:	I have sighted photo ID (e.g. passport) ID type and numbe	d the worker's . driver's licence, er:
Next Periodic Health Assess	sment date:	Ti	his report is: An interim report pending furt	her investigation (se	e review
(see below) OR the next Per is earliest. This is managed a	incate is valid until the n odic Health Assessment as per section 2.2.7 of the	ext review date t date, whichever e Standard.	date below) A final report of the worker's f	itness for duty statu	s

I certify that I have examined the worker in accordance with the medical standards contained in the National Standard for Health Assessment of Rail Safety Workers and in my opinion the worker is (tick one box only in left hand column):

Fit for Duty Unconditional	Drug or alcohol testing (if required)			
The worker meets all criteria for Fit for Duty Unconditional. They are	Date of test:			
not subject to any restrictions or conditions and should be reviewed	Drug test Positive Positive			
in line with the normal periodic health assessment schedule (refer	Alcohol breath test			
section 2.3.1j.				
	Colour Vision Normal Colour Vision Safe A			
	Colour Vision Safe R			
Eit fas Duty Subject to Deview				
The worker does not most all the stitute for Fit for Duty Unconditional	Review requirements (as applicable)			
The worker's condition is sufficiently controlled to permit current rail safety duties under certain conditions (refer section 2.3.2).	A review appointment with AHP should be scheduled by (date):			
Temporarily Unfit for Duty	Nature of review assessment			
Please notify the rail transport operator immediately if worker	Full medical assessment			
assessed as Temporarily Unfit for Duty	Assessment for specific medical condition(s)			
The worker does not meet the criteria for Fit for Duty Unconditional or	Review of aids (hearing or vision)			
Fit for Duty Subject to Review and cannot presently perform current rail safety duties (refer section 2.3.3).	Reports and/or tests required			
May return to full duty pending: improvement in condition; response to	Local doctor report/s			
treatment; confirmed diagnosis of undifferentiated illness.	Specialist report/s			
Permanently Unfit for Duty	Test results			
Please notify the rail transport operator immediately if worker is assessed as Permanently Unfit for Duty	Additional requirements for review, management			
The worker has a permanent or progressive condition that is predicted	CMO review			
to render them unfit for their current rail safety duties for 12 months or	Referral to hearing conservation program (operator to action)			
more (refer section 2.3.4).	Other (provide detail below)			
Job modification (Fit for Duty Subject to Review)	Alternative duties (Temporarily Unfit for Duty)			
In most cases job modification may not be practicable but alternative	Unfit for Category 1 and Category 2 work, but fit for Category 3			
duties such as office work may be available (refer opposite and	Unfit for Category 1, 2 and 3 work, but fit to work outside the			
categorise Temporarily Until for Duty).	danger zone			
i recommend the following restrictions and timeframes to inform iob modifications:	Has a condition that may have an effect on non-safety tasks			
,	Other			
As per WorkCover Certificate				
Authorised Health Professional	Reviewing Authorised Health Professional, Occupational Physician or Chief Medical Officer (if applicable)			
Name:	Name:			
Address:	Address:			
Signature:	Signature:			
Date of AHP assessment:	Date of review:			
Page 4 of 4				
rage 4 or 4				



Appendix H: STOP-Bang questionnaire

	Score for YES
Snoring Do you snore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?	1
Tired Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving or when talking to someone)?	1
Observed Has anyone observed you stop breathing or have you woken choking or gasping from your sleep?	1
Pressure Do you have or are you being treated for high blood pressure?	1
Body mass index Is the BMI more than or equal to 35 kg/m²?	1
Age Are you older than 50 years?	1
Neck size Is your neck measurement (measured around Adams apple) 16 inches / 40cm or larger?	1
Gender Male gender?	1

SCORING:

The STOP-Bang is scored (1) per each YES response.

- OSA Low risk: yes to 0 to 2 questions
- OSA Intermediate risk: yes to 3 to 4 questions
- OSA High risk: yes to 5 to 8 questions

Permission to use the STOP-Bang questionnaire in the implementation of the Standard is provided by the University of Toronto.

