IMPROVING HEALTH SCREENING FOR COMMERCIAL VEHICLE DRIVERS

AUSTRALIAN TRUCKING ASSOCIATION AND TRUCKSAFE SUBMISSION 22 MAY 2025

1. About the Australian Trucking Association and TruckSafe

The Australian Trucking Association is a united voice for our members on trucking issues of national importance. Through its eleven member associations, the ATA represents the 60,000 businesses and 200,000 people who make up the Australian trucking industry.

TruckSafe is the ATA's not-for-profit business and risk management system aimed at improving the safety and professionalism of trucking operators nationwide.

2. Introduction

In March 2025, the National Transport Commission released a discussion paper looking at expanding the commercial driver medical standards in Assessing Fitness to Drive (AFTD) to include better screening for sleep disorders, diabetes and cardiovascular disease.[1]

The ATA has long argued that the commercial standards should include preventative screening,[2,3] but the proposals were considered out of scope for the reviews that were then being conducted.[4] There was also a discussion about whether AFTD could legally include screening. The ATA commissioned legal advice confirming that it could.[5]

Transport ministers initiated the current review following the death of a four year old, Blake Corney, in a crash on the Monaro Highway in the ACT. The crash involved a truck driver with undiagnosed sleep apnoea.

This joint submission from the ATA and TruckSafe surveys the health risks (section 3) and issues with AFTD medicals (section 4) that truck drivers face.

The submission argues that **the NTC should adopt a modified version of option C that protects the livelihood of drivers and reduces the number and cost of medical assessments** (recommendation 1). Recommendations 2-7 in section 6 provide more detail about how this should be done.

Attachment A reconciles this submission with the relevant questions in the discussion paper. Attachment B summarises the input we received from the Trucking Australia 2025 delegates who participated in an NTC/Austroads workshop at the event.

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[1] NTC, Improving health screening for commercial vehicle drivers. Discussion paper, March 2025.
[2] ATA, 2014 review of Assessing fitness to drive. Submission to the NTC, December 2014.
[3] ATA, 2021 Assessing fitness to drive review. Submission to the NTC, June 2021.
[4] NTC, Assessing Fitness to Drive 2020-21 review: final report, February 2022. 110.
[5] ATA, 2021. Attachment.

3. Health risks for commercial vehicle drivers

The discussion paper reviews the evidence about the health of commercial drivers. It concludes that drivers face a higher risk of many health issues than the general population.[6]

The ATA agrees with the discussion paper that preventative screening for health conditions should focus on heart disease, diabetes and sleep apnoea.

We acknowledge the importance of the other health issues facing drivers such as mental health, where Healthy Heads in Trucks and Sheds has developed solutions including education, resources and industry-specific wellness initiatives.

Recommendation 7 proposes that the Government fund HHTS to help it carry out a four year health screening and awareness program, which would include mental health awareness.

Heart disease

Cardiovascular disease is a most significant issue for the trucking industry. 5.3 per cent of the drivers who participated in the 2020 Driving Health study reported they had cardiovascular disease.[7]

AFTD notes that drivers who have severe or fatal heart attacks while driving may have enough warning to slow down or stop before losing consciousness. Fewer than half of these attacks result in property damage and injury, but the consequences can be catastrophic. [8]

For example, on 7 April 2016, a B-double driver was killed in a truck rollover on the Midland Highway. The Tasmanian Coroner found the driver had a sudden heart related episode, even though he had passed an AFTD medical 11 months earlier with no indication of heart-related issues.[9]

Diabetes

The Monash University Driving Health study found that 8.2 per cent of truck drivers had diabetes,[10] compared to the Australian norm, 5.3 per cent.[11]

AFTD points out that diabetes can affect a person's ability to drive in two ways. There is the risk posed by the side effects of the disease, including its effects on vision, cardiovascular disease and the potential for sleep apnoea, and there is the risk of a severe hypoglycaemic episode.[12]

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[6] NTC, 2025. 29-33.
[7] Monash Insurance Work and Health Group, Driving health study: survey of the physical and mental health of Australian professional drivers. Report 6, November 2020. 19.
[8] NTC and Austroads, Assessing fitness to drive for commercial and private vehicle drivers, 2022 edition. 63.
[9] Record of investigation into death (without inquest) of David Scott Holmes (Magistrates Court of Tasmania Coronial Division, Coroner McTaggart, 8 September 2017).
[10] Monash Insurance Work and Health Group, 2020. 19.
[11] ABS, Diabetes. December 2023.
[12] NTC and Austroads, 2022. 92.

