

# Improving health screening for commercial vehicle drivers – Discussion Paper

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## Introduction

Transport for NSW (TfNSW) welcomes the opportunity to comment on the National Transport Commission's (NTC) Discussion paper: *Improving health screening for commercial vehicle drivers*.

Drivers need good vision, physical ability, and cognitive capacity to undertake the complex task of driving a motor vehicle. Driver health and fitness to drive is therefore an important factor in supporting the safety of Australians who use the roads.

The national driver medical standards Assessing Fitness to Drive (AFTD) set out the considerations and medical criteria for safe driving. They also guide the management of drivers with health conditions so that they can continue to drive for as long as it is safe to do so.

Meeting the AFTD standards is a requirement for all drivers in NSW under the Road Transport (Driver Licensing) Regulation. TfNSW may require a driver to undergo a medical examination in line with AFTD and refuse, vary or cancel a licence if a person cannot meet the standards.

Fitness to drive tests for commercial vehicle drivers fall into three main categories in NSW: Multi-Combination (MC) licence holders and applicants; Bus drivers; and other commercial drivers.

Crashes involving heavy vehicles are usually more serious because of their size and weight.

The National Heavy Vehicle Regulator (NHVR) calls out fitness to drive as an important component of chain of responsibility.<sup>1</sup>

TfNSW notes the comments from the ACT Minister for Transport that "incorporating objective screening for sleep apnoea would more closely align with the existing medical standards for rail safety, which include objective screening for sleep apnoea, diabetes screening testing and objective cardiac risk assessment".

TfNSW noted this aligns with the key actions to improve driver health from the NSW Bus Industry Taskforce Final Report: "Review the current practices related to Bus Driver Authority medical evaluations and introduce measures that are proportionate to the associated risks, ensuring alignment with the prevailing standards and methodologies similar to those used in rail." <sup>2</sup>

## The options

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<sup>1</sup> <https://www.nhvr.gov.au/safety-accreditation-compliance/chain-of-responsibility/regulatory-advice/fitness-to-drive-physical-health>  
<sup>2</sup> <https://www.transport.nsw.gov.au/system/files/media/documents/2024/NSW-Bus-Industry-Taskforce-Third-Report.pdf> table 23 page 126.

This submission represents the views of TfNSW as an agency and does not represent the views of the NSW Government.

TfNSW supports initiatives to ensure the safety of commercial drivers and other road users but notes they need to be practical, including for drivers based in regional and remote areas.

While TfNSW has not expressed a preferred option in this feedback, further discussions with the National Transport Commission regarding this discussion paper are welcomed.

The following table contains TfNSW observations about the options.

However, TfNSW also recognises concerns about the financial and implementation impact on licensing authorities, drivers and business operators, and the ability of the public health system to respond to these changes.

Further, TfNSW has not considered the implementation requirements and costs for each option in detail in the comments provided.

Clarity is also required as to when medical specialist review is required. For conditions which are stable, TfNSW proposes that GP review should usually be sufficient.

Option	What the option is	What changes would be required and actions to be undertaken by
Option A	No changes to the current status quo	<ul style="list-style-type: none"> <li>• Actions to undertake screenings are at the discretion of the examining health professional</li> <li>• Expected to result in no change from a safety perspective</li> <li>• No change to operational requirements.</li> </ul>
Option B	Improved implementation of current AFTD guidance across the cardiovascular, diabetes and sleep disorder chapters	<ul style="list-style-type: none"> <li>• Requires awareness and education for medical practitioners for assessing and managing cardiovascular risk, diabetes and sleep disorders, which would require doctors using their professional education time on these developments</li> <li>• Redeveloping the fitness to drive and specialist forms both online and paper to include CVD Risk Calculator Questions, STOP – Bang, OSA-50 or the Berlin Questionnaire</li> <li>• Educating drivers about cardiovascular disease risk, diabetes and sleep disorders</li> <li>• This option does not introduce changes to licensing criteria linked to the current screening</li> <li>• Likely to result in improved detection of the conditions by health professionals</li> <li>• Helps drivers to better manage their health, to avoid developing these conditions and manage them should they develop</li> <li>• TfNSW would need to modify systems, procedures and education program.</li> </ul>
Option(s) C	Prescribed screening approaches for each medical condition	<ul style="list-style-type: none"> <li>• Would increase the likelihood that these conditions, which adversely affect the ability to drive safely, would be detected in drivers and that consequently:</li> </ul>

