

ANZSOM submission to the National Transport Commission (NTC) regarding health screening for commercial vehicle drivers. (May 2025)

Summary

The Australian and New Zealand Society of Occupational Medicine (ANZSOM) is the peak body representing health professionals working in occupational medicine, and we welcome the opportunity to comment on the National Transport Commission's discussion paper "Improving health screening for commercial vehicle drivers." Members of ANZSOM have extensive experience and expertise regarding medical examinations for safety-critical workers, including rail safety workers, airline pilots, marine safety workers, emergency workers, mining workers and commercial vehicle drivers.

Our members support efforts to improve road safety and to facilitate improvements in commercial vehicle driver health – both these goals are well served by improved health screening and appropriate management of identified health conditions.

The option to prescribe screening for cardiovascular disease risk, diabetes and sleep disorders for commercial vehicle drivers is supported (Option C) as it provides clarity about screening requirements, which should enable consistent management of these risks.

Option B also provides an opportunity to achieve improved management of commercial vehicle driver health, so ANZSOM would support this option if it were favoured by the majority of stakeholders, as it presents a significant positive step for road safety.

It is acknowledged that the inconsistencies across the jurisdictions and across accreditation programs present a significant challenge for effective implementation to achieve the desired outcomes for these options. Some of the key considerations are described in this paper, together with a range of suggestions.

ANZSOM welcomes the opportunity to continue to provide expert advice with respect to the optimal delivery of health assessments for commercial vehicle drivers.

1. Introduction

1.1 About ANZSOM

The Australian and New Zealand Society of Occupational Medicine (ANZSOM) is the peak body for medical practitioners and other health professionals who practice in occupational medicine, environmental medicine and workplace health more generally. Our members include specialist occupational and environmental physicians, general practitioners, occupational health nurses and allied health professionals, who work in various industries and settings to help manage workplace risks and protect and manage workers' health.

Our members consider medical issues within the wider context of their psychosocial, industrial, and motivational frameworks, and have a key role in communicating with employers, business and government. They focus on the health effects of the relationship between workers and their work lives at both an individual and an organisational level. This includes consideration of the needs of culturally and linguistically diverse workers.

Members of ANZSOM have specific and extensive experience and expertise regarding medical examinations for safety-critical workers with respect to their fitness for duty. This includes examinations for rail safety workers, airline pilots, marine safety workers, emergency workers, mining workers and commercial vehicle drivers. ANZSOM members are therefore well-equipped to provide input about the benefits and limitations of the proposed approaches to driver health screening, as well as current implementation challenges experienced in delivering the health assessments for drivers across various industries.

1.2 Consultation with ANZSOM

Reflecting the role of occupational medicine professionals in this space, ANZSOM has been represented throughout the NTC project by Dr Andrew Lingwood, who was nominated by ANZSOM General Council. Dr Lingwood sits on the three Working Groups for the project as well as on the leading Advisory Group. The options and recommendations described in the NTC Discussion Paper reflect these inputs.

In order to canvas opinion more widely within the organisation, Dr Lingwood has sought input from members through a call for contributions and through a meeting with interested members held on Monday 28th April. A draft paper was circulated to members and considered by our General Council. This final document reflects those further inputs.

2. Delivery of health assessments for commercial vehicle drivers

Within the medical industry, there are two predominant models by which health assessments for licensing or fitness to drive/fitness for duty are delivered – one is via general practitioners (GPs), and the other is via specialised occupational medicine services. It is acknowledged that there are also services that combine an occupational medicine arm with the regular GP service. ANZSOM members are most likely to be involved in specialised occupational medicine services, and this is therefore the focus of this submission.

Occupational medicine services, of which there are a number of large providers in Australia as well as smaller services, generally deliver contracted services to operators, whereby the operator's drivers are directed for health assessments and the fitness for duty reports are provided to the operator. The operators generally pay for these services. Drivers found to require medical follow-up or investigation are commonly referred to their own GP or to appropriate specialists.