As the discussion paper notes, the side effects of diabetes mean that it is a risk factor that should be considered in cardiovascular and sleep apnoea risk assessment.[13]

There is strong evidence linking hypoglycaemia to road crashes.

- On 10 July 2020, the driver of a B-double suffered a hypoglycaemic episode while travelling southbound on the Hume Highway near Menangle. The driver had split his evening dose of insulin. The B-double hit a parked truck, a tree, a pole and three cars in the Frank Partridge VC rest area, killing an eight-year-old girl and seriously injuring three adults[14]

- In November 2023, the driver of a BMW SUV crashed into patrons outside the Royal Daylesford Hotel, killing three adults and two children. The Victorian Magistrates' Court heard that the driver had suffered a severe hypoglycaemic episode.[15]

The catastrophic impact of hypoglycaemic episodes raises issues about practitioner and driver education. These are discussed further on page 10.

Sleep apnoea

Australian research published in 2012 found that 41 per cent of long-distance commercial drivers had obstructive sleep apnoea.[16] There have been a series of fatal crashes—

- In February 2010, Nathan Zanuso was severely injured, and later died, on the Pacific Highway near Ulmarra when a B-double crossed to the wrong side of the road. The B-double driver had fallen asleep at the wheel. His AFTD medical, last conducted in October 2009, had failed to reveal he had severe sleep apnoea.[17]

- In December 2016, Jackson Eales was killed and his partner, Melissa Goldsmith, was severely injured when a B-double fuel tanker collided with their Ford utility. The inquest found it was highly probable that the B-double driver suffered from severe sleep apnoea, but that he satisfied the AFTD standards at the time of each of his medicals.[18]

- In July 2018, four year old Blake Corney died on the Monaro Highway in the ACT when a 16 tonne truck collided with the side of his family's Ford Territory. The truck driver was found to have sleep apnoea and had failed to follow up on two sleep study referrals.[19] The Corney case was the trigger for this review and resulted in changes to medical screening for commercial drivers in the ACT.[20]

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[13] NTC, 2025. 58-59.
[14] R v Lidgard [2022] NSWDC 445.
[15] The Guardian Australia, Judge throws out 'weak' case against driver at centre of Daylesford pub crash that left five people dead. 19 September 2024.
[16] Sharwood, L et al, "Assessing sleepiness and sleep disorders in Australian long-distance commercial vehicle drivers: self-report versus an 'at home' measuring device," in *Sleep*, 2012. 35:4. 472.
[17] DPP v Pierce (Local Court of NSW, Henson J, 16 December 2011) [3], [5].
[18] Finding into the death of Jackson David Eales. (Coroners Court of Victoria, Deputy State Coroner Hawkins, 18 August 2023).
[19] Inquest into the death of Blake Andrew Corney [2021] ACTCD 6. [5], [7].
[20] NTC, 2025. 16, 36-37.

The model AFTD patient questionnaire uses the Epworth Sleepiness Scale (ESS) as a screening tool.[21] This part of the questionnaire asks drivers to consider eight situations and mark down their chance of dozing off on a scale from zero to three. The situations range from sitting and reading, to lying down to rest in the afternoon, to being stopped in a car for a few minutes in traffic.

An ESS score of 16 to 24 is consistent with moderate to severe daytime sleepiness and is associated with an increased risk of sleepiness related accidents. [22]

But research shows that the ESS is not suitable for determining if commercial drivers have sleep apnoea.

The 2012 research showed that only 12.2 per cent of long-distance truck drivers recorded a positive (>10) score when they filled in the ESS,[23] even though 41 per cent had sleep apnoea.

