

National Standard for Health Assessment of Rail Safety Workers (2024)

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Safety Management System Modules
Element 27 – Health and Fitness

onrsr Office of the
National Rail
Safety Regulator



National Standard for Health Assessment of Rail Safety Workers

2024



The big issues

- Sleep Apnoea and STOP-BANG (Sleep studies, costs, logistics, other uncertainties)
- Other issues (AHP access & fees, hearing test fees)
- (frequency of assessments)

National Transport Commission – Rail Safety Worker Health Assessment Comparison of 2017 vs 2024 Standards

Topic / Part	2017 Edition	2024 Edition	Notes
Who can assess (AHP requirement) – Parts 1–2	Assessments commonly by appropriately qualified clinicians.	Only Authorised Health Professionals (AHPs) may assess; CMO may approve non-AHP in remote-access situations (exceptional).	Tightens assessor eligibility; introduces limited exception.
Sleep disorders / OSA – Part 4	Variable screening practices.	STOP-Bang screening introduced; $\geq 3 \rightarrow$ sleep study; temporary unfit if excessive sleepiness.	Stronger fatigue-risk control.
Category 3 assessments – Part 5	Often by non-medical health professionals.	Non-medical AHPs must be supervised by medical AHPs; medical sign-off required for conditions.	Tightens governance for Cat 3.

Topic / Part	2017 Edition	2024 Edition	Notes
Roles & responsibilities (s1.5.2) – Part 1	Higher-level responsibilities.	Expanded detail for operators, contractors, workers, health professionals.	Clarifies accountability chain.
Validity extension – Part 2	No explicit short extension mechanism.	CMO may extend certificate validity up to 1 month with operator support, if safe.	New administrative flexibility.
Notice for assessments – Part 2	“Reasonable notice.”	Minimum 10 working days for periodic & non-urgent triggered; no minimum for pre-placement or urgent triggered; shift-work noted.	Replaces vague notice rule with defined timeframe.
Privacy & consent – Part 2	General privacy expectations.	Detailed consent rules, access rights, Notifiable Data Breach obligations, complaint pathways (Privacy/Ombudsman/AHPRA).	Major expansion and clarification.
Alcohol & drugs (RSNL s.128) – Part 3	Prohibition framework referenced.	Clarifies zero-presence rule for alcohol/prescribed drugs (THC, methamphetamine, MDMA, etc.), applies even if legally prescribed.	Explicit list and application.
Cardiovascular risk – Part 4	Older risk tools; periodic stress tests specified more often.	Uses 2023 Australian Cardiovascular Risk Score; <30 yrs no risk score; high-risk → cardiology review; stress ECG no longer prescribed.	Modernised, individualised approach.
Diabetes (Cat 2) – Part 4	Cat 2 criteria differed from Cat 1.	Cat 2 aligned to Cat 1 fitness criteria; urine glucose (no fasting).	Harmonisation across categories.
Hearing threshold – Part 4	40 dB threshold common.	Reverts to 40 dB; adds self-reported communication; hearing conservation program.	Keeps status quo; adds management layer.
Musculoskeletal – Part 4	Forms sometimes generic.	Forms revised to align assessments to job-specific requirements.	Improves task-fit precision.
Neurodevelopmental disorders – Part 4	Not separately addressed.	New chapter (ADHD, ASD) with individual functional assessment approach.	Inclusion with safety focus.
Vision – Part 4	Flowchart-based guidance.	Differentiates stable vs progressive; flowchart removed; clear monocular criteria.	Reduces unnecessary reviews; clearer rules.
Ocular surgery – Part 4	Limited explicit guidance.	New guidance on post-surgery visual symptoms; possible temporary unfitness.	Practical post-surgery management.
Colour vision – Part 4	Legacy allowances existed.	Retains transitional provisions for existing workers safe in role.	Preserves incumbents’ status.
Clinical tools – Part 6	Dispersed across parts.	Consolidated into one section with consistent format.	Improves usability.
Model forms – Part 6	Prior versions.	Updated forms reflecting new criteria (privacy, MSK, sleep, vision).	Aligns paperwork to new standard.

National Transport Commission – Rail Safety Worker Health Assessment Comparison of 2017 vs 2024 Standards

The NTC Consultation Report (2024)



the **Rail Health Advisory Group (RHAG)** was an **advisory body** established as part of the review of the *National Standard for Health Assessment of Rail Safety Workers*



RHAG represented a broad range of stakeholders including **medical professionals, state and territory jurisdictions, rail regulators, unions, and the rail industry (inc T&H rail – via an ATHRA member)**



The RHAG was tasked to **raise issues** during the review process, **provide advice** on proposed revisions, **help resolve** matters as they arose during drafting, and **review the revised Standard** after it had been examined by the **Chief Medical Officers Council (CMOC)** and specialist working groups.