Source: National Transport Commission, 2024



Appendix I: Berlin questionnaire

Email: info@sleepdiagnostics.com.au

Berlin Questionnaire

CATEGORY 1	CATEGORY 2	CATEGORY 3
1. Do you snore?	6. How often do you feel tired/ fatiqued after your sleep?	9. Do you have high blood pressure?
Yes No Don't know IF YOU SNORE: Go to next question IF YOU DON'T SNORE: Go to question 5	Nearly every day 3-4 times a week 1-2 times a week 1-2 times a month	Yes No Don't know Staff to fill out
2. Your snoring is?	Nearly or nearly never	10. BMI > 30
Very loud (heard from adjacent rooms)	7. During your wake time, do you feel tired, fatigued or not up to par?	Yes No
As loud as talking Slightly louder than breathing 3. How often do you snore?	Nearly every day 3-4 times a week	SCORING CATEGORIES
 Nearly every day 3-4 times a week 1-2 times a week 1-2 times a month 	 1-2 times a month Nearly or nearly never 8. Have you ever nodded off or fallen asleep while driving a vehicle? 	CATEGORY 2 Positive if 2 or more answers are in the box outlined from questions 1-5 Positive if 2 or more answers are in the box outlined from questions 6-8
Nearly or nearly never A. Has your snoring bothered other people?	Yes No If yes, how often does it occur?	CATEGORY 3 Positive with 1 positive answer in the box from questions 9-10
Yes	Nearly every day	
5. Has anyone noticed that you quit breathing during your sleep?	3-4 times a week	FINAL RESULT 2 or 3 positive categories indicates a likelihood of sleep disordered breathing.
Nearly every day 3-4 times a week	1-2 times a month Nearly or nearly never	
1-2 times a week 1-2 times a month Nearly or nearly never		



Appendix J: Obstructive sleep apnoea questionnaire (OSA50)

Answer the following questions to determine a risk of Obstructive Sleep Apnea (OSA)

Obesity

	Waist circumference - Males >102cm or Females >88cm. Measured at the level of the umbilicus.	Yes	No
Snoring			
	Has your snoring ever bothered other people?	Yes	No
Apneas			
	Has anyone observed you stop breathing or choking/gasping during your sleep?	Yes	No
Age			
	Are you aged 50 years or over?	Yes	No



Appendix K: Mapping of medical requirements

State or territory	Medical assessment
Australian Capital Territory	Heavy vehicle drivers (class MR and above): a commercial medical assessment on application and every 5 years thereafter.
	Public passenger vehicle drivers (H, M, T, W, D): a commercial medical assessment on initial application, then five-yearly to age 70, then annually thereafter. Public passenger vehicle drivers (O): a commercial medical assessment on initial application, then annually thereafter. In all cases, additional or more frequent health assessments may be required if a condition is reported.
	Dangerous goods vehicle drivers: a commercial medical assessment on initial application, then every 5 years.
	Driving instructors: a commercial medical assessment on initial application, then every 5 years.
New South Wales	Medical assessment for all licence classes at 75 years of age and annually thereafter.
	Multiple combination vehicle (road train) drivers (class MC): medical assessment on initial application and then at age 21 and every 10 years up to age 40, then every 5 years until age 60, then every 2 years until age 70; annually thereafter.
	Public passenger vehicle drivers (buses): medical assessment on initial application and then every 3 years until the age of 60 years; annually thereafter.
	Dangerous goods vehicle drivers: medical assessment on initial application, then every 5 years.
	Driving instructors: medical assessment on initial application; thereafter in line with driver licence class held.
Northern Territory	Medical assessment only when a condition is reported by a health professional or driver.
	Public passenger vehicle drivers: medical assessment on initial application, then 5-yearly or sooner if a condition is reported.