		<ul style="list-style-type: none"> <li>○ they can be managed, or</li> <li>○ the driver be deemed unfit to drive if the risk is determined to be too high</li> </ul> <ul style="list-style-type: none"> <li>• Such changes are likely to result in an improvement in road safety outcomes related to commercial drivers</li> <li>• Doctors will be required to undertake a screening for each condition; at present doctors are not required to screen and it is at their judgement if they decide to screen for a condition. This will lengthen the time for consultation and may require several consultations, for example if a blood test is required, to receive results</li> <li>• Increases in the detection of the conditions will result in extra drivers requiring specialist reviews, at a cost to the applicant/driver</li> <li>• Specialists are currently advising their resources are stretched</li> <li>• TfNSW would need to modify systems, procedures and education program as would be the case for Option B. Additional resources would also be required to process the increase in medicals.</li> </ul>
Option 1C	Prescribed Cardiac Risk screening	<ul style="list-style-type: none"> <li>• Likely to result in an improvement in road safety outcomes related to commercial drivers</li> <li>• No changes to licensing criteria</li> <li>• Defining and prescribing specific requirements for cardiovascular disease risk assessment and management in the AFTD</li> <li>• Updated general guidance in AFTD on assessing and managing cardiac risk for commercial vehicle drivers</li> <li>• More detailed information in AFTD to facilitate appropriate assessment using the Australian Cardiovascular Disease Risk Calculator including managing levels of risk</li> <li>• Updating the Austroads health questionnaire clinical health record and the report form to align with the changes.</li> </ul>
Option 2C	Prescribed diabetes screening	<ul style="list-style-type: none"> <li>• Likely to result in an improvement in road safety outcomes related to commercial drivers</li> <li>• No changes to licensing criteria</li> <li>• Defining and prescribing specific requirements for diabetes screening in the AFTD, including risk screening and/or pathology testing</li> <li>• Applying the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) every five years for commercial vehicle drivers not previously diagnosed or declared to have diabetes and subsequent blood testing for those found to be at high-risk or: Routine non-fasting single blood test for HbA1c every five years for commercial vehicle</li> </ul>

		<p>drivers not previously diagnosed or declared to have diabetes</p> <ul style="list-style-type: none"> <li>• Updating the general guidance for commercial vehicle drivers and diabetes in AFTD to support improved management</li> <li>• The Austroads health questionnaire, clinical health record and the report form to align with the changes.</li> </ul>
Option 3C	Prescribe sleep disorder screening	<ul style="list-style-type: none"> <li>• Likely to result in an improvement in road safety outcomes related to commercial drivers</li> <li>• No changes to licensing criteria</li> <li>• Defining specific requirements for sleep disorder screening in AFTD</li> <li>• More comprehensive guidance for assessing the risk of sleep apnoea and other sleep disorders, including the identification of a preferred risk assessment tool</li> <li>• New content on referrals for polysomnography, interpreting results and management considerations including fitness for duty decisions when a commercial vehicle driver is referred for a sleep study</li> <li>• New content about the interface with fatigue management, including recognition of fatigue monitoring technology and workplace reports of incidents</li> <li>• Updating the Austroads health questionnaire, clinical health record and the report form to align with the changes.</li> </ul>

### Responses to selected questions

#### Question 3:

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

In NSW, for most licence classes, TfNSW relies on self-reporting. A medical is required for application of Bus Driver Authority (BDA), MC licence holder and Driving Instructor licence, with BDA holders and MC licence holders having ongoing periodic review whereas Driving Instructor will only be reviewed if they have a medical condition.

In NSW, most drivers with a chronic health condition that may impact driving are under a periodic review. Most musculoskeletal conditions are non-reviewable, however for a permanent disability or static neuromuscular condition the undertaking of an Occupational Therapist Assessment and/or a Disability Driving test at a Service NSW Centre may be required, and a doctor will need to confirm the neuromuscular condition is static.

