Mr Paul Retter AM

Chief Executive Officer

and Commissioner

National Transport Commission

Level 15/628 Bourke Street

Melbourne VIC 3000

Dear Mr Retter

**Assessing Fitness to Drive consultation report**

The NTC recently released the consultation report on its proposed amendments to *Assessing Fitness to Drive*, the medical standards that apply to private and commercial drivers.

The report was released after an extensive consultation process, including the appointment of a maintenance advisory group and a number of specialist working groups. The ATA was represented on the advisory group by Louise Bilato and Bill McKinley, and on the hearing working group by Alex Stojanovic.

This letter sets out the views of the ATA and its members on the NTC’s proposed amendments to the **hearing loss and deafness** chapter (chapter B4), and puts forward ATA amendments to the **sleep disorders** chapter (chapter B8).

**Proposed amendments to the hearing loss and deafness chapter**

The consultation report proposes two amendments to the hearing loss and deafness chapter, which would:

* clarify that a driver should only be referred for audiometry if clinically indicated
* provide that a commercial driver can be individually assessed for suitability for a conditional licence if the driver wears hearing aids but still does not meet the 40dB hearing loss threshold in the standard. At present, the hearing threshold is taken as pass or fail.[[1]](#footnote-1)

The ATA strongly supports these proposed amendments.

The 2012 edition of AFTD already provides that a treating doctor should only refer a patient for audiometry if there is a clinical indication of hearing loss.[[2]](#footnote-2)

Nonetheless, the ATA is aware of instances where drivers being assessed under AFTD are routinely referred for audiometry. This adds to the cost of AFTD medical assessments. In the case of TruckSafe, NHVAS and WAHVA assessments, the additional cost is entirely paid by drivers or their employers.

The NTC proposal to revise the wording of the hearing standard and include a flow chart would make the existing requirement clearer for doctors and reduce the number of drivers referred unnecessarily for audiometry.

The second amendment would clarify the process for enabling safe, experienced commercial vehicle drivers to continue driving, even if their hearing loss with hearing aids exceeded the threshold.

There are cases where career truck drivers have been unable to continue working because of the AFTD hearing requirements. The proposed amendment would be a balanced approach to enabling drivers like these to continue working, if they are assessed as being able to drive safely.

**The ATA recommends that the proposed amendments to the hearing standard be adopted.**

**Sleep disorders**

The ATA has long argued that the approach to sleep apnoea in AFTD is flawed.

The model AFTD patient questionnaire uses the Epworth Sleepiness Scale (ESS) as a tool to screen for sleep apnoea. This part of the questionnaire asks drivers to consider eight situations and mark down their chance of dozing off on a scale from zero to three. The situations range from sitting and reading, to lying down to rest in the afternoon, to being stopped in a car for a few minutes in traffic. An ESS score of 16 to 24 is consistent with moderate to severe daytime sleepiness and is associated with an increased risk of sleepiness related accidents.[[3]](#footnote-3)

In its submission to the last review of AFTD, the ATA warned that the use of the ESS led to the under-reporting of excessive sleepiness because of its subjectivity.[[4]](#footnote-4)

The ATA’s warning is consistent with research evidence.

Between 2008 and 2011, a team of researchers carried out a large case control study of Australian long distance truck drivers. In the study, 325 drivers were provided with nasal airflow monitors and asked to use them overnight. 41 per cent of the drivers were found to be likely to have previously undiagnosed sleep apnoea, but only 12.2 per cent recorded a positive (>10) score when they filled in the ESS.[[5]](#footnote-5)

More recently, Colquhoun and Casolin found that 7 per cent of the Australian rail safety workers in their study population had sleep apnoea. None of them – not a single one – reported an elevated ESS score.[[6]](#footnote-6)

In its submission to this review, the ATA argued that AFTD should be expanded to include a new category 1 commercial standard, which would include screening for sleep apnoea based on the rail medical standard, type 2 diabetes, and a cardiac risk assessment where clinically indicated.[[7]](#footnote-7) The NTC is now considering this proposal as a separate project, following its strong endorsement by the NTC Industry Advisory Group.

