

**ASSESSING FITNESS TO DRIVE
INTERIM REVIEW REPORT**

July 2006



**Prepared by
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National Transport Commission

Assessing Fitness to Drive Interim Review Report

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REPORT OUTLINE

Date:	July 2006
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Title:	Assessing Fitness to Driver Interim Review Report 2005
Address:	National Transport Commission Level 15/628 Bourke Street MELBOURNE VIC 3000 E-mail: ntc@ntc.gov.au Website: www.ntc.gov.au
Type of report:	Review Report
Objectives:	To assess stakeholder response to the administrative requirements introduced with <i>Assessing Fitness to Drive 2003</i> , in particular the extended requirements for conditional licences.
NTC Programs:	Fitness for Duty
Key Milestones:	Completion of Interim Review
Abstract:	This report contains findings and recommendations of the Interim Review of the publication - <i>Assessing Fitness to Drive 2003</i> . The review sought input from a wide range of stakeholders. It found widespread acceptance of the standards and general processes for assessing fitness to drive. Significant problems with the conditional licensing provisions were not found, although ongoing education is required to assist in application. No urgent medical issues were identified, although the review has helped to identify issues relevant to the full review which is scheduled for completion late 2008.
Purpose:	For endorsement by Transport Agency Chief Executives.
Key words:	driving, medical standards, road safety.

FOREWORD

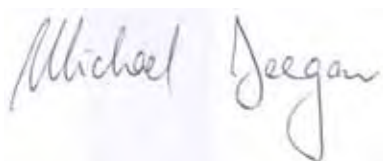
The National Transport Commission (NTC) is an independent body established under an Inter-Governmental Agreement, and funded jointly by the Australian Government, States and Territories. The NTC makes recommendations to the Australian Transport Council (ATC) for implementation through Australian Governments, State and Territory process. The NTC has an on-going responsibility to develop, monitor and maintain uniform or nationally consistent regulatory and operational reforms relating to road transport, rail transport and intermodal transport. Road safety is an important focus for the NTC.

In 2003 the ATC unanimously endorsed the adoption of a revised *Assessing Fitness to Drive 2003* publication. This edition consolidated medical standards for commercial and private vehicle drivers and presented a clear outline of the responsibilities and relationships in the licensing process for drivers, health professionals and driver licensing authorities. A more structured approach to the issuing of conditional licences was also adopted and provisions for a fairer system for drivers that addressed possible discrimination concerns were included. Whilst ATC agreed that the publication would be revised after a five year period (2008), an Interim Review assessing the impact of the administrative changes introduced and the application of conditional licences was scheduled to take place in late 2005.

This Interim Review confirms the value of the approach adopted in *Assessing Fitness to Drive 2003*. It also highlights areas for continued improvement, both in the standards and most significantly, in the processes that support implementation.

All stakeholders are encouraged to comment and provide feedback on the issues raised in this Interim Review Report. The NTC will consider the responses together with the actions recommended in the report when setting the foundations for the major work scheduled to take place prior to the 2008 version of *Assessing Fitness to Drive*.

The NTC acknowledges the contribution to the review of Keith Wheatley (Consultant), Fiona Landgren, Jessie Murray and Clare Burns of Communicating for Health Pty Ltd, Dr Bruce Hocking (Bruce Hocking and Associates) and numerous other stakeholders including health professionals, health professional organisations, consumer organisations, transport organisations and driver licensing authorities. The NTC looks forward to the ongoing involvement of these stakeholders in ensuring the medical standards balance the needs of the drivers and industry with public concerns for road safety.



Michael Deegan
Chairman

SUMMARY

Purpose

The Interim Review of the *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2003* publication was conducted between July and October 2005. The main purpose of the Review was to assess the impact of administrative changes introduced with the 2003 edition, in particular the extended application of conditional licences. It also provided an opportunity to secure general comment about the standards from stakeholders in order to guide preparation for the major review scheduled for completion in 2008.

Medical issues were not the focus of this Interim Review, although stakeholders were given the opportunity to identify issues requiring urgent attention, as well as those requiring attention in the lead-up to the major review.

Issues

The Interim Review has identified general satisfaction with the administrative processes and with the medical standards themselves, however also identified were a number of areas where further improvements can be made. The issues which reflect the complex interaction of factors that make up successful management of health and driving include:

- health professionals' general experience of assessing fitness to drive;
- conditional licences;
- education and support for health professionals;
- health professional/patient relationship;
- drivers' reporting responsibilities;
- reporting by health professionals;
- legal issues;
- medical criteria;
- data collection and ongoing research; and
- ongoing maintenance and preparation for the major review scheduled for completion in 2008

Key findings and recommendations are summarised at the end of relevant sections and also appear in Section 8 of this report.

Research Methods and Consultation

An Assessing Fitness to Drive Maintenance Group was established in 2005 and will remain in force until 31 December 2008. This group includes representatives from each State and Territory Driver Licensing Authority, the NTC, Austroads and two medical consultancy firms. This group provides a forum for dialogue between all driver licensing authorities on issues related to the development of Assessing Fitness to Drive.

The Interim Review involved consultation with health professionals, health professional organisations, consumer health organisations, transport organisations, unions and driver licensing authorities. An online survey, numerous focus groups, teleconferences and

written submissions were invited from those responsible for licensing of private, commercial, public passenger and dangerous goods drivers.

A number of court cases and coronial inquiries have provided valuable insights into health and road safety issues relevant to the Interim Review. Chapter 6 of this report contains outlines of cases relevant to the medical standards as well as summaries of several reports.

Conclusions

There is recognition that the process of managing fitness to drive for road safety is an evolving area which has been significantly advanced with the development of the *Assessing Fitness to Drive 2003* publication and the establishment of an ongoing maintenance process involving a range of stakeholders. *Assessing Fitness to Drive 2003* has succeeded in raising awareness of health as an issue for road safety and has provided clearer guidance for health professionals and driver licensing authorities.

The Interim Review indicates acceptance of the general approach to conditional licences, however there is a need to address ongoing education and possible refinement of conditional licences for commercial vehicle drivers. The major issues identified in this Interim Review, and recommended for attention by the NTC, Austroads, driver licensing authorities and other stakeholders, relate to the continued improvement of the standards and the supporting processes, as well as the major review scheduled for completion in 2008.

Recommendations

The Interim Review has highlighted a number of areas for ongoing work with respect to the major review process. Ongoing maintenance work, including work in the areas of awareness, education, data collection, etc. will logically fall to the Maintenance Group. It is therefore important that the Maintenance Group is adequately supported operationally to facilitate and undertake the work required.

The Interim Review has identified a number of medical areas that require significant background work to be conducted in the lead up to the major review scheduled for completion in 2008. These include:

- epilepsy;
- older drivers;
- multiple medical conditions;
- cognitive impairment and dementia;
- drug and alcohol dependence; and
- psychiatric conditions.

It is therefore recommended that a Medical Advisory Group be formed in 2006 to initiate work in these areas to ensure that inputs are appropriately developed to include in the *Assessing Fitness to Drive 2008* publication.

Next Steps

Development of an appropriate strategic approach to the major review is important. Recommendations for such an approach are included in this report and relate to:

- involvement of the public and general practitioners in the development of general guidance material;

- consideration of more stringent requirements for high risk groups such as dangerous goods and public passenger vehicle drivers (including review of the frequency of examinations);
- development of specific guidance for driver licensing authorities in implementing the standards to ensure a more consistent approach; and
- development of more specific guidance for transport operators to facilitate management of driver health issues.

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1. INTRODUCTION

In 2003, the Australian Transport Council (ATC) and Austroads approved a national standard for assessing the fitness of private and commercial vehicle drivers to hold a driver's licence. The revised requirements were published as *Assessing Fitness to Drive 2003*. These requirements came into force on or shortly after 1 October 2003. It was agreed that they were to remain current for a period of five years until 2008, however in the lead up to 2008 they will be reviewed in full.

Assessing Fitness to Drive 2003 adopted a more defined approach to the issuing of conditional licences in order to provide greater clarity for examining doctors and for driver licensing authorities. The approach also sought to provide a fairer system for drivers and to address possible discrimination concerns. At the time of development of the standard there was general support for the approach from stakeholders, including driver licensing authorities who viewed the development as a formalisation of their current practices and unlikely to impact significantly on their licence management systems.

The Epilepsy Society of Australia and the Australian Neurology Association however suggested that the new administrative arrangements would result in additional workloads for both driver licensing authorities and doctors, and that it would also impact negatively on the health professionals' relationships with patients and their ability to provide ongoing medical care.

As a consequence of these concerns, the Australian Medical Association proposed that a review of these issues be conducted two years after implementation of the standards to assess their impact amongst health professionals and driver licensing authorities. ATC agreed with this proposal when it approved the publication in 2003.

A number of additional issues have arisen out of the development of the *National Standard for Health Assessment of Rail Safety Workers* (NTC 2004). These need to be considered in the context of the medical standards as they apply to commercial vehicle drivers.

An Assessing Fitness to Drive Maintenance Group was established in 2005 and will remain in force until 31 December 2008. This group includes representatives from each State and Territory driver licensing authority, the NTC, Austroads and two medical consultancy firms. This group provides a forum for dialogue between all driver licensing authorities on issues related to the development of *Assessing Fitness to Drive*.

An Interim Review was initiated in July 2005, with Terms of Reference (Appendix 1) agreed by the Assessing Fitness to Drive Maintenance Group. This Interim Review has focussed on procedural arrangements rather than the technical content of the standards. In particular it has assessed implementation of the extended administrative requirements introduced in *Assessing Fitness to Drive 2003* i.e. the more defined criteria for conditional licences.



The Interim Review has also addressed other administrative issues as identified by stakeholders and agreed by the National Transport Commission (NTC) and Austroads.

The Interim Review has provided an opportunity to secure general feedback from the medical profession as well as consumer and transport groups regarding the implementation of the standards, and has therefore provided a sound basis for preparation for the major review scheduled for completion in 2008.

The Interim Review has been overseen by the Assessing Fitness to Drive Maintenance Group, which was formalised earlier in 2005 to provide ongoing input into the development and implementation of the driver medical standards. Membership of the Maintenance Group (Appendix 2) comprises State and Territory driver licensing authorities, public passenger and dangerous goods licensing authorities, as well as medical representatives and representatives from Austroads and the NTC. A representative from the Australian Medical Association was also nominated to the group for the period of the Interim Review.

This report describes the findings of the Interim Review and makes recommendations relating to the ongoing maintenance of the standards as well as the major review scheduled for completion by the end of 2008.

2. METHODOLOGY

The methodology of the Interim Review was designed to secure input from a range of relevant stakeholders including:

- individual health professionals;
- professional organisations representing health professionals;
- consumer health organisations;
- transport organisations; and
- driver licensing authorities, including those responsible for licensing of private, commercial, public passenger and dangerous goods vehicle drivers.

2.1 Survey of health professionals

Comment from individual health professionals was sought via a survey, which was available online via the NTC and Austroads websites (refer Appendix 3). The survey sought feedback regarding the following aspects of *Assessing Fitness to Drive 2003*:

- awareness, access and usability;
- education and support facilities;
- conditional licences;
- reporting responsibilities of health professionals;
- experience with driver licensing authorities; and
- impact on relationships between health professionals and patients.

It also gave health professionals the opportunity to highlight medical issues to be addressed in the lead up to full review which is scheduled for completion in 2008.

The survey was widely and vigorously promoted through:

- an advertisement in Australian Medicine (refer to Appendix 4);
- email, fax and newsletter announcements via health professional organisations including the Australian Medical Association, Divisions of General Practice, the Royal Australian College of General Practitioners, specialist Colleges and Societies (refer Appendix 5);
- announcements to assessing doctors via driver licensing authorities; and
- emails to *Assessing Fitness to Drive 2003* online tutorial participants.

Analysis was conducted to identify overall responses as well as responses specific to health professional groups (including optometrists, general practitioners and neurologists). Variations in responses between rural and metropolitan health professionals were also examined.

2.2 Focus groups for health professionals

In addition to the survey, health professionals were invited to participate in focus groups in order to explore issues in more depth. Five focus groups were conducted: two in Sydney, two in Melbourne and one rural focus group (conducted via teleconference). Health professionals

who participated in the sessions were sourced from the online survey. Licensing authorities were also represented, as was the Rural Doctors Association of Australia and MS Australia.

Participants included:

- general practitioners;
- occupational therapists;
- optometrists and an orthoptist;
- neurologists;
- a specialist in occupational medicine;
- a forensic medicine specialist; and
- a rehabilitation medicine specialist.

2.3 Submissions from professional health organisations

Sixty seven health professional organisations were formally invited to make submissions to the Interim Review (refer Appendix 5).

Organisations were approached with a request for input regarding:

- administrative issues associated with the implementation of the revised standards;
- their views about the impact of changes introduced in the *Assessing Fitness to Drive 2003* edition, including the broader application of conditional licences to drivers generally, and the requirement for specialist advice on conditional licences for commercial vehicle drivers; and
- the impact on health professionals workload and the capacity of driver licensing authorities to manage any additional work flow arising from these changes.

Health professional organisations were contacted in the following ways:

- personal letter to chairman or chief executive;
- follow-up email;
- follow-up phone call; and
- individual meetings with select organisations such as the Epilepsy Society.

In addition to the invitations to contribute to the review process, information was readily accessible from the following websites:

- NTC website www.ntc.gov.au: this site contained general information on the Interim Review which included inviting appropriate stakeholders to participate in the review and the Terms of Reference.
- Austroads website www.austroads.com.au: this site contained a brief amount of information on the review on a number of *Assessing Fitness to Drive 2003* pages, the main function of providing this information was to direct website traffic to the more in-depth NTC site.
- Communicating for Health survey page www.cfh.com.au/aftdsurvey: the main function of this site was staging the online survey; a brief amount of information on the Interim Review was also available.

2.4 Submissions from consumer organisations

Sixty five consumer organisations were invited to make submissions (refer Appendix 5), including organisations representing consumers with diabetes, epilepsy, Alzheimer's disease and a range of other conditions likely to impact on driving. These organisations were contacted in the following ways:

- personal letter to chairman or chief executive;
- follow-up phone call; and
- email and further follow-up calls as required.

2.5 Submissions from transport organisations

Thirty six transport organisations were invited to make a submission (refer Appendix 5), including Federal and State branches of the Australian Trucking Association. These organisations were contacted in the following ways:

- personal letter;
- follow-up phone call; and
- email and further follow-up calls as required.

2.6 Submissions from driver licensing authorities

Twenty driver licensing authorities were asked to complete an information request (refer Appendix 6). driver licensing authorities included public passenger vehicle and dangerous goods authorities, as well as private and commercial passenger vehicle authorities. The information request covered both qualitative and quantitative data, which included:

- statistics on private and commercial vehicle licences and conditional licences;
- impressions of the impact of *Assessing Fitness to Drive 2003* changes on the management of driver licensing (within jurisdiction);
- other issues relevant to this Interim Review and the full review scheduled for completion by 2008; and
- copies of current medical forms and standard letters used in relation to medical matters.

The licensing authorities were contacted in the following ways:

- personal letter;
- tailored information request for qualitative and quantitative data emailed to each organisation; and
- follow-up phone call to ensure information received and understood.

2.7 Assessing Fitness to Drive Maintenance Group Meeting

The review was overseen by the Assessing Fitness to Drive Maintenance Group which was established by the NTC following a meeting of the licensing authorities in October 2004. A meeting of the Maintenance Group was conducted on 5 October 2005. Fourteen driver licensing authorities representing most States and Territories attended the one-day meeting to discuss the inputs received during the review process and to formulate recommended actions.

Specific issues covered during the meeting included:

- data collection of driver medical conditions and crash statistics;
- conditional driver licences;
- support for examining health professionals;
- education and awareness for health professionals and drivers;
- legal issues;
- forms and other administrative issues; and
- preparation for the full review scheduled for completion by 2008.

For the purpose of the Interim Review an Australian Medical Association representative, Dr William Heddle, joined the Assessing Fitness to Drive Maintenance Group.

2.8 Review of comments received by Austroads since publication of *Assessing Fitness to Drive 2003*

A further input into the review was the database of comments received since publication of *Assessing Fitness to Drive 2003* and compiled by Austroads. A summary of these issues is included in Appendix 10.

2.9 Review of relevant legal cases and coronial inquiries

Coronial inquiries and other legal proceedings represent important inputs to the ongoing maintenance of *Assessing Fitness to Drive 2003* as they provide insight into the tragic outcomes of road crashes and how medical issues can contribute. A number of recent cases were reviewed including those sourced via driver licensing authorities and the national coronial database.

3. FINDINGS – HEALTH PROFESSIONAL SURVEY AND FOCUS GROUPS

3.1 Demographics and general considerations

3.1.1 Health professional survey

A total of 357 survey responses were received – 322 were completed online and 35 were received as hard copy.

Responses from general practitioners amounted to 18.5% of total responses, reflecting the difficulty of securing responses from this important group of stakeholders.

31.9% of respondents were medical specialists, of which 36% were neurologists (11.5% of total responses). The high response from neurologists reflects a general heightened concern about driving and health issues amongst this group, particularly in relation to epilepsy. It also reflects considerable effort by the Epilepsy Society to alert their membership to the Interim Review. The 41 responses from neurologists represent 10% of membership of the Australian Association of Neurologists.

Optometrists were a further group that was strongly represented in the survey responses, again due to considerable interest in the issues surrounding assessing fitness to drive. 40.8% of respondents were optometrists. The 141 respondents represent approximately 4% of the membership of the Optometrists Association of Australia.

There was a good response from rural practitioners (26.5% of total, 48.5% of general practitioners) and a generally balanced response from the various States and Territories (refer Table 4 & 5).

The high response rate from neurologists and optometrists does skew the survey results, particularly in relation to some issues. Results are therefore presented for these groups separately, as well as for total respondents. Results for general practitioners are also presented separately, this being an important stakeholder group.

Some bias in the survey results is acknowledged, as respondents have self-selected in replying to the survey. Interestingly however, 22 respondents (6.2%) had not heard of *Assessing Fitness to Drive 2003* prior to completing the survey.

Table 1. Nature of the practice of survey respondents

	Number (n=357)	Percent
Medical Practitioner – General practitioner	66	18.5%
Medical Practitioner - Specialist	114	31.9%
Other Health Professional (including Optometrists, Occupational Therapists)	176	49.3%
Missing data	1	0.3%

Table 2. Area of specialty (specialist medical practitioners)

	Number (n=114)	Percent
Anaesthesia	1	0.9%
Cardiology	3	2.6%
Clinical Psychology/Neuropsychology	11	9.6%
Emergency Medicine	2	1.8%
Endocrinology	4	3.5%
Gastroenterology	0	0%
Geriatric Medicine	3	2.6%
Infectious Diseases	0	0%
Neurology	41	36%
Nephrology	8	7%
Obstetrics/Gynaecology	4	3.5%
Occupational Medicine	20	17.5%
Oncology	0	0%
Ophthalmology	4	3.5%
Otolaryngology	0	0%
Pharmacology	0	0%
Psychiatry	1	0.9%
Rehabilitation Medicine	5	4.4%
Rheumatology	1	0.9%
Sleep/Respiratory Medicine	6	5.3%

Table 3. Area of specialty (other health professionals)

	Number (n=176)	Percent
Occupational Therapist	19	10.8%
Optometrist	146	83%
Other	11	6.2%

Table 4. Location (State/Territory) of main practice

	Total		GPs		Neurologists		Optometrists	
	Number (n=350)	Percent	Number (n=66)	Percent	Number (n=39)	Percent	Number (n=144)	Percent
ACT	8	2.3%	1	1.5%	2	5.1%	1	0.7%
NSW	114	32.6%	19	28.8%	18	46.2%	49	34%
NT	12	3.4%	6	9.1%	0	0%	2	1.4%
QLD	64	18.3%	18	27.3%	5	12.8%	28	19.4%
SA	33	9.4%	4	6.1%	7	17.9%	12	8.3%
TAS	10	2.9%	3	4.5%	0	0%	6	4.2%
VIC	81	23.1%	11	16.7%	6	15.4%	31	21.5%
WA	28	8%	4	6.1%	1	2.6%	15	10.4%

Table 5. Location (Metropolitan/Regional) of main practice

	Total		GPs		Neurologists		Optometrists	
	Number (n=351)	Percent	Number (n=66)	Percent	Number (n=39)	Percent	Number (n=144)	Percent
Metropolitan	246	70.1%	34	51.5%	28	71.8%	112	77.8%
Regional / Rural	93	26.5%	32	48.5%	7	17.9%	32	22.2%
Both Metropolitan & Regional/Rural	12	3.4%	0	0%	4	10.3%	0	0%

3.1.2 Focus groups

Twenty eight people participated in the five focus groups. The groups' compositions were as follows:

Group 1 – Sydney

- forensic medicine specialist;
- occupational medicine specialist;
- rehabilitation specialist;
- orthoptist;
- optometrist; and
- representative from NSW RTA.

Group 2 – Sydney

- neurologist;
- occupational therapists (x2);
- liver specialist;
- general practitioner; and
- representative from NSW RTA.

Group 1 – Melbourne

- general practitioner;
- representative from MS Society;
- optometrist (x2);
- occupational therapist; and
- representatives from VicRoads (x2)

Group 2 – Melbourne

- occupational therapist;
- human factors psychologist;
- optometrist (x2); and
- representatives from VicRoads (x2).

Rural Group

- general practitioner (x2) including representative from Rural Doctors Association;
- representative from Epilepsy Australia;
- neurologist;
- representative from RTA; and
- representative from NTC.

3.2 Awareness, access and usability of *Assessing Fitness to Drive 2003*

The survey sought health professionals' feedback about the frequency with which they assessed patients' fitness to drive and their use of the book *Assessing Fitness to Drive 2003*. The focus groups provided an opportunity to explore particular issues in more detail.

3.2.1 Frequency of assessing fitness to drive

In terms of frequency of assessing fitness to drive, the optometrists' data skews the results as a high proportion of optometrists (40%) assess fitness to drive of private vehicle drivers on a daily basis. With optometrist data excluded, 25% of respondents assess fitness to drive of private vehicle drivers on a daily basis, 29% assess several times per week and 35% assess fitness to drive several times per month (refer Table 6).

Almost 50% of neurologists assess fitness to drive for private vehicle drivers several times per week.

In relation to commercial vehicle drivers, 19% of total respondents make assessments several times per month, including 23% of general practitioners, 26% of neurologists and 21% of optometrists (refer Table 7).

Table 6. How often in the course of your practice would you assess or provide advice on a patient's fitness to drive?

	Total		GPs		Neurologists		Optometrists		Total (optometrist data excluded)	
	(n=356)	%	(n=66)	%	(n=41)	%	(n=145)	%	(n=211)*	%
Daily	77	21.6%	2	3.0%	8	19.5%	52	35.9%	25	11.8%
Several times a week	100	28.1%	15	22.7%	20	48.8%	39	26.9%	61	28.9%
Several times a month	114	32%	36	54.5%	10	24.4%	40	27.6%	74	35.1%
Several times a year	35	9.8%	9	13.6%	2	4.9%	10	6.9%	25	11.8%
Occasionally	17	4.8%	4	6.1%	0	0%	4	2.8%	13	6.2%
Rarely	13	3.7%	0	0%	1	2.4%	0	0%	13	6.2%

* Does not include Optometrist data

Table 7. How often in the course of your practice would you conduct an assessment or provide advice on the fitness to drive of a *commercial vehicle driver* (e.g. bus driver, heavy vehicle driver, taxi driver, etc.) for the application or renewal of a commercial vehicle licence?

	Total		GPs		Neurologists		Optometrists		Total (optometrist data excluded)	
	(n=355)	%	(n=65)	%	(n=41)	%	(n=146)	%	(n=209)*	%
Daily	10	2.8%	0	0%	0	0%	8	5.5%	2	1%
Several times a week	28	7.9%	2	3.1%	1	2.4%	14	9.6%	14	6.7%
Several times a month	68	19.2%	15	23.1%	11	26.8%	31	21.2%	37	17.7%
Several times a year	124	34.9%	32	49.2%	18	43.9%	50	34.2%	74	35.4%
Occasionally	69	19.4%	11	16.9%	7	17.1%	29	19.9%	40	19.1%
Rarely	56	15.8%	5	7.7%	4	9.8%	14	9.6%	42	20.1%

* Does not include Optometrist data

3.2.2 Use of Assessing Fitness to Drive 2003

Use of the standards when assessing patients' fitness to drive varied considerably (refer Table 8). Overall 48% of respondents refer to the standards most of the time (78% of neurologists, 47% of general practitioners). 16.4% of optometrists rarely or never refer to the standards, compared to 4.5% of general practitioners and 2.5% of neurologists. With optometrist data removed, 7.6% of respondents rarely or never refer to the standard, and 8% were unaware of the standard prior to completing the survey.

Table 8. In providing advice regarding fitness to drive (for either private or commercial vehicle drivers), do you refer to the publication *Assessing Fitness to Drive 2003*?

	Total		GPs		Neurologists		Optometrists		Total (optometrist data excluded)	
	(n=356)	%	(n=66)	%	(n=41)	%	(n=146)	%	(n=210)*	%
Most of the time	170	47.8%	31	47%	32	78%	57	39%	113	53.8%
Some of the time	124	34.8%	30	45.5%	8	19.5%	60	41.2%	64	30.5%
Rarely or never	40	11.2%	3	4.5%	1	2.5%	24	16.4%	16	7.6%
I was not aware of AFTD prior to this survey	22	6.2%	2	3%	0	0%	5	3.4%	17	8.1%

* Does not include Optometrist data

3.2.3 Preferred format and distribution

Most respondents to the survey (90%) use the printed form of the book as distinct from the electronic form which can be downloaded from the internet (refer table 3.2.4). This was an important consideration in the initial distribution of *Assessing Fitness to Drive* in 2003 and remains so based on this input. Respondents to the survey and participants in the focus groups were happy to continue to receive mailed copies directly.

Despite a comprehensive direct mail distribution in 2003, only 56.8% of survey respondents overall indicated that they received a copy in the mail. 74.2% of general practitioners and 78.9% of neurologists indicated that they had received a copy in the mail. Only 39.8% of responding optometrists had received a copy in the mail from Austroads.

