



19 May 2025

National Transport Commission

via website: [Improving health screening for heavy vehicle drivers | National Transport Commission](#)

Dear National Transport Commission,

**RE: Submission by the National Heavy Vehicle Regulator to Improving health screening for heavy vehicle drivers discussion paper**

The National Heavy Vehicle Regulator (NHVR) is Australia's regulatory authority for all vehicles over 4.5 tonnes gross vehicle mass. Established in 2013, the NHVR operates under the Heavy Vehicle National Law (HVNL) and is committed to ensuring a safe, efficient, and productive heavy vehicle industry that meets the needs of Australia.

The NHVR appreciates the opportunity to provide responses to the questions raised in the review of Assessing Fitness to Drive Guidelines (AFTD) health screening practices and their impact on safety and wellbeing of commercial drivers.

Our response to the review focuses on questions 5, 7, 8, 9, 10, 11 and 12. Questions 1, 2, 3, 4 and 6 are outside of the current scope of the NHVR.

The NHVR is committed to working collaboratively with all stakeholders to enhance the safety, productivity and efficiency of the heavy vehicle industry in Australia. We look forward to participating in further discussions regarding this review.

Yours sincerely,

Matthew Bolin

**Manager Fatigue and Human Factors**

**Safety and Productivity**

Enc (1) – NHVR Submission to Improving health screening for heavy vehicle drivers discussion paper

# **NHVR Submission to the Improving health screening for commercial vehicle drivers NTC discussion paper**

May 2025

---

## Contents

<b>Introduction</b>	<b>4</b>
<b>About the National Heavy Vehicle Regulator</b>	<b>4</b>
<b>Submission Response</b>	<b>5</b>
Question 5: Can you provide any information about other interventions, such as driver monitoring technologies, to support our understanding of managing these conditions?	5
Question 7: What are your views on whether any of these initiatives should be supported or expanded to promote driver health?	5
Question 8: What are your views on how any of these initiatives might integrate with improved health screening for commercial vehicle drivers?	5
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.	5
Question 10: Can you suggest any other implementation approaches to support the application of the current standards and guidance in AFTD (option B)?	6
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?	6
Question 12: Do you have any alternative options to those presented?	6

## Introduction

The National Heavy Vehicle Regulator (NHVR) thanks the National Transport Commission (NTC) for the opportunity to provide responses to the questions posed in the 'Improving health screening for commercial vehicle drivers' discussion paper.

The NHVR welcomes the review of the Assessing Fitness to Drive Guidelines (AFTD) and the opportunities that it presents to strengthen current health screening practices to improve the diagnosis of sleep disorders, diabetes, and cardiovascular disease in commercial vehicle drivers. The NHVR supports the continued harmonisation of assessing fitness to drive across jurisdictions. This outcome aligns with the NHVR's vision to work towards a safe, efficient, and productive heavy vehicle industry.

Our response to the review focuses on questions 5, 7, 8, 9, 10, 11 and 12. Questions 1, 2, 3, 4 and 6 are outside of the current scope of the NHVR.

By addressing these questions, the NHVR hopes to contribute to improved wellbeing and safety for the heavy vehicle industry.

## About the National Heavy Vehicle Regulator

The NHVR is Australia's regulator for heavy vehicles.

We are headquartered in Brisbane and employ more than 1,000 people across the ACT, New South Wales, Queensland, South Australia, Tasmania, and Victoria.

The NHVR was established in 2013 as a statutory authority to administer one set of laws – the Heavy Vehicle National Law (HVNL) – which applies in all Australia's states and territories except the Northern Territory and Western Australia.

In the 6 states and territories where the HVNL applies, there are more than:

- 121,941 registered prime movers
- 1.07 million registered heavy vehicle units (including mobile cranes, trailers, and agricultural vehicles)
- 276,626 registered operators
- 36,700 buses
- 536 road managers

Our vision is to have a safe, efficient, and productive heavy vehicle industry serving the needs of Australia.

We provide leadership to, and work collaboratively with, industry and partner agencies to:

- drive sustainable improvements to safety, productivity, and efficiency outcomes across the heavy vehicle road transport sector and the Australian economy
- minimise the compliance burden; while ensuring the objects of the HVNL are achieved and duty holders meet their obligations
- reduce duplication of, and inconsistencies in, heavy vehicle regulation across state and territory borders.

## Submission Response

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

Fatigue and Distraction Detection Technologies (FDDT) are shown to play a positive role in reducing driver fatigue and distraction events by ensuring drivers are fit for duty when driving and alerting drivers to potential incidents.

The goal of FDDT is to support drivers to make an informed decision about when they can drive safely and be supported by their operator to do so. FDDT supports ensuring 'fitness for duty' through a transport shift (rather than just at the beginning of a shift) and in turn helps to improve safety outcomes.

Whilst FDDT is predominately focused on identifying and preventing incidents of driver fatigue and distraction, the industry advises that the tools used can also inadvertently be used to highlight early warning signs of health conditions or ill health (such as sleep apnoea) which can then be utilised as an indicator to refer drivers for further assessment. This can possibly result in early diagnosis or treatment of a condition improving health outcomes for drivers.

