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9 May 2025

Josie Thomas
Principal Policy Advisor
National Transport Commission
Improving health screening for commercial vehicle drivers - Discussion paper
Level 3, 600 Bourke Street
Melbourne VIC 3000
Via email: jthomas@ntc.gov.au

Dear Ms Thomas,

Re: Improving health screening for commercial vehicle drivers - Discussion paper

The Royal Australian College of General Practitioners (RACGP) thanks the National Transport Commission (NTC) for the opportunity to provide comment on the *Improving health screening for commercial vehicle drivers - Discussion paper*. The RACGP is the peak body representing Australia's 50,000 general practitioners (GPs). For more than 60 years, we've supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

1. The role of the GP in assessing fitness to drive

GPs regularly undertake fitness to drive assessments for their patients for various reasons, including assessments relating to age, health conditions and for commercial drivers. GPs also have a role in the ongoing care of commercial drivers who develop diabetes, cardiovascular disease or sleep apnoea, or who may be diagnosed with conditions which are not part of this discussion paper. GPs also care for drivers who are involved in accidents or are injured and are returning to work.

Fitness to drive advice is provided in the RACGP aged care clinical guide (the Silver book), Guidelines for preventive activities in general practice (Red book), and Management of type 2 diabetes: a handbook for general practice. The Austroads standards Assessing Fitness to Drive (AFTD) is recognised as an RACGP Accepted Clinical Resource.

2. Options for driver health screening

Of the options outlined in the consultation document, the RACGP agrees with *Option B: improved implementation*. We provide further context and comment on relevant consultation questions below.

3. Responses to consultation questions

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

No comment.

- **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?**

Medicinal cannabis
The use of medicinal cannabis is an emerging area in assessing fitness to drive. Medicinal cannabis products have been found to increase the risk of short-term adverse effects such as disorientation, dizziness, euphoria, confusion, among others.[1] As per TGA guidelines, patients who are being treated with medicinal cannabis should be advised that they will not be able to drive.[2]

There is currently no test that can quantify accident risk for drivers who take medicinal cannabis. The AFTD for commercial and private vehicle drivers document should include this information. Applications to the Therapeutic Goods Administration (TGA) to prescribe medicinal cannabis for patients should exclude those people who hold an active commercial vehicle licence and intent to drive.

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

No comment.

- **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?**

    - **Section 4.2.5 Screening approaches for cardiovascular disease – evidence and application (page 52)**

As noted in the text of the discussion paper, the use of the Australian Cardiovascular Disease (CVD) Risk Calculator should only be applied in the age ranges that it has been designed for. To make this clear in the AFTD, a second subheading should be included for younger commercial drivers. The RACGP Red book states *screening for hypertension in the general population (from age 18 years) is recommended to be done opportunistically. Secondary causes and white coat hypertension should be considered.*[3] For these younger commercial drivers, a blood pressure check would be reasonable with each renewal.

The discussion paper notes that CVD assessment ages differ for Aboriginal and Torres Strait Islander people. A link or reference to the RACGP & NACCHO National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people (the National Guide) should be included in the AFTD, as this guide provides further information and context for screening.

    - **Section 4.3.5 Screening approaches for diabetes – evidence and application (page 60)**

There is an inconsistency in screening as part of the options outlined as part of Option 2C. This needs to be addressed if this option is considered for inclusion in the updated AFTD.

Option 2C states screening for diabetes is to be done every five years. The RACGP recommends diabetes screening to be undertaken every three years. The RACGP also recommends starting diabetes screening at 40 years for people at average risk. However, given the potential undiagnosed diabetes in commercial drivers (as outlined in page 59 of the document), and the potential harms for both driver and the general public, we suggest diabetes screening be extended to all commercial drivers, every three years.

Should the driver have a test result that suggests a review in the interim period between regulatory screening, this should be managed by their regular GP as part of their care and as per the Red book or National Guide recommendations, and noted for their next commercial driver review.

    - **Section 4.4.5 Screening approaches for sleep apnoea – evidence and application (page 66)**

As noted, the RACGP Red book highlights commercial drivers as a priority group for screening. The NTC may wish to highlight that according to the Medical Benefits Schedule[4], a STOP-Bang score of 3 or more, an OSA50 score of 5 or more or a high risk score on the Berlin Questionnaire, and an Epworth Sleepiness Scale score of 8 or more provides eligibility for GP-requested overnight diagnostic assessment of sleep.

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

No comment.

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

No comment.

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

As per above, we recommend that the proposed diabetes screening be brought into line with RACGP Red book recommendations.
Otherwise increasing assessment load (for example, increasing the complexity of tests or increasing the frequency) would need to be well supported by evidence of increased road safety.

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

No comment.

- **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.**

It is important for commercial drivers to have a regular GP. Where possible, assessing fitness to drive should be undertaken by the patient's regular GP, who has access to the patient's medical history, and not as part of a first visit to another general practice or health practitioner.

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

No comment.

- **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?**

Requirements for drivers to be assessed by referral to specialists should be restricted to circumstances where the specialist referral is adding value over and above a GP report. There is a considerable impost for commercial drivers where medical conditions require specialist referral. This is especially a problem for those living in rural and remote Australia, where this can be expensive and will often require travel to the specialist. Low-value specialist visits also reduce availability for other patients.

- **Do you have any alternative options to those presented?**

No.

4. General comment

The RACGP recommends the wording be changed throughout the document from 'treating doctor' to 'specialist GP' and 'specialist' be changed to 'non-GP specialist.'

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The RACGP thanks the NTC again for the opportunity to provide comment on the *Improving health screening for commercial vehicle drivers - Discussion paper*. If you have any questions regarding our submission, please contact Mr Stephan Groombridge, National Manager, e-health, Quality Care & Standards at [redacted] or 03[redacted].

Yours sincerely

Prof Mark Morgan

Chair, RACGP Expert Committee – Quality Care

References

1. The Royal Australian College of General Practitioners (RACGP). Use of medicinal cannabis products. East Melbourne, Vic: RACGP, 2019. Available at: https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/clinical-and-practice-management/medical-cannabis
2. Therapeutic Goods Administration (TGA). Guidance for the use of medicinal cannabis in Australia: Overview. Canberra, ACT: Department of Health and Aged Care, 2017. Available at: https://www.tga.gov.au/products/unapproved-therapeutic-goods/medicinal-cannabis-hub/medicinal-cannabis-guidance-documents/guidance-use-medicinal-cannabis-australia-overview
3. The Royal Australian College of General Practitioners (RACGP). Guidelines for preventive activities in general practice. 10th edn. East Melbourne, Vic: RACGP, 2024.
4. Medical Benefits Schedule (MBS). Item 12203. Canberra, ACT: Department of Health and Aged Care. Available at: https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=12203&qt=item

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade, East Melbourne VIC 3002
Tel **1800 4RACGP** | 1800 472 247 Fax (03) 8699 0400 Email racgp@racgp.org.au
racgp.org.au ACN 000 223 807 ABN 34 000 223 807