Mailing lists for general practitioners, neurologists and optometrists were obtained from the Australian Medical Publishing Company. The choice to utilise this mailing list was based on cost considerations as the Optometrist Association indicated a cost of over \$9,000 to mail to their 3,200 members and the organisation would not provide a list to the NTC. The Neurologist Association was also not prepared to provide a mailing list.

It was also apparent from some comments that various other health professionals did not receive the book as part of the direct mailout in 2003.

Despite the preference for hard copy, access to an electronic format remains important, and it was widely suggested that email notification of the book's availability and a link was desirable. Respondents made a number of suggestions for improvement of access of the electronic format. A common suggestion was for the book to be available via online prescribing packages. A more readily searchable format was also suggested.

Focus group participants also emphasised the importance of retaining hard copy distribution whilst enhancing awareness and utility of the soft copy version.

The importance of the involvement of professional societies in creating awareness of *Assessing Fitness to Drive* was evident in the survey responses, with 82.8% indicating that they would like to be informed about future editions via their society.

Table 9. Which format of *Assessing Fitness to Drive 2003* do you usually use?

	Total		GPs		Neurologists		Optometrists	
	Number (n=338)	Percent	Number (n=64)	Percent	Number (n=41)	Percent	Number (n=140)	Percent
Printed copy	303	89.6%	61	95.3%	36	87.8%	129	92.1%
PDF version downloaded from the internet	35	10.4%	3	4.7%	5	12.2%	11	7.9%

Table 10. If you have a printed copy of the standards (purple book), how did you acquire this?

	Total		GPs		Neurologists		Optometrists	
	Number (n=315)	Percent	Number (n=62)	Percent	Number (n=38)	Percent	Number (n=133)	Percent
Received via direct mail	179	56.8%	46	74.2%	30	78.9%	53	39.8%
Ordered from driver licensing authority/ Austroads	45	14.3%	4	6.5%	6	15.8%	13	9.8%
Received via professional association	77	24.4%	8	12.9%	2	5.3%	60	45.1%
Other	14	4.4%	4	6.5%	0	0%	7	5.3%

Table 11. How would you like to be informed about future editions of the medical standards?*

	Total		GPs		Neurologists		Optometrists	
	Number (n=344)	Percent	Number (n=63)	Percent	Number (n=41)	Percent	Number (n=143)	Percent
Information from your professional association	285	82.8%	42	66.7%	29	70.7%	134	93.7%
Feature articles in journals	75	21.8%	18	28.6%	11	26.8%	18	12.6%
Advertisements in journals	45	13.1%	14	22.2%	4	9.8%	11	7.7%
Promotion via online prescribing package	58	16.9%	14	22.2%	9	22%	18	12.6%
Other	75	21.8%	20	31.7%	13	31.7%	11	7.7%

* Percentage does not add up to 100 as some respondents would like to be informed by more than one source.

Common comments relating to awareness and access (all comments are included in Appendix 9):

- send notification via email;
- mail book directly;
- more advertising;
- include in Medical Director;
- societies and Divisions of General Practice alert members (link from sites);
- presentations at conferences;
- develop interest groups within societies;
- inform all occupational therapeutic assessors directly;
- include articles in health consumer newsletters;

- create awareness through Practice Managers Association;
- create awareness in emergency departments and major medical facilities; and
- ensure promotion to all relevant health professionals (not just doctors).

Most of the suggestions for improving awareness and access were in fact implemented in the 2003 distribution/promotion phase. This therefore reinforces the need for ongoing efforts in this regard if desired reach is to be achieved.

The suggestions relating to improved involvement of specialist societies further points to the need for attention to ongoing partnerships.

3.2.4 Layout and presentation

Most respondents to the survey (78.7%) find it easy to access the information they require from *Assessing Fitness to Drive 2003*. General practitioners in particular (89%) find this to be the case. The response from neurologists was however significantly poorer (51.2%). (Refer Table 3.2.7).

Most (78.4%) also find *Assessing Fitness to Drive 2003* logically presented. Again, general practitioners scored higher (82.8%) and neurologists lower (60%). Focus group participants were also positive about the layout and presentation of the book, many indicating that it was a considerable improvement compared to the previous editions (*Assessing Fitness to Drive 2001* and *Medical Examinations for Commercial Vehicle Drivers 1997*).

Most survey respondents (73.8%) find the distinction between private and commercial driver standards clear (general practitioners 82%; neurologists and optometrists lower on 70%). In addition, a number of focus group participants indicated that the combination of the standards into adjacent columns was very helpful.

Only 59% find the medical criteria clear and easy to interpret. Neurologists were particularly negative in this regard (24.4%) possibly reflecting particular issues with the Epilepsy Chapter and other neurological criteria. General practitioners rated considerably more highly (70.3%). Further discussion in the focus groups identified that some health professionals find the use of the terminology “criteria for an unconditional licence are not met if” cumbersome and confusing, due to the double negative.

58.8% of respondents found *Assessing Fitness to Drive 2003* to cover the majority of medical scenarios. General practitioners were higher (75%); and neurologists (51.2%) and Optometrists (44.2%) significantly lower.

Feedback provided in relation to the presentation, format and general usability included (refer Appendix 9):

- include summaries (laminated cards);
- include all important information in the tables;
- include tabs to more readily access chapters;
- improve the index; place it at front for easy access;
- clearer language – provide clear statement of minimum standard for unconditional licence and criteria for conditional licence;
- use of case scenarios to demonstrate issues;
- provide flow diagrams;
- improve specificity in some areas;

- greater precision – it is not clear what terms like “significantly impaired” mean;
- some of the information is very general and therefore difficult to interpret;
- clarification of what is meant by a driver assessment (and other similar terms); and
- prefer lack of specificity as treats doctor intelligently and recognises need for judgement.

3.2.5 Forms

Response to the question regarding the forms points to the confusion evident about this aspect of the standards. Only 30.9% indicated that they found the forms useful and 56.6% were undecided. Confusion was also evident in the focus groups, particularly with respect to the difference between the Model Medical Certificate and the Medical Condition Notification Form.

Suggestions from survey respondents and focus group participants included:

- inclusion of forms separately as electronic file; and
- improved headings on forms.

Table 12. Please comment on the usability of Assessing Fitness to Drive?

		Disagree	Undecided	Agree
I find it easy to access the information I require	Total (n=334)	10.8%	10.5%	78.7%
	GPs (n=64)	4.7%	6.3%	89%
	Neurologists (n=41)	31.7%	17.1%	51.2%
	Optometrists (n=139)	7.2%	10.1%	82.8%
I find the publication logically presented	Total (n=333)	9.3%	12.3%	78.4%
	GPs (n=64)	6.3%	10.9%	82.8%
	Neurologists (n=40)	27.5%	12.5%	60%
	Optometrists (n=139)	6.5%	16.5%	77%
The difference between private and commercial vehicle drivers is clearly defined	Total (n=329)	14%	12.2%	73.8%
	GPs (n=61)	9.8%	8.2%	82%
	Neurologists (n=40)	27.5%	2.5%	70%
	Optometrists (n=139)	13.7%	15.8%	70.5%
I find the medical criteria clear and easy to interpret	Total (n=324)	21.3%	20.7%	59%
	GPs (n=64)	12.5%	17.2%	70.3%
	Neurologists (n=41)	53.6%	22%	24.4%
	Optometrists (n=130)	9.2%	25.4%	65.4%
I find the publication covers most medical scenarios	Total (n=323)	16.4%	24.8%	58.8
	GPs (n=64)	9.4%	15.6%	75%
	Neurologists (n=41)	39%	9.8%	51.2%
	Optometrists (n=131)	7.7%	38.2%	44.2%
I find the forms useful	Total (n=311)	12.5%	56.6%	30.9%
	GPs (n=64)	9.4%	57.8%	32.8%
	Neurologists (n=38)	34.3%	44.7%	21.1%
	Optometrists (n=128)	6.3%	67.2%	26.5%

3.3 Education and support

The survey sought feedback about the education provided to health professionals with respect to *Assessing Fitness to Drive 2003*. It also sought feedback regarding the support provided to health professionals by the driver licensing authorities and the general communication between the two groups. These issues were explored in greater depth in the focus groups.

3.3.1 Austroads website

The Austroads website hosts a separate section for *Assessing Fitness to Drive 2003*, featuring information for health professionals, private drivers, commercial drivers and road transport operators. An electronic version of the book is also downloadable from the site, along with information resources.

A high proportion of respondents to the survey (71.8%) have not accessed the Austroads website (refer Table 13). This reflects the preference for the hard copy of the book and general lack of awareness of the site. Of those who have accessed the site, most (67%) found it easy to navigate and most (62.8%) also found information relating to *Assessing Fitness to Drive 2003* easy to find.

Most (62.5%) found the supporting information for health professionals on the website useful.

Just over half of respondents (52.3%) were undecided as to whether they found the supporting information for patients useful. This may be because they did not access it.

Table 13. Please indicate when you last accessed the Austroads website

	Total		GPs		Neurologists		Optometrists	
	Number (n=348)	Percent	Number (n=65)	Percent	Number (n=41)	Percent	Number (n=143)	Percent
Within the last week	14	4%	0	0%	2	4.9%	2	1.4%
Within the last month , but not within the last week	10	2.9%	1	1.5%	3	7.3%	1	0.7%
Within the last 6 months , but not within the last month	40	11.5%	5	7.7%	3	7.3%	9	6.3%
Within the last year , but not within the last 6 months	28	8%	5	7.7%	3	7.3%	10	7%
At the time of the launch of <i>Assessing Fitness to Drive</i> (October 2003)	6	1.7%	1	1.5%	1	2.4%	2	1.4%
I have never accessed the site	250	71.8%	53	81.5%	29	70.7%	119	83.2%

Table 14. If you have accessed the Austroads website, please indicate your experience of the site

		Disagree	Undecided	Agree
I found the site easy to navigate	Total (n=91)	16.5%	16.5%	67%
	GPs (n=12)	8.3%	16.7%	75%
	Neurologists (n=10)	20%	50%	30%
	Optometrists (n=23)	8.7%	34.8%	56.5%
I found the information relating to AFTD easy to access	Total (n=90)	11.1%	25.6%	62.8%
	GPs (n=12)	8.3%	33.3%	58.3%
	Neurologists (n=10)	10%	50%	40%
	Optometrists (n=23)	4.3%	43.5%	52.2%
I found the supporting information for health professionals useful	Total (n=88)	6.8%	30.7%	62.5%
	GPs (n=12)	0%	41.7%	58.3%
	Neurologists (n=10)	30%	40%	30%
	Optometrists (n=23)	4.3%	39.1%	56.5%
I found the supporting information for patients useful	Total (n=88)	10.2%	52.3%	37.5%
	GPs (n=12)	0%	50%	50%
	Neurologists (n=10)	20%	70%	10%
	Optometrists (n=23)	4.3%	65.2%	30.4%

3.3.2 Online tutorial

One of the educational initiatives available to health professionals is the online tutorial hosted by GP Learning.

The tutorial presents a series of case studies as well as background information about the standard and the support resources available. Very few respondents (6.5%) were familiar with the online tutorial package for health professionals. Fewer (4.3%) had participated in the tutorial. This was despite 40.7% indicating that they preferred online educational approaches (refer Table 20).

The usage reflects the lack of ongoing promotion of the resource.

A total of 966 health professionals have completed the tutorial to the end of September 2005 (refer Figure 1). Usage of the tutorial has increased gradually since November 2004. Usage increased significantly during the period of the Interim Review – 217 health professionals accessed the tutorial during that period, compared to approximately 150 in the previous 3 month period.

Table 15. Were you familiar with the Assessing Fitness to Drive 2003 online tutorial prior to completing this survey?

	Total		GPs		Neurologists		Optometrists	
	Number (n=352)	Percent	Number (n=65)	Percent	Number (n=41)	Percent	Number (n=144)	Percent
Yes	23	6.5%	12	18.5%	1	2.4%	1	0.7%
No	329	93.5%	53	81.5%	40	97.6%	143	99.3%

Table 16. Have you participated in the *Assessing Fitness to Drive* online tutorial?

	Total		GPs		Neurologists		Optometrists	
	Number (n=77)	Percent	Number (n=20)	Percent	Number (n=15)	Percent	Number (n=13)	Percent
Yes	15	19.5%	11	55%	0	0%	0	0%
No	62	80.5%	9	45%	15	100%	13	100%

Table 17. If YES, how would you rate the tutorial in terms of ACCESSIBILITY:

	Total	
	Number (n=15)	Percent
Inaccessible	0	0%
Some difficulty with access	4	26.7%
Readily accessible	11	73.3%

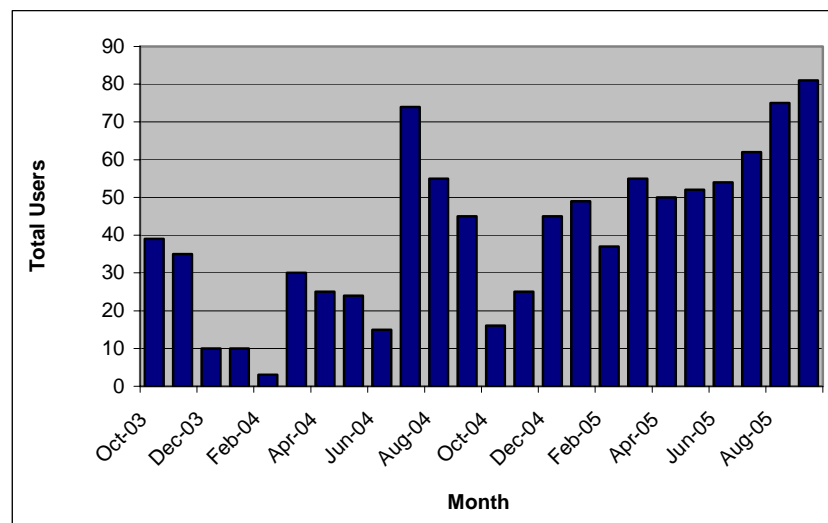
Table 18. If YES, how would you rate the tutorial in terms of USEFULNESS:

	Total	
	Number (n=15)	Percent
Not useful	0	0%
Of some use	9	60%
Very useful	6	40%

Table 19. If YES, how would you rate the tutorial in terms of RELEVANCE TO PRACTICE:

	Total	
	Number (n=15)	Percent
Not relevant	0	0%
Of some relevance	7	46.7%
Very relevant	8	53.3%

Figure 1. Assessing Fitness to Drive online tutorial usage statistics (October 2003 – September 2005)



3.3.3 Preferred educational approaches

Respondents to the survey indicated their preferred educational approaches as follows:

- reading the standard (65.4%);
- online education (40.7%);
- face-to-face education (26.4%) and
- journals (19.2%).

There was a general feeling amongst focus group participants that there was a need for ongoing education regarding *Assessing Fitness to Drive 2003*. Integration with existing organisational structures was preferred, e.g. through conferences, special interest groups, General Practice Divisions, specialist societies and colleges, etc.

Table 20. What are your preferred learning approaches to the driver medical standards?

	Total		GPs		Neurologists		Optometrists	
	Number (n=344)	Percent	Number (n=63)	Percent	Number (n=39)	Percent	Number (n=144)	Percent
Online learning tutorial	140	40.7%	34	54%	7	17.9%	62	43.1%
Reading the standards (no additional approach required)	225	65.4%	34	54%	24	61.5%	101	70.1%
Face-to-face education sessions	91	26.4%	27	42.9%	8	20.5%	30	20.8%

	Total		GPs		Neurologists		Optometrists	
	Number (n=344)	Percent	Number (n=63)	Percent	Number (n=39)	Percent	Number (n=144)	Percent
Reading relevant medical journals	66	19.2%	16	25.4%	15	38.5%	18	12.5%
Other	18	5.2%	2	3.2%	5	12.8%	5	3.5%

* Percentage does not add up to 100 as some respondents prefer more than one learning approach.

3.3.4 Support provided by driver licensing authorities

Overall, 41.1% of survey respondents indicated that they had contacted their driver licensing authority about assessing fitness to drive. The proportion is higher for neurologists (63.4%) and general practitioners (50%) and lower for optometrists (21.7%). Refer Table 21.

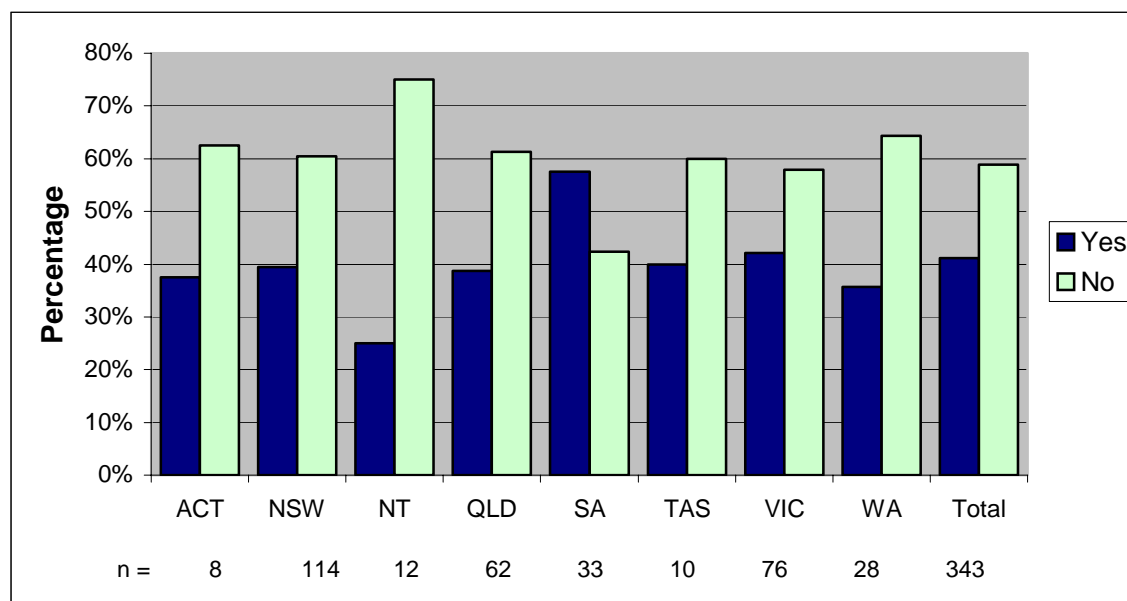
Table 21. Have you ever contacted the driver licensing authority in your State or Territory to seek guidance in assessing fitness to drive?

	Total		GPs		Neurologists		Optometrists	
	Number (n=350)	Percent	Number (n=66)	Percent	Number (n=41)	Percent	Number (n=143)	Percent
Yes	144	41.1%	33	50%	26	63.4%	31	21.7%
No	206	58.9%	33	50%	15	36.6%	112	78.3%

State and Territory breakdown of respondents from Table 21

Jurisdiction (n=343)	Yes (%)	No (%)
ACT (n=8)	37.5%	62.5%
NSW (n=114)	39.5%	60.5%
NT (n=12)	25%	75%
QLD (n=62)	38.7%	61.3%
SA (n=33)	57.6%	42.4%
TAS (n=10)	40%	60%
VIC (n=76)	42.1%	57.9%
WA (n=28)	35.7%	64.3%
Total	40.8%	59.2%

* Note: seven respondents did not indicate State

Figure 2. Have you ever contacted the driver licensing authority in your State or Territory to seek guidance in assessing fitness to drive? (State breakdown)

Of those who had contacted their driver licensing authority, 41.4% found it easy to access a knowledgeable person at the driver licensing authority. The response from neurologists was significantly more negative than this overall figure (only 18.5%). 56.2% of general practitioners and 48.4% of optometrists indicated that they were able to access a knowledgeable person (refer Table 22).

Less than half (47.6%) found the driver licensing authority helpful in providing advice – general practitioners 56.3%, neurologists 39.3%, optometrists 51.6% (refer Table 22).

The responses relating to the support provided by the different States and Territories varied considerably. For example, in Victoria 60.6% of health professionals who contacted the driver licensing authority found it easy to access a knowledgeable person. Whilst there remains considerable room for improvement in this response, it compares favourably to other States - 10.1% in South Australia, 33.3% in New South Wales and 52% in Queensland. Small numbers in other States and Territories make it difficult to draw conclusions in this regard (refer Table 22).

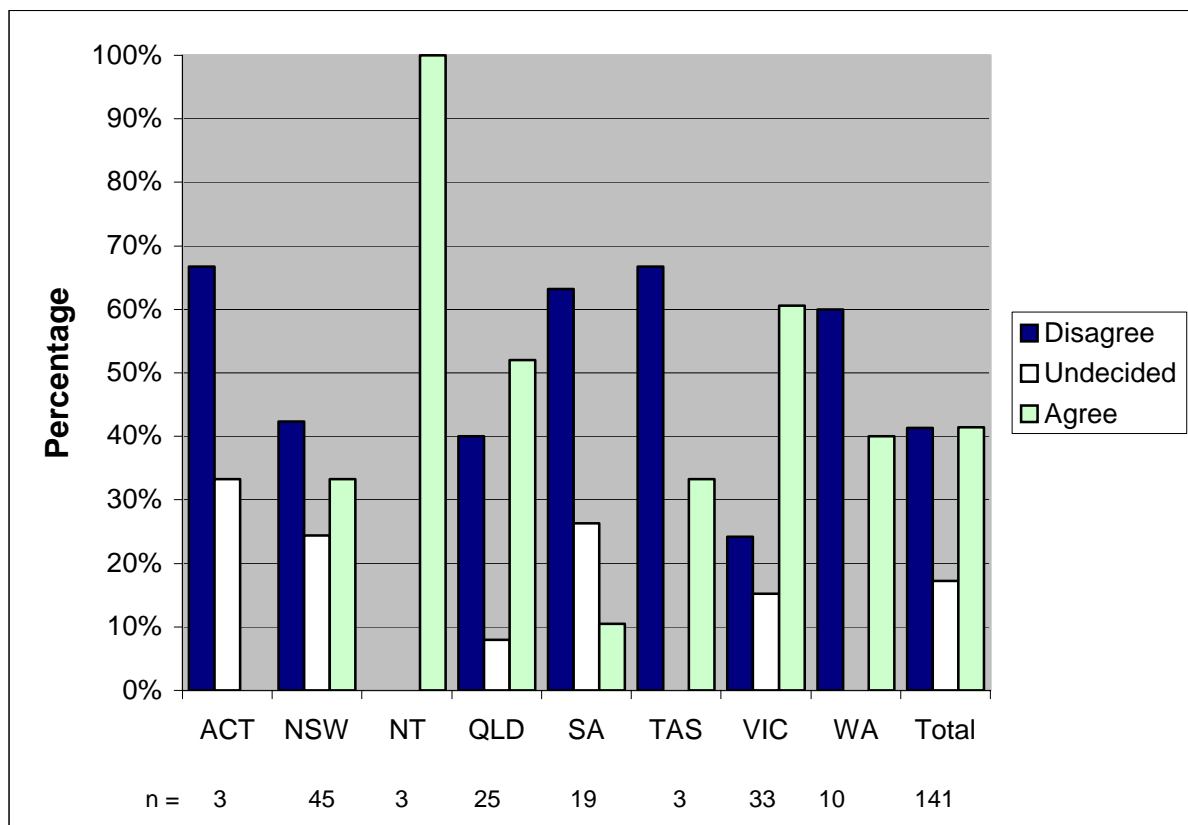
Table 22. If you have contacted the driver licensing authority, please indicate your general experience in liaising with the driver licensing authority:

		Disagree	Undecided	Agree
I found it easy to access knowledgeable personnel within the driver licensing authority	Total (n=145)	41.3%	17.2%	41.4%
	GPs (n=32)	25%	18.8%	56.2%
	Neurologists (n=27)	66.6%	14.8%	18.5%
	Optometrists (n=31)	29%	22.6%	48.4%
I found the driver licensing authority helpful in providing advice about managing the particular case	Total (n=145)	39.3%	13.1%	47.6%
	GPs (n=32)	28.1%	15.6%	56.3%
	Neurologists (n=28)	43.6%	7.1%	39.3%
	Optometrists (n=31)	38.7%	9.7%	51.6%

State and Territory breakdown of respondents in Table 22

	Jurisdiction (n=141)	Disagree	Undecided	Agree
I found it easy to access knowledgeable personnel within the driver licensing authority	ACT (n=3)	66.7%	33.3%	0%
	NSW (n=45)	42.3%	24.4%	33.3%
	NT (n=3)	0%	0%	100%
	QLD (n=25)	40%	8%	52%
	SA (n=19)	63.2%	26.3%	10.5%
	TAS (n=3)	66.7%	0%	33.3%
	VIC (n=33)	24.2%	15.2%	60.6%
	WA (n=10)	60%	0%	40%
	Total		41.8%	17%

Figure 3. I found it easy to access knowledgeable personnel within the driver licensing authority (State and Territory breakdown)



Similarly, in Victoria 68.7% of those who had contacted the driver licensing authority found them helpful in providing advice about managing the particular case. This compares to 44% in Queensland, 30% in South Australia and 45.6% in New South Wales.

