



NTC Review: Improving Health Screening for Heavy Vehicle Drivers

Submission by the Bus Industry Confederation & Australian Public Transport Industrial Association

May 2025



Contents

The Bus Industry Confederation & Australian Public Transport Industrial Association.....	3
Definitions.....	4
Background.....	5
Understanding the commercial vehicle industry, health impacts and road safety.....	6
Question 1.....	6
Question 2.....	7
Role of AFTD in supporting medical fitness of commercial vehicle drivers.....	9
Question 3.....	9
Case Study: CPAP Machines.....	9
Case Study: Diabetes Management for School Bus Drivers.....	10
Cardiovascular disease, diabetes and sleep disorders in commercial vehicle drivers.....	11
Question 4.....	11
Case Study: Nine Months Off Work and \$2,500 in Medical Costs.....	11
Other initiatives to support improved driver health assessments.....	12
Question 5.....	12
Case Study: Eye Monitoring Technology.....	12
Question 6.....	13
Question 7.....	13
Question 8.....	13
Potential options to improve screening of cardiovascular disease, diabetes and sleep disorders.....	14
Question 9.....	14
Case Study: Decision Making Gaps.....	14
Question 10.....	15
Case Study: Reporting to Driver Authorities.....	15
Question 11.....	16
Question 12.....	18
Summary & Recommendations.....	21
Attachments.....	22
References.....	23

The Bus Industry Confederation & Australian Public Transport Industrial Association

The Bus Industry Confederation (BIC) is the national peak body for the Australian Bus and Coach Industry. We represent bus and coach operators, body, chassis and complete bus manufacturers and suppliers, parts and service providers, professional services, and state bus associations on issues of national importance.

The BIC advocates on behalf of our members to federal, state and territory governments and associated bodies, to ensure the safe and efficient carriage of passengers, along with safe and sustainable operations and supply chains that support the industry.

The Australian Public Transport Industrial Association is the industrial arm of the BIC, with nation-wide membership spanning all state associations, public and urban transport operators.

The state associations are:

- BusNSW
- BusVic
- QBIC
- TasBus
- BusSA
- BusWA

Definitions

AFTD	Assessing Fitness to Drive
APTIA	Australian Public Transport Industrial Association
BIC	Bus Industry Confederation
Discussion Paper	<i>Improving health screening for commercial vehicle drivers: discussion paper</i>
Driver	A commercial bus driver.
Health	In this paper represents both mental and physical health.
NTC	National Transport Commission
Operator	An organisation (public or private) who provides bus services as part of a contract or for charter.

Background

The Bus Industry Confederation (BIC) and the Australian Public Transport Industrial Association (APTIA) welcome the opportunity to provide feedback to the National Transport Commission (NTC) on their *Improving health screening for commercial vehicle drivers: discussion paper* (discussion paper).

Throughout the consultation period we held two roundtable sessions with around 45 industry participants, representing:

- every state and territory in Australia,
- small, medium and large operators,
- local and international organisations,
- private and public operators,
- school, long distance, urban route and mining operations
- metropolitan, regional and rural operators, and
- state industry associations.

We would like to acknowledge the harrowing and tragic circumstances surrounding recent major incidents involving buses, including that which led to the production of this discussion paper. The industry strives to improve the safety of their drivers, passengers and the public.

The industry strongly advocates for the existing parameters within the Assessing Fitness to Drive (AFTD) to be nationally harmonised and strengthened, with more consistency in assessing against these standards adopted by medical professionals, and more transparency between the driver authorities and operators. This is irrespective of the level of intervention or testing adopted as result of this process.

Within the existing health screening regime, access to medical professionals, especially in regional and rural areas, impacts operators' ability to recruit and retain drivers. These issues were raised by operators repeatedly throughout the consultation period. Without careful consideration, any increased testing will have a serious impact on the recruitment and retention of our drivers and our ability to service our contracts across all facets of the industry.

Introducing more stringent health screening measures for bus drivers will be costly for both drivers and operators, both in the costs of medical intervention and the cost of being off work awaiting medical clearance. These costs financially and commercially are currently being borne by the driver and operator.