The NHVR released a Good Practice Guide for the use of FDDT in August 2024 and continues to engage with the industry and other relevant stakeholders to ensure that the material remains fit for purpose. The FDDT Good Practice Guide is available on the NHVR website [here](#).

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

The NHVR supports an evaluation of the ACT Government's initiative to introduce new requirements for heavy vehicle drivers to have a health assessment on initial application or upgrade to confirm their fitness to drive. If the evaluation indicates a positive effect the NHVR would support a consistent uptake across all jurisdictions.

The NHVR continues to support a shared responsibility framework to managing health of drivers. It is important that drivers feel supported in their work environment to address health challenges as required, including reviewing scheduling and ensuring that drivers have an absolute authority to stop driving if they feel they cannot continue the work safely.

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

The NHVR notes that improved health screening for commercial vehicle drivers can be utilised to gain data and a more inclusive understanding of the current state of driver health.

The screening areas that require increased attention could be targeted with specific educational and awareness initiatives that help promote pre-emptive and preventative programs to support driver health.

The NHVR supports the increasing harmonisation of health screening across the jurisdictions and the ethical use of de-identified health data to ensure targeted educational initiatives are effectively integrated. Through greater co-ordination and proactive collaboration of these paired initiatives, focus can be directed to ensure greater driver and road safety outcomes.

### **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.**

The NHVR notes that option A is likely to have some long-term negative impacts and hidden costs that will affect the commercial driving industry. Maintaining the status quo and inaction on driver health screening and driver wellbeing can lead to future road safety concerns, an unsustainable workforce which results in a less productive and less profitable work environment. There is an increased public safety risk due to road safety concerns where, if drivers have impaired functional ability due to medical reasons or onset of illness. This can then result in crashes leading to injuries and fatalities of drivers and community members.

A further potential limitation with options A and B is that without prescribed health assessments there may be a lack of consistent data around prevalence of conditions for commercial drivers. Capturing consistent data would assist in recognising trends which assist in informing medical practice and identifying areas that require increased support. The identification of areas that require support will allow focus to be placed on specific initiatives, guidance, and training.

The NHVR supports the significant benefit of option B which is an increased focus on driver wellbeing. Improvements in driver wellbeing will also assist in influencing industry culture to positively promote an improved safety environment for drivers, subsequently impacting improved perceptions for the commercial driving industry as a preferred career path or operators as an employer of choice. Due to the rapidly declining workforce and current recruitment difficulties, it is essential to place this importance on driver wellbeing and safety. Additionally, increased access to resources and education for drivers can allow for early detection of medical conditions that have the potential to be a significant risk for both the drivers and the wider community.

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

The NHVR supports an ongoing and increased focus on overall worker health including improvement in wellness checks related to driver mental health and physical health status. It is suggested by the NHVR that in future the current guidance spans to include further education and support for drivers towards management of wellbeing, mental health and to the impacts that their environment can have on their work. This guidance should also include information for operators on how they can support this and reinforce a culture that focuses on promotion of driver wellbeing. Having the implementation of Option B be a transition to more of a focus on the wellbeing of the drivers will have a significantly positive overall impact. As mentioned above this impact can increase positive industry perception and will likely increase retention rates along with easing the current strain in the recruitment process.

The NHVR is aware of instances where underlying causes were not accurately captured due to wording on a screening form failing to capture the underlying cause of a health condition not just the symptomatic outcome. Therefore, the NHVR supports health screening questionnaires that consistently allow medical practitioners to record underlying causes not just symptomatic presentation.

**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?**

The NHVR observes that options 1C, 2C and 3C have similar benefits to option B. These benefits are improvements in the wellbeing of drivers, proactive assessment and treatment of health conditions and improvements in road safety outcomes. Further to this, increased awareness for the drivers of early warning signs and indicators of ill-health will improve due to increased education and access to informational resources. Medical professionals will have the capabilities and resources to assess and treat the drivers more accurately and consistently.

The barriers and limitations for prescribing health assessments are likely to have significant ramifications on the commercial driving industry. Further to this the likely cost associated with developing the tools, training and implementation would be significant and timely.

However, the NHVR's view is that options 1C, 2C and 3C are the ideal progression after the successful implementation of option B and should be considered best practice for commercial driver health screening. The implementation of options 1C, 2C and 3C would allow the commercial driving industry to become more aligned with other transport industries allowing a more cohesive and streamlined transport industry.

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

The NHVR supports an improvement in robust and high quality screening to allow medical practitioners to retain confidence in the consistent outcome of screening results.

The NHVR proposes an alternative option that would supplement options 1C, 2C and 3C. It is recommended that working towards a future standard that utilises certified delegate medical professionals who are specialised in conducting health screening specifically for commercial drivers. This would help align the commercial driving industry with other heavy vehicle industries such as aviation, creating a more cohesive environment.

Establishing this requirement for drivers to seek their prescribed screening from a certified delegate allows for consistency with assessments and outcomes regarding fitness to work. Further to this, introducing certified delegates can reduce concerns regarding relationship breakdown between drivers and their general practitioner. Creating a central database of certified delegates also reduces the current accessibility issue of finding a doctor for those who do not have regular doctors due to the nature of commercial driving work. This option would ideally be a progression following successful development of options 1C, 2C and 3C, to help support an effective implementation.