State and Territory breakdown of respondents in Table 22

	Jurisdiction (n=141)	Disagree	Undecided	Agree
I found the driver licensing authority helpful in providing advice about managing the particular case	ACT (n=3)	66.7%	33.3%	0%
	NSW (n=46)	43.5%	10.9%	45.6%
	NT (n=2)	0%	0%	100%
	QLD (n=25)	48%	8%	44%
	SA (n=20)	50%	20%	30%
	TAS (n=3)	33.3%	33.3%	33.3%
	VIC (n=32)	18.8%	12.5%	68.7%
	WA (n=10)	50%	10%	40%
	Total		39.7%	12.8%

Figure 4. I found the driver licensing authority helpful in providing advice about managing the particular case (State & Territory breakdown)

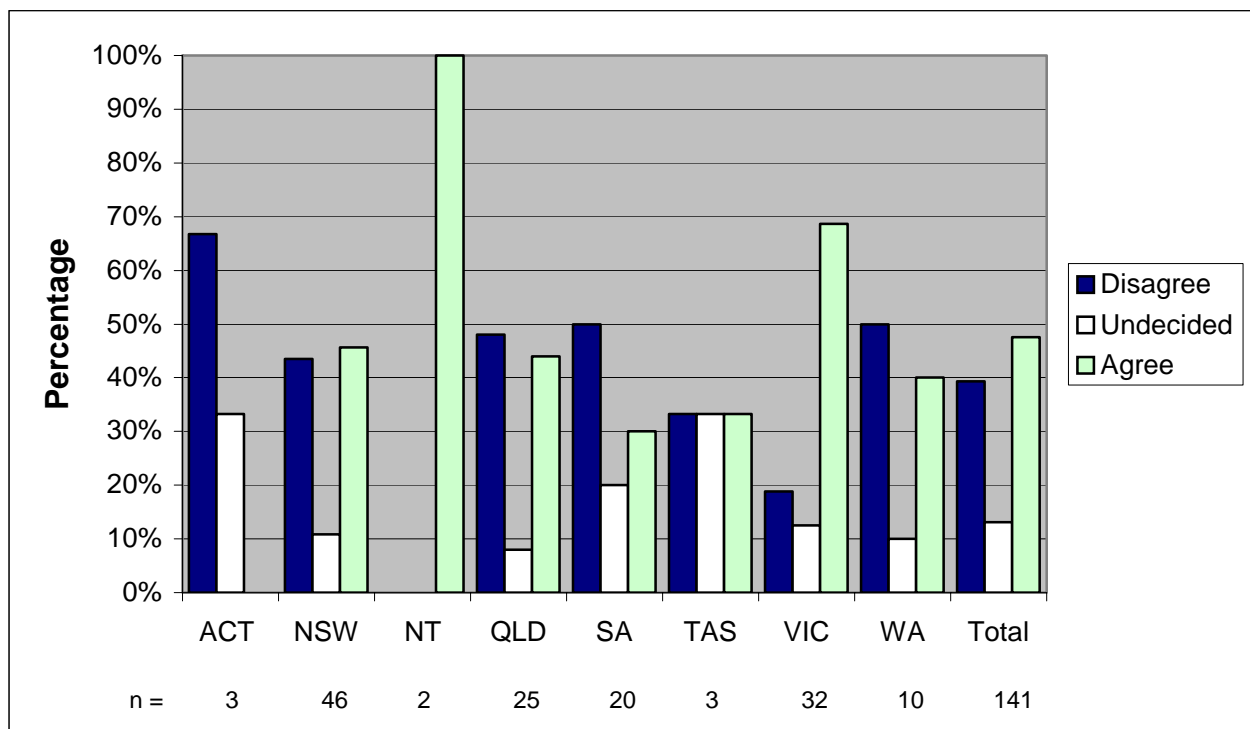


Table 23. If you have contacted the driver licensing authority, what assessing fitness to drive issue were you seeking clarity on?

	Total		GPs		Neurologists		Optometrists	
	Number (n=145)	Percent	Number (n=33)	Percent	Number (n=27)	Percent	Number (n=30)	Percent
Administrative issues (processes)	57	39.3%	11	33.3%	11	40.7%	10	33.3%
Medical issues	107	73.8%	25	75.8%	22	81.5%	20	66.7%
Other	18	12.4%	5	15.2%	2	7.4%	4	13.3%

* Percentage does not add up to 100 as some respondents required clarity on more than one issue.

State breakdown of respondents in Table 23

	Jurisdiction (n=140)	Number	Percent
Administrative issues (processes)	ACT (n=3)	1	33.3%
	NSW (n=45)	14	31.1%
	QLD (n=25)	13	52%
	SA (n=19)	6	31.6%
	TAS (n=4)	2	50%
	VIC (n=34)	15	44.1%
	WA (n=10)	3	30%
	Total		54
Medical issues	ACT (n=3)	3	100%
	NSW (n=45)	37	82.2%
	NT (n=2)	2	100%
	QLD (n=25)	13	52%
	SA (n=19)	17	89.5%
	TAS (n=4)	1	25%
	VIC (n=34)	23	67.6%
	WA (n=10)	8	80%
	Total		104
Other	NSW (n=45)	7	15.6%
	QLD (n=25)	4	16%
	SA (n=19)	1	5.3%
	TAS (n=4)	1	25%
	VIC (n=34)	4	11.8%
	WA (n=10)	1	10%
	Total		18

* Percentage does not add up to 100 as some respondents required clarity on more than one issue.

Extensive comments were provided by survey respondents regarding the service and support provided to them by their driver licensing authority. These comments are detailed in Appendix 9 and are identifiable by State. Indicative examples are listed below:

- driver licensing authority provides inconsistent and conflicting advice.

- driver licensing authority provides blanket rule rather than assessing individual cases according to health professional recommendations.
- Failure to acknowledge receipt of reports and to communicate results back to health professionals makes management of patients difficult.
- It is difficult and time consuming to navigate phone menus to access advice required.
- Whenever I have tried to contact the driver licensing authority they have shown complete lack of interest.
- Communication to all health professionals involved in a case is important.
- driver licensing authorities need to emphasise that it is they who make the licensing decision, and it is the driver's responsibility not to drive.
- My calls were not returned—letters not answered.
- Health professional should provide advice for driver licensing authority to make decision—roles must be clear and driver licensing authority must have adequate expertise/resources to make the decisions.
- More medical input required at driver licensing authority level.

3.3.5 Focus group discussion

The variation in support provided by different driver licensing authorities was also evident in the focus group discussions. The discussions were designed to help identify more specifically some of the issues that could be addressed by driver licensing authorities in managing their relationships with health professionals. Note, focus groups were conducted in Sydney and Melbourne, and a further group was conducted for rural practitioners representing Queensland, New South Wales and the Northern Territory. Comments in relation to all driver licensing authorities were therefore not available and comments received cannot be considered representative. South Australia has since undertaken to conduct their own focus group to explore issues further in their particular State.

The service provided by VicRoads received generally positive feedback. Absence of quick access via a direct telephone extension is however an issue.

There was some negative feedback about the service provided to health professionals by the New South Wales Road Traffic Authority. The following specific issues were identified:

- lack of access to medical advice—participants in the focus group were not aware that HealthQuest was contracted to provide medical advice for the Road Traffic Authority;
- lack of consistency in advice provide by regional centres and central office;
- poor understanding of the standard amongst clerical personnel; and
- poor communication with doctors.

Rural focus group participants were from Queensland (x2), New South Wales (x1) and the Northern Territory (x1). Their comments cannot be assumed to be representative but are noted as follows:

- Knowledge of driver licensing authority staff and ability to deal with minor matters is variable.
- Have never been able to access direct advice over the phone—only written reply.
- When a driving assessment is requested, the usual response is that it is not possible.

- Not aware of mandatory reporting prior to being involved in the Interim Review.
- Put through to relevant area quickly and able to answer query about driver testing.
- There was an occasion where a driver sought another opinion (fit to drive) and the driver licensing authority accepted this over the original general practitioner decision (not fit).

3.4 Conditional licences

The issue of conditional licences was a key aspect of the survey and the focus groups. The survey sought to establish awareness of the changes to the conditional licence arrangements and to gauge health professionals' general experience with the processes. The focus groups explored these issues in more detail.

Importantly, a high proportion of survey respondents (77.2%) indicated that conditional licences provide a useful means of balancing patients' need to drive with road safety considerations (72.3% of general practitioners, 58.3% neurologists and 83.3% of optometrists). These views were reflected in the focus groups, where the response to the concept of conditional licences was positive.

Table 24 shows the types of circumstances in which conditional licences are recommended by health professionals responding to the survey. Vision disorders and older drivers are the most common situations in which conditional licences are recommended. When the optometrist data is removed, epilepsy features more highly, reflecting the high response from neurologists. When considered in relation to the overall number of conditional licences (Table 5.1.8), conditional licences for epilepsy account for about 6%.

Of respondents surveyed, 16.3% were not aware of conditional licences prior to the survey. Awareness was lower amongst optometrists—22% were unaware of the conditional licence option. Widespread awareness is important if conditional licences are to be fairly and consistently implemented.

Table 24. For what conditions/circumstances have you recommended the use of a conditional licence?

Condition	Total		Total (optometrist data excluded)	
	Number (n=236)	Percent*	Number (n=154)	Percent
Cardiovascular disease	53	22.5%	51	33.1%
Diabetes	55	23.3%	50	32.5%
Epilepsy	71	30.1%	70	45.5%
Hypertension	14	5.9%	12	7.8%
Older Drivers	109	46.2%	90	58.4%
Sleep Disorders	34	14.4%	34	22.1%
Vision Disorders	138	58.5%	59	38.3%
Other	35	14.8%	34	22.1%

*Percentage does not add up to 100 as some respondents recommend the use of a conditional licence for more than one condition.

Table 25. Prior to this survey, were you aware of the option to recommend a conditional licence for your patients?

	Total		GPs		Neurologists		Optometrists	
	Number (n=355)	Percent	Number (n=66)	Percent	Number (n=41)	Percent	Number (n=145)	Percent
Yes	297	83.7%	61	92.4%	36	87.8%	113	77.9%
No	58	16.3%	5	7.6%	5	12.2%	32	22.1%

Overall, 31% have recommended a conditional licence more frequently following introduction of *Assessing Fitness to Drive 2003* (28.3% of general practitioners, 39.5% of neurologists, 25% of optometrists). Refer Table 26.

Table 26. Have you recommended conditional licences more frequently as a result of the revised (2003) standards?

	Total		GPs		Neurologists		Optometrists	
	Number (n=306)	Percent	Number (n=50)	Percent	Number (n=38)	Percent	Number (n=119)	Percent
Yes	95	31%	17	28.3%	15	39.5%	30	25.2%
No	211	69%	43	71.7%	23	60.5%	89	74.8%

Overall, only 54.6% indicated they had a good understanding of the concept of conditional licences and their application (63.4% of general practitioners, 50% of neurologists and 38.4% optometrists). This points to the need for considerable support and education in this area.

The optometrists' response is reflected in the submission provided by their professional organisation (refer section 4.2.7). The submission points to a particular issue with respect to paragraph 23.2.5 of *Assessing Fitness to Drive 2003*, which states "There is a degree of flexibility allowed at optometrists' or ophthalmologists' discretion for individuals who barely meet the visual standard but who are otherwise alert, have normal reaction time and good muscular coordination. In such cases the driver licensing authority may consider a conditional licence". The optometrists' submission highlights the difficulty in achieving consistent interpretation of this statement and identifies a number of cases where poor vision has been implicated in road crashes and where the practitioner was supportive of the driver continuing to drive. They ask that guidance be provided as to the limits of the flexibility provided in this section of the publication.

Only 38.8% of respondents found *Assessing Fitness to Drive 2003* provides adequate guidance with respect to the nature and application of conditional licences. This area posed a particular problem for optometrists (as noted above) and neurologists. The optometrists' submission (refer section 4.2.7) provides specific wording suggestions that should be considered in the major review scheduled for completion in 2008. The neurologists' submission points to difficulty with the expression "criteria not met for an unconditional licence" but provides no further specific suggestions. Open-ended comments in relation to conditional licences did not shed any further light on the particular difficulties of these professional groups.

Scope for increased understanding of the application of conditional licences was also apparent in the focus groups. Points raised by focus group participants in this regard include:

- There is a need to expand information about conditional licences in *Assessing Fitness to Drive*.

- Health professionals are not aware of the options for conditional licences and need education/guidance about identifying an appropriate condition.
- There is not a clear understanding of the role of occupational therapists and the difference between their driving assessments and the assessments provided by the licensing authorities.
- There is a need to improve awareness of the allowance for general practitioners in rural areas to undertake conditional licence reviews for commercial vehicle drivers, with the agreement of the driver licensing authority.
- There is a need to alert health professionals of the option to recommend reinstatement of an unconditional licence under appropriate circumstances.

Table 27. Please indicate your experience with conditional licences

		Disagree	Undecided	Agree
I feel I have a good understanding of the concept of conditional licences and their application	Total (n=304)	25.6%	19.7%	54.6%
	GPs (n=60)	13.3%	23.3%	63.4%
	Neurologists (n=36)	33.3%	16.7%	50%
	Optometrists (n=120)	35.8%	25.8%	38.4%
Conditional licences provide a useful means of balancing patients' need to drive with road safety considerations	Total (n=303)	7.6%	15.2%	77.2%
	GPs (n=60)	6.7%	20%	72.3%
	Neurologists (n=36)	19.5%	22.2%	58.3%
	Optometrists (n=120)	2.5%	14.2%	83.3%
<i>Assessing Fitness to Drive</i> provides adequate guidance with respect to the nature and application of conditional licences	Total (n=299)	25.1%	36.1%	38.8%
	GPs (n=58)	22.4%	29.3%	48.3%
	Neurologists (n=36)	49%	22.2%	27.8%
	Optometrists (n=118)	22%	50%	28%
The option of a conditional licence is received positively by patients	Total (n=300)	21%	30.7%	48.3%
	GPs (n=60)	36.6%	23.3%	40.1%
	Neurologists (n=35)	31.5%	28.5%	40%
	Optometrists (n=117)	20%	29.9%	58.1%
Managing a conditional licence recommendation creates significant paperwork and demands on my time	Total (n=293)	31%	35.2%	33.8%
	GPs (n=58)	34.5%	32.8%	33.7%
	Neurologists (n=35)	17.1%	25.7%	57.2%
	Optometrists (n=114)	29%	47.4%	23.6%

Nearly half of the survey respondents (48.3%) found that the conditional licence option is perceived positively by patients. Optometrists' responses (58.1%) reflect the greater acceptance of conditional licences for visual problems. Responses of general practitioners and neurologists were very similar (40%). This response points to a need for improved education amongst drivers about the purpose of conditional licences, being to balance driver requirements with road safety.

33.8% overall felt that managing a conditional licence created a significant workload for the health professional. 57.2% of neurologists however felt this to be the case. Neurologists also expressed this view in the focus groups.

There was particularly poor awareness of the requirement for specialists to recommend conditional licences for commercial vehicle drivers (refer Table 28). Lack of awareness was particularly high amongst optometrists (83.1%), reflecting the fact that optometrists are able to recommend conditional licences for visual problems. Almost half of general practitioners (48.3%) were not aware of the requirement.

Comments about involvement of specialists also point to difficulties in this area, particularly with respect to accessing specialists in rural areas. Comments are detailed in Appendix 9. The following are representative:

- Patients are often unhappy about seeing a specialist and may not make the appointment.
- There is specialist resistance—some specialists are unwilling to document their opinion.
- It is time consuming to organise some specialists.
- No training is provided for specialists in this area.
- Some consultants are not aware of conditional licences.
- Commercial drivers are not aware of specialist recommendation requirements.
- General practitioners should be able to manage conditional licences for diabetics.
- There is poor communication from the specialist back to treating general practitioner regarding decisions about driving.
- The system fails when treating doctors may not accurately report a patient's condition to other medical professionals so as not to “deprive a man of his income” (which in one case resulted in a crash due to a hypoglycaemic episode).

Table 28. Were you aware that conditional licences for commercial drivers now require recommendation by a medical specialist, as distinct from a general practitioner?

	Total		GPs		Neurologists		Optometrists	
	Number (n=301)	Percent	Number (n=60)	Percent	Number (n=37)	Percent	Number (n=118)	Percent
Yes	118	39.2%	31	51.7%	20	54.1%	20	16.9%
No	183	60.8%	29	48.3%	17	45.9%	98	83.1%

Table 29. If YES, have you had cause to put this new requirement into practice?

	Total		GPs		Neurologists		Optometrists	
	Number (n=128)	Percent	Number (n=32)	Percent	Number (n=18)	Percent	Number (n=28)	Percent
Yes	57	44.5%	17	53.1%	9	50%	6	21.4%
No	71	55.5%	15	46.9%	9	50%	22	78.6%

Table 30. How often would you conduct an assessment or provide advice on the fitness to drive of a commercial driver? / Were you aware that conditional licences for commercial drivers now require recommendation by a medical specialist?

			Were you aware that conditional licences for commercial drivers now require recommendation by a medical specialist?			
			Yes		No	
			Number	Percent	Number	Percent
How often would you conduct an assessment or provide advice on the fitness to drive of a commercial driver? (n=299)	Daily	9	4	1.3%	5	1.7%
	Several times a week	26	12	4%	14	4.7%
	Several times a month	63	30	10%	33	11%
	Several times a year	105	45	15.1%	60	20.1%
	Occasionally	58	19	6.4%	39	13%
	Rarely	38	7	2.3%	31	10.4%

3.5 Reporting responsibilities and impact on relationships between health professionals and patients

Reporting responsibilities of health professionals and drivers, and the potential impact of assessing fitness to drive on relationships between health professionals and their patients, were addressed in the survey and the focus groups.

Assessing Fitness to Drive 2003 includes a specific section on legal and ethical issues (section 3.2, page 10 – 12). Only half (50.3%) of survey respondents were aware of this section of the book. Awareness was particularly low amongst optometrists (35.9%).

Of those who were aware of this section, most (76.1%) found it helpful. Only 31.8% of neurologists however found it helpful, reflecting their views generally about the legal and ethical issues (refer section 4.2.6).

Table 31. Are you familiar with this section of the book (pages 10 - 11 Legal and Ethical Considerations)?

	Total		GPs		Neurologists		Optometrists	
	Number (n=354)	Percent	Number (n=66)	Percent	Number (n=37)	Percent	Number (n=145)	Percent
Yes	178	50.3%	39	59.1%	20	54.1%	52	35.9%
No	176	49.7%	27	40.9%	17	45.9%	93	64.1%

Table 32. If so, has the content on these pages been helpful in guiding your management of patients and making reports to the driver licensing authority?

	Total		GPs		Neurologists		Optometrists	
	Number (n=176)	Percent	Number (n=37)	Percent	Number (n=22)	Percent	Number (n=53)	Percent
Yes	134	76.1%	30	81.1%	7	31.8	44	83.0%
No	42	23.9%	7	18.9%	15	68.2	9	17.0%

Discussions about fitness to drive are by their very nature difficult, particularly when a patient's independence or livelihood is threatened. Thus it is not surprising that a third of respondents found that discussions about fitness to drive have a negative impact on the health professional/patient relationship.

Neurologists' comments about the effects of advising about fitness to drive on their relationships with their patients were significantly more negative than other groups. Only 12% find discussions about fitness to drive helpful in the relationship, compared to 49.6% of optometrists and 24.2% of general practitioners. Most neurologists (60.6%) find the discussions have a negative effect, compared to 16.3% of optometrists and 38.7% of general practitioners. This reflects the difficulties in managing diseases such as epilepsy which tend to affect a greater number of young people, whose mobility and independence is important to them and who feel well most of the time.

The sentiments of neurologists are captured in the following comments:

"In most cases it is straightforward. However, it is regularly the most difficult part of an epilepsy consultation, and the lack of an "adjudicator" puts the therapeutic relationship between doctor and patient at risk. Commercial licences are also very difficult and emotional. People are losing their livelihood. If you tell them they can't drive, they don't come back to have their epilepsy managed, and keep driving anyway. An independent driving recommendation body would be extremely helpful, probably not for all cases, but for the difficult ones."

This situation is further reflected in the responses to Question 6 of the Health Professional Survey (refer Table 34). 65% of neurologists find it difficult to advise regarding fitness to drive as patients expect them to support them in continuing to drive. A high proportion of general practitioners also find it difficult (60.6%).

Neurologists have indicated their preference for a situation in which, early in the doctor-patient relationship, when the diagnosis of epilepsy is first made, the doctor advises the patient not to drive due to the risk of having a seizure whilst driving. At this early stage, which is often difficult for the patient and critical for establishing a trusting working relationship, the doctors would prefer not to have to raise the patient's legal responsibility to report to the driver licensing authority. They propose delaying this to a point in time when the patient is able to accept and act on this responsibility.

It was found that 55.4% of general practitioners and 50% of neurologists indicate that there are often instances when they are unsure about whether a patient is fit or otherwise to drive.

These responses further highlight the challenge of assessing and advising on fitness to drive and need for adequate support to be provided to health professionals.

The vast majority of respondents (90.8%) find patients are unaware of their responsibility to report health conditions to the driver licensing authority. This point was also strongly put

forward during the focus groups, with participants asking for greater effort by the driver licensing authorities to educate drivers about their responsibilities. A situation in which the health professional is the first to alert patients to their responsibilities in this regard places undue strain on relationships with patients.

Table 33. Please indicate your general experience when advising patients on driving i.e. how you found discussions generally impacted on the health professional-patient relationship

	Total		GPs		Neurologists		Optometrists	
	Number (n=310)	Percent	Number (n=62)	Percent	Number (n=33)	Percent	Number (n=129)	Percent
The discussions are usually helpful to the relationship	112	36.1%	15	24.2%	4	12.1%	64	49.6%
The discussions usually have no effect on the relationship	105	33.9%	23	37.1%	9	27.3%	44	34.1%
The discussions usually have an adverse effect on the relationship	93	30%	24	38.7%	20	60.6%	21	16.3%

Table 34. Please indicate your general experience with assessing your patients' fitness to drive

		Disagree	Undecided	Agree
I find it difficult to advise regarding fitness to drive as my patients expect me to support them in continuing to drive	Total (n=346)	42.5%	11.2%	46.3%
	GPs (n=66)	25.7%	13.6%	60.6%
	Neurologists (n=40)	27.5%	7.5%	65%
	Optometrists (n=142)	44.3%	12%	43.7%
There are often instances when I am unsure about whether a patient is fit or otherwise to drive	Total (n=346)	47.6%	12.1%	40.2%
	GPs (n=65)	30.8%	13.8%	55.4%
	Neurologists (n=40)	27.5%	15%	50%
	Optometrists (n=144)	59.7%	11.8%	28.5%
I find patients are often unaware that they have the responsibility to report health conditions to the driver licensing authority	Total (n=347)	4.9%	4.3%	90.8%
	GPs (n=66)	9.1%	3%	87.9%
	Neurologists (n=38)	5.3%	2.6%	92.1%
	Optometrists (n=144)	3.5%	6.3%	90.2%

General comments of survey respondents also reflect these results. Comments are detailed in Appendix 9 and representative examples are listed below:

- It is challenging to advise on fitness to drive whilst endeavouring to maintain patient/doctor relationship – it is a significant conflict of interest.
- Patients do not understand their responsibility.
- Uniform State and Territory guidelines and legislation is required.

3.6 Medical aspects to be addressed in the major review

The survey and focus groups sought input from health professionals regarding issues that they felt should be addressed in the full review scheduled for completion in 2008.

All responses to this part of the survey are included in Appendix 9, however common issues are highlighted below. These include comments from the focus groups.

Medical areas identified as needing improved guidance and/or review of current criteria include:

- cognitive impairment, early dementia, head injuries—need for clearer guidance and useful practical tests;
- blood pressure—ambiguities need to be clarified;
- stroke, transient ischaemic attacks;
- epilepsy—criteria for different types of epilepsy; three month return to driving is too lenient; improved clarity;
- diabetes—use of standard definitions; more information on hypoglycaemic awareness and effective self management; criteria too strict; more specific guidance needed; general practitioners can manage commercial vehicle drivers on medication;
- older drivers and multiple disabilities—more guidance and training needed;
- mental health in general;
- drug and alcohol—need clearer guidance;
- attention deficit disorder;
- visual fields and diplopia; contrast sensitivity;
- musculoskeletal—amputees; general mobility and strength;
- liver transplantation—rationale for conditional licence;
- vertigo;
- sleep—clearer algorithm to guide decision making;
- syncope—consistency of non-driving periods; and
- general need to ensure consistency of wording between private and commercial and between medical chapters.

Other issues identified include:

- the need for more guidance to support health professionals in counseling and informing patients;
- driving assessment requirements for the elderly—consistency;

- expense associated with driver assessments—poor access to such assessments;
- alert drivers to need for longer examination;
- need for advisory panel in each State;
- avoid vague statements in the standards;
- reference to rail standards for further development of standards for public passenger and dangerous good vehicle drivers;
- need for more research; improved evidence base;
- need for improved visual screening at licence renewal; and
- involve general practitioners more in reviewing drafts.

4. FINDINGS – SUBMISSIONS FROM HEALTH AND TRANSPORT STAKEHOLDERS

4.1 Overview

The Assessing Fitness to Drive Interim Review received twenty two written submissions including:

- twelve from peak health/medical professional bodies;
- five from consumer or government organisations; and
- four from industry organisations.

The submissions are included in Appendix 7 and a summary of issues raised is provided in this section.

Organisations representing patients/consumers and professionals in the areas of epilepsy, diabetes and vision disorders were strongly represented in the submissions, as they were in the health professional survey.

Medical/health professional organisations:

- Royal Australian College of Physicians
- Australian Medical Association (SA)—Road Safety Committee
- Australia and New Zealand Cardiac Society
- Australian College of Legal Medicine
- Australian Nursing Federation
- Epilepsy Society of Australia and Australian Association of Neurologists
- Optometrist Association
- Royal Australian College of General Practitioners—Queensland Faculty
- South Australian Divisions of General Practice Inc
- OT Australia
- Occupational Therapy Driver Interest Group (Hunter Valley)

Consumer health groups and government agencies:

- Alzheimer's Australia
- Diabetes Australia Medical, Educational and Scientific Committee (will address more at next major review, particularly recommended blood glucose levels for drivers)
- Diabetes Australia Tasmania
- Epilepsy Australia
- NSW Health Department—Drug and Alcohol Program
- Department of Human Services, Drugs Policy and Services Branch

Transport and industry organisations:

- Metropolitan Ambulance Service—Victoria
- SA Ambulance Service
- Victorian Farmers Federation
- Department of Emergency Services Queensland

Written responses indicating non-submission:

- Australian Drug Foundation
- Australian Government Department of Transport and Regional Services
- Cancer ACT
- Cancer Council QLD
- Cancer Council TAS
- Department of Environment and Conservation NSW
- Heart Foundation (however they did provide their position statement on cardiovascular disease)
- Transport Accident Commission
- Tasmanian Transport Association
- Transport Workers Union

The organisations made both short term and long term recommendations regarding *Assessing Fitness to Drive 2003* and the processes involved.