In the review that led to the 2016 edition of AFTD, the ATA successfully argued that the medical standards should include a warning that the treating doctor should not solely rely on subjective measures of sleepiness to rule out sleep apnoea.[24]

This warning is still included in 2022 standards[25] and is in the model clinical examination form that doctors are asked to complete.[26]

4. Issues with AFTD medical assessments

In 2023, the ATA, TruckSafe and the Australian and New Zealand Society of Occupational Medicine (ANZSOM) collaborated with Austroads on a survey to understand the barriers to conducting AFTD assessments effectively and the opportunities for improvement. [27]

The survey participants comprised 23 TruckSafe registered medical practices and 58 medical practitioners, including occupational physicians, GPs and occupational health nurses.

73 per cent of practices and 88 per cent of practitioners said that drivers would benefit from improved preventative health interventions.

They warned, however, that concerns about potential loss of livelihood were a significant barrier to the implementation of the standards (63 per cent of practices and 76 per cent of practitioners).

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[21] Austroads, Driver health questionnaire. Question 5.4.
[22] NTC and Austroads, 2022. 182.
[23] Sharwood, 2012. 472.
[24] ATA, “Assessing fitness to drive consultation report.” Letter to the NTC, December 2015. 3.
[25] NTC and Austroads, 2022. 182.
[26] Austroads, Clinical examination record. Revised June 2022. Question 7.
[27] Landgren, F. and J Murray, Assessing Fitness to Drive implementation - survey of medical practitioners conducting fitness for duty assessments. Austroads research report AP-R707-24. 2024.

The survey participants said they would find fact sheets for employers (91 per cent of practices and 92 per cent of practitioners) very useful, as well as fact sheets to give drivers (86 per cent of practices and 85 per cent of practitioners).

They said there was scope to improve the forms for driver assessments (59 per cent of practices and 61 per cent of practitioners) and supported the use of decision pathways and checklists (59 per cent of practices and 77 per cent of practitioners said these would be very useful).

These findings are consistent with the views of the participants in the TA 25 medical standards workshop, who reported that—

> BFM seems like a tick and flick.
>
> [Medicals] only work if doctors do the right thing and understand implication of health to driving.
>
> Driver could be more informed about other pathways and education for what you can do to prevent before it gets too bad that you lose your licence.

5. NTC options for improving health screening

The discussion paper considers three options for improving health screening for heart disease, diabetes and sleep apnoea. These are set out in table 1.

Table 1: NTC discussion paper options[28]

Option/sub-option	Details
Option A	No change to AFTD
Option B	Improve the implementation of the current AFTD guidance across the cardiovascular, diabetes and sleep disorder chapters. This could involve— • awareness and education for health professionals on 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.
Option C	Formal amendments to the AFTD commercial standards, together with updates to the Austroads forms to align with the changes.
Sub-option 1C	Sub-option 1C would define and prescribe specific requirements for CVD risk assessment and management, including the use of the CVD Risk Calculator.

[28] NTC, 2025, table 15. 80-84.

Option/sub-option	Details
Sub-option 2C	Sub-option 2C would define and prescribe specific requirements for diabetes screening including risk screening and/or pathology testing.
Sub-option 3C	Sub-option 3C would define specific requirements for sleep disorder screening, which could include— • more comprehensive guidance for assessing the risk of OSA and other sleep disorders, including identifying a preferred risk assessment tool • 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 A should not be considered further

The evidence in the discussion paper and on pages 2-4 of this submission show that AFTD is not fit for purpose. Medical assessments based on AFTD are failing to detect critical health risks to road safety, resulting in deaths, injuries and ruined lives.

Australia's governments, the ATA and TruckSafe are all committed to achieving zero road deaths and serious injuries. The 2021-2030 National Road Safety Strategy seeks a 50 per cent reduction in deaths and a 30 per cent reduction in serious injuries by 2030.[29]

Option A is not consistent with those goals. It should not be considered further.

The evidence shows that option B would not be effective

Under option B, governments would improve the AFTD forms to include better screening questions. There would be more information for doctors on screening for heart disease, diabetes and sleep apnoea and more education for drivers.

The measures in option B are essential. The evidence in the discussion paper and this submission shows that doctors need more information about conducting AFTD assessments. Employers and drivers need more information about road safety related medical conditions and how to manage them.

But option B would not be effective on its own.

[29] Infrastructure and transport ministers, National Road Safety Strategy 2021-2030. 2.