The Consultation Report and T&H Rail.....

RHAG included a Tourist & Heritage voice but the report did not document T&H-specific requirements

T&H-specific requirements must be seen then as having been incorporated into general, system-wide changes

The explicit roles of Authorised Health Professional (AHP) and Chief Medical Officer (CMO) were spelled out to address existing concerns about medical assessments

Limited, documented exceptions to the requirement for an AHP where an AHP is not available (e.g., remote locations) were allowed

This exception could help some Tourist & Heritage railways as well as small or regional operators, but is a general provision, not T&H-specific





Sleep apnoea: “Obstructive” & “Central”.....



Simple summary: a person’s breathing repeatedly stops or becomes very shallow while they are asleep



When this happens, the brain briefly wakes the person up just enough to start breathing again, but not usually enough for them to remember it



This can happen many times through the night, disrupting normal sleep and leaving the person tired during the day



Two main types: commonly “Obstructive”, where the throat muscles relax and block the airway during sleep, and uncommonly “Central” where the brain doesn’t send the proper signals to maintain breathing (older patients, certain drugs, heart failure)



Sleep studies.....

- Under the RSNL (2024), members who perform running duties must have a Sleep Study if their STOP-BANG score is 3 or higher
- The STOP-BANG questionnaire is a quick way to assess your risk of Sleep Apnea.
- You will score 1 point for each of male, over 50, neck circumference > 40 cm, treated hypertension, BMI > 35 [80% of 50 Y/O score 3 or more)
- Most will only need one Sleep Study, with findings determining ongoing management.
- Don't be a Blue Bloater or a Pink Puffer!

More on Sleep Studies.....

If you have already had a Sleep Study, you probably won't need a repeat test if you can provide a copy of your results, or a doctor's letter confirming your diagnosis and treatment/management



If you've not had a Sleep Study, a "Type 2" study can usually be done overnight at home at no cost, if you are referred by a GP and your STOP-BANG is 3 or more



Moderate & severe OSA are significant risks to your health: with an increased incidence of hypertension, heart disease, stroke, Type 2 diabetes, poor sleep quality, and accident risk (documented with MVAs and workplace injuries)



Hearing tests.....

- Under the RSNL (2024), Category 2 rail safety workers need regular hearing tests (audiometry)
- There is access to free hearing tests and subsidised hearing aids for people who are eligible
- The Federal Government's Hearing Services Program (HSP) offers free hearing tests and subsidised hearing aids for people who are eligible – check your eligibility at HSP online
- Otherwise, check through other organisations (eg Specsavers, Amplifon) where testing again may be free, or at some cost
- Don't be deaf!

1. An AHP may assess all rail safety worker categories (1, 2, and 3)
2. Must possess full medical registration and relevant occupational health experience.
3. Must demonstrate competence in fitness-for-duty evaluation and risk-based decision-making.
4. Must attend an initial Chief Medical Officer (CMO) Briefing
5. Then Registers with the AHP Program after CMO approval via the AHP Program portal and payment of a registration fee (currently about \$600 + GST)
6. Undertakes Onboarding Training via eLearning modules on the National Standard and undergoes a competency assessment
7. Gains Listing as an Authorised Health Professional, with details published on the national AHP Register, and may begin performing assessments
8. Must maintain Authorisation with Annual membership renewal and refresher training, periodic re-briefing with a CMO, and compliance with audit requirements.



AHPs.....

Chief Medical Officers (CMOs).....

Operators (ie T&H) can appoint a CMO

A CMO can advise the operator on health management policies, interpretation of the Standard, and worker fitness decisions

A CMO can coordinate with AHPs and treating practitioners

A CMO can review and, if justified by evidence, amend a fitness determination originally made by an AHP

RHAQ (Rail Heritage Advancement Queensland) have developed an MOU which facilitates the appointment of CMOs to T&H operators

The National Standard (2024).....

- The 2024 Standard does acknowledge T&H operators.....
- Most of the 2024 assessment elements improve on 2017
- 2024 can be seen to reflect the aspirations of the “good employer”: care for the long-term physical and mental wellbeing of employees
- Several new elements have imposed non-evidence based burdens on volunteer-based T&H operators (in particular, OSA and daylight Cat 2)
- Physical and mental capacity for the task is in my view the main determinant of “Fit for Task” and this relies heavily on operator assessment before the AHP’s formal health assessment

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