In the meantime, the consultation report proposes to amend the general assessment and management guidelines for sleep apnoea to refer to the Sharwood and Colquhoun research.[[8]](#footnote-8) The sleep standards would not change.

The ATA recognises that the introduction of mandatory screening for sleep apnoea would require a further project and a RIS.[[9]](#footnote-9) Nonetheless, the current review could go further in reminding treating doctors about the danger of relying on ESS.

Accordingly, the ATA proposes that the sleep chapter of AFTD should be amended to:

*Add extra information to the formal medical standards*

In the ATA’s view, it is essential that the formal medical standards for licensing on page 121 of the draft version of AFTD are consistent with the general assessment and management guidelines on page 119.

**The ATA recommends that the medical standards for sleep apnoea be amended to include a warning that the treating doctor should not rely on subjective measures of sleepiness like the ESS to rule out a patient having sleep apnoea. Subjective measures should only be used to assist in making clinical decisions.**

This additional paragraph could be located after the four dot points at the head of the private and commercial standards and could read as follows:

The treating doctor should not rely on subjective measures of sleepiness like the ESS to rule out a patient having sleep apnoea. Subjective measures should only be used to assist in making clinical decisions. See section 8.2.3 for more information.

*Amend the warning about subjective measures of sleepiness*

The warning in the guidelines about relying on subjective tests of sleepiness like ESS includes the following sentence:

Such tests rely on honest completion by the driver, and there is evidence that dishonest reporting may occur in some settings.[[10]](#footnote-10)

But drivers who fill in the ESS incorrectly could do so for complex and overlapping reasons, including:

* drivers becoming accustomed to their broken sleep and tiredness during the day and considering it normal
* drivers assuming or hoping their symptoms have a benign cause and will go away in time.

**The ATA recommends replacing ‘dishonest’ in this sentence with ‘incorrect.’**

**Conclusion**

To assist the NTC in finalising the review, I have attached the ATA’s recommendations in submission template form.

The ATA contact for this submission is Bill McKinley, National Manager, Government Relations and Policy, on 02 6253 6900 or bill.mckinley@truck.net.au.



Yours sincerely

Christopher Melham

Chief Executive Officer

15 December 2015

Enc: NTC submission templates

# SUBMISSION TEMPLATE

**DRAFT ASSESSING FITNESS TO DRIVE (2016 EDITION) FEEDBACK**

**Stakeholder details**

**Organisation:** Australian Trucking Association

**Section of standard:**

Chapter B4: Hearing Loss and Deafness

**What is the proposed standard, guideline or information?**

The consultation report proposes two amendments to the hearing loss and deafness chapter, which would:

* clarify that a driver should only be referred for audiometry if clinically indicated
* provide that a commercial driver can be individually assessed for suitability for a conditional licence if the driver wears hearing aids but still does not meet the 40dB hearing loss threshold in the standard. At present, the hearing threshold is taken as pass or fail.

**What is the issue or problem, if any?**

See ATA submission.

**What options could be considered to address any issues or problems?**

**What do you recommend, and why?**

The ATA recommends that the chapter be adopted as drafted.

**Supporting information (e.g. research or findings):**

**Likely impact of the change on commercial drivers and other drivers:**

See ATA submission.

# SUBMISSION TEMPLATE

**DRAFT ASSESSING FITNESS TO DRIVE (2016 EDITION) FEEDBACK**

**Stakeholder details**

**Organisation:** Australian Trucking Association

**Section of standard:**

Chapter B8: Sleep disorders

**What is the proposed standard, guideline or information?**

The medical standards for licensing on page 121 of the draft version of AFTD.

**What is the issue or problem, if any?**

Research evidence shows that the use of subjective tests like ESS leads to the under-reporting of excessive sleepiness.

**What options could be considered to address any issues or problems?**

**What do you recommend, and why?**

The ATA recommends that the medical standards for sleep apnoea be amended to include a warning that the treating doctor should not rely on subjective measures of sleepiness like the ESS to rule out a patient having sleep apnoea. Subjective measures should only be used to assist in making clinical decisions.