Common themes arising from the submissions include:

- legal concerns about health professionals' liability;
- intrusion of assessing fitness to drive on the health professional-patient relationship;
- the need for licensing authority (medical) 'panels' to refer to for difficult cases;
- difficulty in accessing medical specialists in rural areas;
- the potential usefulness of consumer, industry and professional groups in providing driver education;
- the need for greater consumer and allied health input into development of the standards;
- the need for further research to determine the impact of health on driving and to guide ongoing development of the standards; and
- the need for education of:
 - health professionals;
 - driver licensing authorities; and
 - consumers (drivers and patients).

4.2 Submissions from medical/health professional organisations

4.2.1 Royal Australian College of Physicians

The College provided a brief letter advising of their consultation with the Australasian Faculty of Occupational Medicine and their view that *Assessing Fitness to Drive 2003* was both useable and appropriate. Specific issues raised include:

- the need for a medical panel to provide advice to doctors who find themselves in a conflict of interest, or dealing with a complicated medical matter in relation to driving; and
- the need for further epidemiological research to investigate the importance of medical conditions in road crashes.

4.2.2 Australian Medical Association (SA) – Road Safety Committee

The submission expressed strong dissatisfaction with South Australian legislation (section 148) which requires mandatory reporting by doctors of persons who are considered unfit to drive (this requirement is summarised on page 116 of *Assessing Fitness to Drive 2003*).

The Committee maintains that the legislation causes unacceptable stress on the doctor-patient relationship. The submission proposes an approach featuring the following:

- mandatory reporting limited to cases where there is real, immediate and serious risk for public safety, and for drivers who persist in driving despite advice to cease, and who represent an increased risk to the public;
- an avenue for police, health professionals and others to report drivers ‘of concern’ (including indemnity);
- a mechanism for doctors to refer for independent expert opinion “patients of concern” for whom they find it too hard to make an assessment. The committee proposes an independent assessment service be established which would be responsible for informing drivers directly of their decision. They highlight that legislation would need to take into account the restrictions imposed on doctors regarding patient privacy and confidentiality, and provide a mechanism for reports to be provided without the patient’s consent if necessary; and
- provision of education at undergraduate and postgraduate medical student levels.

4.2.3 Australia and New Zealand Cardiac Society

The Cardiac Society expressed satisfaction with the current licensing process and does not consider the changes introduced in *Assessing Fitness to Drive 2003* have adversely affected the workload of specialist cardiologists.

4.2.4 Australian College of Legal Medicine

The College provided a detailed submission and also indicated their support for the joint submission made by the Epilepsy Society of Australia and the Australian Association of Neurologists.

Key issues raised in the submission are noted below:

- Driver licensing authorities should emphasise to drivers their responsibilities to notify the authority in the event of onset of chronic ill health likely to affect driving. Prominent notification of these responsibilities on the drivers’ licence is suggested.

- The College identifies the need for more ‘definitive delineation’ between a private driver licence and commercial licence requirements. They maintain that factors such as driving hours should be considered in allocating the type of licence—for example a person who drives more than three hours per day as part of their work should be deemed a commercial driver and hence subjected to more stringent consideration.
- The College supports the establishment of advisory panels in all States and Territories to provide advice in cases that are not clear. Issues such as appropriate remuneration and management of potential conflict of interest are addressed in the submission. The writer of the submission is apparently unaware of the availability of HealthQuest as medical advisor to the Roads and Traffic Authority New South Wales on matters of fitness to drive;
- The College expresses concern about the ‘implied’ requirement for treating health professionals to report all patients whom they deem a danger on the road. They suggest strongly that such implications be removed in favour of ‘encouragement’ of doctors to report those patients about whom they have reservations, who should then be seen by the advisory panel. They also suggest that indemnification be emphasised. The submission also identifies the need to clarify the legal status of the document in a court of law, in particular the legal responsibilities of doctors who fail to report drivers who subsequently have an accident due to a medical condition.
- The College supports the wording changes recommended by the Epilepsy Society of Australia and Australian Association of Neurologists submission and makes a general statement about the need for consistency.
- The College identifies assessment of psycho-geriatric patients as a particularly difficult area and one that requires attention. The submission also identifies the need to expand guidance for the older driver and for night vision.
- Inconsistencies within the document should be rectified and better advice provided regarding psycho-geriatric patients.
- The College identifies the need for greater scientific rigour in the development of the standards, and more visible recognition of the establishment of arbitrary rules in areas where there is an absence of data. The submission highlights that the absence of data on which to base clear standards further supports the need for advisory panels.

4.2.5 Australian Nursing Federation

The Australian Nursing Federation is the national union for nurses in Australia. In its submission, the current and potential role of nurses in advising patients about driving issues is highlighted. Specifically it identifies:

- The current guidelines do not take sufficient advantage of the potential that nurses have in assessing drivers and referring as appropriate. In particular for people in some rural and remote areas of Australia the only primary care services available to them is provided by a nurse or nurse practitioner.
- The document should be less “medico-centric” in its language. The term ‘consumer’ is preferred to ‘patient,’ and the terms ‘health standard’ and ‘clinical assessment’ are preferred to ‘medical standard’ and ‘medical assessment’.
- The value of involving the Australian Nursing Federation and other non-medical organisations in the consultation process for future editions.

4.2.6 Epilepsy Society of Australia and Australian Association of Neurologists

The NTC has engaged in ongoing correspondence with the Epilepsy Society of Australia and the Australian Association of Neurologists during the development of *Assessing Fitness to Drive 2003*, and subsequent to its publication. In February 2004, the Epilepsy Society of Australia notified the NTC that the organisation did not endorse the publication for a variety of reasons, most of which are reiterated in the submission to this Interim Review.

The combined submission from these societies provided the following comments/recommendations:

- The submission identifies that current processes for assessing fitness to drive create a conflict of interest for the treating doctor between protecting public safety and helping their patient.
- The submission maintains that whilst the standards identify the driver licensing authority as making the final decision about licensing, it is in fact the health professional who makes the decision on medical grounds and is likely to be held accountable legally for that decision.
- The submission identifies that there are limited avenues for neurologists in cases where there is uncertainty about fitness to drive. It proposes the need for doctors to be able to identify on the form that a decision could not be made and that the case is being referred to the driver licensing authority. It also identifies the need for doctors to be able to speak in confidence to an appropriate person at driver licensing authority and for an expert advisory panel to guide decisions in difficult cases.
- The submission identifies a preferred overall approach being for the treating doctor to provide relevant information on the patient's condition directly to the driver licensing authority (not via the patient). The authority is then able to use this information to decide on the patient's fitness, or otherwise, to drive.
- The submission identifies a number of inconsistencies and suggested amendments with respect to the medical criteria. In particular the need to ensure consistent management of syncope related to various causes.
- The submission identifies that the driver licensing authorities should take a more active role in informing drivers of their responsibility to report chronic conditions that may affect driving. The particular difficulties encountered by neurologists in managing epilepsy patients is emphasised, there being a critical period early in the diagnosis when the clinical relationship must focus on providing support, sympathy and counselling, and not on advising the patient of their legal duty to report to the driver licensing authority.
- The submission reiterates the view that assessments for public passenger vehicle drivers and dangerous goods drivers should be more stringent. They suggest health assessments for these drivers not be conducted by the treating doctor.

4.2.7 Optometrist Association Australia

Several suggestions were made for improvements in future editions including:

- Further/clearer guidance on conditional licences for visual impairment is required. The submission points to a particular issue with respect to paragraph 23.2.5 of *Assessing Fitness to Drive 2003*, which states "*There is a degree of flexibility allowed at optometrists' or ophthalmologists' discretion for individuals who barely meet the visual standard but who are otherwise alert, have normal reaction time and good muscular*

coordination. In such cases the driver licensing authority may consider a conditional licence". The submission highlights the difficulty in achieving consistent interpretation of this statement and identifies a number of cases where poor vision has been implicated in road crashes and where the practitioner was supportive of the driver continuing to drive. They ask that guidance be provided as to the limits of the flexibility provided in this section of *Assessing Fitness to Drive 2003*. The submission also provides some wording suggestions that should be considered in the major review.

- Improved layout, including use of tabs, summaries and cross referencing is suggested. The submission identifies that practitioners need to access information quickly and that this should be considered in future publications.
- Guidance material to support patient counselling needs to be included. The submission identifies that guidance relating to 'preparing drivers' for restrictions to their driving would be very helpful for health professionals and should include contact details for mobility support resources and services.
- Improved distribution to optometrists is necessary, as is the need to ensure the optometrists database is complete. The submission identifies that many optometrists did not receive the direct mail copy of the book in October 2003. This is confirmed in the survey responses.

4.2.8 Royal Australian College of General Practitioners - Queensland Faculty

The Royal Australian College of General Practitioners Queensland Division made the following comments and recommendations:

- The College proposes to introduce an awareness campaign amongst its members to improve awareness of the standards. This comes as a result of recent coronial cases, which highlight doubtful medical advice in relation to fitness to drive.
- The College has (mistakenly) advised its members that the model patient questionnaire and model certificate are to be used for all medical examinations relating to fitness to drive.
- The College also raised concern regarding the paragraph on the reverse of the model certificate which refers to legal liability (*Assessing Fitness to Drive 2003*, page 109).

4.2.9 South Australian Divisions of General Practice Inc

The South Australian Divisions of General Practice expressed specific concern regarding the requirement for a specialist in diabetes to annually assess a commercial vehicle driver. The Divisions expressed the difficulty in obtaining specialist appointments, for any reason, in rural South Australia.

The Divisions did not appear aware of the statement on page 20 of *Assessing Fitness to Drive 2003*, which allows for the difficulties in rural areas. It states that, in rural areas, where access to specialists may be limited, a specialist may only need to see the driver to make an initial recommendation regarding a conditional licence. Subsequently, the general practitioner may assume responsibility for reviews, with the agreement of the driver licensing authority.

4.2.10 OT Australia and OT Hunter Valley Driver Group

The occupational therapists' submissions advised the following:

- Occupational therapy consultations for assessing fitness to drive may be rebateable under Medicare for eligible patients as part of the Enhanced Primary Care program.
- They seek to amend the guidelines to specify occupational therapists as the professionals to conduct driver assessments.
- They have developed their own educational package to promote awareness of the guidelines within their membership.
- They have developed national competency standards for occupational therapy driver assessors.

4.2.11 Australian Society of Otolaryngology, Head and Neck Surgery

The Society indicates that it takes a great deal of doctor's time to explain to patients the new conditional licensing system, and requests that driver licensing authorities notify drivers of the changes rather than relying on doctors to raise it for the first time.

4.3 Consumer health organisation submissions

4.3.1 Alzheimer's Australia

In their submission, Alzheimer's Australia welcomed the defined approach relating to the issuing of conditional licences in order to provide greater clarity for doctors and driving licensing authorities.

The submission also highlights the role of Alzheimer's Australia in driver education. This organisation's example showcases that consumer groups are a valuable avenue for driver education.

4.3.2 Diabetes Australia Medical, Educational and Scientific Committee

Diabetes Australia indicates that it will address medical issues relating to *Assessing Fitness to Drive 2003* in greater detail in the major review.

The submission makes the following comments/recommendations:

- It expresses concern regarding the question relating to diabetes in the patient questionnaire. (However, their concern may stem from the misunderstanding that the questionnaire is returned to the driver licensing authority—this is not the case—the questionnaire is a tool for the examining health professional, and is designed to help flag health issues for investigation/discussion).
- Some members have also indicated that they have had trouble obtaining a medical certificate because of doctors' concerns regarding legal liability.
- Diabetes Australia recognises it is the responsibility of the diabetic driver to ensure they are in a fit state to drive and to take measures to correct hypoglycaemia.

Diabetes Australia—Tasmania also provided an example of a useful brochure sent to members. This highlights the important role of consumer groups in driver education.

4.3.3 Epilepsy Australia

In this submission, Epilepsy Australia expresses concern about the intrusion on the doctor patient relationship. It considers the present guidelines place a considerable burden on doctors and that there is considerable potential to erode the doctor-patient relationship. Other issues raised in the submission include:

- The concern that general practitioners are not always clear about the guidelines, and the roles of specialists and general practitioners; and subsequent liability.
- There is a need for adequate support in the form of public transport in the event of drivers having to surrender their licence.

4.3.4 NSW Health Department— Drug and Alcohol Program

The NSW Health Department submission is particularly useful and detailed. Some of the key issues raised include:

- The wording of the drug and alcohol standards creates a number of difficulties—several specific suggestions are made which would be appropriate to address in the major review.
- Clarification of the role of other drug and alcohol professionals is required.
- Further clarification of legal issues and reporting responsibilities is required.
- The adverse impact on the doctor-patient relationship of reporting patients who are a known risk was emphasised—for example it will lead to patients giving false histories about drinking and drug taking.
- Standards for persons on methadone programs—a range of issues were raised, which would be appropriate to consider in the major review.
- The difficulties in enforcing conditional licences for drug dependent individuals was also identified.

4.3.5 Department of Human Services (Victoria), Drugs Policy and Services Branch

The submission from the Department of Human Services Victoria identifies it's agreement with many of the concerns raised by New South Wales Health, in particular the difficulty for medical practitioners, in treating opioid dependent patients with methadone, to assess their likelihood of impairment by occasional illicit drug use. The submission suggests adding a comment about methadone in the table on page 54 of *Assessing Fitness to Drive 2003*, indicating that drivers should be cautioned about the risk of impairment caused by the unsanctioned use of other central nervous system depressant drugs and alcohol with methadone.

4.4 Transport industry organisations

4.4.1 Metropolitan Ambulance Service—Victoria

The ambulance submission raises technical comments regarding three aspects of the guidelines to be considered in the major review, these were in relation to:

- diabetes;
- hearing loss; and

- psychiatric conditions.

4.4.2 South Australian Ambulance Service

The SA ambulance submission highlights that technically ambulances are not commercial vehicles. However, ambulance services have applied the commercial vehicle licensing requirements to all drivers and have found the guidelines valuable.

4.4.3 Victorian Farmers Federation

The Victorian Farmers Federation strongly supports the broader application of conditional licences for drivers in rural and remote areas. They highlighted the fact that for people living in rural areas, driving is a necessary component of maintaining the individual's independence and quality of life.

The submission also notes the difficulty of requiring specialists to make recommendations on conditional licences for commercial drivers since it is becoming increasingly difficult for individuals in rural communities to access specialists and even to access a local general practitioner.

4.4.4 Department of Emergency Services - Queensland Ambulance Service

The Queensland Ambulance Service highlighted that it is a self regulated licensing authority on driver medical conditions, and that it maintains appropriate records of each of its holders on conditional licences.

5. FINDINGS—CONSULTATION WITH DRIVER LICENSING AUTHORITIES

Twenty driver licensing authorities were invited to complete an information request (refer Appendix 6). Twelve authorities responded (refer Table 35).

Table 35. Responding driver licensing authorities

Authority	Licensing Responsibility
<p><i>Australian Capital Territory</i> ACT Road Transport Urban Services (coordinated with ACT Road Transport)</p>	<p>Private Vehicle Commercial Vehicle Public Passenger Vehicle</p>
<p><i>New South Wales</i> Roads and Traffic Authority Environmental Protection and Regulation Division Department of Environment and Conservation</p>	<p>Private Vehicle Commercial Vehicle Dangerous Goods vehicle</p>
<p><i>Northern Territory</i> Department of Planning and Infrastructure, Road Transport Division (NT)</p>	<p>Private Vehicle Commercial Vehicles Public Passenger Vehicle</p>
<p><i>Queensland</i> Queensland Transport (QLD)</p>	<p>Private Vehicle Commercial Vehicle Public Passenger Vehicle Dangerous Goods</p>
<p><i>South Australia</i> Department of Transport, Energy and Infrastructure Department for Administrative and Information Services</p>	<p>Private Vehicle Commercial Vehicle Public Passenger Vehicle Dangerous Goods</p>
<p><i>Tasmania</i> Department of Infrastructure, Energy and Resources Tasmania</p>	<p>Private Vehicle Commercial Vehicle Public Passenger Vehicle</p>
<p><i>Victoria</i> VicRoads Department of Infrastructure, Victorian Taxi Directorate</p>	<p>Private Vehicle Commercial Vehicle Public Passenger Vehicle</p>
<p><i>Western Australia</i> Department of Planning and Infrastructure Department of Consumer and Environmental Protection</p>	<p>Private Vehicle Commercial Vehicle Public Passenger Vehicle Dangerous Goods</p>

The following organisations did not provide responses:

Table 36. Non responding driver licensing authorities

Authority	Licensing Responsibility
<i>Australian Capital Territory</i> Dangerous Good Unit ACT WorkCover	Dangerous Goods
<i>New South Wales</i> NSW Ministry of Transport	Public Passenger Vehicle
<i>Northern Territory</i> NT WorkSafe – Department of Employment, Education and Training	Dangerous Goods
<i>Tasmania</i> Tasmania Vehicle Operations Branch Tasmania Workplace Standards	Public Passenger Vehicle Dangerous Goods
<i>Victoria</i> Victoria WorkCover Authority	Dangerous Goods

The request for information was deliberately detailed in order to assess the relative levels of information available from the driver licensing authorities.

The Maintenance Group Meeting on 5 October 2005 provided a further avenue for driver licensing authority input. Comments from the forum are also reported in this section. The meeting was attended by representatives from:

- Roads and Traffic Authority, New South Wales
- VicRoads, Victoria
- Department of Transport, Energy and Infrastructure, South Australia
- Victorian Institute of Forensic Medicine, Victoria
- Australian Capital Territory Road Transport
- Department of Infrastructure, Energy and Resources, Tasmania
- Department for Planning and Infrastructure, Western Australia
- Victorian Taxi and Tow Truck Directorate
- Queensland Transport

5.1 Driver licensing statistics

5.1.1 Overall statistics

The request for information sought the following licensing statistics for the periods 2002, 2003, 2004 and 2005:

- total licences;

- number of conditional licences for medical conditions (excluding conditional licences for corrective lenses);
- number of licences suspended for medical reasons; and
- number of crashes, fatalities, injuries and property damage relating to medical causes.

Few driver licensing authorities were able to provide comprehensive statistics regarding licence and crash data and medical conditions. Tables 37 to 40 summarise data available for private vehicle licences, commercial vehicle licences, dangerous goods and public passenger endorsements respectively. Crash data for New South Wales is presented separately in Table 44.

The data from Roads and Traffic Authority New South Wales was the most comprehensive and includes a detailed breakdown of conditional licences for private and commercial vehicle drivers (refer Table 40) as well as crash data related to medical conditions.

VicRoads is currently installing a new data collection system, thus no data was available at the time of the Interim Review.

Queensland Transport does not currently have software to allow collation and reporting of licence data. They do however monitor crashes related to medical conditions (refer Table 44).

Data collection is particularly poor amongst Dangerous Goods and Public Passenger licensing authorities as shown in Tables 37 and 38.

Table 37. Data available regarding private vehicle licences

driver licensing authority	Total number of licences				Number of conditional licences (medical)*				Number of suspended licences (medical)			
	2002	2003	2004	2005	2002	2003	2004	2005	2002	2003	2004	2005
ACT – ACT Road Transport	223,682	228,067	233,821	251,948	NO DATA			88,783	NO DATA			
NSW – Roads and Traffic Authority	3,758,850	3,834,354	3,866,818	3,932,293	140,638	145,810	121,931	139,229	10,678§	11,611§	15,765§	11,782 (to Aug)
NT – Department of Planning and Infrastructure, Road Transport Division	91,242	91,364	92,446	93,814	232	297	525	709	NO DATA			37
QLD – Queensland Transport	NO DATA				NO DATA	NO DATA	122,259	136,239	463 plus 2114 voluntary	460 plus 2262 voluntary	69	NO DATA
WA – Department for Planning and Infrastructure	1,135,315	1,169,656	1,203,758	1,263,204	86,654	85,873	84,737	84,890	346	444	423	438
SA – Department for Transport, Energy and Infrastructure	NO DATA				NO DATA				NO DATA			
TAS – Department of Infrastructure, Energy and Resources	NO DATA				NO DATA				NO DATA			
VIC – VicRoads	NO DATA				NO DATA				NO DATA			

* excludes conditional licences for corrective lenses. Note, in NSW in 2005, 25% of all drivers hold a conditional licence for corrective lenses.

§ includes commercial vehicle licences

Table 38. Data available regarding commercial vehicle licences

driver licensing authority	Total number of licences				Number of conditional licences (medical)*				Number of suspended licences (medical)				
	2002	2003	2004	2005	2002	2003	2004	2005	2002	2003	2004	2005	
ACT – ACT Road Transport	22,156	22,309	22,589	24,800	NO DATA				8,537	NO DATA			
NSW – Roads and Traffic Authority	483,656	483,096	478,252	464,700	36,257	36,059	17,037	18,760	refer to private (5.1.4) – no separate record				
NT – Department of Planning and Infrastructure, Road Transport Division	27,704	27,978	28,951	30,391	74	98	133	178	NO DATA			26	
WA – Department for Planning and Infrastructure	225,185	235,441	239,070	249,963	42,672	43,869	44,258	47,475	12	6	7	10	
QLD – Queensland Transport	NO DATA				NO DATA				NO DATA				
SA – Department for Transport, Energy and Infrastructure	NO DATA				NO DATA				NO DATA				
TAS – Department of Infrastructure, Energy and Resources	NO DATA				NO DATA				NO DATA				
VIC – VicRoads	NO DATA				NO DATA				NO DATA				

* Excludes conditional licences for corrective lenses

Table 39. Data available regarding dangerous goods vehicle licences

driver licensing authority	Total number of licences				Number of conditional licences (medical)*				Number of suspended licences (medical)			
	2002	2003	2004	2005	2002	2003	2004	2005	2002	2003	2004	2005
NSW – Environment Protection and Regulation Division Department of Environment and Conservation	1674	3,078	2,982	1,876	34	166	146	73	0	0	0	0
SA – Department for Administrative and Information Services	NO DATA			2,315	NO DATA			91	NO DATA			46
WA – Department of Consumer and Environment Protection	1000	4,117	4,634	5,189	NO DATA				0	0	0	0
ACT – Workcover	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			
NT – Worksafe	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			
TAS – Tasmania Workplace Standards	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			
VIC – Victorian Workcover Authority	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			

* Excludes conditional licences for corrective lenses

Table 40. Data available regarding public passenger vehicle licences

driver licensing authority	Total number of licences				Number of conditional licences (medical)*				Number of suspended licences (medical)			
	2002	2003	2004	2005	2002	2003	2004	2005	2002	2003	2004	2005
ACT- Department of Urban Services	498	1239	1733	1966	NO DATA AVAILABLE			818	NO DATA AVAILABLE			
VIC – Department of Infrastructure (Taxi Directorate)	32,000	34,000	37,000	42,000	NO DATA AVAILABLE				6	7	10	9
NSW – Ministry of Transport	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			
TAS – Tasmanian Vehicle Operations Branch	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			
QLD – Queensland Transport	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			
SA – Department for Transport, Energy and Infrastructure	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			
NT- Department of Transport Works	NO DATA AVAILABLE				NO DATA AVAILABLE				NO DATA AVAILABLE			
WA – Department of Planning & Infrastructure	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			
TAS – Tasmanian Vehicle Operations Branch	NO RESPONSE RECEIVED				NO RESPONSE RECEIVED				NO RESPONSE RECEIVED			

* Excludes conditional licences for corrective lenses

5.1.2 Conditional licences

The systems for identifying conditional licences vary between the jurisdictions. These are set out below for each jurisdiction:

Australian Capital Territory

Australian Capital Territory identifies the following categories of medical conditions:

- diabetes (diet controlled)
- diabetes insulin
- diabetes tablets
- diabetic
- epilepsy
- health disease
- other.

The system is however only able to identify numbers of these conditional licences at the time that a report is requested (refer Tables 37, 38), thus no trends can be determined.

New South Wales

New South Wales includes the following medical related conditions:

- diabetes controlled by insulin
- diabetes controlled by tablets
- diabetes controlled by diet
- epileptic condition
- giddy/fainting/blackout/unconsciousness
- cardiovascular disease
- cerebrovascular disease
- nervous condition
- neurological condition
- drug/alcohol intake
- vision and eye disorders (excludes spectacles)
- musculoskeletal disorder
- older driver medical
- older driver med/driving test
- road train medical
- road train medical/driving test
- general medical assessment
- special mobility vehicle medical
- sleep disorder .

Data for periods 2002-2005 is shown Table 42.

Queensland

In Queensland, conditional licences related to medical conditions are denoted by the overall category 'M' which indicates a person is driving in accordance with a medical certificate. Only data for those currently holding such licences is available, the number being 136,239.

Those driving conditional on wearing corrective lenses are denoted category 'S' and those driving in accordance with a vehicle modification are denoted category 'V'.

South Australia

South Australia includes the following conditional licence categories:

- asthma/emphysema (A)
- diabetes—insulin (DI)
- diabetes—tablet (DT)
- diabetes—diet (DD)
- epilepsy (E)
- heart disease (H)
- hypertension (H)
- limb—loss or impairment (L)
- nervous/psychiatric disorder (N)
- corrective lenses (S)
- miscellaneous (M).

In many cases the miscellaneous code is used and details of the condition are noted in the database.

Western Australia

In Western Australia the Department of Planning and Infrastructure has a generic medical condition code '98' which indicates the licence holder has a medical condition. Further information about the type of medical condition is accessible only from the driver's hard copy file.

A further code '01' denotes further driving restrictions such as only driving in daylight hours, local area only, etc.

Northern Territory

In the Northern Territory categories relevant to medical conditions include: 'XA' which denotes annual medical review required and 'S' which denotes spectacles required. The specific medical condition is not recorded.

Victoria

In Victoria, specific medical conditions are not currently recorded though a new database is currently being developed.

Tasmania

Only paper-based records are currently maintained in Tasmania, thus data regarding conditional licences is not collated.

Summary

In light of the above differences, a comparison between the States and Territories is difficult.

In terms of the impact of *Assessing Fitness to Drive 2003* on the total number of conditional licences, this can be ascertained only in New South Wales, Western Australia and the Northern Territory (refer Table 41). For all States and Territories except Western Australia, the data excludes conditional licences for corrective lenses.

In New South Wales there has been no significant change, with the proportion of conditional licences (medical reasons) ranging from 3.7% in 2002 to 3.5% in 2005.

Similarly, in Western Australia, conditional licences comprised 7.6% in 2002 compared to 6.7% in 2005.