The option would not address the issues raised by the Corney inquest

In the Corney inquest, the ACT Chief Coroner noted that the truck driver involved—

- had reported symptoms including insomnia, breathlessness and drowsiness to medical practitioners since 2013
- had failed to attend sleep study referrals in 2013 and 2017
- did not inform his employer or the ACT Road Transport Authority of his possible sleep apnoea.[30]

Since the Corney inquest was the trigger for this review, the ATA and TruckSafe consider that the NTC's advice to ministers should address the specifics of the case. Option B would not prevent a similar crash from occurring.

Driver health information has been provided since the 1990s

TruckSafe and its predecessor, the Road Transport Forum Fatigue Management Program, required member operators to provide drivers with health information in the 1990s[31] and 2000s.[32] The sample worker health and wellbeing policy included in the 2024 TruckSafe SMS requires the development and implementation of a health management program.[33]

The NTC imposed a similar requirement on AFM operators in 2008 when it released the first version of the NHVAS AFM standard.[34]

The NHVR's current fatigue management accreditation guide applies to BFM as well as AFM operators. It requires businesses to provide drivers with information to promote and encourage optimal management of their health.[35]

One way or another, these specific driver health information requirements have been in place for almost twenty years. In conjunction with the many national health campaigns run by governments and not-for-profits, they have changed the lives of many drivers.

Sadly, it is clear from the evidence that they have not been effective enough.

A modified version of option C should be adopted

Option C would embed prescriptive requirements for heart disease (option 1C), diabetes (option 2C) and sleep apnoea (option 3C) screening in the AFTD commercial standards. This would be accompanied by the necessary changes to the Austroads forms.

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[30] Inquest into the death of Blake Andrew Corney. [2021] ACTCD 6. [7].
[31] See, eg, Road Transport Forum and Queensland Transport, *Fatigue management program pilot: standards and guidance*, July 1997, s 7.3(3). 12.
[32] See, eg, TruckSafe, *Driver health*. June 2004, v 2.0. 2.
[33] TruckSafe, *Sample worker health and wellbeing policy*. 2024.
[34] NTC, *Advanced fatigue management standards*. 2008, s 7.3. 9.
[35] NHVR, Fatigue management accreditation guide. February 2021. Standard 2.6, 5.

These changes would bring AFTD into line with the rail safety standards, which also have embedded screening requirements.[36]

We think the option should be modified, however, to include—

- screening for illegal drug use
- changes to AFTD to protect the livelihood of drivers
- better information and education for doctors, employers and drivers
- measures to reduce the number and cost of medicals, and
- a non-regulatory health screening and health awareness campaign to be run by Healthy Heads in Trucks and Sheds. The campaign would include mental health awareness.

These changes are discussed further in section 6, below.

Recommendation 1

The NTC should recommend option C to ministers, but it should be modified in line with this submission.

6. Recommended changes to option C

Screening for illegal drug use

Illegal drug use is a serious road safety issue. Transport Accident Commission research shows that some 2.5 per cent of Victorian drivers in the 26-39 age group use illegal drugs and drive.[37]

As one TruckSafe member noted—

> We test for illegal drugs as part of our medicals. About a third of our applicants fail the medical because of illegal drugs or say they can't pass and withdraw their application. And then they get a job elsewhere and are on the road coming at our drivers.

The screening tests proposed under option C would require blood tests for diabetes[38] and cholesterol.[39] It would make sense to include a blood test for illegal drugs, which could detect recent use of drugs such as amphetamines (48 hours), cannabis (12-36 hours) and benzodiazepines (1-4 days).[40]

[36] NTC, 2025. 57, 63, 69-70.
[37] Transport Accident Commission, Road safety monitor: 2023 report. August 2024. Table 17. 52.
[38] NTC, 2025. 81.
[39] Australian CVD risk calculator. Viewed 19 May 2025.
[40] Drug Aware, Drug testing. Viewed 21 May 2025.

Recommendation 2

Medicals conducted under the commercial standard in AFTD should include a blood test for illegal drugs.