In considering the options presented, the industry is unable to support Option C without more robust work undertaken to explore a comprehensive action plan, pilot testing and a cost-benefit analysis.

The industry calls on the NTC to explore opportunities for improvement within the existing health screening parameters without the need for additional, costly and invasive testing for bus drivers and operators. Option B provides opportunities for more consistent and comprehensive driver health screening, and we would welcome further opportunities to be involved in any project designed to deliver such outcomes.

Understanding the commercial vehicle industry, health impacts and road safety

Question 1

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

As highlighted in the discussion paper, the average age of the industry's workforce is 58 years compared to an Australia average of 39 years across all industries, with the average age increasing in regional and rural areas. The bus and coach industry also experiences poor gender diversity with 12% female participation.¹ These factors are a significant contributor to age and chronic health conditions.

Internal research has shown that the biggest risk to our drivers' health and safety are a range of other factors that directly impact on driver health, including violence and antisocial behaviour by passengers, workplace stress and burnout, and a general feeling of being undervalued and unappreciated²

Across the 120 plus hours of face-to-face interviews undertaken for this project the top three causes of low job satisfaction that directly impacts on recruitment and retention of staff are:		
<p>The challenging work conditions that included:</p> <ul style="list-style-type: none"> • Unachievable scheduling/split shifts • Poor workplace facilities/amenities • Disrespect/violence/antisocial behaviour of passengers 	<p>The constant workplace stress and burnout due to the psychosocial hazards of lack of autonomy, micromanagement, and pressure to meet operators contractual Key Performance indicators (KPIs)</p>	<p>The general feeling of being undervalued and unappreciated by both the community and the operator's management team</p>

Table 1 health impacts on recruitment and retention of bus drivers

Around 90% of all bus operators across the country operate bus services under a service contract with their state regulator. Service contracts, irrespective of size, are periodically renewed via a competitive tender or negotiated process. The remaining 10% are charter and tourism coach operators who have no or limited contractual relationship with Government contracts.

State contracts are poorly designed, containing flawed procurement processes and inappropriate, inefficient contract management techniques by state bureaucrats which leads to downward pressure being placed on operators and their drivers. These factors lead to a range of conditions that contribute to poorer health outcomes.

State contracts are set up to seven years in arrears and based on a cost base at the time, with limited opportunity to renegotiate additional costs such as new health regimes testing or new charges levies from state or federal governments. The recent move away

¹ Bus Industry Confederation and Australian Public Transport Industrial Association, July 2024, *Riding on the same bus: Policy Manifesto* p 4.

² Ibid.

from full fares to 50 cent fares in QLD means that public transport now is totally reliant on Government subsidies and is therefore an additional cost to taxpayers.

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?

General Health Status & Priority Areas

In addition to the health conditions covered by the discussion paper, the industry maintains a key focus on the following aspects of driver health and risks under the broad umbrella of Fitness for Duty. This includes:

- drug and alcohol screening through regular and for-cause testing
- fatigue management through daily sign-on procedures and technological screening
- adequate rest stops and driver facilities through advocacy on improving access to rest facilities
- rostering and split shift management by adhering to NHVR requirements.

Furthermore, one of the most prevalent chronic health issues that operators manage within their operations is overweight and obesity³. Not only does this link directly to the three main health areas identified in the discussion paper but it has other impacts on driver fitness for work such as drivers' seats being rated to only 130kg, musculoskeletal issues and increased risk of injury. The sedentary nature of the driver's job and other factors such as split shifts, long commute times and a lack of access to healthy, convenient and nutritious food all contribute to the issue of driver health.

Risks for Commercial Drivers

The NTC discussion paper acknowledges 'during the 12 months to the end of June 2024, 176 people died in crashes involving heavy trucks, and 15 people died in crashes involving buses'.⁴ However, it does not consider options that might address the gap in testing for commercial vehicle drivers outside of the passenger vehicle industry (with the exception of dangerous goods drivers).

