The revision to the Medical Standards for Licensing and Clinical Management Guidelines for health professionals in Australia was released in October 2016.

Diabetes Australia has worked closely with Credentialled Diabetes Educators from the Australian Diabetes Educators Association (ADEA) and diabetes specialist clinicians and researchers from the Australian Diabetes Society (ADS). Together we collaborated and provided recommendations to the National Transport Commission (NTC) on ways to make the previous Guidelines fairer and safer for people with diabetes.

Previous versions of the Guidelines used a person’s average blood glucose measurement over a three-month period (HbA1c measurement) to determine if their diabetes management was adequate to indicate they were safe to drive. Intended only as a guide for doctors, these were unfortunately interpreted more strictly. As a result, many people with diabetes had their licences suspended.

Diabetes Australia, together with ADEA and ADS successfully advocated for the removal of references to HbA1c in the Guidelines and we are very pleased Austroads made these changes.

**A SUMMARY OF THE CHANGES IN THE 2016 GUIDELINES**

Diabetes treated by glucose-lowering agents other than insulin

- For **commercial vehicle drivers**, the criterion for a conditional licence *the condition is satisfactorily controlled* has been removed so that the criteria focus is now on the main risks to safety, which are hypoglycaemia and end-organ effects.
- For **private vehicle drivers**, the criterion *the person experiences early warning symptoms of hypoglycaemia* has been qualified to also include *or has a documented management plan for lack of early warning symptoms*.
- For both **private and commercial vehicle drivers**, a suitable specialist is defined as an endocrinologist / consultant physician specialising in diabetes.
Diabetes treated by insulin

- For both private and commercial drivers, the criterion for a conditional licence ‘the condition is satisfactorily controlled’ has been removed so that the criteria focus on the main risks to safety, which are hypoglycaemia and end-organ effects.
- For private vehicle drivers, the criterion ‘the person experiences early warning symptoms of hypoglycaemia’ has been qualified to also include ‘or has a documented management plan for lack of early warning symptoms’.
- For both private and commercial vehicle drivers, a suitable specialist is defined as an endocrinologist / consultant physician specialising in diabetes.

Definition of severe hypoglycaemic event

For the purposes of the Guidelines, the definition of severe hypoglycaemic event encompasses hypoglycaemic seizures.

FURTHER INFORMATION

For more information on the requirements of health professionals when assessing a person with diabetes and their fitness to drive, please have a look at the ADEA website and eLearning course.

These can be accessed at https://www.adea.com.au/resources-2/fitness_to_drive/

FURTHER RESOURCES

The National Diabetes Services Scheme information on driving can be accessed here: https://www.ndss.com.au/driving


The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered with assistance by Diabetes Australia. If you require further information about this resource, please contact the Australian Diabetes Educators Association on 02 6287 4822.