



National Transport Commission

LBRCA submission to Assessing Fitness to Drive for Commercial and Private Vehicle Drivers AP-G56-17

Introduction

The Livestock Bulk and Rural Carriers Association (LBRCA) is pleased to have the opportunity to input on the draft *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers Guidelines*.

We represent over 220 livestock and bulk road freight businesses Australia wide, who use NSW roads, primarily to service NSW regional and rural industries. We provide a representation and advocacy service for our members to ensure they can operate in a safe, profitable, and sustainable industry.

The overall aim of assessing fitness to drive is to achieve a balance between minimising any driving-related road safety risks posed by a driver's permanent or long-term injury or illness and maintaining the driver's lifestyle and employment-related mobility independence.

Achieving the right balance in the driver medical process for a commercial vehicle driver can be the difference between earning an income for the week (or year), or not.

As LBRCA members are dependent on commercial vehicle driver licences, our interest is particular to the suitability of the changes in the updated draft guidelines relating to assessing fitness to drive for commercial vehicle drivers.

We point out our strong support of previous submissions by our national peak representative body, the Australian Trucking Association (ATA). Our brief submission complements that of the ATA.

Recommendations

1. Commercial vehicle drivers should not be penalised (e.g., loss of licence) for being unable to obtain a specialist or follow-up appointment within unachievable time frames (e.g., rural location/waiting list) and professional judgement must be used in these circumstances.
2. Telehealth services for follow-up appointments/e-prescriptions for commercial vehicle drivers should be included in the draft guidelines.
3. Commercial vehicle driver licencing requirements must be harmonised across all HVNL jurisdictions (including driving age test requirements) to ensure medical professionals can carry out their tasks efficiently and consistently, as per the aim of these guidelines.

Feedback to Part A: General Information

1. Consideration of the option to move between conditional and unconditional licenses for the purpose of trialling medical devices or treatment advances in certain medical conditions such as:
 - a) Diabetes - Flash and Continuous Glucose monitoring
 - b) Sleep Apnoea - CPAP and Seeing Machines by Guardian
 - c) Vision - Biopic telescopes
 - d) Hearing – Use of amplifiers
2. Commercial vehicle driver licences need to be reinstated after any medical trial without the need for a road driving test, unless medically indicated as medium – high risk.
3. Commercial vehicle drivers who are referred for testing should be able to continue driving without restriction until a diagnosis is made.
4. Achieving the right balance in the driver medical process for a commercial vehicle driver can be the difference between earning an income for the week (or year), or not. The driver medical process must not unintentionally penalise or risk job security or income for commercial vehicle drivers.
5. Consideration of the requirements of the driving task is fundamental to assessing a person's medical fitness to drive. Consideration must also be given to the driver's environment for the task including whether they are operating in rural and/or remote areas versus multi-lane and/or urban environments when making assessments about fitness to drive.
6. Clear, succinct information (e.g., step-by-step process guides and templates either digital or hardcopy) should be developed to better support the management of fitness to drive and medical conditions.
7. Screening for sleep apnoea should be more closely aligned to the rail medical standards including that a commercial vehicle driver referred for investigation should continue to be able to drive without restriction until a diagnosis by a specialist is made.

Feedback to Part B: Medical Standards

1. Advances in medical technology that better support commercial vehicle drivers manage their licence should be explored and researched under controlled conditions. Such advances will assist industry manage driver shortages, retain and attract drivers.
2. Alternative therapies (e.g., podcasts) should be considered as a strategy in the management of mental health conditions.

Feedback to Part C: Appendices

1. The Regulatory Requirements for driver testing vary across states and territories and Commercial vehicle drivers accredited under Basic Fatigue Management (BFM) and Advanced Fatigue Management (AFM) have additional medical assessment requirements required by the HVNL. In NSW commercial vehicle driver testing requirements differ significantly when certain age limits are met (e.g., driving test annually after the age of 70 in NSW whereby most states 75+).
2. Consistency across all jurisdictions will better support the medical profession maintain their standards of consistency for our profession.

Observations

1. The research by Monash University is based on crash statistics derived from five other countries and does not adequately consider the remote distances traversed across Australia by commercial heavy vehicle drivers and the heavy vehicle combinations (including safety technologies) used for the road freight task here.
2. Further, LBRCA could not evidence that older commercial vehicle drivers were included in the crash data referenced by Monash University.
3. It is imperative that the privacy and dignity of skilled and experienced commercial vehicle drivers is safeguarded.
4. The medical standards in the guidelines focus on a driver's fitness to hold a licence, rather than fitness for duty.

We would of course be more than happy to provide more information should you wish.

Please do not hesitate to contact the LBRCA Committee Member, Dianne Peisley on 02 6295 6651 or email office@lbrca.org.au