The services are commonly provided by occupational physicians or medical practitioners with specialised knowledge in occupational medicine. The practices are organised around the prescribed assessment requirements and have systems and staffing to support the delivery. This includes nursing staff who may support various aspects of the assessment, such as overseeing completion of the Health Questionnaire and taking measurements such as blood pressure, vision, height and weight. Standard periodic assessment for fitness to drive will generally require an appointment of 1 to 1.5 hours in an occupational medical clinic. The time allocated to the medical aspects of the assessment would typically range from 15 to 30 minutes, depending on the complexity of the findings. These times may vary in general practice settings.

Drivers who are responsible for arranging (and paying for) their own health assessments commonly attend a general practitioner (GP), including their own GP if they have one, or another GP service. These medical practitioners may not undertake commercial vehicle driver assessments frequently and therefore may not be as skilled or experienced; they may not be familiar with the requirements of different programs, and they may also not be familiar with analysing the nature of the driver's role, the type of vehicle and the driving demands, all of which are important considerations for fitness to drive. Since the driver is paying for the assessment, the GP may also feel under pressure in this regard. They may also feel under pressure to pass the driver to protect their patient-doctor relationship; there can be significant emotion associated with any risks to the driver's employment. Within this model of GP delivery of health assessments, 'doctor shopping', whereby a driver 'shops' for a medical practitioner who will sign them off as fit to drive, is a potential risk.

There is limited formal research in this regard. A survey of 1,028 GPs conducted by Monash University and published in 2012 explored the respondents' experiences in relation to assessing fitness to drive. Of the 127 respondents, most (79%) felt that reporting patients to the driver licensing authority impacted the doctor-patient relationship. The same proportion felt that reporting led to negative consequences for the patient, and nearly half (46%) reported having been unduly pressured by patients to reconsider a decision to report. Almost a quarter (23%) experienced patients leaving a practice due to licence revocation.¹

¹ Sims J, Rouse-Watson S, Schattner P. Beveridge A, Jones KM. To drive of not to drive: Assessment dilemmas for GPs. International Journal of family Medicine; 2012; 1-6. doi:10.1155/2012/417512

Anecdotally, some of our members have shared experiences where transport operators have asked them to reassess drivers' fitness for duty who have been medically cleared to drive by their GP. Such requests are generally driven by concern for driver and road safety. Conflicts have arisen whereby the fitness to drive/fitness for duty determinations are not consistent. Generally speaking, an occupational medicine professional who finds a person unfit to drive would communicate the outcome to the driver's GP (with their consent) and advise the person of their own obligations to report to the driver licensing authority.

3. Value and considerations for improved screening for commercial vehicle drivers

A stronger focus on routine preventive surveillance in this cohort is likely to better protect the public and individual drivers.

From a clinical perspective, we agree that the use of tools such as the Australian CVD Risk Calculator, the STOP-Bang Questionnaire and the AUSDRISK Assessment tool will result in increased sensitivity screening for undiagnosed conditions such as ischaemic heart disease, obstructive sleep apnoea and diabetes, and will likely improve management of risk factors for those found to be at high risk but without established disease. It is accepted that there is limited evidence linking health screening with reduced road crashes, but there is evidence that links treatment of sleep disorders with reduced crash risk as already described in Assessing Fitness to Drive.

It is noted that the <u>Australian CVD Risk Calculator</u> and the STOP-Bang Questionnaire are part of the health risk assessment process for rail safety workers, the STOP-Bang being recently introduced as part of the prescribed assessment. Experience in rail will be valuable in terms of determining the benefits of these screening approaches and the potential impacts on the commercial driver industry.

3.1 Cardiovascular risk

The recently updated Australian CVD Risk Calculator is judged the most up-to-date evidence-based tool for assessing cardiovascular risk, and we support incorporating it for commercial vehicle driver assessments.

We are mindful that this will require a blood test to confirm cholesterol and diabetes status, which is not currently a routine requirement. This is likely to be less problematic for assessments performed in occupational medicine clinics, as they will be able to communicate and manage these requirements through the contracting operators, and potentially pre-send pathology requests that are privately billed. This will enable the medical to be completed on the day of the appointment.