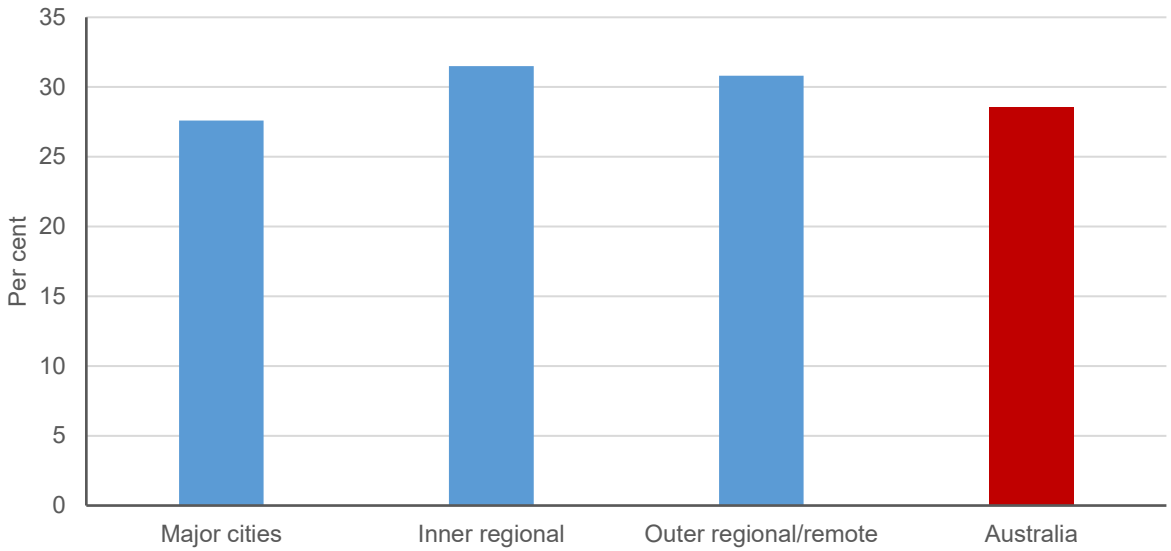
Protecting the livelihood of drivers

The participants in the TA 25 medical standards workshop emphasised the importance of ensuring that drivers did not lose their livelihoods because of the introduction of preventative screening. They said—

> Need to be pathway to get better rather than lose licence.
>
> Need assurances it's about managing health rather than losing licence.

The ATA shares their concerns, particularly given the likely waiting times for specialist appointments. As figure 1 shows, 28.6 per cent of people referred to medical specialists in 2023-24 had to wait longer than they felt acceptable. The waiting times in major cities were only slightly better than the waiting times in regional and remote areas.

Figure 1: Persons who waited longer than they felt acceptable for a specialist appointment, 2023-24[41]



[41] Australian Bureau of Statistics, Patient experiences 2023-24. Table 12.2.

The 2022 edition of AFTD sets out how to manage delays in seeing medical specialists. Section 4.4.7 provides that a driver licensing authority may permit a commercial driver waiting to see a specialist to keep working if—

- the driver has an appointment to see the relevant specialist at the earliest practicable opportunity
- in the opinion of the driver's general practitioner, the condition is not likely to lead to acute incapacity or loss of cognitive ability or insight before the assessment occurs.

This section does not adequately cover a driver who is referred to a specialist because of preventative screening. The tests in options 1C-3C are not diagnostic. A driver referred as a result of screening should be able to continue driving unconditionally until a formal diagnosis is made. If necessary, the driver could then be considered for a conditional licence as recommended by their treating doctors.

Recommendation 3

A new section, 4.4.8, should be added to AFTD to provide advice about drivers referred to specialists as a result of preventative screening. A referred driver should be able to drive unconditionally, provided they have an appointment to see the relevant specialist at the earliest practicable opportunity.

Educating and informing doctors, employers and drivers

Evidence from coronial inquiries, the 2023 Austroads survey and the ATA's consultations show that doctors, employers and drivers need more information about high risk medical conditions and how to manage them. In particular—

- the evidence given in court about the 2020 Menangle crash (page 3) shows that a better approach to managing the driver's diabetes should have been adopted
- the Austroads survey results show considerable uncertainty about sleep apnoea assessments and when action must be taken, as reflected in option 3C[42]
- employers, drivers and doctors need more information about how to handle conditions controlled by medication, where the medication may have implications for the driver's fitness to drive or their scheduling/rostering.

Austroads has developed an implementation strategy for AFTD, which includes the development of continuing professional development content for health professionals and information for employers and drivers.[43]

This work should continue.