Likewise, according to an ABC News article 56 per cent of drivers aged 60-69 involved in crashes resulting in life lost or serious injury were responsible, drivers aged 70-79 were responsible in 73 per cent of cases and drivers aged 80 years and over were responsible in 79 per cent of cases".⁵

It is important, therefore, to note the disparate risk profile of the truck and bus industry and recognise the risk profile of private vehicle drivers. Applying onerous regulation to both industries fail to recognise the clear differences in their safety records and

³ Brodie A, Pavey T, Newton C, Sendall MC. Australian bus drivers' modifiable and contextual risk factors for chronic disease: A workplace study. PLoS One. 2021 Jul 29;16(7):e0255225. doi: 10.1371/journal.pone.0255225. PMID: 34324584; PMCID: PMC8321218.

⁴ National Transport Commission, *Improving health screening for commercial vehicle drivers*, Discussion Paper, March 2025.

⁵ Australian Broadcasting Commission (3 December 2024) <https://www.abc.net.au/news/2024-12-03/challenges-of-driving-for-older-road-users/104591492> Written by Daniel Keane.

operational circumstances. It also serves to divert resources away from where they are most needed.

Bus drivers already undergo far stricter and more rigorous medical testing in the form of the relevant state driver authority schemes prior to being permitted to drive, than their fellow commercial heavy vehicle drivers. Options to explore changes to licencing criteria outside of passenger driver authorities should be considered as step change between option B & C.

Role of AFTD in supporting medical fitness of commercial vehicle drivers

Question 3

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

State-based driver authorities for passenger vehicle drivers are adopted across Australia, referring to the AFTD for assessment criteria.

The BusNSW submission (Attachment 1) contains a comprehensive review of the NSW Bus Driver Authority Scheme. As pointed out in the BusNSW Submission, in addition to the AFTD guidelines, medical obligations for NSW bus drivers sit in separate legislation to other heavy vehicle driver medical obligations.⁶

In the NSW framework, both drivers and operators have an obligation to report to Transport for NSW (TfNSW) within 48 hours of becoming aware of a change in their physical or mental condition that may affect their ability to drive.

Within the existing driver authority framework, there are significant issues with the current emphasis on the self-reporting of medical issues. Many drivers are ill equipped to self-diagnose and may not fully understand or recognise early symptoms.

Industry and the broader community cannot afford to rely on a voluntary model that increases risk exposure while limiting the ability to proactively manage health and safety. If a medically unfit driver causes an accident, industry faces the real risk of potential litigation and lasting reputational damage.

Whilst the introduction of mandatory testing, in line with Option C in the discussion paper, may provide a solution for this issue, the industry believes that medical professionals are trained and equipped to identify health issues through observation, ie: overweight & obesity, or targeted questioning.

Case Study: CPAP Machines

In **Tasmania** an operator reports of a driver, who through a medical screening process, was diagnosed with sleep apnoea.

The driver was resistant to the diagnosis and after a short period the CPAP machine returned. In this instance, the GP reported non-compliance with sleep apnoea management. The operator was left with no option but to discontinue with the driver's employment.

In this case, the GP reported the issue, however other operators revealed that they too had cases of employees returning CPAP machines. Neither the employee nor the doctor reporting the issue.

⁶ See: Passenger Transport Act 2014 and Passenger Transport (General) Regulation 2017; and Road Transport (Driver Licensing) Regulation 2000.

Current impacts on recruitment & retention

The bus and coach industry is already facing significant driver shortages, impacting on its ability to deliver on operational objectives. The industry is on a precipice, with an aged workforce and unreasonable contractual abatements that places constant and arbitrary pressure on drivers to comply with timetabling demands. We can look to Japan to see the real effects of driver shortages where operators are closing routes due to a lack of drivers with an estimated shortage of 36,000 by 2030.⁷

Health assessments based on the existing AFTD guidelines impact on recruitment across regional, rural and metropolitan operators. Medical assessments requiring follow up with specialists create a further roadblock during the recruitment process. Often, if referral to a specialist is required, this will result in an applicant opting out of becoming a driver.