State or territory	Medical assessment
	Dangerous goods vehicle drivers: medical assessment on initial application.
	Driving instructors: medical assessment on initial application, then 5-yearly or sooner if a condition is reported.
Queensland	Heavy vehicle drivers: a person must obtain, carry and drive in accordance with a current medial certificate if:
	 they have a mental or physical incapacity that may affect their ability to drive safely; or
	 they are 75 years of age or older.
	Currency of the medical certificate is determined by the health professional. Medical certificates issued to drivers 75 years or older have a maximum validity of 1 year.
	Public passenger vehicle drivers: a medical assessment is required every 5 years, or more frequently if required by a health professional.
	A driver 75 years of age or older is required to obtain, carry and drive in accordance with a current medical certificate.
	Dangerous goods vehicle drivers: a medical assessment is required on initial application, then every 3 years, or more frequently if required by a health professional.
	A driver 75 years of age or older is required to obtain, carry and drive in accordance with a current medical certificate.
	Driving instructors: no medical assessment required unless the person has a mental or physical incapacity that may affect their ability to drive safely.
	A driver 75 years of age or older is required to obtain, carry and drive in accordance with a current medical certificate.
South Australia	Heavy vehicle drivers: medical assessment annually from 70 years of age for all licence holders with a medical certificate required to be submitted to the Department.
	Separate medical assessment requirements apply for drivers who are part of National Heavy Vehicle Accreditation Scheme which involved a medical every 3 years for drivers 49 years or younger, annually for drivers 50 years or older.
	Public passenger vehicle drivers: medical assessment every 3 years up to age 70 years, then annually thereafter.
	Dangerous good vehicle drivers: vision test on initial application, then every 3 years.
	Driving instructors: vision test on licence application and renewal.

State or territory	Medical assessment
Tasmania	Multiple combination vehicle drivers (class MC): medical assessment on initial application
	Taxi – medical declaration on application and annually on renewal. Other public passenger vehicle drivers (Ancillary Certificate Public Passenger Vehicles): medical assessment on initial application, then every 3 years up to age 65, then annually.
	Ride Source only – declaration on application, then annually. Medical review required at commercial standard if relevant medical condition exists.
	Dangerous goods vehicle drivers: medical assessment on initial application, then every licence renewal period
	Driving instructors: medical assessment on initial application, then every 3 years until age 65 years, then annually.
Victoria	Heavy vehicle drivers: no prescribed period or age, unless declared on application or renewal or reported by medical practitioner, police or third party.
	Public passenger vehicle drivers (taxis, bus): medical assessment every 3 years or annually if certain medical conditions are present or a medical practitioner advises shorter review periods. If a driver is changed from a 3-year to a 12-month accreditation, ongoing annual review is generally required.
	Dangerous goods vehicle drivers: medical assessment on initial application, then every 5 years.
	Driving instructors: medical assessment on application then every 3 years unless a medical practitioner advises shorter review periods. If a driver is changed from a 3-year to a 12-month accreditation, ongoing annual review is generally required
Western Australia	Heavy vehicle drivers (class MR and above): annually from 80 years of age, unless a medical condition requires an earlier assessment.
	Public passenger vehicle drivers: medical assessment on initial application, then every 5 years.
	Dangerous goods vehicle drivers: medical assessment on initial application, then every 5 years.
	Driving instructors: medical assessment on initial application, then every 5 years.



Appendix L: Conditional licences, August

2024

As part of the preliminary research, the NTC requested conditional licence data from each jurisdiction. But the data is not captured consistently in systems across jurisdictions.

Jurisdic tion	Conditional licences	Heavy licence category who have diabetes, cardiovascular or a sleep disorder	Types of conditions
ACT	15,502	Diabetes HC 115 HR 320 MC 38 MR 110 Total 583 Cardiovascular condition HC 122 HR 362 MC 34 MR 101 Total 619	Not available
		Sleep disorder HC 41 HR 145 MC 17 MR 101 Total 619	
NSW	1,619,228	Diabetes HC 2905 HR 4729 LR 13,263 MC 1,490 MR 2,540 Total 24,927 Cardiovascular condition HC 1,966	For heavy vehicle licence holders Diabetes Insulin Control – 4,276 Tablets Control – 20,042 Controlled By Diet – 609 Cardiovascular condition Cardiovascular Disease – 534 Implantable Cardiac Defibrillator – 152
		HR 3,431 LR 12,458 MC 1,648 MR 1,428 Total 20,931 Sleep disorder HC 707 HR 1,159 LR 3,458	Ventricular Assist Device – 1 Hypertension – 9,733 Aneurysms – 89 Angina – 132 Anticoagulant Therapy – 216 Atrial Fibrillation – 2,029 Cardiac Arrest – 38 Congenital Disorders – 11 Coronary Artery Bypass – 1,577 Dilated Cardiomyopathy – 187