[42] Landgren, 2024. 11.
[43] Austroads, Assessing fitness to drive: implementation strategy 2022. Report AP-R675-22, July 2022.

Recommendation 4

Austroads should press on with developing resource material for doctors, employers and drivers. The content should be focus tested with each public before it is released.

Reducing the number and cost of medicals

The TA 25 medical standards workshop participants raised issues about the number of medicals that drivers need and the cost of the screening measures under option C. The medical practitioners in the Austroads survey also raised these issues.[44]

Reducing the number of overlapping medicals

As the discussion paper notes, AFTD is used for licensing and under a range of what the paper describes as interfacing regulations, including—

- dangerous goods licensing
- heavy vehicle accreditation under NHVAS, TruckSafe or WAHVA, and
- employer work health and safety policies.[45]

These medicals may have inconsistent end dates. Some organisations do not accept each other's forms, with the result that drivers need to get unnecessary medicals done.

Accordingly, the ATA and TruckSafe recommend—

Recommendation 5

The Austroads implementation strategy for AFTD should include a project to minimise the number of duplicate medicals that drivers are required to undertake.

[44] Landgren, 2024. 10.
[45] NTC, 2025. 35.

Addressing the cost of sleep studies

Table 2 sets out indicative costs for sleep studies and the applicable Medicare rebates.

Table 2: Indicative cost of sleep studies

Item no.	Description	Indicative cost ($)	Medicare rebate ($)	Out of pocket ($)
12203	Adult sleep study in laboratory	1,500	502.40	997.60
12250	Adult sleep study – unattended	500	324.70	175.30

Sources: Medical benefits schedule (items 12203 and 12250), ATA.

If a diagnosis is established, the most effective way to treat obstructive sleep apnoea is with a continuous positive airways pressure (CPAP) machine.[46] CPAP machines cost about $2,000.

These are very substantial out of pocket costs for a job applicant or a driver, particularly since follow up appointments may be needed to fit and calibrate the machine.

Some clinics already offer bulk billing options, mainly for unattended sleep studies, and in New Zealand the hospital system issues CPAP machines to patients on long-term loan, with a replacement mask issued every year.[47]

Given the significance of sleep apnoea as a crash risk and the benefits and cost of diagnosis and treatment, the ATA and TruckSafe consider that—

Recommendation 6

The Australian Government should—

- offer incentives to encourage sleep clinics to bulk bill sleep studies for truck drivers and other safety critical workers
- fund a long term loan scheme for CPAP machines.

[46] Sleep Health Foundation, Treatment options for obstructive sleep apnoea (OSA). Viewed 21 May 2025.
[47] See, eg, Healthinfo Waitaha/Canterbury, Long term CPAP therapy. Viewed 21 May 2025.

Non-regulatory health screening and health awareness

The TA 25 medical standards workshop identified driver education about health issues as a key issue, with participants telling us that—

> Driver could be more informed about other pathways and education for what you can do to prevent before it gets too bad that you lose your licence.
>
> Need to market to drivers encourage/educate benefits of understanding screening and advise that they conditions are manageable and will/may not lead to loss of licence.

The ATA considers that non-regulatory health screening should be part of the modified option C we are proposing.

Healthy Heads in Trucks and Sheds currently offers health screenings via its Road Show program. The program is funded entirely by industry.

Last year, the program delivered more than 350 health screenings from its custom-made medium rigid truck on the road at service stations and at warehouses and distribution centres.

The screenings are completed by nurses and exercise physiologists, and include blood glucose, cholesterol, blood pressure, hip to waist ratio, discussions regarding injury management and care, mental health and nutrition.

These health screenings have an important role in education and in helping drivers gain early insights into potential health risks before they affect their ability to pass their driver medical.

Recommendation 7

To support the implementation of option C, the Australian Government should provide Healthy Heads in Trucks and Sheds with $1 million per year over four years to—

- deliver 4,000 health screenings per year (16,000 in total), and
- support the distribution of health awareness resources, including mental health resources, to 10,000 drivers per year (40,000 in total).