In the Northern Territory, conditional licences for medical reasons have increased significantly from 0.25% in 2002 to 0.76% in 2005, however the numbers remain very small in comparison to the other States and Territories.

The variation in percentages of conditional licences between the States and Territories also reflects the different systems in operation.

Only in New South Wales is a breakdown of types of conditional licences provided for the past three years (refer Table 42). The total number and percentage of conditional licences has not changed markedly since the introduction of *Assessing Fitness to Drive 2003*, there have been significant changes in some disease specific areas. For example, the considerable increase in conditional licences for sleep disorders corresponds to the introduction of the standard and increasing awareness of these disorders.

The removal of the requirements for conditional licences for diabetics controlled by diet alone has resulted in over 25,000 drivers previously on conditional licences being given an unconditional licence.

The category 'older driver medical' is being phased out and this is reflected in the reduction in numbers in this category for both private and commercial vehicle drivers. There has been an increase in conditional licences for epilepsy and other neurological disorders.

Table 41. Trends in total conditional licences (excludes conditional licences for spectacles, except in WA)

Driver licensing authority	PRIVATE							
	Total number of licences				Number of conditional licences (medical)			
	2002	2003	2004	2005	2002	2003	2004	2005
ACT - ACT Road Transport	223,682	228,067	233,821	251,948	NO DATA			5457 (2.1%)
NSW – Roads and Traffic Authority	3,758,850	3,834,354	3,866,818	3,932,293	140,638 (3.7%)	145,810 (3.8%)	121,931 (3.2%)	139,229 (3.5%)
NT - Department of Planning and Infrastructure, Road Transport Division	91,242	91,364	92,446	93,814	232 (0.25%)	297 (0.33%)	525 (0.57%)	709 (0.76%)
WA - Department for Planning and Infrastructure	1,135,315	1,169,656	1,203,758	1,263,204	86,654 (7.6%)	85,873 (7.3%)	84,737 (7%) i	84,890 (6.7%)

Driver licensing authority	COMMERCIAL							
	Total number of licences				Number of conditional licences (medical)*			
	2002	2003	2004	2005	2002	2003	2004	2005
ACT - ACT Road Transport	22,156	22,309	22,589	24,800	NO DATA			818 (4.3%)
NSW – Roads and Traffic Authority	483,656	483,096	478,252	464,700	36,257 (7.5%)	36,059 (7.5%)	17,037 (3.6%)	18,760 (4%)
NT - Department of Planning and Infrastructure, Road Transport Division	27,704	27,978	28,951	30,391	74 (0.27%)	98 (0.35%)	133 (0.46%)	178 (0.59%)
WA - Department for Planning and Infrastructure	225,185	235,441	239,070	249,963	42,672 (19%)	43,869 (19%)	44,258 (18%)	47,475 (19%)

Note – not clear on current data whether conditional licences in Western Australia include those for corrective lenses

General comments made by driver licensing authorities with respect to the management of conditional licences include the following:

- There is a lack of specialist availability (e.g. sleep specialists), particularly in rural areas, which results in time delays (4 responses).
- The review period for conditional licences should be highlighted and described specifically to patients by health professionals/driver licensing authorities and feature more heavily in the standards (3 responses).
- There is confusion around interpretation of medical reports (i.e. doctors completing forms inaccurately – resulting in increased workloads and time delays) (3 responses).
- Medical fitness versus on road capability is an issue (i.e. doctors may be seen as trying to abrogate their responsibility by conducting an ‘on-road’ driver assessment) (2 responses).
- Health professionals need to have a better understanding of *Assessing Fitness to Drive* (2 responses).
- There needs to be improved data recording of specific conditional licences and licence cancellation to produce meaningful statistics (2 responses).
- There is a need for a stronger link between medical condition and conditional licence (*Assessing Fitness to Drive 2003*, pages 20 and 21)(2 responses).
- There is a need for stricter guidelines regarding conditional ‘neighbourhood’ licences e.g. allowance to drive on certain roads.
- There has been an increased application of periodical medical reviews as a result of the new standard.
- Internally driver licensing authority needs to adjust its own administrative process to deal with conditional licences.
- Further information on conditional licences is required from an administrative perspective.
- Doctors do not consistently identify a timeframe for periodic review—rewording of the standard could help identify that they need to do this.

5.1.3 Suspended licences

Information regarding licences suspended on medical grounds was made available by New South Wales Road Transport Authority, Queensland Transport, the Department of Planning and Infrastructure Western Australia and the Northern Territory Department of Planning and Infrastructure, Road Transport Division (refer Table 43).

The large variation in numbers suggests significant differences between jurisdictions in terms of how licences are managed in this regard. Further information is required regarding the criteria for licence suspension and cancellation.

Table 42. Trends in conditional licences – New South Wales

	PRIVATE Licence holders whose primary licence classes were C, R, and LR				COMMERCIAL Licence holders whose primary licence classes were MR, HR, HC and MC			
	2002	2003	2004	2005	2002	2003	2004	2005
Diabetes controlled by insulin	17,996	18,516	19,623	22,679	2,397	2,364	2,487	2,768
Diabetes controlled by tablets	37,241	38,628	42,852	54,925	6,378	6,198	6,652	8,466
Diabetes controlled by diet	23,543	25,292	1	1	5,112	5,326	–	–
Epileptic condition	7,119	7,275	7,538	8,351	459	458	490	530
Giddy / fainting / blackout / unconsciousness	1,768	1,696	1,758	2,415	158	150	135	180
Cardiovascular disease	6,546	7,654	8,379	10,105	716	753	717	783
Cerebrovascular disease	1,249	1,178	1	1	69	57	–	–
Nervous condition	939	973	1,071	1,174	74	73	77	87
Neurological condition	5,930	6,733	8,098	8,702	434	467	468	486
Drug/alcohol intake	638	699	725	794	99	100	104	118
Vision and eye disorders (excluding spectacles)	1,513	1,604	1,559	1,666	384	394	406	444
Musculoskeletal disorder	14,292	15,173	14,930	14,371	2,102	2,205	2,087	1,852
Older driver medical	16,790	14,017	8,131	6,922	17,204	16,791	2,626	2,096
Older driver med/driving test	1,493	2,648	3,285	2,506	7	10	7	8
Road train medical	–	–	–	–	1	1	1	1
Road train med/driving test	–	–	–	–	2	2	2	2
General medical assessment	3,460	3,578	3,430	3,557	655	695	651	710
Special mobility vehicle medical	121	117	107	104	5	5	4	4
Sleep disorder	–	29	443	956	–	9	122	224
TOTAL	140,638	145,810	121,931	139,229	36,256	36,058	17,036	18,759
Corrective Lens Wearers	949,494	962,713	977,363	1,019,203	117,386	116,836	117,412	122,093

Table 43. Trends in licences suspended for medical reasons

Driver licensing authority	PRIVATE							
	Total number of licences				Number of suspended licences (medical)			
	2002	2003	2004	2005	2002	2003	2004	2005
NSW – Roads and Traffic Authority	3,758,850	3,834,354	3,866,818	3,932,293	10,678 (0.28%)	11,611 (0.3%)	15,765 (0.41%)	11,782 (0.3%)
NT - Department of Planning and Infrastructure, Road Transport Division	91,242	91,364	92,446	93,814	NO DATA			37 (0.04%)
WA - Department for Planning and Infrastructure	1,135,315	1,169,656	1,203,758	1,263,204	346 (0.03%)	444 (0.04%)	423 (0.04%)	438 (0.03%)
QLD - Queensland Transport	NO DATA				463 plus 2114 voluntary	460 plus 2262 voluntary	69	NO DATA

Driver licensing authority	COMMERCIAL							
	Total number of licences				Number of suspended licences (medical)			
	2002	2003	2004	2005	2002	2003	2004	2005
NSW – Roads and Traffic Authority	483,656	483,096	478,252	464,700	ref to private - no individual record			
NT - Department of Planning and Infrastructure, Road Transport Division	27,704	27,978	28,951	30,391	NO DATA			26 (0.09%)
WA - Department for Planning and Infrastructure	225,185	235,441	239,070	249,963	12 (0.005%)	6 (0.003%)	7 (0.003%)	10 (0.004%)

5.1.4 Crash data

The request to driver licensing authorities sought to identify the degree to which they collect information about road crashes, and in particular road crashes attributed to medical causes.

Of the authorities responding to the information request, New South Wales Road Transport Authority, Queensland Transport and the Victorian Taxi Directorate (estimates only) were able to provide data relating crashes due to medical conditions.

In both Queensland and New South Wales, these statistics are gathered from police reports.

In New South Wales comprehensive data is collated annually into a report *Traffic Crashes in NSW*.

In Western Australia data on crashes is collected by the Injury Research Centre, however the data was not available in relation to medical causes.

In Victoria, police refer crashes to VicRoads for follow-up with respect to requesting a medical examination, however VicRoads does not collate the crash data in relation to the medical conditions. The Victorian Taxi Directorate is looking to enhance its data collection capabilities to enable improved monitoring of crashes, including those due to medical causes.

New South Wales

In New South Wales data is collated for all traffic accidents including a breakdown by type of vehicle (refer Table 45).

Crashes caused by 'sudden illness' (Table 44) are identified, however a breakdown by type of vehicle is not available. In 2001, for example, crashes in which sudden illness was identified as a contributing factor numbered 548, 13 of which were fatalities. This represents just over 1% of total crashes and over 2.5% of fatal crashes.

Table 44. Road traffic crashes in New South Wales during 2001 to 2003 where sudden illness was a factor possibly contributing to the crash

	Degree of Crash			
	Fatal Crash	Injury Crash	Non-Casualty Crash	All Crashes
2001	13	333	202	548
2002	10	237	165	412
2003	7	204	141	352

Queensland

Comprehensive data is also collected by Queensland Transport for various type of vehicles, except for public passenger vehicles (statistics for which are collected by the regulator).

Queensland Transport data provides a breakdown of types of vehicles involved in crashes attributed to medical causes (refer Table 46).

Table 45. Road traffic crashes, casualties, type of crash, degree of crash, degree of casualty in New South Wales in 2003

Type of crash ¹	Degree of crash ²				Degree of casualty ³		
	F	IC	N	Total crashes	K	I	Total killed & injured
Car crash	379 (1%)	18,013 (40%)	26,719 (59%)	45,111 (100%)	430	24,067	24,497
Light truck crash	71 (1%)	2,710 (40%)	4,002 (59%)	6,783 (100%)	77	3,572	3,649
Heavy truck crash	69 (2%)	1,099 (40%)	1,612 (58%)	2,780 (100%)	86	1,428	1,514
Heavy rigid truck crash	19 (1%)	553 (38%)	868 (60%)	1,440 (100%)	23	708	731
Articulated truck crash	50 (4%)	561 (41%)	765 (56%)	1,376 (100%)	63	742	805
Bus crash	13 (2%)	327 (47%)	360 (51%)	700 (100%)	15	524	539
Emergency vehicle crash	2 (1%)	124 (45%)	147 (54%)	273 (100%)	2	204	206
Motorcycle crash	58 (3%)	1,859 (87%)	216 (10%)	2,133 (100%)	62	2,042	2,104
Pedal cycle crash	9 (1%)	1,113 (99%)	1 (0%)	1,123 (100%)	9	1,154	1,163
Pedestrian crash	96 (4%)	2,402 (96%)	4 (0%)	2,502 (100%)	96	2,577	2,673
All types of crashes	484 (1%)	20,798 (42%)	27,985 (57%)	49,266 (100%)	539	27,208	27,747

Note: Percentages of all crashes involving those traffic unit types are shown in brackets

¹ Crash categories listed are those involving at least one traffic unit of that type.

² F – Fatal Crash IC – Injury Crash N – Non-Casualty Crash

³ K – Killed I – Injured

Important: The ‘Type of Crash’ categories in this table are not mutually exclusive and must therefore not be added together. For example, a crash involving both a car and a motorcycle will be included in both ‘Car Crash’ and ‘Motorcycle Crash’ categories.

Table 46. Queensland road crashes during 2002 to 2004 where the vehicle involved had the contributing circumstance of a medical condition

	<i>Fatality</i>			<i>Injury</i>			<i>Non-casualty</i>			<i>Total</i>		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
Private vehicle	4	0	8	186	220	217	75	106	111	265	236	336
Light commercial	0	0	0	12	14	18	3	4	11	15	8	29
Heavy commercial	0	0	1	8	3	6	6	2	4	14	5	11
Dangerous goods	0	0	0	0	0	0	0	0	0	0	0	0
Total motor vehicles	4	0	9	206	237	241	85	113	126	296	351	379

State comparisons

Comparison of crash data between the States and Territories is difficult due to the variable or absent data collection processes. Table 47 shows New South Wales and Queensland data from 2001 to 2003.

Data relating to public passenger vehicles is shown in Table 48. Estimate data from the Victorian Taxi Directorate differs markedly.

Table 47. Crash data comparison for crashes with medical conditions as contributing factors (New South Wales and Queensland)

	<i>Fatality</i>			<i>Injury</i>			<i>Non-casualty</i>			<i>Total</i>		
	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
NSW*	13	10	7	333	237	204	202	165	141	548	412	352
QLD	8	13	0	162	206	237	96	85	113	266	296	351

* Includes public passenger (QLD data excludes public passenger)

Table 48. Crashes due to medical causes (2002-2005) – public passenger vehicles (Victoria and Queensland)

	VIC	QLD
Number of fatality crashes	0	35
Number of fatalities	0	43
Number of injury crashes	6 (est)	61
Number of crashes resulting in property damage only	3 (est)	30

Limitations of systems based on police reporting are that procedures are generally not well standardised and police do not receive training in this regard. There also does not tend to be a specific field in police reporting systems that identifies medical considerations.

The definition of what comprises a ‘medical cause of a road crash’ is also likely to contribute to significant under-reporting. For example, the definition in New South Wales does not include cases where driver impairment caused injury or death to others—it relates only to injury or death of the driver. A recent example is the Gillett case, where the three deaths resulting from the crash caused by a driver with epilepsy were not identified as medically caused deaths.

It was the consensus of the Maintenance Group meeting that under-reporting and consistency of reporting were significant issues in relation to crashes related to medical conditions, and that this should be addressed as a priority to ensure future action in the area is supported by appropriate data.

5.2 Impact of Assessing Fitness to Drive on licensing management

Driver licensing authorities were asked how *Assessing Fitness to Drive 2003* had impacted on various aspects of the licensing process including:

- general workload;
- staffing levels;
- enquiries from doctors;
- enquiries from drivers;
- numbers of conditional licences; and
- time spent on legal considerations.

The results are detailed in Table 49, showing a variable impact across the States and Territories, depending on the level of support provided to examining doctors and drivers. Overall the results indicated the impact of the *Assessing Fitness to Drive 2003* standards on driver licensing authorities has been mixed. Of the twelve driver licensing authorities responding to the request for information, the findings were as follows:

Workload

54.6% indicated that the impact on workload had been minimal or close to minimal. driver licensing authorities in Victoria, Australian Capital Territory, Northern Territory and South Australia reported considerable impact. Comments included:

- There was an increase while training was undertaken, but now minimal.
- The impact has generally been to equip the driver licensing authority with more detailed and qualified information about medical fitness to drive. The general workload has risen slightly but the advice given out is much improved.
- There is an increased workload as every case is managed individually.
- Standard guidelines have impacted positively on the process. They have assisted in reducing the number of contacts from the medical profession and provided clear direction to staff in responding to queries.
- There has been an increase in phone and written communication from clients requesting information not provided by doctors (e.g. nature of driving task, treatment details).

Staffing levels

72.7% indicated that impact on staffing levels had been minimal or close to minimal. driver licensing authorities in Victoria and Northern Territory reported considerable impact. Comments included:

- While volume has increased, the introduction of new technologies has enabled existing staff to complete the work.
- One additional fulltime position was required.
- There has been increased demand on staff but staffing levels have not increased at this stage.

Number of enquiries from doctors

91.6% indicated that the impact on the number of enquiries from doctors had been minimal or close to minimal. Comments included:

- The increase in enquiries may also be related to other issues.
- There was a slight increase with the initial distribution of *Assessing Fitness to Drive 2003*, however this has since levelled off.
- There has been an increase in the number of doctors seeking advice about determining a patient's fitness to drive.
- There is a low number of enquiries seeking clarification of intent.
- The guidelines have assisted in reducing the number of contacts from the medical profession and provided clear direction to staff in responding to queries.

Nature of enquiries from doctors

63.7% indicated that the impact of the nature of enquiries from doctors had been minimal or close to minimal. Comments included:

- More complex questions are being raised by doctors.
- There is general confusion about interpreting the standards (referred to medical advisor).
- Inquiries have mostly revolved around doctors being better informed and wanting to add to their knowledge.
- The nature of calls is now specific to medical conditions and need to be referred to the Department's Occupational Health Physician.
- Enquiries relate to clarification on conditions and criteria for assessing fitness.
- Most enquiries are regarding specialist reports for commercial vehicle drivers.

Number of enquiries from drivers

83.3% indicated that the impact on the number of enquiries from drivers had been minimal or close to minimal. Comments included:

- Drivers regularly raise issues that should have been answered/resolved by the doctor.
- National guidelines have provided a tool to enable queries to be appropriately addressed and assist the applicants in understanding the standards for assessing fitness to drive.

- There has been an increase in telephone queries seeking information and clarification.

Nature of enquiries from drivers

100% indicated that the impact on the nature of enquiries from drivers had been minimal or close to minimal. Comments included:

- Vision, diabetes and epilepsy are the main areas of concern.
- Drivers have difficulty understanding the changes and are unwilling to accept stringent requirements.
- They are usually seeking justification of our decision to withdraw their licence.
- They relate to criteria and conditions, particularly for commercial vehicle drivers.
- Enquiries are mainly regarding specialist reports.

Number of conditional licences

36.4% (4 driver licensing authorities) indicated that they were not aware of the impact of *Assessing Fitness to Drive 2003* on the number of conditional licences issued. Of those who were aware of the impact, all but one reported the impact to be minimal or close to minimal. Comments included:

- Doctors do not fully understand the conditional licence option.
- Increase due to the number of conditions that require consideration and information.

Legal considerations

27.3% (3 driver licensing authorities) indicated that they were not aware of the impact on legal considerations. Of those who were aware of such impact, **50%** (4 driver licensing authorities) felt the impact had been moderate. Comments included:

- legal and ethical issues require more time;
- there have been two coronial inquiries in 2004/2005;
- there has been an increase in referrals to Medical Panel;
- *Assessing Fitness to Drive 2003* has provided a tool for more detailed consideration in this area; and
- *Assessing Fitness to Drive 2003* adds credibility to the process, thus reducing challenges to decisions.

Eight licensing authorities (72.7% of respondents) indicated that *Assessing Fitness to Drive 2003* had impacted on other areas including:

- There has been an increase in development and maintenance of *Assessing Fitness to Drive* procedures, forms and staff training to support operational arm (3 responses).
- There has been an increase in health professionals seeking advice on complex medical conditions (3 responses).
- Organisation stakeholders are more informed.
- Doctors are not aware of *Assessing Fitness to Drive* requirements (i.e. general practitioners filling in forms that should be completed by specialist).
- There are delays in seeing specialists, particularly in country areas. This results in a delay in decision-making.

Table 49. Impact of Assessing Fitness to Drive 2003 on driver licensing authorities

	Impact not known	Minimal Impact				Considerable Impact
General workload in managing medical fitness to drive (<i>n=11</i>)	0%	18.2% QLD TAS	36.4% NSW DG NSW RTA VICtaxi WA DG	9.1% WA	27.3% VICroads ACT NT	9.1% SA
Staffing levels for managing driver medical aspects (<i>n=11</i>)	9.1% VICtaxi	63.6% NSW DG NSW RTA ACT QLD WA WA DG TAS	9.1% SA SA DG	0%	9.1% NT	9.1% VICroads
Number of enquiries from doctors (<i>n=12</i>)	0%	58.3% NSW DG VICroads VICtaxi NT WA WA DG SA DG TAS	33.3% ACT QLD SA	8.3% NSW RTA	0%	0%
Nature of enquiries from doctors (<i>n=11</i>)	0%	45.5% NSW DG VICtaxi NT WA WA DG	18.2% QLD TAS	36.4% NSW RTA VICroads ACT SA	0%	0%
Number of enquiries from drivers (<i>n=12</i>)	0%	58.3% NSW DG VICtaxi ACT QLD NT TAS	25% VICroads WA WA DG	8.3% NSW RTA	8.3% SA	0%
Nature of enquiries from drivers (<i>n=11</i>)	0%	45.5% NSW DG VICtaxi ACT QLD TAS	54.5% NSW RTA VICroads NT WA WA DG SA	0%	0%	0%
Number of conditional licences (<i>n=11</i>)	36.4% VICroads ACT WA TAS	45.5% NSW DG NSW RTA QLD NT WA DG	9.1% VICtaxi	0%	0%	9.1% SA
Time spent on legal considerations i.e. coronial, disability discrimination (<i>n=11</i>)	27.3% WA DG WA SA DG	18.2% NSW DG NT	18.2% NSW RTA VICroads	36.4% VIC taxi ACT QLD SA	0%	0%

5.3 Management of requests for information or guidance

The request for information sought details from driver licensing authorities about how they manage enquiries about medical fitness to drive from drivers and health professionals.

All twelve responding organisations indicated that clerical staff managed these enquiries in the first instance. The majority of enquiries require clarification of the standard requirements or processes and can be managed by the clerical personnel.

Seven of the responding driver licensing authorities indicated that they have established systems of referral to a contracted medical provider should such support be required. They include:

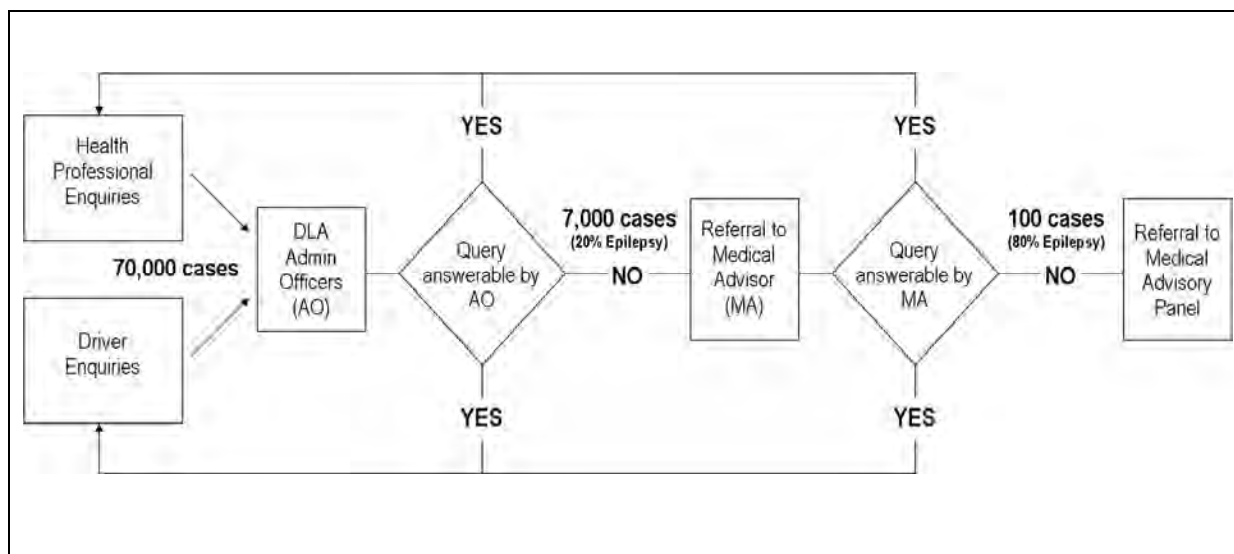
- Roads and Traffic Authority New South Wales (referral to HealthQuest);
- Environmental Protection and Regulation Division, Department of Environment and Conservation, New South Wales (referral to HealthQuest);
- Department of Transport Energy and Infrastructure South Australia (referral to contracted medical advisor);
- Road Transport Australian Capital Territory (referral to Health Services Australia);
- VicRoads (referral to Victorian Institute of Forensic Medicine);
- Victoria and the Victorian Taxi Directorate (referral to Victorian Institute of Forensic Medicine); and
- Department of Planning and Infrastructure Western Australia (referral to contracted Department Occupational Health Physician).

The systems for managing driver and health professional enquiries vary in their accessibility and available expertise. The Victorian Institute of Forensic Medicine, for example, provides a comprehensive and specialised service in the area of traffic medicine, offering courses and a comprehensive library. The service includes general advice for examining health professionals as well as a 'panel' of specialists to decide on difficult cases. Of the 7,000 cases referred annually by VicRoads to the service, approximately 100 are referred to the expert Advisory Panel. 80% of these cases are epilepsy cases, reflecting the inherent difficulties in judging fitness to drive in this particular area. Figure 5 shows how the Victorian system operates.

No other State or Territory provides a formalised 'panel' of this nature, although cases are referred for specialist advice as required.

Authorities indicate that queries are managed promptly (though this is contrary to some feedback provided by health professionals). Telephone enquiries are usually addressed on the same day. Hard copy and email enquiries are also addressed.

Of the main driver licensing authorities for private and commercial vehicle drivers, only Tasmania and Queensland do not have in place a referral system for medical advice.

Figure 5. Victorian model for managing enquiries

Health professionals' responses to the survey with respect to services provided by driver licensing authorities (refer section 3.3.4) were discussed at the Maintenance Group meeting on 5 October 2005. Some driver licensing authorities who ranked poorly in the survey results have committed to exploring issues further with health professionals in their States and Territories with a view to improving the support provided. Queensland is also seeking to establish supportive processes via the Department of Health.

The knowledge and skills of frontline clerical staff is a key to provision of a useful service for health professionals. Few driver licensing authorities have a comprehensive and ongoing approach to training of clerical staff.

5.4 Information and education for health professionals

The information request sought details of the driver licensing authorities' approaches to health professional education regarding the driving standards. Activities in this regard are limited and it is not generally seen as a priority for the licensing area, their educational efforts tending to be more driver focussed.

Initiatives include:

- provision of links to the NTC and Austroads websites from the driver licensing authority site;
- distribution of *Assessing Fitness to Drive 2003*;
- adhoc presentations to health professional forums; and
- checklists sent to general practitioners to guide assessment (Tasmania, refer Appendix 11).