If the blood test has not been completed prior to the medical appointment (more likely for individual drivers attending a GP clinic), the driver will need to have the test after their appointment and arrange some form of follow up appointment with the doctor after the results have been reviewed before their fitness to drive/fitness for duty assessment can be completed. It is unlikely that drivers will be assessed as temporarily unfit to drive while awaiting these results, but the logistical issues are acknowledged. The benefit of drivers attending their own GP for these assessments is that they may have had screening blood tests as part of their usual care, the results of which may be drawn upon for the fitness to drive assessment.

We note that there is now technology available for point of care finger-prick testing for cholesterol and HbA1C (and other tests). While the equivalence of this testing is still being evaluated, and it is not widely used, this technology may have a role in the future for allowing blood tests to be performed at the time of the medical assessment and negate the need for attending for additional testing and review after the appointment.

3.2 Diabetes

The role of the AUSDRISK Assessment tool is somewhat tempered if individuals will be having blood tests (including cholesterol and HbA1C) as part of the Australian CVD Risk Calculator. If these blood tests are being undertaken, the HbA1C (in the majority of cases) would confirm or exclude the presence of diabetes, making an assessment of the risk of diabetes less directly relevant. It would have a useful clinical role in pointing out risk factors to individuals who are not (yet) diabetic, but the presence of an HbA1c result would supersede it in determining whether diabetes is present.

Two further references have been identified that may support understanding of the issue for commercial vehicle drivers:

- Medical risk factors of diabetes mellitus among professional drivers PMC
- Study finds manufacturing, driving and cleaning jobs linked to the highest risk of developing type 2 diabetes Diabetologia

3.3 Sleep disorders

Based on the suspected high prevalence of OSA among commercial vehicle drivers, the application of the STOP-Bang Questionnaire has the potential to identify a significant number of drivers at risk of OSA and with established disease. Its sensitivity and specificity are often quoted as around 90% and 30%, respectively, when a cut-off value of greater than or equal to 3 is applied.²

While the clinical and safety arguments are compelling, there is, understandable concern about the volume of drivers who may require further assessment with a sleep study, and the practical question of what additional support may be required for drivers and medical practitioners to facilitate a potentially high number of referrals for sleep studies and subsequent management if required.

² Pivetta B, Chen L, Nagappa M, et al. Use and Performance of the STOP-Bang Questionnaire for Obstructive Sleep Apnea Screening Across Geographic Regions: A Systematic Review and Meta-Analysis. *JAMA Netw Open.* 2021;4(3):e211009. doi:10.1001/jamanetworkopen.2021.1009

To address these concerns, we note that there has been discussion about applying a higher cut-off, but we are mindful of the trade-off between sensitivity and specificity in this case and the risk of not detecting drivers at high risk.^{3 4}

If the STOP-Bang questionnaire is added as part of the risk assessment for heavy vehicle drivers, we recommend that there be further analysis of the potential outcomes for different cut-off scores. It is suggested that this could involve:

- a) Sensitivity and specificity. The Receiver Operating Characteristic curves for different cut-off values for the Stop Bang need to be presented.
- b) Predictive values. Given that there is some information regarding the overall prevalence of sleep apnoea in the vehicle driver population, it should be possible to calculate the Positive and Negative Predictive Values of the application of various Stop-Bang values.
- c) This would enable the calculation of the likely number of drivers who would require referral for polysomnography. However, this will need to be proportioned according to the frequency with which renewal of licenses and hence medical assessment is required, for example, 5 yearly.
- d) Based on this data, reasoned decisions could be made regarding the capacity for polysomnography clinics to cope and the chosen setting of the STOP-Bang cut-off.

3.4 Other health issues

Psychological issues and "death by truck"

As highlighted in the NTC Discussion Paper, the issue of psychological health of drivers is a concern, and ANZSOM supports efforts to address this.

Specifically, we suggest consideration be given to the psychological impact of crashes associated with deliberate acts by other drivers, so-called "death by truck". Data reported by the transport insurer NTI identified that 37.5% of multi-vehicle fatal crashes in 2017 were either indicated or strongly indicated as due to suicide ("death by truck"), with 20.8% being strongly indicated.⁵ It is likely that many suicide attempts were non-fatal and do not appear in these statistics. Many drivers are therefore likely to carry considerable psychological burdens after involvement in these crashes, and it would be beneficial for this aspect of their health to be considered and assessed at examinations.