This additional paragraph could be located after the four dot points at the head of the private and commercial standards and could read as follows:

The treating doctor should not rely on subjective measures of sleepiness like the ESS to rule out a patient having sleep apnoea. Subjective measures should only be used to assist in making clinical decisions. See section 8.2.3 for more information.

**Supporting information (e.g. research or findings):**

ATA (2009) *Submission to the NTC review of transport medical standards*, pp6-7. Available at: [www.truck.net.au/advocacy/submissions/submission-ntc-review-transport-medical-standards](http://www.truck.net.au/advocacy/submissions/submission-ntc-review-transport-medical-standards).

Sharwood, L et al (2012) “Assessing sleepiness and sleep disorders in Australian long-distance commercial vehicle drivers: self-report versus an ‘at home’ measuring device” in *Sleep* 35:4, p472.

Colquhoun C and A Casolin (2015). “Impact of rail medical standard on obstructive sleep apnoea prevalence.” *Occupational Medicine*. First published online 14 August 2015.

**Likely impact of the change on commercial drivers and other drivers:**

See ATA submission.

# SUBMISSION TEMPLATE

**DRAFT ASSESSING FITNESS TO DRIVE (2016 EDITION) FEEDBACK**

**Stakeholder details**

**Organisation:** Australian Trucking Association

**Section of standard:**

Chapter B8: Sleep disorders

**What is the proposed standard, guideline or information?**

The warning in the guidelines about relying on subjective tests of sleepiness like ESS includes the following sentence:

Such tests rely on honest completion by the driver, and there is evidence that dishonest reporting may occur in some settings.

**What is the issue or problem, if any?**

Drivers who fill in the ESS incorrectly could do so for complex and overlapping reasons, including:

* drivers becoming accustomed to their broken sleep and tiredness during the day and considering it normal
* drivers assuming or hoping their symptoms have a benign cause and will go away in time.

**What options could be considered to address any issues or problems?**

**What do you recommend, and why?**

The ATA recommends replacing ‘dishonest’ in this sentence with ‘incorrect.’

**Supporting information (e.g. research or findings):**

**Likely impact of the change on commercial drivers and other drivers:**

1. NTC (2015) *Consultation Report for the Review of Assessing Fitness to Drive*, pp14-15. [↑](#footnote-ref-1)
2. NTC and Austroads (2012), *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers*, p63. [↑](#footnote-ref-2)
3. NTC and Austroads (2012), p106. [↑](#footnote-ref-3)
4. ATA (2009) *Submission to the NTC review of transport medical standards*, pp6-7. Available at: [www.truck.net.au/advocacy/submissions/submission-ntc-review-transport-medical-standards](http://www.truck.net.au/advocacy/submissions/submission-ntc-review-transport-medical-standards). [↑](#footnote-ref-4)
5. Sharwood, L et al (2012) “Assessing sleepiness and sleep disorders in Australian long-distance commercial vehicle drivers: self-report versus an ‘at home’ measuring device” in *Sleep* 35:4, p472. [↑](#footnote-ref-5)
6. Colquhoun C and A Casolin (2015). “Impact of rail medical standard on obstructive sleep apnoea prevalence.” *Occupational Medicine*. First published online 14 August 2015. [↑](#footnote-ref-6)
7. ATA (2014) *Assessing Fitness to Drive: 2014 review*, p3. Available at: [www.truck.net.au/advocacy/submissions/2014-review-assessing-fitness-drive-submission](http://www.truck.net.au/advocacy/submissions/2014-review-assessing-fitness-drive-submission) [↑](#footnote-ref-7)
8. NTC (2015) Draft AFTD standards and clinical management guidelines, p119. [↑](#footnote-ref-8)
9. NTC (2015) Consultation Report, pp97-98. [↑](#footnote-ref-9)
10. NTC (2015), Draft AFTD standards, p119. [↑](#footnote-ref-10)