If prospective employees have a choice between driving a bus and working at a retail hardware store for example, – the main competitor for our target recruits, especially in regional areas, then they are going to opt to work at that store as there is no invasive testing and the pay is roughly the same.

More and more drivers are choosing to turn away from participating in the industry after being referred for sleep apnoea tests. They are cost heavy, and there is still a level of shame or stigma associated with a diagnosis and the use of CPAP machines (See Case Study: CPAP Machines).

Similarly, existing employees, especially casuals or those who have fully exhausted their leave accruals, find it difficult to justify significant time off work as a result of delays to specialist appointments and or difficulty in obtaining medical clearance to drive. Furthermore, attempts by operators to plan ahead are thwarted by a lack of access to specialists and lengthy delays in obtaining outcomes.

Case Study: Diabetes Management for School Bus Drivers

In **New South Wales** a driver was referred for ongoing management of Diabetes prior to being provided a clearance to drive. It took the driver three months to see a specialist.

School bus drivers are generally casual drivers who aren't working for the need of money. With these sorts of waits and the stress of health screening, they won't wait around.

As a result, bus drivers are leaving, resulting in further driver shortages. In regional and rural areas of Australia the operators are simply unable to find the staff to replace leaving drivers. This results in runs not occurring with financial and commercial impacts for the operators.

⁷ Japan News (6 October 2023), Bus Companies Suffering Shortage of Drivers in Japan
<https://japannews.yomiuri.co.jp/business/companies/20231006-141241/> Itaru Koshimura and Takahiro Tatsumi.

Cardiovascular disease, diabetes and sleep disorders in commercial vehicle drivers

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?

The BIC and APTIA would advocate for any screening approaches that might limit the delay in access to GPs and specialists. This is a key consideration for regional and rural operators who are currently seeking other options for testing to help manage and reduce timeframes, to reduce barriers and impact on drivers.

Within this, we believe that there may also be opportunities to explore telehealth options and / or specific bodies that undertake AFTD assessments.

Case Study: Nine Months Off Work and \$2,500 in Medical Costs

In **Western Australia** an 86-year-old driver was asked to go for a medical test as part of his assessment to drive. As a result, an issue was raised which required specialist attention.

Nine months later, due to an inability to get timely and appropriate appointments and a lack of decision making by medical professionals, this casual driver has spent upwards of \$2,500 on medical appointments.

Unfortunately, the operator is not in the position to pay for these medical costs or pay for the driver to be off work.

Whilst this is ongoing, the driver has already passed other assessments, and the operator is facing massive scrutiny from the union.

Other initiatives to support improved driver health assessments

Question 5

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

The BIC is at the forefront of bus safety. In our 2023 Bus Safety Initiatives paper, BIC supported the introduction of Driver Drowsiness/Distraction and Attention Warning Systems (DDAW). Such systems are available now and we continue to support government initiatives to facilitate and / or fund retro fitment of such systems into existing vehicles.

Since the release of the 2023 paper, the United Nations have developed a draft regulation for the inclusion of DDAW in vehicles. The working group developing this is chaired by Australian Dr. Linda Rasmussen from DITRDCA Vehicle Standards division. The intention is the draft regulation will mandate fitment into all cars and trucks with a maximum speed above 70kph. Whilst timeframes yet to be advised, some of our members have already adopted this technology in their vehicles.

Again, the cost of this technology is not limited to static purchase and installation costs. Operators who have installed this technology often provide additional leave to drivers where they are captured by the system in a sleep / drowsiness risk pattern.

In saying that, there is no dispute that DDAW systems have a high potential of saving lives on Australian roads. In the EU they have predicted that such technology, including autonomous breaking and collision avoidance technology, could potentially prevent 16.9% of all fatal and serious injuries.

Case Study: Eye Monitoring Technology

A **long-distance charter** company installed the *Guardian System* into their vehicles to pick up on driver drowsiness. They have reported a small number of instances where the system has flagged a drowsiness episode.

The company has robust policies and procedures for managing such events, including codes for call out to roadside driver swaps so as not to alarm passengers.

They also have in place a policy that pays the driver for a fixed period (the example provided by another operator was 2 weeks), irrespective of whether they are casual or permanent whilst the condition was being assessed by medical professionals.