VicRoads have implemented an online educational package for health professionals called *SafeDrive Medical On-line Learning*. They have previously offered a *Safe Drive Medical* course for health professionals but found it difficult to attract attendance.

As shown in section 3.3.2, uptake of the online tutorial package developed by Austroads has been limited, with current usage at around 50-80 registrations per month. The site has generally not been promoted actively by driver licensing authorities and there are no resources devoted to promotion of the site by Austroads or NTC.

Driver licensing authorities agreed at the meeting on 5 October 2005 that increased efforts were required to proactively educate health professionals regarding the use of the driver medical standards in light of the Review findings.

Suggestions included:

- actively promoting available educational resources;
- actively seeking partnership with State based health professional organisations, including Divisions of General Practice and various Colleges and specialist Societies;
- actively seeking involvement in professional conferences;
- actively exploring avenues for promotion of awareness of issues relating to *Assessing Fitness to Drive*, including newsletters, Friday Faxes, email bulletins, etc; and
- including Frequently Asked Questions on the Austroads website about specific medical conditions and how they may relate/affect the driving task.

5.5 Information and education for drivers

Information provided by driver licensing authorities to drivers includes:

- driver licensing application forms;
- web-based information, including links to Austroads site;
- verbal advice upon request; and
- brochures, available through licensing offices and the website.

The forms used by the jurisdictions provide varying levels of information and guidance and therefore contribute to varying degrees to driver education. Some forms include specific questions about health issues such as diabetes, epilepsy, etc. Others require a general declaration that the person does not suffer from a health condition that might impact on their ability to drive safely.

Proactive education of drivers is however limited. Initiatives include:

- presentations at consumer group sessions as requested;
- Safe Driver and Older Driver seminars (VicRoads);
- Older Driver handbooks;
- *Assessing Fitness to Drive* posters in licensing area (Northern Territory); and
- mailout reminders with registrations renewals (Tasmania).

There was some debate during the Maintenance Group meeting as to whether the education of drivers was one for the licensing authorities or doctors. Whilst consensus wasn't reached, there was acknowledgement of health professionals' views and the need to support health professionals in their role of assessing medical fitness to drive.

It was also acknowledged that major expenditure for public awareness was unlikely unless the impact of medical conditions on road safety could be clearly substantiated.

Up until recently all dangerous goods renewals and new applications in Western Australia included a copy of a twelve page booklet describing various medical conditions that were not acceptable for issue of a dangerous goods licence. The booklet is no longer issued to drivers as it was felt that it leads to 'doctor shopping' for drivers who have certain medical conditions.

5.6 Issues for the Major Review

Driver licensing authorities were asked in the information request to identify any issues that they felt should be addressed in the major review. Issues and suggestions were also discussed at the Maintenance Group meeting. Issues raised through both these mechanisms are summarised below.

5.6.1 Medical issues raised by driver licensing authorities

Epilepsy

The Roads and Traffic Authority New South Wales wrote to the NTC in April this year following representation from a person whose family was killed in an accident involving a driver who suffered an epileptic seizure (Gillett case, refer also Section 6.1.5). The Roads and Traffic Authority has raised the issue of a possible early review of the epilepsy criteria. The Austroads Registration and Licensing Taskforce requested in November 2005 that the NTC program of work be reviewed to accommodate an early review of the epilepsy standards commencing in 2006.

Memory disorder, dementia and cognitive impairment

Driver licensing authorities identified the need for more specific standards with respect to dementia, cognitive impairment, Alzheimers, etc, including the need for cognitive tests that should be undertaken by regular treating doctors to evaluate clients in relation to fitness to drive and before referral for a practical driving assessment. Driver licensing authorities expressed the view that the lack of clarity in the standards results in failure by examining doctors to make recommendations regarding fitness to drive. In some cases this leads to inappropriate use of the authorities' on-road driver assessment service.

Mental health

Driver licensing authorities requested more specific criteria with respect to mental illness and fitness to drive, in particular clarification of circumstances involving depression that would require a conditional licence. It was noted that the Monash University Accident Research Centre is planning to progress with work specifically in this area.

Improved guidance with respect to the effects of medication was also sought.

Pain management, including the side affects of medication (e.g. Kapanol, Pandeine Forte), short and long-term management and review, was identified as a particular area requiring further guidance.

Older drivers and multiple medical conditions

This is another challenging area and one requiring more guidance for examining health professionals, as well as more active education.

The specific issue of older commercial drivers was also raised, in particular the possibility of a cut-off age for a commercial vehicle licence.

Diabetes

The requirement for specialist review of diabetic commercial vehicle drivers was raised as an issue. A number of stakeholders have expressed concern about the difficulty in accessing specialist review in such cases. It was agreed at the Maintenance Group meeting that general practitioners may appropriately review diabetics managed on oral medication, but that specialist review was important for drivers taking insulin. The issue will be raised further with the specialist medical panel in the major review.

Vision

The Victorian Taxi Directorate noted that the *Assessing Fitness to Drive 2003* eyesight requirements do not align with Victorian public passenger regulations.

5.6.2 Other issues raised by driver licensing authorities

Involvement of consumer groups in future reviews

The Northern Territory authority noted that it was under ongoing pressure from Diabetes Australia NT to include more consumer advocacy/interest groups in the *Assessing Fitness to Drive* consultation processes.

Availability of specialists

Availability of specialists was commonly cited by driver licensing authorities as an issue which caused delays, inconvenience and cost for themselves and drivers, particularly in rural areas. The implications for drivers in terms of their income are important considerations. Driver licensing authorities sought advice regarding alternative approaches if specialist services were not available.

Model medical certificate

It was also noted that the Australian Transport Council had agreed in 2001 to a single medical certificate for use by all jurisdictions.

A number of issues were raised by driver licensing authorities with respect to the model medical certificate.

Most jurisdictions have adopted their own versions of the certificate based on their local needs. Some States and Territories are only now looking to adopt the format recommended in the 2003 edition of *Assessing Fitness to Drive*.

The Maintenance Group discussed the inclusion of the Model Medical Certificate in *Assessing Fitness to Drive 2003*. Given the confusion about the use of this form amongst health professionals (refer Section 3.2.5), it was agreed that inclusion in future editions should be reconsidered. It was suggested that guidance information for driver licensing authorities for developing medical certificates be produced as part of the development of *Assessing Fitness to Drive*. Included in this guidance material might be ‘key elements’ of the form to ensure national consistency, plus considerations for adapting the form for local needs.

Some driver licensing authorities maintain that more detailed medical information is required on the medical certificate to help them make a judgement about fitness to drive. An assessment of the impact of changes in the form in this regard was specifically requested by the Roads and Traffic Authority New South Wales (refer Section 7.2.9 Privacy and confidentiality).

Inappropriate use of driver licensing authority driving assessors

Some driver licensing authorities reported ‘inappropriate referral’ for on-road driver assessment by health professionals who felt this to be a reasonable substitute for medical certification. This is seen as a particular problem in Queensland.

Wording on the form has helped overcome this situation in some jurisdictions, for example in the Australian Capital Territory wording is as follows—“Requires practical driving test and is medically fit to take the test”. Similarly in Tasmania, there is a requirement that drivers are certified medically fit to drive before they can be accepted for an on-road assessment.

However the matter of appropriateness and accessibility of on-road driver assessment warrants discussion between health professionals and driver licensing authorities. It appears that improved guidance is required for health professionals as to the role of on-road assessments, including the difference between an assessment conducted by a driving instructor and one conducted by an occupational therapist. The current edition of *Assessing Fitness to Drive* does not provide clear guidance in this regard.

Consistent application of medical examination requirements nationally

It was noted that consistent application of the medical review requirements nationally should be a long term aim of the maintenance process for *Assessing Fitness to Drive*.

6. OTHER INPUTS

6.1 Court cases and coronial inquiries

Court cases and coronial inquiries provide valuable insights into the issues arising with respect to health and road safety. A number of recent court cases/coronial inquiries raise issues relevant to the Interim Review and to ongoing maintenance of the driver medical standards.

The National Coroners Information System is an electronic database of coronial information containing case detail information from the coronial files of all Australian States and Territories, except Queensland, dating back to July 2000. Queensland data is contained from January 2001.

A search of the National Coroners Information System was conducted for the Scott inquest (Section 6.1.1) in July 2005. The results of the search are included in Appendix 12. The report identifies cases of work-related deaths of truck drivers due to natural causes. Between 1 June 2000 and 30 June 2005 there were 20 work-related deaths of truck drivers which a Coroner had identified as due to natural causes.

Details of cases relevant to the medical standards are described below, together with cases sourced by other means. Also described are recent criminal and civil cases.

6.1.1 Scott (Coronial Inquest, Victoria, July 2005)

Mr Scott died in January 2003 after his petrol tanker left the road and burst into flames.

Based on Mr Scott's medical history and findings at autopsy, the crash was attributed to ischaemic heart disease. He was found to have multiple risk factors for heart disease, including hypercholesterolaemia, hypertension and obesity. He also had hypothyroidism, sleep apnoea and gout.

The inquest heard that the driver medical standards applicable at the time (Medical Examination of Commercial Vehicle Drivers) provided inadequate guidance for managing multiple medical conditions or multiple risk factors. It also heard that the more recent standards (*Assessing Fitness to Drive 2003*), whilst directing examining health professionals to consider the impact of multiple medical conditions and the higher risk of tasks such as dangerous goods vehicle driving, would allow drivers of heavy vehicles with conditions such as Mr Scott's to drive without further investigations or evaluation.

The case identifies that the combination of risk factors should have resulted in considerable concern as to Mr Scott's fitness to drive a dangerous goods vehicle. It supports higher standards for drivers of dangerous goods vehicles, similar to those used in aviation.

Standards applied currently to safety critical rail safety workers, in which cardiac risk is assessed to predict risk of collapse from a cardiac event, may be considered appropriate for these drivers and other high risk groups such as public passenger vehicle drivers.

Consideration should be given to the inclusion of such tests for high risk groups in the major review.

Clearer guidance for health professionals in assessing the effects of multiple medical conditions is also required and should be included in the 2008 revision.

6.1.2 Sheriff (Coronial Inquest July 2005, Victoria)

Mr Sheriff was a road worker who was killed by a truck driven by a diabetic, Mr Glenn Robertson during an episode of hypoglycaemia (December 2002).

In the coronial inquest the Coroner noted that the case highlighted the difficulties in striking an appropriate balance between the interests of those inflicted with diabetes and the broader public safety. He also noted with concern the driver's apparent reluctance to follow the advice of his medical practitioners. The evidence disclosed a history of poor daily monitoring, regular failure to take records of blood tests to consultations, a period of non-attendance at the specialist and doubt as to the appropriateness of his diet.

Whilst, at the time of the accident, Robertson was assessed under the 1997 standards (Medical Examinations for Commercial Vehicle Drivers), the Coroner referred to the current *Assessing Fitness to Drive 2003* standards and made the following recommendations:

1. It is recommended that the guidelines for medical examiners in relation to Commercial Vehicle Drivers be reviewed and the criteria for driving in respect of Type 1 diabetes ought to be more stringent such that applicants who require insulin therapy shall not be entitled to hold commercial or passenger carrying vehicle licences unless the following criteria are satisfied:
 - a) the patient retains an appropriate specialist that he/she is required to attend four times per year (or with such other regularity as the specialist certifies as appropriate);
 - b) the patient submits to regular Hb Alc testing as the specialist deems appropriate;
 - c) the patient provides regular proof to the specialist of blood sugar level testing (ideally a downloaded log from a memory equipped blood glucose meter) as regularly as the specialist deems appropriate;
 - d) the specialist certifies to VicRoads on a yearly basis that the patient's diabetes is under control;
 - e) the patient adhere to an appropriate diet and regime of medication that may be established by the specialist;
 - f) in the event of the patient suffering any hypoglycaemic episode involving loss of consciousness or loss of control of motor ability, the specialist, or any other medical practitioner, or the police, should formally report the matter to VicRoads and the person's commercial vehicle licence should be suspended; and
 - g) in the event of a hypoglycaemic episode as above, the licence should not be reinstated unless the specialist certifies that:
 - i) a period of 12 months has elapsed during which there has been no further hypoglycaemic episodes;
 - (ii) the specialist is satisfied as to the cause of the previous hypoglycaemic event; and
 - (iii) the specialist is satisfied no further hypoglycaemic event will occur without there being some forewarning to the patient.

2. That VicRoads clearly communicate the above criteria to the diabetic driver so that he/she is aware that the commercial vehicle drivers licence is conditional upon meeting and abiding by the criteria, and that any breach will result in a suspension of the licence.

6.1.3 Ryan (Coronial Inquest, South Australia, 1999)

Mr Ryan was a licensed taxi driver who died in 1997 after his taxi, fortunately with no passengers, suddenly veered off the road. He was a heroin addict under treatment at South Australian Drug and Alcohol Services. A syringe and spoon were found in the taxi; he had a blood morphine level of 0.16 mg/L (very high). Death was attributed to loss of control of the taxi which he was driving under the influence of morphine.

The case reflects issues raised in this Interim Review regarding the limitations of mandatory reporting legislation in South Australia. In presenting to the coronial inquest, Dr Ali (South Australia Drug and Alcohol Services) made similar points about the need to maintain trust with clients so they can be assessed and treated. He identified that problems arise if health professionals had to notify all clients to the driver licensing authorities, as patients would be unlikely to truthfully report their drug and alcohol use under threat of losing their licence. The Coroner recommended discussions between drug and alcohol services and the driver licensing authority to try and resolve differences. It is not known if these have occurred.

The Coroner's findings resonate strongly with the New South Wales Health submission to the Interim Review, which further highlighted the conflict of interest for health professionals managing drug and alcohol dependent people.

The Coroner considered 'doctor shopping' had occurred when Mr Ryan was renewing his driving medical certificate. The Coroner suggested a link be established between the Health Insurance Commission and the driver licensing authority in order to notify persons suspected of doctor shopping. (This however may have privacy problems).

The Coroner suggested three yearly rather than five yearly examinations of taxi drivers to detect drug addiction and evidence of needle tracks. The basis for three yearly rather than say, one yearly is not given. Also the value of random drug and alcohol checks is not discussed. Note, current requirements for health assessment of public passenger vehicle drivers vary considerably between the jurisdictions—New South Wales, Victoria and Tasmania require assessment three yearly (in New South Wales and Victoria this applies until 60 years of age after which annual assessment is required; in Tasmania annual assessments are required after 65); South Australia requires five yearly assessments up to 70 years of age then annually thereafter; Queensland requires five yearly assessments up to 75 then annually thereafter; Northern Territory requires five yearly assessments.

6.1.4 Bednarek (Coronial Inquest, South Australia, 2001)

Shantel Bednarek died in 1999 after being struck by a car driven by a diabetic, Mr Greg Johnson, during a hypoglycaemic episode (blood sugar level, 3.0 micromol/L). He had poorly controlled insulin dependent diabetes and 'hypoglycaemic unawareness'. Mr Johnson worked as a car salesman and had one episode of hypoglycaemia at work, for which he required admission to hospital.

The case has implications for the major review and for South Australian legislation:

- The case is similar to Sheriff/Robertson regarding management of hypoglycaemic unawareness (refer Section 6.1.2).

- Johnson was seen by various doctors who gave varying advice regarding driving so Johnson was able to claim that he had never been properly told that he could not drive. There is a need for doctors to be clear when advising patients not to drive and to document this clearly in their records.
- The Coroner recognised that Section 148 of the South Australian Transport legislation, which requires doctors to notify cases to the driver licensing authority, creates problems for doctors in managing diabetic patients. He recommended (paragraph 5.7 of the Finding of Inquest) that the Minister of transport reviewed the legislated scheme in conjunction with representatives of the medical, optical and physiotherapy professions. It is not known if this has occurred.

6.1.5 Gillett (Criminal proceedings NSW, November 2004)

The case concerned a driver (Gillett) with epilepsy who drove into the rear of another car resulting in the deaths of the three occupants (the Howie family) in May 2003. Gillett was jailed for failing to declare his condition to the Roads and Traffic Authority at the time of his licence renewal.

Subsequent to the case, questions have been raised about the adequacy of the epilepsy standard. The standard states that persons with established epilepsy do not meet the criteria for an unconditional licence (*Assessing Fitness to Drive 2003* page 57). This clearly applied to Gillett who had complex partial epilepsy. Gillett should have notified the Roads and Traffic Authority of this and then, like any other driver, could have applied for a conditional licence. His driving status would then have been determined by the Roads and Traffic Authority. (Other parts of the epilepsy standard such as those relating to isolated seizures should be improved for clarity and this should be part of the major review.)

The main failures in the case of Gillett was the failure of Gillett to notify the Roads and Traffic Authority of his chronic epilepsy, and possibly to be sufficiently advised of his obligations to do so.

There are a number of immediate implications for the Roads and Traffic Authority, but these also apply nationally and reflect the findings of this Interim Review:

- General driver education regarding self notification of conditions to Roads and Traffic Authority is of ongoing importance.
- There is a need to improve communication with drivers at time of licence renewal regarding truthful notification of health conditions.
- There is a need to improve health professional education about techniques for advising patients regarding driving and the need to notify the licensing authority.
- There is a need for a medical panel for referral of difficult cases and to lessen conflict of interest for health professionals.
- It is important that licence authority systems support appropriate tracking of drivers with conditional licences and that these systems can capture information (including crash information) that might be relevant to ongoing decisions about licensing.

The decision by Justice Berman also raised other interesting points:

- Justice Berman discounted the place of qualitative risk assessment in assessing persons with epilepsy, though the reasons for this are not stated. (Other aspects of qualitative risk assessment are discussed in Section 7.9.1).
- Justice Berman was much concerned about the implications of the ruling in the Jimenez case (in which a driver with a sleep disorder caused a fatal accident). The legal concern is the problem of a driver being held responsible for his or her actions when affected by medical conditions with an onset over which they have no control such as sleep disorders or epilepsy. (Further legal opinion is to be sought on this matter and its implications for the major review, refer Section 7.3).

6.1.6 Michael Comino (Coronial Inquest, Queensland, July 2004)

Michael Comino died in a single vehicle accident in which his car collided with a power pole on 10 August 2001. Witnesses identified the driver to be sitting rigidly at the wheel and staring straight ahead. Amongst the possible causes considered by the coroner (e.g. suicide, epileptic seizure, panic attack, mechanical failure), the circumstances pointed to an epileptic fit as highly probable.

Details of the driver's licensing or medical history were not provided in the summary report reviewed, however the following recommendations were made by the coroner for action by Queensland Transport:

1. A review of the adequacy of the current disclosure requirements of applications for the granting of driver licences and applications for renewal of driver licences.
2. A review of the adequacy of the voluntary reporting by medical practitioners as contemplated by section 142 of the Transport Operations Road Use Management Act.
3. The efficacy of an offence provision against drivers who fail to comply with medical advice given to them, refraining from driving owing to either a medical condition or medication prescribed for any relevant condition that would affect their fitness to drive.
4. The efficacy of an offence provision against drivers who fail to report to Queensland Transport of their fitness to drive owing to a medical condition or medication prescribed for any relevant condition that would affect their fitness to drive.
5. The efficacy of an offence provision against medical practitioners who fail to give patients or Queensland Transport medical advice concerning the patient's fitness to drive arising from either a medical condition or medication prescribed for any relevant condition.
6. A review of any notices sent to drivers regarding licence renewals with a view to raising awareness of fitness to drive issues and the need to consider medical consultation and reporting to Queensland Transport of any relevant issues concerning their fitness to drive.
7. A review of the level of awareness among members of the medical profession and their respective colleges and associations of the fitness to drive guidelines as published from time to time by the National Transport Commission.

8. Investigating the possibility of a website or establishing links to a website to enable medical practitioners to access the guidelines online.
9. Consultation with all relevant stakeholders in the process of giving due consideration to the matter above.

These recommendations touch on many of the issues raised in this Interim Review including responsibilities of drivers and health professionals and the importance of education and awareness for both drivers and health professionals.

The inquiry prompted action by the local branch of the Royal Australian College of General Practitioners, which plans to conduct an awareness campaign amongst doctors (refer 4.2.8). Queensland Transport is also reviewing legislation with respect to reporting by drivers and health professionals (see also Section 6.1.7).

6.1.7 Jet Rowland (Coronial Inquest, Queensland, December 2005)

Jet Rowland, a child, was killed on 28 February 2004 when the car in which he was a passenger was hit by the car driven by Ian McLeod. His brother, Bailey was made paraplegic and his mother sustained fractures and burns. Macleod's car had crossed the median strip of the Logan Freeway and ran head-on into the car driven by Jet's mother.

Mr McLeod has had 'clonic-tonic' seizures since childhood and had been reasonably well controlled. He had a fit in 1990 at work (chef) and had lost his job. However around 2003 a pattern of partial complex epilepsy began to appear as well. He had declared his epilepsy on previous licence renewals and again in June 2003. Queensland Transport appears to have authorised a licence for five years.

He was admitted to Logan Hospital in September 2003 with a grand mal fit. Two months previously he had been weaned from phenobarbitone to new medication and had been permitted to drive. On admission his blood levels of new anti-epilepsy medication were low probably due to an episode of diarrhoea on the previous two days. He was advised not to drive for six weeks. It is not clear from the hospital records if this advice was conveyed to his doctor or neurologist, however subsequent steps had been taken to ensure discharge summaries are appropriately provided. He was also admitted in April 2004 following a further fit and noted to be having "frequent seizures". It appears no action was taken to restrict his subsequent driving. He was also seen by Dr Torby (GP) for episodes of seizures, who did not discuss driving with McLeod.

Dr Torby pointed out the conflict of interest in being a treating doctor and the same time cautioning about driving. Subsequently the coroner stated:

"It is also important to keep separate the functions and responsibility of treating medical personnel so that a person in need of advice and treatment is not deterred from seeking such treatment."

The coroner made several recommendations relevant to managing drivers/patients with epilepsy, a number of which are similar to those made by the coroner in the Comino case (refer 6.1.6 above):

1. Review of practices concerning the forwarding of discharge summaries from hospitals in Queensland (both public and private) to ensure uniform, consistent practice in forwarding a patient's discharge summary to the patient's general practitioner.
2. Review of legislation to require any doctor when becoming aware of a patient suffering any epileptic event which would, in that doctor's opinion adversely

- impact on the patient's ability to safely drive a motor vehicle, to specifically discuss the issue with the patient at the consultation. The legislation should require the doctor to;
- (i) advise the patient if the doctor considers it inappropriate to continue to drive;
 - (ii) set a period of time and/or refer the patient to an appropriate specialist for further management and advice concerning suitability to drive; and
 - (iii) provide written confirmation of the doctor's advice to the patient.
3. Review of legislation to consider whether and in what circumstances a driver, and/or a treating doctor should be required to inform the Transport Department of a medical condition (such as epilepsy) or a change in the medical condition of a person impacting on their ability to safely drive. Consideration of whether sanctions should apply against a driver and/or a treating medical officer if they fail to report relevant information.
 4. Review of legislation (after consultation with relevant interest groups) to consider a panel of independent doctors available to accept referrals for assessment of suitability to drive in the context of epilepsy. The panel would be available to review a driver's eligibility to drive and to inform the Department of Transport accordingly.
 5. Initiative by the Department of Transport or other appropriate agency or authority to publicise both to the public and the medical profession the Guidelines for Fitness to Drive. Emphasis should be given to a responsibility to review a person's fitness to drive in circumstances where there is *any alteration in the person's medical condition likely to impact on their ability to safely drive a motor vehicle.*

The recommendations highlight the shared responsibilities for managing medical conditions with respect to driving.

With respect to driver's responsibilities, Western Australia is the only State at present that does not legislate to require drivers to report medical conditions or changes in their health that might impact on their safe driving ability. Introduction of legislation that aligns with other States and Territories in this regard would facilitate national consistency and promote self-responsibility on the part of drivers.

Mandatory reporting by health professionals is a separate consideration, and one that has received considerable criticism amongst health professionals, due to the impact on health professional-patient relationships. This is discussed further in section 7.2.2.

It is clear from this and other cases that there is considerable scope to improve the management of drivers with respect to health conditions such as epilepsy and other conditions that may result in sudden incapacity whilst driving.

Appropriate counselling and provision of written advice regarding driving have been suggested. This Interim Review points to the value of an educational rather than a legislated approach, including securing the cooperation of health professional organisations. In Queensland the Royal Australian College of General Practitioners is planning an educational campaign for doctors. Such a campaign should be extended to specialist areas (refer Sections 4.2.8 and 7.6).

6.2 Monash University Accident Research Centre Report

The Monash University Accident Research Centre has produced a comprehensive report *Influences of Chronic Illness on Crash Involvement of Motor Vehicle Drivers (2004)*. The 436 page report comprises an extensive literature review of many medical conditions and their association with road crashes.

Each chapter comprises:

- relevant medical definitions;
- epidemiology of crashes and the condition;
- citations (violations) data;
- laboratory performance data e.g. on simulators; and
- a summary of licensing and other approaches to management of the condition in UK, USA, New Zealand, Sweden, Canada and Australia, for private and commercial vehicle drivers.

The review found appreciable evidence for elevated crash risk for only a few conditions such as: alcohol, dementia, epilepsy, multiple sclerosis, psychiatric/schizophrenia, sleep apnoea and cataracts. The report notes that this list is very dependent on difficult methodologies, for example measures of driving exposures or self-report of crash involvement. The list therefore appears to be incomplete due to the absence of a medical condition such as insulin dependent diabetes. The review also found that medical guidelines from various jurisdictions did not appear to reflect the available evidence for crash risk. However, this conclusion is contradicted by the review's own finding that the evidence base is flawed, and therefore clinical judgment in developing at least some standards is appropriate.

The report makes several recommendations which are helpful for the improvement of *Assessing Fitness to Drive 2003* and its implementation:

- increase public awareness about crash risks and various medical conditions to improve self reporting to driver licensing authorities;
- improve knowledge within the health profession about crash risks and effective management for particular medical conditions;
- develop and implement valid and standardised assessments to identify the functional impairment of drivers with medical conditions; and
- undertake further research to determine the contribution of impairments to crash risk and the effectiveness of treatments and countermeasures such as Intelligent Transport Systems (ITS).