³ Chung F, Yang Y, Brown R, Liao P. Alternative scoring models of STOP-Bang questionnaire improve specificity to detect undiagnosed obstructive sleep apnea. J Clin Sleep Med. 2014 Sep 15;10(9):951-8. doi: 10.5664/jcsm.4022. PMID: 25142767; PMCID: PMC4153119.

⁴ Mark Hwang, Kevin Zhang, Mahesh Nagappa, Aparna Saripella, Marina Englesakis, Frances Chung - Validation of the STOP-Bang questionnaire as a screening tool for obstructive sleep apnoea in patients with cardiovascular risk factors: a systematic review and meta-analysis: BMJ Open Respiratory Research 2021;8:e000848

⁵ Major Accident Investigation Report covering major accidents in 2017. National Transport Accident Research Centre 2019; 12 <u>https://media.nrspp.org.au/wp-</u>

content/uploads/2024/08/06001802/2019 Major Accident Investigation Report.pdf

Questions regarding drivers' involvement in crashes and psychological wellbeing (such as the K10 applied in rail) could be considered for the Health Questionnaire.

ANZSOM is also supportive of the work of Healthy Heads in Trucks and Sheds in addressing the psychological and broader health of commercial drivers.

4. Barriers to achieving benefits from improved screening approaches

While ANZSOM is supportive of the proposed changes to the screening for cardiovascular risk, diabetes and sleep apnoea, there are concerns that unless there are changes to the administration of the assessment requirements for commercial vehicle drivers, the value of some of the proposed changes may be diminished or lost altogether.

4.1 Complexity of scheduling and requirements for different vehicle types

The complexity of the current systems and varying requirements for various vehicle types and driving purposes are highlighted in the NTC Discussion Paper, with different definitions (such as for public passenger vehicle drivers) and different health assessment requirements across the jurisdictions and across industry sectors.

Some approaches, such as fixed health assessment frequencies throughout a driver's career, do not reflect the evidence that chronic disease risk increases with age, and thus do not reflect a risk-based approach.

The inconsistencies are not only historically based, with the ACT recently introducing prescribed periodic assessments for all commercial vehicle driver licences, while Victoria has introduced a system of driver self-assessment for public passenger vehicle drivers, which is unlikely to be able to accommodate enhanced health screening. This highlights very different views amongst jurisdictions and industry sectors about the value of health assessments for road safety and points to the need for a more collaborative and evidence-based approach.

The differences and inconsistencies have a direct impact on medical practices and the outcomes for drivers. As noted above, the approaches may not have a strong foundation in medical or road safety evidence. It is also challenging to keep up with the varying requirements and incorporate them into practice processes to ensure the desired clinical and road safety outcomes, which are what our members are focused on. In the absence of consistency and a sound evidence base, there is a risk of the assessments being seen as a tick-box exercise by all concerned.

There appear to be variable efforts to involve medical practitioners in developing the systems and procedures at a licensing and accreditation level, and limited resources devoted to educating medical practitioners about commercial vehicle driver assessments and the implementation requirements.

ANZSOM supports consultation with the occupational medicine sector and the health sector more broadly in the design and implementation of systems to manage the risks of health to road safety across the jurisdictions. We also support great collaboration to achieve consistency and quality.

ANZSOM also supports improved education and general implementation efforts, including expanded content within Assessing Fitness to Drive to set out more clearly the process and considerations for commercial vehicle driver assessments.

4.2 Lack of process definition and control

As identified in the NTC Discussion Paper, there is no standard procedure for conducting commercial vehicle driver health assessments. ANZSOM supports expanded content within Assessing Fitness to Drive to set out more clearly the process and considerations for commercial vehicle driver assessments. We also support improved education and general implementation efforts and are keen to be involved in these going forward.

Varying reporting requirements further confound the assessment process and the implementation challenges.

4.3 Conflict of interest for GPs involved in assessing fitness to drive

As noted above, there is a potential for conflict of interest for a family GP regarding an assessment that may impact the driver's income. Recently, nearly 80% of GPs in WA have declined to assess patients regarding a gun licence for similar reasons. Members have suggested that drivers of public passenger vehicles, multi-combination and dangerous goods vehicles should be seen by a doctor other than their own GP, preferably an occupational physician or GP interested in occupational medicine.