The operator reported that impacted drivers did find this confronting, but they feel that this is a proportionate response to driver fatigue.

Question 6

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

Throughout the consultation period, we focused primarily on the proposed options and outcomes of changes to the AFTD.

We would like to strongly emphasise that a lack of focus on pre-existing driver health initiatives in this paper is not a reflection of how hard the industry is working to improve conditions for drivers.

As an example, some operators provide gyms or discounted gym memberships and recreational activities to engage workers during split shift periods. Meanwhile, others have placed healthier food options in depots and explored options to get their employees moving through health challenges and other initiatives.

Question 7

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

Preventative measures such as exercise and diet are key to reducing the impact of cardiovascular disease, diabetes and sleep disorders.

Should further information be required, we would be happy to present a supplementary submission.

Question 8

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

As above,

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

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.

Existing medical screening required as part of obtaining a driver authority places the bus industry in a unique position to advise on the benefits, costs, barriers and limitations of the proposed health screening for the entire commercial heavy vehicle driver cohort. The information here is used to assist the reviewers to understand the existing costs, barriers and limitations within the existing driver authority screening framework and can also be considered when assessing potential implications for mandatory testing across all commercial heavy vehicle drivers.

Please also refer to Question 3 regarding current applications of AFTD standards, Question 10 regarding supportive measures to rolling out Option B, and the case studies throughout.

Management of Cost

Reducing risk is very important but the cost of medical screening is often prohibitive. Initial driver health screening costs are covered by operators, with any additional costs generally borne by the candidate or employee. In the case of ongoing management of health conditions for existing employees there is a balancing act between who will bear the cost and keeping an employee engaged. This is the reality for many operators. In some instances, larger employers will cover the cost or provide extra leave provisions. However, this cannot be accommodated by all operators and in all instances.

Many larger operators undertake additional pre-employment assessments. Usually these are used to identify any pre-existing conditions that may prevent a candidate from undertaking the inherent requirements of the role and to provide a baseline in the event of an injury at work.

For country school bus operators if the operator doesn't pay for medical assessments, they simply cannot get the staff required. However, the issue of affordability for all parties becomes a real issue when specialist reviews and time off work is required.

Operators advised that they tend to work with drivers on health-related issues as long as the doctors can provide a pathway. However, one of the frustrations is the lack of clear guidance by doctors when trying to return a driver to duty.

Case Study: Decision Making Gaps

In **Western Australia**, an operator tells of their experience trying to make health assessments more efficient and comfortable for their drivers by engaging with a private health clinic to undertake medical screening.

Instead of experiencing a smoother process, private health clinics are reluctant to make a determination regarding a person's fitness to drive. Instead, they are referred back to their GP.

In this example, the GP decided that there were no issues with the driver and cleared them to drive, despite flags being raised at the private assessment.

This then leaves the operator in a void, bearing all of the risk.

Question 10

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

Mandatory reporting of health conditions at all levels, by drivers, health practitioners and operators to driver licencing authorities is a must. Likewise, driver licencing authorities must have clear timeframes in which they must suspend, cancel or place conditions on licences which is then communicated with the employer.

Throughout, it has been identified that medical professionals are inconsistent in their approach to assessing fitness to drive. An education campaign aimed at medical professionals, alerting them to the health requirements under AFTD would be welcome.

In our roundtable discussions, some operators expressed frustration at reporting relevant health conditions to the authorities, only for it to be ignored and / or the operator having no clear information as to whether the licence is still valid. In some cases, this has led to drivers remaining on the road when prompt action and clear communication by the authority would have prevented them from driving.

Clear education and guidance on obligations to report to driver licencing authorities with a harmonised approach adopted by all licencing authorities and general practitioners. Like the resources sector, industry could develop a prescriptive set of processes aimed at GP's in either option A or B to clarify what is expected and their obligation to report. The industry would be open to developing guidelines in conjunction with the RACGP

Case Study: Reporting to Driver Authorities

A **metropolitan route service** provider reported an instance where they became aware of a medical issue that could impact an employee's ability to drive.