This resource will be very helpful as it summarises the literature relevant to many chapters of *Assessing Fitness to Drive*. The references will help produce a better evidence base for future standards.

Monash University presently has two major research projects in hand which are relevant to assessment of fitness to drive. They are 'Visual Fields and Driving' and 'Older Driver Assessment Tools'. The latter is a long-term research project intended to develop valid off-road assessment tools for older drivers. Research to date has resulted in a report *Model Licence Re assessment Procedure for Older Drivers: Stage 2 Research* (Austroads. AP—R259/04).

6.3 International standards

Since publication of *Assessing Fitness to Drive 2003*, the Canadian Council of Motor Transport Administrators released guidelines entitled *CCMTA Medical Standards for Drivers* in 2004. It is a 61 page booklet which outlines medical criteria for many conditions for driving different classes of vehicles. However, it lacks precision regarding the criteria and does not define conditional licences requirements. The main points are well summarised in the Monash University Accident Research Centre Report (see Section 6.2).

The Canadian standards will be of limited value as an input into the major review and are covered by the Monash University report.

Also released recently are working papers developed for the European Driving Licence Committee. These comprehensive papers review and make recommendations regarding the current standards for vision and epilepsy and will provide useful input into ongoing work with respect to *Assessing Fitness to Drive*.

6.4 Victorian Parliamentary Inquiry into Road Safety for Older Road Users

This inquiry was instituted in 2003 with the intent to look at a range of issues affecting the safety of older road users including drivers and pedestrians. The issues included their involvement in crashes, the current arrangements for assessing competency to drive, the duration for which licences should be issued, restrictions which could be placed on a licence, assistance for older drivers to make the transition to non-driver, and availability of public transport or other means of transport.

The report noted that persons over age 60 account for 17 percent of the Victorian population, but account for 35 percent of pedestrian fatalities, 16 percent of Transport Accident Commission hospitalisation claims, and 20 percent of road fatalities. Older drivers appear to be overrepresented at intersection crashes (Monash University Accident Research Centre Report, No 61, 1994).

The report advocates self reporting on health by older drivers to the licence authority; it finds there is insufficient evidence of benefit to introduce mandatory age-based road testing. It suggests licensing authorities focus on those who incur demerit points, convictions or crashes. It also recommends improved road design, such as signs suitable for older drivers. It recommends improvements to public transport for those no longer able to drive.

The inquiry report will be useful as part of the review of the Older driver chapter because it covers a range of closely related issues including the health of older people, age-based assessments, and licensing issues to help manage these drivers. Some of the authors, including Professor Darzins will be helpful in the review of the section on older drivers.

The report makes some recommendations, which are being implemented by VicRoads and are relevant to the major review:

- Recommendation 6—That VicRoads undertake research to better understand the crash risks for older road users associated with various types and levels of visual impairment.
- Recommendation 7—That VicRoads undertake research to better understand the effects on pedestrian and driving performance and crash risk of older people who have various types and levels of cognitive impairment.
- Recommendation 8—That VicRoads undertake research to better understand the effects various types and levels of specific medical conditions; multiple conditions;

medications; and multiple medications and medications together with low levels of alcohol have on an older person's walking and driving abilities.

6.5 Feedback received to date through Austroads and driver licensing authorities

Since the release of *Assessing Fitness to Drive 2003*, Austroads has maintained a national database where issues and feedback about the standards is logged.

This feedback is summarised in Appendix 10 and does not reveal any major or urgent problems with the standards. Some changes resulting from this feedback do not affect the standards and have been made in the recent print run. Others will be raised in the lead up to the major review.

6.6 Consideration of recent initiatives in public passenger and other transport areas

Guidelines for Health Management (Ministry of Transport NSW)

In recognition of the need for public passenger operators to become more involved in health management of drivers, the Ministry of Transport has drafted guidelines to guide health management and to guide management of the interface with health assessments conducted for licensing purposes. The guideline is likely to form part of the accreditation package for public passenger operators in New South Wales. Pending progress to a final form, this project would be of value to share with other driver licensing authorities in the public passenger area as there is a wider need for guidance in this regard.

Development of the guideline has highlighted several administrative issues which adversely affect the health management of drivers. These include:

- A need for improved interaction between Roads and Traffic Authority New South Wales (which is responsible for issuing a commercial vehicle licence to a driver) and the Ministry of Transport (which is responsible for accrediting a driver as a suitable person to drive a bus).
- A need to advise bus operators if a driver has been issued a conditional licence or their licence has been withdrawn. This has implications for privacy legislation.
- A need to consider the qualities desirable in a medical practitioner who conducts the periodic examinations. The need to have an appreciation of the requirements of the job in these safety critical examinations has been highlighted in the Waterfall rail crash inquiry. (See below regarding national railway worker health assessment examinations).

Education of transport operators and commercial vehicle drivers

The NTC initiated a campaign in 2005 directed at transport operators and drivers and aimed at raising awareness of health and driving issues. The campaign features resources for operators, including an Operator Guide and Tool Box Talks, and for drivers (refer <http://www.ntc.gov.au/ViewPage.aspx?page=A02311301500110624>). The campaign materials provide a basis for ongoing efforts in this regard.

National Standard for Health Assessment of Rail Safety Workers

In July 2004, all States and Territories adopted the *National Standard for Health Assessment of Rail Safety Workers* (NTC 2004). The standard applies to all rail safety workers including train drivers and is based on the commercial vehicle driver standards contained in *Assessing Fitness to Drive 2003*.

The standard includes additional requirements based on risk assessment of safety critical tasks in the rail environment. The risk assessment identified a group of jobs where medical collapse could lead to a serious incident, for example, train drivers, whereas for others this was not so critical for example, train guards.

For workers in the highest risk group, the health assessment was enhanced to include the Cardiac Risk Assessment, which identifies a person's risk of collapse from cardiovascular disease. This enables management of risk and identification of those workers who require more frequent review or more comprehensive evaluation. Also included in the assessment for rail safety workers is a questionnaire that screens for anxiety and depression (the K10). This was introduced in recognition of the potential impact of anxiety and depression on vigilance and therefore on safety.

An additional feature of the rail health assessment system is that assessments are conducted by Authorised Health Professionals who have been confirmed as competent with respect to the standards and with respect to their knowledge of the rail environment, thus contributing to improved quality and independence of assessments. There has however been some difficulty in recruiting suitable doctors, particularly in country areas. Delays in accessing specialist opinion has also been a problem.

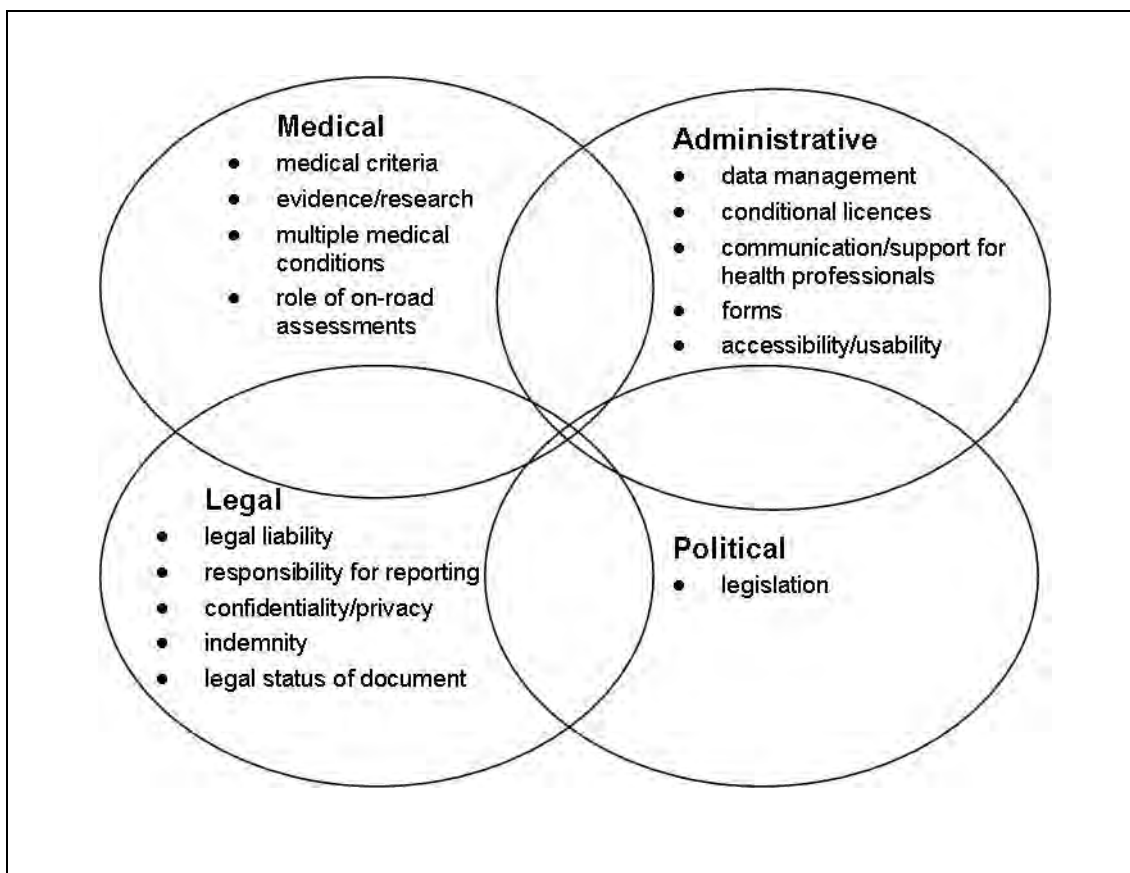
These features should be considered in the major review.

7. ISSUES AND RECOMMENDATIONS

This section presents a discussion of the issues raised in the Interim Review together with recommendations arising and proposed responsibilities.

As described, the issues are predominantly medical, administrative, legal and political in nature and interrelate, often in a complex way—see Figure 6. This interrelationship demonstrates the need to address development of *Assessing Fitness to Drive* in an ongoing and holistic way.

Figure 6. Issues impacting on *Assessing Fitness to Drive* standards and processes

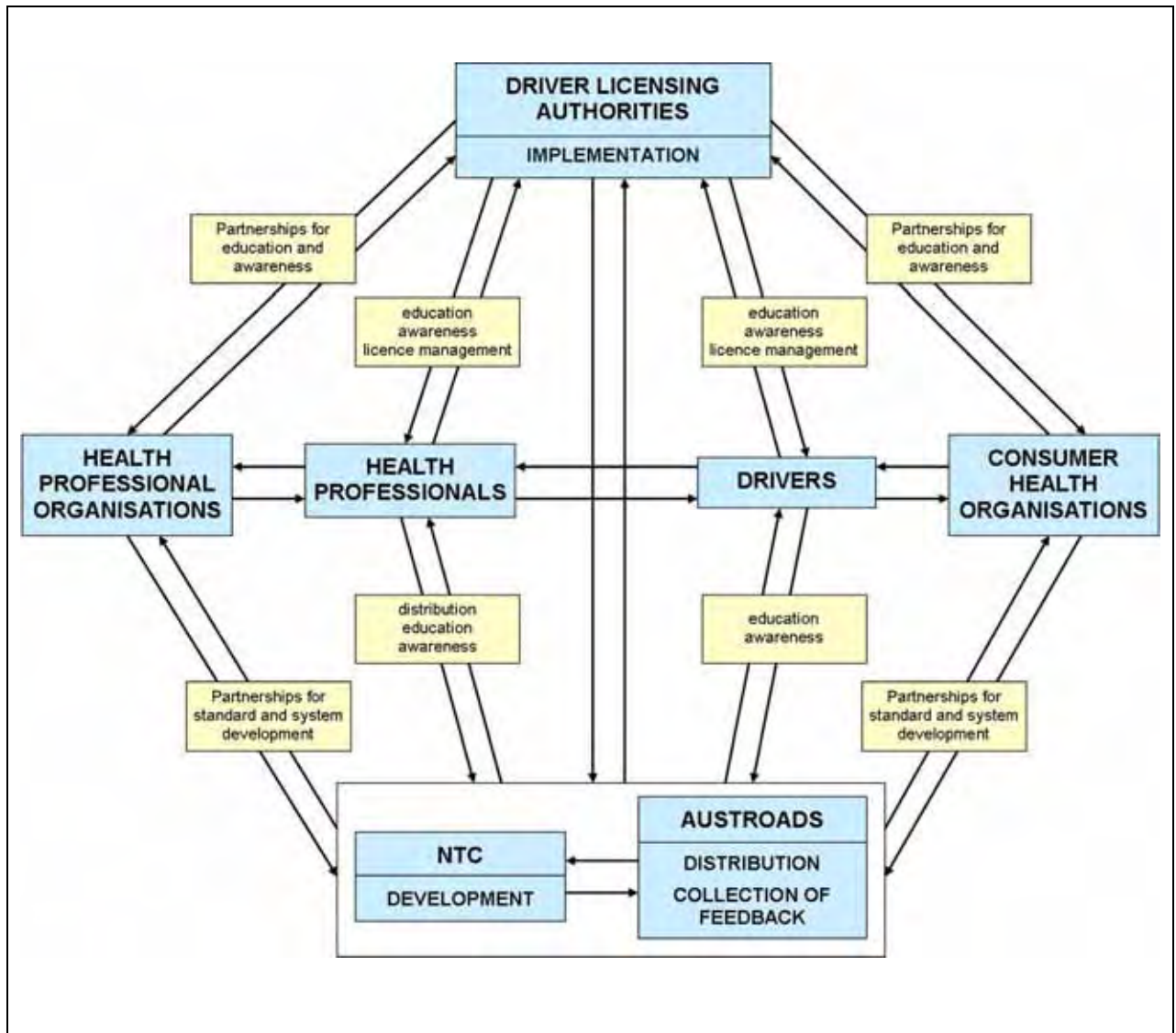


Recommended actions are allocated to driver licensing authorities, the Assessing Fitness to Drive Maintenance Group, the NTC and Austroads.

It is recognised that work of the Maintenance Group will need to be supported by appropriate allocation of project staff within the driver licensing authority (refer section 7.11). Allocation of such resources is assumed in allocating actions to this group.

In considering the issues and recommendations it is also helpful to keep in mind the complex interactions between the various stakeholders involved, as illustrated in Figure 7.

Figure 7. Roles and interactions in assessing fitness to drive



7.1 Conditional licences

A key focus of the Interim Review was to establish the impact on health professionals and driver licensing authorities of the extended conditional licence provisions adopted in *Assessing Fitness to Drive 2003*. The Interim Review also sought to identify any issues relating to the recommendation and management of conditional licences.

7.1.1 Consistency across the jurisdictions

The Interim Review found that management of conditional licences varies considerably across the jurisdictions. In particular, the categorisation of conditional licences is not consistent, and in many States and Territories is not consistent with the body system/diagnostic headings in *Assessing Fitness to Drive 2003*. This lack of consistency in the systems is a barrier to consistent application of medical standards for licences nationally.

7.1.2 Volume of conditional licences

The findings of the health professional survey, consultation with driver licensing authorities, and general submissions, indicate that there has been a variable impact on the number of conditional licences issued. Large jurisdictions such as New South Wales have not experienced an overall increase in conditional licences. Health professionals themselves report some increase, and some specific groups (e.g. neurologists) report that conditional licences are burdensome in terms of their workload. The majority of health professionals see conditional licences as a valuable means of balancing driver needs with road safety concerns. Similarly, the driver licensing authorities were positive about the impact of conditional licences on overall licence management.

Some issues did arise with respect to conditional licences, which should be considered by the NTC, Austroads and the driver licensing authorities and are outlined below.

7.1.3 Specialist recommendation for commercial vehicle drivers

Specialist recommendation for conditional licences for commercial vehicle drivers has been a long-standing requirement, being a feature of the *Medical Examinations for Commercial Vehicle Drivers* (1997). The application of this requirement was however expanded and more specifically stated in *Assessing Fitness to Drive 2003*, and highlighted through the combination of the standards for private and commercial vehicle drivers.

The review revealed very poor awareness of this requirement to refer to specialists amongst health professionals (60% unaware), which is a significant concern.

On the whole there was a positive response to the involvement of specialists in recommending conditional licences for commercial vehicle drivers. Indeed coronial inquiries support the consistent use of specialists in this higher risk category of driver (refer Section 6.1).

There are however ongoing issues relating to:

- the limited availability of specialists in rural and regional areas;
- long waiting times for specialist appointments, even in metropolitan areas;
- negative responses from patients when required to see a specialist;
- reluctance of some specialists to make the assessment due to concerns about liability;
- the view that general practitioners are well equipped and best positioned to conduct reviews of diabetics, at least for drivers controlled on oral medication;
- poor awareness of the standard amongst specialists; and
- the lack of awareness amongst commercial vehicle drivers of the requirement for specialist review for conditional licences.

The current edition of *Assessing Fitness to Drive* has attempted to address rural access issues by including provision for initial specialist recommendation followed by periodic review by the driver's own general practitioner provided the driver licensing authority agrees. There is however poor awareness of this provision amongst health professionals as evidenced by some submissions to the Interim Review. There is scope for promoting awareness of the provision amongst rural practitioners and for achieving consistency in its application across the jurisdictions.

In the area of diabetes, a proportion of stakeholders identified that the requirement for specialist reviews for commercial vehicle driver was unnecessary and that general

practitioners were well equipped and well placed to monitor their diabetic patients. Discussions with the driver licensing authorities indicated that there might be some scope for general practitioner review for drivers on oral hypoglycaemic agents (tablets) but that insulin dependent commercial vehicle drivers must be reviewed by a specialist. In New Zealand there has been a move away from the requirement for annual specialist assessment of persons with diabetes controlled by hypoglycaemic agents who drive commercial vehicles. These drivers require an initial specialist assessment only and an annual medical certificate from a general practitioner outlining compliance with medication and stability of control.

For Type 1 diabetics requiring insulin, the coronial inquiry Sheriff 2005 supports a more stringent approach than provided in the current standards (refer Section 6.1.2), including closer monitoring and cessation of driving for twelve months following a hypoglycaemic episode.

Whilst a change in the requirements for diabetics is not proposed before the major review, the involvement of specialists across the board should be reconsidered in the preparatory work taking place for the major review. Each chapter should be considered carefully in this regard to ensure the involvement of specialist review is necessary.

The other issues raised with respect to specialist involvement, as listed above, should also be considered in the major review. Ongoing educational efforts by driver licensing authorities, Austroads and the NTC should also be part of the maintenance process (refer below and section 7.6).

7.1.4 Health professional education

Whilst the Interim Review showed health professionals to be generally aware and supportive of the conditional licence concept, there is considerable scope for improvement in terms of their understanding of the application of conditional licences and the options available to them. Health professionals expressed a lack of awareness of the conditional licence options available, and driver licensing authorities also identified this to be a shortcoming in the application of conditional licences.

There was support for an expansion of the explanation of conditional licences in *Assessing Fitness to Drive 2003*, and support for more general educational initiatives (refer Section 7.6). Education with respect to the appropriate use of driver licensing authority driving assessors and occupational therapist driving assessments is also necessary. There is scope for the next edition of *Assessing Fitness to Drive* to provide more detailed information and to guide health professionals as to the most appropriate avenue of assessment for their patients. Gathering evidence as to the value of these types of assessments will also be important in the lead up to the major review (refer Section 7.9).

7.1.5 Conditional licences for older drivers and those with multiple medical conditions

Health professionals and driver licensing authorities indicated that these are particularly difficult areas. The management of multiple health conditions was also highlighted in the Scott coronial inquiry as an area requiring attention (refer Section 6.1.1).

There is a need for more comprehensive guidance in the *Assessing Fitness to Drive* publication regarding the assessment and management of older drivers and those with multiple medical conditions. There is also a need for guidance with respect to the role of driver assessments.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that driver licensing authorities work towards establishing consistent approaches to managing and monitoring conditional licences.	Assessing Fitness to Drive Maintenance Group, driver licensing authorities	ongoing
b) It is recommended that the requirement for specialist opinion in recommending and reviewing conditional licences for commercial vehicle drivers be retained as an overall approach to managing the higher risks in this group, but that the requirement be reconsidered for conditions that present a lower risk e.g. diabetes controlled by oral medication.	NTC	ongoing
c) It is recommended that issues of specialist access in rural and regional areas be addressed to minimise hardship for drivers and inconvenience for medical and driver licensing authority personnel, whilst not compromising road safety.	driver licensing authorities, Austroads, NTC	From 2006
d) It is recommended that specialist requirement be a focus for educational initiatives, amongst health professionals and commercial vehicle drivers, conducted by driver licensing authorities, NTC and Austroads, in partnership with health professional, consumer organisations and transport organisations (refer also section 7.6).	driver licensing authorities, Austroads, NTC, professional organisations, transport organisations	2008
e) It is recommended that the 2008 edition of <i>Assessing Fitness to Drive</i> include more comprehensive and accessible guidance for examining health professionals for managing conditional licences.	NTC	2008

7.2 Legal and public policy issues

Numerous legal matters have been identified in the course of the Interim Review, some relating to *Assessing Fitness to Drive* per se and others concerning the application of the standards.

7.2.1 Legal status of *Assessing Fitness to Drive*

Assessing Fitness to Drive 2003 was endorsed by the ATC in 2003. These medical standards were subsequently adopted or cited in road safety legislation in Victoria, New South Wales, South Australia, Australian Capital Territory, Northern Territory and Tasmania. They have not been gazetted in Western Australia (where the standards are

“approved by the Australian Medical Association and provided as a guide only”) or Queensland (where they are also not mentioned in general road safety legislation, but have been recently mentioned in the Dangerous Goods section of the Transport Operations Road Safety Act). In light of these differences, clarification is sought as to the status of *Assessing Fitness to Drive* in legal proceedings, such as criminal prosecutions, coronial inquiries, and disability discrimination hearings.

7.2.2 Consistency in legislation

Reporting by health professionals

Legislation relating to reporting of drivers to the driver licensing authority by health professionals varies across jurisdictions. In particular, the requirement for mandatory reporting in South Australia and Northern Territory is contrary to other States and Territories. It is noted that recent coronial inquests in Queensland (Comino Section 6.1.6 and Rowland Section 6.1.7) identify the possibility of introducing legislation for mandatory reporting in that jurisdiction.

In this Interim Review, strong concern was expressed by South Australian doctors, the Australian Neurology Association and the Epilepsy Society of Australia about the requirements for mandatory reporting in South Australia and the Northern Territory.

The Australian Medical Association Road Safety Committee also expressed concern about mandatory reporting but indicated it should be reserved for cases where there is “real, immediate and serious risk for public safety”. There remain inherent difficulties however in assessing when such a risk exists, as it relies on judgement, not only of the impact of the medical condition, but also of the driver’s acknowledgement of his or her condition and his or her willingness to comply with a treating health professional’s advice.

Medical organisations argue strongly that mandatory reporting has a significant negative effect on the doctor-patient relationship, as it breeds suspicion and patient dishonesty about the true status of their condition. Neurologists, for example, argue that patients are unlikely to report their true seizure status if they feel the doctor will report them. This scenario may lead to inadequate treatment being initiated by the doctor and thus result in risks to road users. A similar scenario is described by those treating drug and alcohol dependence.

It is recommended that the South Australian and Northern Territory governments undertake a review of the mandatory reporting regulations in their jurisdictions in conjunction with the national office of the Australian Medical Association, the driver licensing authorities and an independent road safety advisory body.

In undertaking such a review it is recommended that consideration be given to the important role of education (of health professionals and drivers), and the role of expert advisory panels (refer Sections 7.5 and 7.6) in ensuring appropriate action with respect to health and driving. It is also recommended that Queensland consider the outcomes of such a review when considering adopting mandatory reporting.

Reporting by drivers

Legislation governing reporting responsibilities of drivers also varies between the jurisdictions. Most States and Territories require drivers to report to the driver licensing authority if they suffer any permanent or long-term illness or injury that may affect their ability to drive safely, though the wording of the legislation varies. There is no duty in this regard at present in Western Australia. In Queensland, only public passenger vehicle

drivers are required to report a change in their health status that may affect their ability to drive safely—other drivers are only required to make such a declaration at licence application and renewal, though the recent Rowland case recommends the introduction of legislation to require all drivers to report. This would align Queensland with most other jurisdictions and would be desirable.

Application and interpretation of the standards would be assisted by a more consistent approach to legislation regarding reporting by drivers. A nationally consistent approach would also facilitate education of drivers.

7.2.3 Disclaimer

Assessing Fitness to Drive 2003 contains a disclaimer in the introductory pages. The disclaimer was largely inserted to protect the medical organisations which contributed to the development of the medical standards. However, concern has been expressed by the medical profession that the disclaimer has the effect of transferring undue responsibility to the examining doctor and away from the owners and publishers of *Assessing Fitness to Drive 2003*. Opinion is sought regarding the interpretation of the disclaimer and, if need be how it should be reworded or indeed whether it should be included.

7.2.4 Driver responsibility and liability in the case of a crash

The Gillett case (refer Section 6.1.5), the Rowland case (refer Section 6.1.7) and Jiminez case (refer Desai et al. Fatal distraction: a case series of fall-asleep road accidents and their medicolegal outcomes. *Med J Aust* 2003; 178: 396-9) involved drivers with epilepsy and sleep disorders respectively, in fatal accidents. The courts have had difficulty with the concept of a driver being held responsible for his or her actions when affected by conditions with an onset over which they have no control. In this argument sleep or epilepsy is an involuntary act and affected drivers are therefore not responsible for subsequent crashes. Opinion is sought on the implications of this legal dilemma for doctors and driver licensing authorities in applying the medical standards.

7.2.5 Responsibility for final decision making with respect to licence status

Assessing Fitness to Drive 2003 clearly states that “the responsibility for issuing, renewing, suspending or cancelling a person’s driver licence (including a conditional licence) lies ultimately with the driver licensing authority”. Driver licensing authorities also confirm this to be the case.

However, in the course of the Interim Review many health professionals and representative organisations expressed concern about their responsibilities and liabilities when making recommendations to the driver licensing authorities.

Health professionals are anxious about their position, particularly in States and Territories where limited support, guidance or expertise is provided by driver licensing authorities, thus seemingly placing undue responsibility in the hands of the health professional.