RECONCILIATION OF NTC QUESTIONS AND THIS SUBMISSION

NTC question	Submission reference
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?	Pages 2-4.
7. What are your views on whether any of these initiatives should be supported or expanded to promote driver health?	Pages 10-11 and recommendation 4; page 13 and recommendation 7.
8. What are your views on how any of these initiatives might integrate with improved health screening for commercial vehicle drivers?	Page 13 and recommendation 7.
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.	Pages 6-7.
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?	Pages 9-10 and recommendation 3; pages 11-12 and recommendations 5-6.
12. Do you have any alternative options to those presented?	Pages 8-13 and recommendations 2-7.

FEEDBACK FROM THE TA 25 MEDICAL STANDARDS WORKSHOP WEDNESDAY 30 APRIL 2025

1. Health Issues Impacting the commercial vehicle industry and the role of health assessments

We want to better understand the health issues facing commercial vehicle drivers. What have you seen, experienced, or heard about in terms of the impact of health conditions in general and the specific conditions this project is concerned with? What are your views on the role of health assessments for commercial vehicle drivers?

- What do you feel are the main health risks and health problems for drivers?
- How do these manifest in the workplace and in the lives of drivers?
- What are the barriers to improving the health status of commercial vehicle drivers?
- In your experience, are regular health assessments a useful strategy for addressing health issues for commercial drivers?
- In your experience, what is working well and what is not working well regarding commercial vehicle health assessments?
- What other support and resources does the commercial vehicle industry need to facilitate health assessment implementation?

Responses

- BFM seems like a tick and flick
- Declaring medical conditions is detrimental to their job
- Pathway to sleep apnoea test without the doctor
- Need to be pathway to get better rather than lose licence
- Need assurances it's about managing health rather than losing licence
- Huge risk of screening and cost to drivers, who pays for this?
- Drug driving is a priority for industry and should be addressed
- Mandatory medical assessments for all commercial vehicle drivers, blanket across industry
- Drivers become legally bound to declare by legislation
- Drs need to be more flexible for appointments with commercial vehicle drivers
- Mobile clinics at major truck stops
- Collaborate with Healthy Heads in Trucks and Sheds
- Include index in AFTD to assist drivers and GPs quickly reference areas of concern
- Concern about businesses in accreditation having to meet higher standard than those who aren't in a scheme
- Consider how to keep drivers working while waiting for testing
- Inconsistent medical expiry dates across juros and schemes
- Regular medicals can reduce but not eliminate risks
- Would it reduce driver pool or encourage more to join?
- Walking groups established at rest areas
- Educate young drivers to build awareness.

2. Benefits and limitations of proposed screening approaches (options B and C)

Getting specific now about the potential changes to improve health screening, what do you think of the screening for heart disease, diabetes and sleep disorders as mentioned in the presentation?

- Do you think that the proposed screening for heart attacks, diabetes and sleep disorders can help improve driver health?
- How could screening be implemented? As part of routine assessments? Through driver's GP, through mobile Health Hubs (such as Healthy Heads)?
- Do you foresee any negative impacts for drivers and operators (such as availability and access to health care services, cost of medical and specialist care, inability to drive while going through investigations)? How can these be overcome?
- How can TruckSafe, other accreditation bodies, NTC and Austroads better support driver health?
- In your experience, what other approaches/interventions are effective in improving driver health and how might they integrate with screening initiatives?

Responses

- Skin checks for melanoma
- Mental health needs greater focus
- Overall process needs to be simplified
- If medicals were mandatory for licensing, most conditions would be better managed
- Only work if Drs do the right thing and understand implication of health to driving
- Driver could be more informed about other pathways and education for what you can do to prevent before it gets too bad that you lose your licence
- Cultural safety aspect, they need to make health and safety a priority for driver health
- Discussion around collaboration with other businesses to promote healthier lifestyle, e.g. Ampol deal to fill petrol and get healthy portion control meal
- Support Options C but mindful of limitations to access GPs (time and remoteness) and increased costs to business and driver
- Need to market to drivers encourage/educate benefits of understanding screening and advise that they conditions are manageable and will/may not lead to loss of licence
- Truck Show awareness session
- No rest areas in Sydney, especially for dangerous goods
- Employer does not see results (Chain of responsibility issue)
- Is step 1 option B, review and then consider option C?
- Need home based sleep studies
- Availability of GPs outside standard working hours
- Inconsistent requirements across juros needs to be considered.