The operator advised that despite reporting this to the relevant driver authority, they were unable to find out if the driver still held a full or conditional driver authority.

They also became aware that the driver's GP had not reported the issue. As a result, the operator was left exposed. With strong union presence, they were unable to stand the driver down from duty as they had no clear guidance whether the authority had been revoked.

State and territory licencing authorities should have clear mandates regarding the dissemination of information to relevant parties to ensure that operators are not left carrying the risk.

Self-Reporting

As identified throughout this paper, and in the discussion paper, self-reporting of medical conditions poses a real risk to accurate and consistent medical assessments. Improvements in this area without additional testing would be welcomed by the industry.

Results Management

Results management is an important aspect of any improvement to the current standards. The obligations on medical professionals to report need to be an important part of this.

Better Education

Industry would like more clarification regarding the update to forms in alignment with the current AFTD standards. Furthermore, there should be clear guidelines regarding what training will be undertaken with Operators with any new forms.

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?

Given the significant difficulties operators already face in locating skilled workers, options C would be unwelcome, particularly in regional areas where skill shortages are acute. However, the paper will now consider in turn any potential benefits, costs, barriers and limitations, referring to previous answers, where necessary.

Benefits

There are limited benefits to be realised in adopting increased screening measures. It would be remiss not to include these alternative opinions in this submission. However, it must be noted that the benefits highlighted below were not the predominant view of industry. Likewise, those that expressed this view recognised that improvements to the existing model could result in similar safety outcomes.

Increased screening *could* make it simpler to make decision regarding assessing fitness for driving. This is particularly important when operators take on additional pre-employment screening. However, improvements in the consistency of screening as detailed throughout this paper would all but mitigate the effects of increased screening.

Those who have been unfortunate enough to be involved in a coroner's review, surmised that increased screening may assisted in major incident management and the coroner's process. Increased screening may also improve the situation when it comes to reduction in risk / incidents, however a cost-benefit analysis would need to be undertaken to assess the real impacts of such an increase.

Operators in better financial position have found that drivers are generally are more grateful for preventative / rehab feedback / support when they have adequate access to paid time off work. Some operators have generous sick leave provisions; however, these do not apply to casual driver except where previously mentioned.

This could provide an opportunity to promote the values of the industry and to see us as a career opportunity that promotes health and wellbeing in order to ensure longevity where the issues being assessed in are reflective of a cross section of the more general population.

Whilst the current messaging is not clear or specific, increase screening could be positive if framed in the right way. As it stands the increase to health screening as encapsulated in the discussion paper has been viewed as negative, onerous and disproportionate.

Costs

Significantly, despite the differences between smaller and larger operators, route and long-distance travel, and metro, regional and rural geographic locations, there is a consistent message from industry. Who will bear the cost? Who bears the cost of testing and any subsequent time off work when appointments, results and referrals are delayed through no fault of the driver or operator?

Much of the discussion paper refers to train drivers. The train driver experience is not reflective of the passenger transport industry on the basis that only government runs trains, essentially self-fund all medical assessments payments and processes

Throughout this paper we have already provided examples of the financial, commercial and emotional costs of the existing testing. With reports of medical assessments in the thousands of dollars and time off work stretching out to nine months and more.

It is important to also consider the likely impact on recruitment and retention of Option C. Industry has informed us that the prospect of more onerous and invasive medical screening could serve as a strong disincentive to prospective workers.

The indirect cost of failure to meet contractual obligations due to driver shortage is a real and present issue amongst all operators. A reduction between 10-25% of the workforce would pose significant financial risk to operators who are already struggling under the weight of driver shortages and difficult contractual conditions. As intimated previously, one of the major causes of these shortages are state government contractor operator performance and KPI & abatement measures which put unnecessary pressure on operators and drivers.

Barriers

The universal message from industry is that the current medical system is not equipped properly to cope with managing existing requirements to driver health screening for bus driver authorities.