Jurisdic tion	Conditional licences	Heavy licence category who have diabetes, cardiovascular or a sleep disorder	Types of conditions
		MC 749 MR 539 Total 6,612	ECG Changes – 5 Heart Failure –356 Heart Transplant – 7 Acute Myocardial Infarction – 1,254 Hypertrophic Cardiomyopathy – 13 Left Ventricular Assist Device – 1 Other – 1,234 Pacemaker – 448 Paroxysmal Arrhythmias – 65 Percutaneous Coronary Intervention – 2,570 Valvular Heart Disease – 279
			Sleep disorders Sleep Disorder – 148 Narcolepsy – 15 Sleep Apnoea – 6,449
NT	361	LR 17 MR 49 HR 123 HC 50 MC 48 Total 361	Not available
Qld	245,526	As at 10 July 2024, Queensland has the following number of <u>total</u> <u>licence holders who have a</u> <u>conditional licence (M condition</u> <u>applied)</u> : Car 208,770 LR 15,165 MR 2,700 HR 9,630 HC 4,101 MC 5,160	Not available
SA	190,650	Not available	Sleep Disorders 'Other' – 2,119 Sleep Apnoea – 25,218 Narcolepsy – 842 Acute Myocardial Infarction (AMI) – 12,296 Angina – 1,207 Atrial Fibrillation – 19,601 Cardiac Aneurysm- 241 Cardiac Arrest – 715 Cardiac Pacemaker – 7.383 Congenital Heart Disorder – 422 Other Cardiovascular – 33,044 Ischaemic Heart Disease – 3,817 Long Term Anticoagulant Therapy – 127



Jurisdic tion	Conditional licences	Heavy licence category who have diabetes, cardiovascular or a sleep disorder	Types of conditions
			Paroxysmal Arrhythmias – 47 Coronary Artery Bypass Grafting – 10,164 Dilated Cardiomyopathy – 2,565 Heart Failure – 5,579 Heart Transplant – 133 Hypertrophic Cardiomyopathy (HCM) – 869 Implantable Cardioverter Defibrillator (ICD) – 1,803 Percutaneous Coronary Intervention (PCI or Angioplasty) – 0 Valvular Heart Disease – 154 Ventricular Assist Device (VAD) – 35 Diabetes Insulin – 16,661 Diabetes Tablet – 45,608
Tas	Not available	Not available	Sleep Apnoea total – 3,806 Cardiac total – 4,782 Diabetes Medication and Insulin total – 11,202
Vic	Not available	22,251	Diabetes – 14,355 Cardiovascular Condition – 12,771 Sleep Disorder – 4,528
WA	135,394	Not available	Not available


Abbreviations

Abbreviation	Term
ABS	Australian Bureau of Statistics
AFM	Advanced Fatigue Management
AFTD	Assessing Fitness to Drive
BFM	Basic Fatigue Management
BIC	Bus Industry Confederation
BITRE	Bureau of Infrastructure and Transport Research Economics
BMI	body mass index
СРАР	continuous positive airway pressure
CVD	cardiovascular disease
GCM	gross combination mass
GVM	gross vehicle mass
НС	heavy combination
HR	heavy rigid
HVHAG	Heavy Vehicle Health Advisory Group
HVNL	Heavy Vehicle National Law
ІТММ	Infrastructure and Transport Ministers Meeting
LR	light rigid
LDL	low-density lipoprotein
МС	multiple combination
MR	medium rigid
NHVAS	National Heavy Vehicle Accreditation Scheme
NHVR	National Heavy Vehicle Regulator
NTC	National Transport Commission
OSA	obstructive sleep apnoea

Abbreviation	Term
WAHVA	Western Australian Heavy Vehicle Accreditation
WHS	work health and safety



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