Bus Drivers and MC drivers require a commercial GP medical prior to application for a MC licence or BDA; if any medical conditions are noted on the medical, then a specialist review will be required for most conditions prior to the application.

If the driver/applicant's visual acuities do not meet commercial standards, or the customer has a vision or eye disorder an optometrist or ophthalmologist examination will be required.

For all other drivers/applicants under 75 years of age, TfNSW relies on self-reporting or notification from medical professionals. Occasionally a medical may be requested on the advice of the member of the public.

Bus companies have a mandatory reporting requirement if they become aware that one of their drivers has a health condition that may affect their driving.

Medicals may also be requested on the advice of the police, if a customer has a crash which is caused, or they claim is caused, by a medical condition.

**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?**

Diabetes, Obstructive Sleep Apnoea (OSA) and cardiovascular conditions are only advised to TfNSW when a doctor is aware of the condition, or in some cases, when the customer is undergoing testing for a condition.

Conducting a urine sample or blood test for glucose screening as a regular part of their fitness to drive completed with their GP could be a straightforward approach to screen for diabetes and bring TfNSW in line with the rail safety standards.

Given the grave consequences of sleep disorders (research indicates 20-30% of heavy vehicle crashes may be sleep-related as outlined in 4.4.2) screening for OSA may be a cost-effective measure to lower crash rates. However, finding a straightforward assessment for OSA that does not rely on self-reporting is a challenge. Consultation with the Australasian Sleep Association should be undertaken to find a solution that adequately screens for sleep disorders without commercial licence holders needing to undertake a sleep study. TfNSW notes that the same screening criteria used as in rail may provide an option. This includes the STOP-BANG which has objective elements to it, and drivers identified as requiring further testing could have a home sleep study which is readily available from pharmacies.

As per 4.2.2, a cardiovascular condition is mostly likely to cause a sudden incapacity, therefore using the Australian CVD Risk Calculator on a regular or semi-regular basis in line with RACGP Red Book recommendation, to assist with early intervention should be considered.

**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.**

There will be no additional cost regarding Option A as it is the same as TfNSW's current policy. However, there will be some costs in implementation of Option B.

The forms used to assess fitness to drive will need to be updated, both online and physical.

Additional funding will be required to offer routine education or support to the driving public and medical professionals under this option.

**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?**

There would be costs and impacts associated with each of the options under Option C.

If screening is mandatory, it would mean the approximately 500,000 commercial drivers in NSW would need to be screened. This would have an impact on the health system, where specialists are already advising they

are experiencing high demand relative to capacity, and wait times for GPs in rural and remote areas can be over a month long for non-urgent appointments.

There would be an impact to the driver/applicant as well, with an additional financial burden being placed on them to be able to continue to work and the risk of a diagnosis. While these screenings will identify more drivers with reviewable conditions and yield the associated improvements in safety and lower risk, Option C measures may also discourage new recruits from applying due to the cost of the screenings and the time and effort that would be required.

TfNSW notes there is a shortage of heavy vehicle drivers in NSW and TfNSW has been prioritising recruitment of bus drivers.

There would also be an increase to the cost of running the AFTD program with an increase in number of medical assessments requiring processing. This will require an increase in the allocation of resources to this task within TfNSW.

There is a question around whether a medical would be required prior to applying for a commercial licence; the current standard for licence classes that require medicals is a medical should be completed prior to application of the licence.

Implementation and facilitation of the proposed screenings pose some difficulties. Metrics such as glucose levels could be recorded to assess the risk of diabetes, and cardiovascular parameters including blood pressure, systolic and diastolic rates could be documented. A comprehensive sleep screening process could be implemented, though this would typically involve 8 to 10 questions.

The above will, other than systolic and diastolic rates which are already recorded on the HealthLink form if a customer does have hypertension, need to be added to both the physical and online HealthLink form. This would subsequently require updates to the health record system to properly capture and recognise the responses for the additional data.

There is a suggestion that screening for diabetes could be completed every five years, which would fall in line with the private standard for review of type 2 diabetes controlled by tablets or other non-insulin products.

Some questions remain if this were to be implemented, for example the kind of medical assessment that would be required, whether a review with a GP would suffice, and if a urine analyses or blood test were to be conducted, whether transport agencies would require the results or only a pass/needs treatment.