Again, this paper has demonstrated the existing barriers to accessing timely consistent and affordable health professionals. An increase to testing would only exacerbate this situation. So far there has been no demonstration that the health industry would be capable of meeting this extra demand, despite the preventative nature of such interventions being realised in lower medical costs down the track.

Limitations

The industry has shown limited support for the adoption of Option C in any category. Whilst industry acknowledges the importance of improved health screening in better safety outcomes for all road users, there are significant gaps in the proposed framework that need to be addressed before the industry can support this proposal.

If Option C is considered there would need to be a graduated approach to implementation with the use of pilot studies or areas prior to national roll out.

Unfortunately, there were few positive examples from operators regarding existing medical screening in line with state-based driver authority schemes. Medical testing is very emotive and puts strain on the driver's family and up the chain within organisations. One operator reported that the stress of testing has a huge impact from a mental health position, advising that any increase in health screening made them anxious. A feeling echoed by fellow operators.

More Clarity Required

Throughout, roundtable participants highlighted that no real action was created in the discussion paper. They surmise that a clear action plan and with stages roll out might convince industry that there is real benefit to an increase in screening. Without this, it makes it difficult to see past the issues being raised.

Any developments to this discussion paper should contemplate what support measures would be put in place for the roll out of increased standards. Considering how would those in regional and rural areas cope with the new standards given the existing difficulties in accessing the appropriate specialists and consistent medical advice.

Overall, there needs to be more information regarding impacts of conditional licencing as a result of any increase to medical testing and / or revised guidelines for medical professionals. Furthermore, direct consultation with key stakeholders is imperative to the improvement of the existing model and any changes therein. The industry is not convinced that in its current state the medical system is able to fully support medical practitioners to manage existing requirements, let alone an increase to testing. Further information is required as to how they would manage an increase in appointments and assessment requirements.

Question 12

Do you have any alternative options to those presented?

We cannot emphasise enough that education for GPs is a critical pathway to realising the full potential of the existing system. Doctors must be educated to ensure consistency across testing and assessments. Please find to follow further recommendations by the industry to the options already presented in the discussion paper.

Harmonisation of Mandatory Reporting & Independent Bodies for Review

As mentioned previously, harmonisation of mandatory reporting by medical professionals across all jurisdictions would have a significant impact on driver and operator ability to plan, prepare and inform.

In our 2023 *Bus Safety Initiatives Paper*, the BIC recommended investigating the feasibility of the establishment of a national heavy vehicle licencing authority similar to the AHPRA to ensure that there is a transparent level of professional validated information to assess a driver's competency prior to employment.⁸

Likewise, keeping in mind relevant privacy issues, there should be some sort of safeguard to ensure that drivers with existing health conditions are not slipping through the net. Such a system needs to be independently administered with clear guidelines regarding privacy, transparency and obligations on reporting. An option here would be to set up a specific body to review and undertake assessments.

A Risk Based Approach

Operators, especially those in regional and rural areas, proposed a risk-based approach regarding health conditions and work type and length completed. In the South Australia Department of Education submission, they highlight key differences between long haul drivers and their school bus drivers who generally work on a split shift basis where driving tasks generally do not exceed 1 hour 30 minutes per engagement. They advocate against a rigid, one size fits all approach to driver assessment. Instead, proposing that where possible, health and fitness risk assessments should factor in aspects such as the seriousness of the condition, and time a driver spends driving a heavy vehicle.⁹

Whilst this approach was not universally accepted by the roundtable participants, the BIC and APTIA believe there is merit in exploring the level of risk associated with different shift lengths and operations.

Levelling the Playing Field

The discussion paper does not contemplate bringing other commercial drivers up to the same standards as bus drivers before imposing more onerous testing on those already being regularly tested.

This could involve a review of the current driver authority guidelines with the view to adopt them for other non-bus drivers. This would still be a significant improvement for the heavy vehicle driver industry as a collective but would have flow on effects with the addition of 200,000 drivers into the health system. Again, this would need to be carefully assessed and managed in line with the other recommendations in this paper.

⁸ Bus Industry Confederation, *Bus Safety Initiatives Paper*, March 2023, p 13.

