## Railway workers with diabetes: the next in line?

P Grant and H Phoolchund. Train driving and diabetes – keeping safety on track. Pages xxx-xxx.

Sometime in the early 1980s, I vividly remember receiving a direct telephone call from the then General Secretary of ASLEF, the rail drivers' trade union, enquiring why a young 21-year-old union member with recently diagnosed type 1 diabetes could not proceed with his much cherished career aspiration of becoming a train driver. Sadly, not even the formidable persuasive powers of Ray Buckton could alter that policy decision of the Railway Board.

Three decades later and despite the 1995 Disability Discrimination Act, it is disappointing to record that nothing appears to have changed in respect of railway employment for those with insulin treated diabetes. Referring to the medical fitness assessment of 'Railway Safety Critical Workers', while conceding awareness of the Equality Act, the Rail Safety and Standards Board (RSSB) continues to argue that it remains beholden of employers to meet their statutory duties in respect of health and safety in the work environment. To this effect, the current indicative RSSB medical standard states that 'a process should be in place to prevent persons carrying out safety critical work, when taking any medication likely to cause impaired concentration or sudden loss of consciousness', and clearly this is still interpreted as applying to those treated with insulin.

In this edition of Practical Diabetes, Grant and Phoolchund have rightfully identified this issue as being more and more at odds with the direction of travel of other comparable occupations with similar potential hazardous considerations. The present-day emphasis on individualised diabetes care, improved treatment regimens and monitoring protocols, and the knowledge that serious hypoglycaemia in the workplace is remarkably infrequent have all led to revision of medical standards in other previously restricted occupations. Subject to robust individual assessment and surveillance with purpose developed protocols, employment as seafarers, Group 2 vehicle drivers or commercial airline pilots can now be entertained and successfully achieved for persons with diabetes despite being treated with insulin. The RSSB guidance provides options of either mandatory or discretionary standards. This helpful critique submitted with proposals designed to stimulate discussion is timely. Now that positive experience has been established for occupations at sea, on the roads and in the air, it is surely time for the Railway to follow suit.

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