4.4 Access to and involvement of specialists

As noted above, it is acknowledged that the increased screening requirements will result in more drivers requiring further medical testing and specialist review. This will result in an increased time required for affected drivers to complete the assessment process and potentially increased costs, as noted below.

It also raises the question of access to specialist appointments and waiting times for appointments, particularly if drivers have only attended for their medical close to the expiry time of their previous licence or medical. It is recommended that there be some form of transition arrangement or mechanism for the temporary extension of licensing times to allow drivers a reasonable time to undertake any additional required testing, at least initially.

This problem is likely to be significantly greater in rural and regional areas where there is limited access to specialists and where waiting times for investigations and specialist appointments are significantly longer. Again, this might highlight the need for some form of transition arrangement for drivers.

ANZSOM members have also highlighted difficulties in coordinating fitness to drive outcomes with specialists, whereby some specialists may sign off a driver's overall fitness to drive based on the single medical condition under their management (e.g. diabetes) and without consideration of potential comorbidities. This may be a point for education of specialists and warrants inclusion in any expanded guidance within Assessing Fitness to Drive, and potentially on the forms.

4.5 Costs

As highlighted in the NTC Discussion Paper, the long-term benefits of improved screening include reduced health care costs associated with treating people with advanced disease. However, in the short and medium term, the proposed changes will impact the costs of the core health assessments as well as the cost of follow-up investigations. While the additional tests are reasonably straightforward, the discussion of results, counselling regarding risk factors and management of referrals will take more time and likely require a higher tier of assessment in terms of time.

In the occupational medicine setting, some of the information gathering may be done by nurses, as may some of the counselling. Increased costs will also be associated with this, and in turn, this may increase the potential problems with doctor shopping and compliance.

It is noted that if a driver employed by a company is referred to an occupational medicine clinic, the company will typically cover the cost of the medical assessment. If further medical testing or specialist referrals are required, these would typically be the responsibility of the driver.

For individual drivers attending their GP, the cost would be borne by the driver. It is noted that a medical assessment for a commercial license is not a service which can be billed to Medicare (as per Medicare rules -

https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=GN.13.33&qt=noteID). The driver is thus responsible for paying the GP privately for this service. It is noted that this has always been the case, however, and the additional screening tools being proposed do not alter the fact that individual drivers will continue to need to pay privately for licensing/accreditation medical assessments.

If a driver requires referral for further investigation as part of the driving medical assessment, the Medicare status becomes less clear. If the individual driver meets the clinical criteria for Medicare coverage of a further cardiac investigation or sleep study, then this service may be eligible for a Medicare rebate, but this would have to be considered by the provider and we do not claim expertise in the Medicare rules here, nor should this be taken as any advice on Medicare rules. It is flagged, however, that with the increased sensitivity of screening, it is likely that there will be increased costs involved from an increased need for referral to follow up on positive screening results.

5. Role of occupational medicine professionals

ANZSOM sees an opportunity to promote the role of occupational medicine professionals in supporting assessments for fitness to drive, in particular, providing GPs with an avenue for referral if they are unsure about a particular patient.

Occupational medicine professionals also have an important role in education and in advising about the evidence base for systems and strategies to support driver health and road safety. We urge licensing and accreditation bodies to draw on this expertise in their policy development and implementation efforts.

6. Conclusion

ANZSOM supports the medical basis for the proposed changes to screening for cardiovascular risk, sleep disorders and diabetes for heavy vehicle drivers (Option B or C). It is judged to be a positive step in establishing consistency in medical standards for safety-critical workers in the transport industry.

While we expect that the proposed changes will increase the sensitivity of screening for these conditions and help identify drivers at-risk compared to the current process, we are mindful of potential implications in terms of increased costs and complexity, and a likely significant increase in the number of referrals for further investigation or specialist review.

The changes are likely to result in greater implementation challenges for general practice clinics that perform driver medical assessments less frequently than for occupational medicine clinics and general practice clinics that see a higher volume of these types of assessments.

7. Acknowledgements

This submission has been compiled by an ANZSOM Working Group convened by the ANZSOM General Council, comprising:

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