⁹ Government of South Australia, Department of Education: Impact analysis and feedback to National Transport Commission - Improving health screening for commercial vehicle drivers, May 2025 p 1-2.

Reviewing Rail Standards

With the introduction of the rail health screening standards, there were direct parallels between outcomes of increased testing and driver recruitment and retention. With the sheer number of operators and drivers, we suspect that the introduction of rail-standard-type health screening would be more consequential.

As such we recommend that an analysis be undertaken to see if we could extrapolate the findings of a review into the introduction of rail screening into the road transport sector.

This might give an indication as to how the governing body would stage the implementation of any changes to health screening. We surmise that the consequences be significant. For example, in rail the government is the employer with funding for screening coming through taxes or the like. If you compare this to the bus and coach industry, there are 950 operators in NSW alone. The cost and management of such testing is therefore likely to be significantly more difficult to manage and appropriately fund.

Summary & Recommendations

We strongly support the development and implementation of a health screening framework that strikes a fair balance between improved safety outcomes and the operational realities faced by drivers and bus operators, particularly in regional and rural areas. Any reform should be carefully considered and planned with clear and achievable actions.

- RECOMMENDATION 1** Harmonise mandatory reporting of medical conditions by health professionals to driver licencing authorities.
- RECOMMENDATION 2** Driver licencing authorities must have clear timeframes in which they must suspend, cancel or place conditions on licences which is then communicated with the employer.
- RECOMMENDATION 3** An education campaign aimed at medical professionals, alerting them to the health requirements under AFTD to provide enhanced standardisation and consistency across testing outcomes.
- RECOMMENDATION 4** Improve access to specialists and reduce waiting times especially in regional and rural areas through investigating alternatives to assessment and follow-up. This could include independent bodies or improvements to telehealth options.
- RECOMMENDATION 5** Adopt a risk-based approach to driver health screening. Any changes should be proportional and carefully analysed against benefits prior to implementation.
- RECOMMENDATION 6** Clearly identify an action plan for any changes to driver health screening with pilot options and a staged roll-out to identify any unintended consequences.
- RECOMMENDATION 7** Any costs associated with increased screening should be clearly identified with recommendations for who should bear this cost and how the system could be implemented.
- RECOMMENDATION 8** Review existing passenger vehicle driver authority medical regime against a broader mass of commercial drivers.

Attachments

1. BusNSW, *NTC Review: Improving Health Screening for Heavy Vehicle Drivers* Submission, 2 May 2025.
2. Government of South Australia, *Department of Education: Impact analysis and feedback to National Transport Commission - Improving health screening for commercial vehicle drivers*, May 2025.
3. Queensland Bus Industry Council *Letter of Support* May 2025.
4. Transport for NSW, *Medical Assessment for Public Passenger Vehicle Drivers* Form.

References

- Australian Broadcasting Commission (3 December 2024)
<https://www.abc.net.au/news/2024-12-03/challenges-of-driving-for-older-road-users/104591492> Daniel Keane
- Brodie A, Pavey T, Newton C, Sendall MC. *Australian bus drivers' modifiable and contextual risk factors for chronic disease: A workplace study*. PLoS One. 2021 Jul 29;16(7):e0255225. doi: 10.1371/journal.pone.0255225. PMID: 34324584; PMCID: PMC8321218
- Bus Industry Confederation and Australian Public Transport Industrial Association, July 2024, *Riding on the same bus: Policy Manifesto*
- Bus Industry Confederation, *Bus Safety Initiatives Paper*, March 2023.
- Government of South Australia, Department of Education: Impact analysis and feedback to National Transport Commission - Improving health screening for commercial vehicle drivers, May 2025
- Japan News (6 October 2023), Bus Companies Suffering Shortage of Drivers in Japan
<https://japannews.yomiuri.co.jp/business/companies/20231006-141241/> Itaru Koshimura and Takahiro Tatsumi.
- National Transport Commission, *Improving health screening for commercial vehicle drivers*, Discussion Paper, March 2025
- Passenger Transport (General) Regulation 2017; and Road Transport (Driver Licensing) Regulation 2000
- Passenger Transport Act 2014