At the time of publication, a Victorian driver is suing his doctors for providing certificates on the basis of which the driver licensing authority permitted him to drive (which resulted in a fatal accident). Opinion is sought on the ultimate responsibility for issuing a licence in which medical factors are a major consideration, and the liability, if any, of health professionals (assuming they write certificates in good faith).

7.2.6 General health professional responsibility and liability

Health professionals are also concerned about their general liability when advising patients about driving.

For example, if a doctor advises the patient not to drive (in line with *Assessing Fitness to Drive*) but the patient does so and then crashes, will the doctor be held liable because they did not act forcefully enough? Conversely if a doctor, upon consideration of the individual case and interpretation of the standard, considers a patient is fit to drive, however does not advise the patient regarding driving and they crash, will the doctor be found liable? These two scenarios touch on the range of complex situations that health professionals may find themselves in, and about which there is currently no clear guidance.

7.2.7 Indemnification

Health professionals are also concerned as to the application of indemnity provisions that exist in most States and Territories. All jurisdictions (except Western Australia and Northern Territory) indemnify doctors and other health professionals who conduct assessments for fitness to drive and report to the driver licensing authority.

In other States and Territories, whilst indemnification is provided, the specifics of the legislation vary (refer *Assessing Fitness to Drive 2003*, Appendix 3.2).

Consistency between jurisdictions is also recommended.

7.2.8 Legal protection for medical panels

In Victoria, some drivers with particularly difficult medical conditions are referred to a medical panel for expert assessment. This is usually done through evaluation of the driver's file rather than by personal examination. Opinion is sought if this would meet requirements for procedural fairness. In workers compensation proceedings patients are always seen in person by the examining doctor.

The specialist report is then provided to the driver licensing authority for final determination. Opinion is sought on whether the specialist is protected or could be sued by the driver, and if the latter, what steps need to be taken to protect the specialist?

7.2.9 Privacy and confidentiality

Some driver licensing authorities have raised ongoing concerns regarding the restrictions imposed by privacy legislation. In particular, the difficulties in making licensing decisions in the absence of more detailed medical information.

Whilst individual driver licensing authorities have been advised previously to discuss such concerns with State and Territory privacy commissioners and the Australian Medical Association, nationally relevant guidance is sought as to whether the road safety concerns could be seen to over-ride privacy legislation in certain instances, and what these instances might be. This will help support consistency in management of driver health assessments.

Currently driver licensing authorities obtain specialists' reports regarding fitness to drive of commercial vehicle drivers. In the event of a conditional licence being issued it is important that the general practitioner is fully informed so they may be involved in monitoring the driver. Opinion is sought if this could be regarded as a breach of confidentiality.

Bus companies have also expressed concern that they are not informed if a driver has developed a serious health condition and has been granted a conditional licence or has had their licence withdrawn. This raises further issues of privacy which need to be addressed.

These legal matters have significant implications for the drafting of future editions of *Assessing Fitness to Drive*, the driver licensing authorities usage of the standards, and the medical profession's cooperation in applying them to patients. It is critical that these issues are addressed in 2006. Until these matters are clarified it will be difficult to progress with confidence with other matters relevant to the major review scheduled for completion in 2008.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that high level independent legal advice is sought on the above issues in order that clearer guidance might be provided to health professionals, driver licensing authorities and other stakeholders.	NTC	2006
b) It is recommended that these legal opinions form the basis of expanded content for the 2008 edition of <i>Assessing Fitness to Drive</i> .	NTC	2008
c) It is recommended that these legal opinions form the basis of specific content on the Austroads, NTC websites (and possibly driver licensing authority sites) to support health professional awareness, and that health professional organisations be informed of the material to support health professional education (refer 7.6).	Austroads, NTC	2006
d) It is recommended that the South Australian and Northern Territory Governments undertake a review of the mandatory reporting regulations in their jurisdictions in conjunction with the national office of the Australian Medical Association, the driver licensing authorities and an independent road safety advisory body.	South Australian and Northern Territory Governments	2006
e) It is recommended that NTC support ongoing efforts to ensure consistent national requirements with respect to reporting responsibilities of health professionals and drivers.	NTC	2006 onwards

7.3 Ethical issues—impact on the health professional-patient relationship

In the course of the Interim Review a number of matters were raised regarding the implementation of the standards and their possible impact on the health professional-patient relationship (refer Section 3.5, 4.2).

Issues relating to professional-patient relationships were particularly highlighted by neurologists, both through responses to the survey and through the submission made by the Epilepsy Society of Australia and the Australian Association of Neurologists. Most

neurologists, for example (60.6%) find the discussions about driving have a negative effect on the relationship, compared to 16.3% of optometrists and 38.7% of general practitioners. 65% of neurologists find it difficult to advise regarding fitness to drive as patients expect them to support them in continuing to drive. A high proportion of general practitioners also find this difficult (60.6%).

Diagnosis of a serious disease can be devastating for patients, so doctors and other health professionals need to handle breaking this news with much consideration. It can be particularly difficult if the patient is a commercial vehicle driver and their livelihood depends on their ability to drive.

Some conditions, such as epilepsy or other causes of blackouts, have immediate implications for driving and for notification of the driver licensing authorities. However, neurologists and drug and alcohol specialists in particular argue that conveying this information needs to be paced appropriate to the patient.

For example, there is a need to:

- a) inform the person he or she should not drive because he or she is a risk to themselves and others; and
- b) advise the person to inform the driver licensing authority and if appropriate apply for a conditional licence.

Neurologists have indicated that, in order to secure the person's cooperation and confidence in the treatment process, their preference is to inform the person about the need to abstain from driving immediately, but to delay advising them to report to the driver licensing authority. The importance of retaining the patient's trust and confidence is emphasised and that the patient should not be concerned that the doctor is going to "take away their licence". For example, doctors who treat patients with drug and alcohol dependency need the patient to honestly declare their drinking or drug taking habits so treatment can be adjusted. This matter warrants discussion with relevant specialist societies and driver licensing authorities as there are likely legal implications.

The availability of expert panels is considered to be particularly important for helping to manage the relationship between health professionals and patients. The potential for conflict of interest has been identified in the Rowland coronial inquiry (6.1.6) in which the coroner noted "It is important to keep separate the functions and responsibility of treating medical personnel so that a person in need of advice and treatment is not deterred from seeking such treatment." The coroner recommended the establishment of a panel of independent doctors to accept referrals for assessment of suitability to drive in the context of epilepsy. The panel would be available to review a driver's eligibility to drive and to inform the driver licensing authority accordingly. (refer also Section 7.5).

The need for education with respect to the development of counselling techniques is identified, as is education regarding the role of on-road driver assessments (refer Section 7.6).

Brochures that inform patients about their condition and driving, and their rights may also be helpful (refer Section 7.7).

Inclusion of health professional patient scenarios in case studies in *Assessing Fitness to Drive* and other educational material should also be considered (refer Section 7.6).

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that discussions occur with professional organisations regarding matters impacting on the health professional-patient relationship and how education in handling these situations may be provided to health professionals (refer 7.6).	NTC	2007

Refer also recommendations relating to Health Professional Support (Section 7.5)

7.4 Awareness, usability and access to *Assessing Fitness to Drive 2003* by health professionals

The Interim Review sought input with respect to awareness of *Assessing Fitness to Drive 2003* amongst health professionals, as well as access to the standards and general usability of the publication and related web resources.

The feedback was generally very positive, indicating that processes initiated in introducing the 2003 edition have supported greater awareness, access and usability. Comparisons with the previous edition were positive.

The Interim Review has been valuable in identifying further improvements as described below.

7.4.1 Promotion/awareness

Ongoing efforts to optimise awareness of the standards amongst health professionals is particularly important. The Interim Review identified some gaps in this regard and points to the need for ongoing partnerships with health professional organisations to ensure their members are alert to the standards and to relevant issues relating to implementation.

The short term awareness and promotional approach adopted by the NTC on release of the 2003 edition seems to have been inadequate in this regard, particularly in light of the limited ongoing awareness activity provided by driver licensing authorities and by health professional organisations.

An ongoing approach is necessary to achieve the desired level of awareness, and particularly to alert health professionals to new requirements such as the involvement of specialists in conditional licence recommendations.

Some health professional organisations have already taken up the initiative in this regard. The Royal Australian College of General Practitioners in Queensland for example proposes to conduct an awareness campaign (refer Section 4.2.8). Similarly Occupational Therapy Australia is active in raising awareness and educating its members (refer Section 4.2.10). Other organisations should be encouraged to conduct similar activities.

The specific suggestions from health professionals, driver licensing authorities and other stakeholders will be valuable in guiding future ongoing action in this regard (refer Sections 3.2 and 5.5).

7.4.2 Access

Hard copy distribution of the book is clearly favoured by health professionals and should be continued based on the input received from individual professionals and health organisations. Ensuring comprehensive coverage remains a challenge due to the inaccuracies inherent in mailing lists for health professionals and the busy nature of their practices. Partnerships with health professional organisations continues to be important in addressing these challenges, as well as ensuring high awareness.

Such partnerships are also important in relation to ongoing education of health professionals (refer section 7.6). The Interim Review findings should be particularly valuable in helping to facilitate or initiate these partnerships.

Whilst hard copy is preferred by most practitioners, availability of a user friendly electronic version is also seen as important. Access to an electronic version via popular prescribing packages such as Medical Director is likely to assist general practitioners and medical specialists.

Additional links from a wider variety of health related resource sites would also be valuable. Formatting of the electronic form into a more “searchable” version would also be helpful. Inclusion of a CD-ROM with printed book has also been suggested.

7.4.3 Usability

Feedback regarding the usability of the standards was also generally positive. The combination of commercial and private vehicle standards is seen as positive and the book is generally ranked highly in terms of logic of presentation and ease of use. Suggestions provided by stakeholders will be valuable in guiding future editions.

Of concern is that only 59% of health professionals responding to the survey find the medical criteria clear and easy to interpret. On closer examination, the responses from neurologists skew the results considerably—24.4% found the criteria clear and easy to interpret compared to 70.3% of general practitioners.

Further discussion in the focus groups identified that some health professionals find the use of the terminology “criteria for an unconditional licence are not met if” cumbersome and confusing, due to the double negative, however numbers were too small to identify this as a universal problem.

This issue will need to be addressed more specifically in the major review and individual chapters should be examined for clarity of expression of the standards. Involvement of general practitioners and other health professionals in reviewing the various chapters may be a practical way of ensuring language is clear (refer Section 7.11.1).

Further suggestions relating to usability of the standards include:

- improved index to facilitate access;
- improved explanation of use of forms and improved identification of forms;
- improved clarity and consistency of expression in some areas;
- consistency of medical evidence;
- availability of tables separately;
- inclusion of all important information in tables;

- consistency of standards – need to address lack of specificity in some areas compared to highly specific in others – need to be more consistent;
- consistent use of terms such as practical assessment, driver assessment, etc; and
- inclusion of contact details for driving rehabilitation centres in the book.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that ongoing promotion be conducted for the standards in general and in relation to particular issues as they arise and that a specific strategy be developed in this regard. It is suggested that promotion be facilitated through partnerships with health professional societies, driver licensing authorities and other means as identified (refer also 7.6 Health Professional Education).	Maintenance Group Individual driver licensing authorities	From 2006
b) It is recommended that <i>Assessing Fitness to Drive</i> be established in some form on prescribing packages such as Medical Director, in order to facilitate both access and awareness to the standards and to support information.	NTC/Austrroads	From 2006
c) It is recommended that the feedback from health professionals and other stakeholders with respect to usability of the standards be addressed in the major review, including language, formatting, indexing etc.	NTC/Austrroads	By 2008

7.5 Support for health professionals from driver licensing authorities and general relationship issues

The findings of the Interim Review point to the need for driver licensing authorities to improve the support provided to health professionals and improve communication between the two groups. This is a serious issue for the health professional community and if not addressed properly, could lead to a breakdown in relationships between sections of the health professional community and licensing authorities. It is particularly important in light of the legal and ethical concerns expressed by health professionals (refer Sections 7.2 and 7.3).

In addition to the overall poor ranking of driver licensing authorities in terms of ease of access to knowledgeable personnel and helpfulness of advice, health professionals identified the following issues:

- inconsistency of advice provided by driver licensing authority personnel;
- failure to facilitate access to medical opinion;

- failure to provide rationale for advice given (particularly if advice inconsistent with standard); and
- failure to provide feedback about the decisions made with respect to fitness to drive—this creates difficulties for the health professional with respect to ongoing management of their patients.

There is a need to identify best practice in this area and to facilitate adoption by all jurisdictions.

Of particular importance to health professionals is the need to access appropriate health expertise, particularly for support in making recommendations for cases that are not clear cut or difficult for other reasons.

The Interim Review has helped to identify features of an effective support service including:

Timely access to advice

Many health professionals will make an enquiry whilst consulting with a patient, thus they need to be able to make contact with an appropriate person quickly. Access to direct phone numbers of the relevant department or direct transfer is important.

Access to suitably knowledgeable administrative personnel

The relationship between the driver licensing authority and health professionals is highly dependent on the skill, experience and knowledge of the driver licensing authority personnel. It is important that such personnel have a sound working knowledge of the standards and how they are applied, which implies ongoing training in the area. Inconsistent advice provided by driver licensing authority personnel was raised as an issue by health professionals.

Appropriate access to health professional opinion

Many enquiries are of an administrative nature or are relatively straight forward, such as information about on-road driving assessments. These can be dealt with by administrative personnel, however where enquiries cannot be managed by administrative personnel, there needs to be ready recognition of this and the ability to refer the enquiry for medical/health professional input. Direct and immediate access may not be necessary but timely contact is important, and should be managed effectively by the driver licensing authority administrative personnel. It is also important that the advising medical officer has appropriate expertise and experience in the field of assessing fitness to drive.

Access to a panel of medical opinion to resolve difficult cases

The majority of enquiries from health professionals can be managed through dialogue with the administrative personnel or a medical advisor. However some cases may require additional input from specialists in a particular field.

A medical panel may help to lessen problems in the doctor-patient relationship. Establishment of such a panel has been specifically recommended for consideration of epilepsy cases in a recent coronial inquiry in Queensland (refer Section 6.1.7).

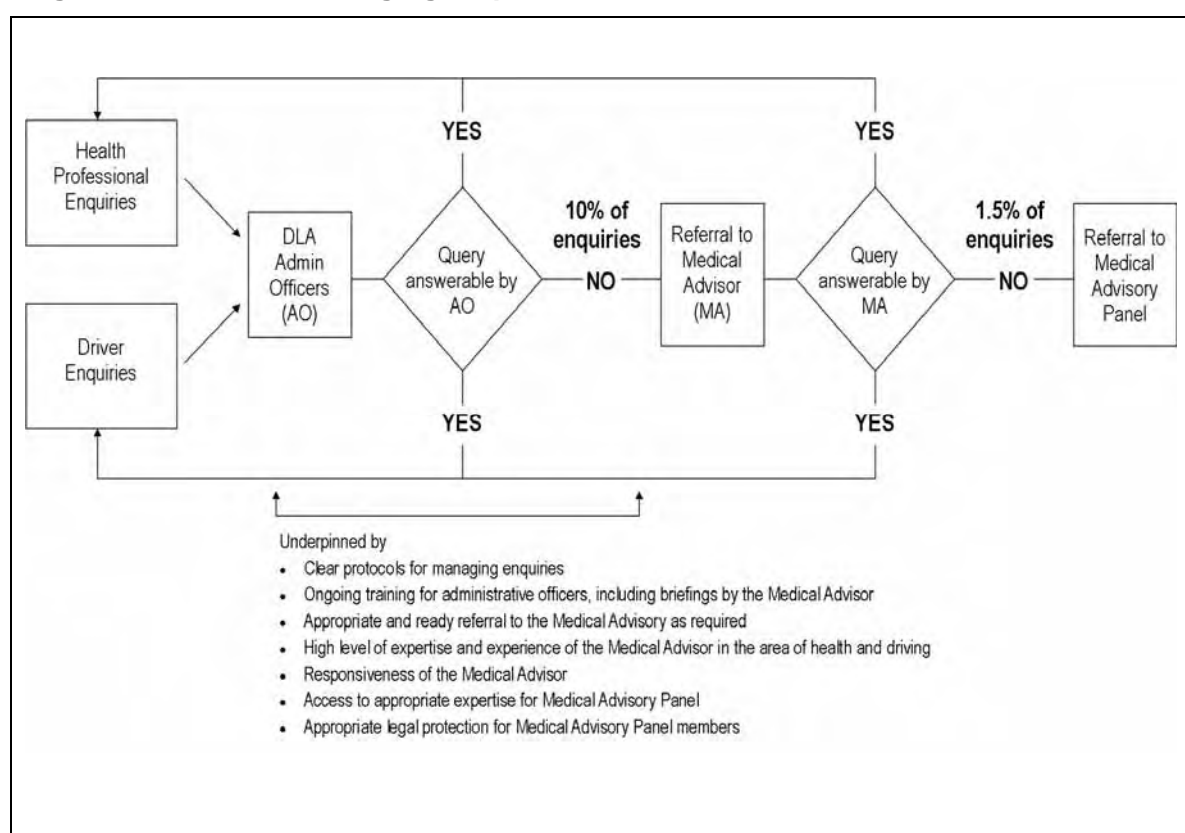
Doctors on medical panels need to be indemnified for their opinions.

The service established by VicRoads, whilst not perfect, is seen as a reasonable model for other jurisdictions and is illustrated in Figure 8. The success of the system, reflected in

significantly higher rankings by health professionals in terms of access and usefulness, is underpinned by:

- clear protocols for managing enquiries;
- ongoing training for administrative officers, including briefings by the Medical Advisor;
- appropriate and ready referral to the Medical Advisor as required;
- high level of expertise and experience of the Medical Advisor in the area of health and driving;
- responsiveness of the Medical Advisor; and
- access to appropriate expertise for Medical Advisory Panel.

Figure 8. Model for managing enquiries



The model is sufficiently flexible to be applied to jurisdictions of any size. It should be noted that approximately 10% of enquiries received in Victoria are forwarded to the Medical Advisor for input and 1.5% require referral to the Medical Advisory Panel. The majority (80%) of cases reviewed by the Medical Advisory Panel are epilepsy cases, reflecting the particular difficulties in this area.

Composition of the advisory panels is also an important consideration. Models in other areas such as worker's compensation lead to consideration of whether driver licensing panels should see/examine the patient rather than just the file; whether such panels should include a non-medical road safety representative who may balance the inputs into the decision; and perhaps a defined list of issues to be considered systematically by the panel members. For example:

- prognosis of condition;

- driving exposure;
- risk of crash; and
- consequences (commercial or private driving).

This warrants further consideration.

Feedback to examining health professionals

Communication with driver licensing authorities was flagged by health professionals as a significant issue. In particular health professionals commented that there was no feedback to them regarding recommendations they have made with respect to fitness to drive, and no feedback to general practitioners regarding outcomes of specialist consultation regarding their patients' fitness to drive. This limits health professionals' ability to manage their patients.

Such feedback is central to effective "case management" and to ensuring ongoing cooperation of health professionals in the process of assessing fitness to drive.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that driver licensing authorities work towards establishing appropriate systems to support health professionals in applying the driver medical standards, including access to expert advice. A suggested starting point is an audit of current systems and consideration of best practice systems.	driver licensing authorities	2006
b) It is recommended that the NTC, with input from the Maintenance Group, develop best practice guidelines for managing driver health in relation to licensing, as a basis for future audit and service development.	NTC Maintenance Group	2006
c) It is recommended that driver licensing authorities maintain dialogue with health professionals and seek to improve and develop relationships	driver licensing authorities	Ongoing

7.6 Education for health professionals

The Interim Review highlights the importance of ongoing education for health professionals in the area of assessing fitness to drive. It identifies education and support for health professionals as key initiatives for improving management of drivers with respect to their health being preferred to a legislative approach to health professional reporting.

As previously mentioned, particular areas for education include:

- general awareness of standards;
- conditional licences;

- legal and ethical issues, including the importance of keeping adequate patient records;
- use of on road assessments including Occupational Therapist assessments;
- management of multiple health conditions and older drivers;
- appropriate use of forms; and
- counselling techniques, including preparing the driver to limit their driving and access to support services.

Driver licensing authorities have a role to play in facilitating health professional education, though it is accepted that resources to achieve this will vary between the jurisdictions, and thus some national effort is required.

Promotion of the availability of existing resources such as the Austroads online tutorial, the VicRoads online education package, courses conducted by the Victorian Institute of Forensic Medicine and education offered through professional societies is an important starting point.

Ongoing opportunities should also be explored through partnerships with health professional organisations.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that driver licensing authorities and Austroads promote the availability of existing educational resources to health professionals (including the Austroads online tutorial, the VicRoads online education pack, etc).	driver licensing authorities, Austroads	Ongoing
b) It is recommended that the driver licensing authorities continue to seek opportunities to present to health professionals at conferences and other continuing education forums.	driver licensing authorities	Ongoing
d) It is recommended that specific awareness/educational strategies be developed with respect to key areas identified in the Interim Review, in particular conditional licences, involvement of specialists in commercial vehicle licensing, management of multiple medical conditions and counseling of patients regarding driving and their health. These should be developed in partnership with health professional organisations.	NTC, Austroads, Maintenance Group	2006

7.7 Education for drivers

The education of drivers about their responsibilities in relation to health and driving is a key concern for health professionals. Over 90% of health professionals find that their patients are unaware of their responsibility to report to the driver licensing authority, and there is a feeling that the health professional-patient relationship is jeopardised when the patient is alerted to this responsibility in the first instance by their doctor or other health

professional. Support in this regard is seen as important in maintaining the goodwill of health professionals in managing fitness to drive of their patients.

Education of drivers about the purpose of conditional licences is also required in order to facilitate their understanding of the role conditional licences play in balancing their needs with road safety concerns.

Proactive education of drivers (of both private and commercial vehicles) by driver licensing authorities is presently limited and varies between the jurisdictions. Some have included communications with licence and registration renewals, but there is considerable scope for wider education and awareness raising. There is scope for driver licensing authorities to be more active in this regard and to form internal partnerships between licensing and educational arms.

There is also scope to develop shared strategies via the Maintenance Group. Such an approach was flagged at the original *Assessing Fitness to Drive* Workshop in October 2004. Limited action since that time points to the need for a more coordinated and facilitated approach which may include tasks being allocated to individual jurisdictions.

It should be acknowledged that the receptiveness of ‘well’ drivers to messages about their reporting responsibilities in relation to their health is likely to be limited, thus education through consumer health groups and health professionals remains important.

Professional societies should alert members to resources already available to support consultations with patients. There is limited awareness of the Austroads website and the resources contained therein – such as the Driving and Your Health Fact Sheet (refer Figure 9). Availability of such resources via computerised prescribing packages should also be considered.

Professional societies also have a role to play in developing disease-specific resources for use by their members to support patient counselling. Such resources can provide important practical information about the impact of the particular health condition and medications on the ability to drive; precautions to be taken and the responsibilities regarding licensing.

Some organisations have already been active in this regard (e.g. Sleep Association). The driver information developed by the NTC forms a useful basis for development of such resources (refer Figure 10). There is a role for the NTC in facilitating action by health professional groups in relation to patient/driver education.

Consumer health groups such as Diabetes Australia and Alzheimer’s Australia also see a role for themselves in providing education and support to their constituents. Their efforts in this regard could be effectively supported through a more coordinated and facilitated approach and the establishment of ongoing partnerships, both locally and at a national level. This would also help ensure consistency of information provided to drivers. Some driver licensing authorities already work closely with consumer groups to develop information.

The NTC’s Driving and Your Health campaign for commercial vehicle operators and drivers also presents an opportunity for ongoing action with respect to driver education regarding driving and health issues in general, and conditional licence requirements in particular. The campaign materials provide a basis for ongoing efforts in this regard (refer Figures 9 and 10).

Figure 9. Existing driver information resources



Figure 10. “Driving and Your Health” information materials for heavy vehicle drivers



Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that driver licensing authorities commit to initiatives to raise driver awareness of their responsibilities relating to health and driving (e.g. inserts in renewal notices, media campaigns), and that they do so through internal partnerships between medical review and road safety departments.	driver licensing authorities	2006 and ongoing
b) It is recommended that local and national partnerships be established with consumer health groups, professional organisations and transport organisations as appropriate to support improved driver education.	driver licensing authorities locally Maintenance Group and NTC (nationally)	2006 and ongoing
c) It is recommended that health professionals and transport operators be alerted to the availability of existing resources for driver education through ongoing awareness initiatives (refer 7.4, 7.6).	driver licensing authorities Austroads, NTC	2006 and ongoing

7.8 Forms

Forms remain an ongoing issue in the application of the driver medical standards.

Amongst health professionals there is confusion about use of the forms contained in *Assessing Fitness to Drive 2003*. In particular, inclusion of the Model Medical Certificate creates confusion. The purpose for including the form originally was to inform health professionals about the type of form that they might expect to receive from their driver licensing authority when requested to conduct an assessment for fitness to drive. The variability of forms between the jurisdictions, despite commitment to a Single Certificate contributes to this confusion and to an inability to differentiate between the use of the Model Medical Certificate and the Medical Condition Notification Form.

Confusion has also arisen regarding the use of the Patient Questionnaire. As described on page 107 of *Assessing Fitness to Drive 2003*, the form is included as a tool for health professionals rather than a compulsory requirement. It is noted in this section that applicants for commercial vehicle licences may be required to complete the questionnaire. The section also explains that the form is not to be returned to the driver licensing authority. Despite these instructions it is apparent from submissions to the Interim Review that the questionnaire may not be being used appropriately.

Consideration may be given to removing the Model Medical Certificate and/or placing the explanation of each form adjacent to the form rather than at the start of Appendix 2.

Education regarding the use of the forms is also important (refer Section 7.6).

A suggestion made at the Maintenance Group Meeting on 5 October 2005 is worthy of consideration, that being to develop a separate Implementation Guideline for driver

licensing authorities to support consistent and quality implementation by jurisdictions. Included in this pack could be a section on forms, including identification of essential elements such as modes of reporting, and information about further considerations for form development, including privacy.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that the forms included in <i>Assessing Fitness to Drive 2003</i> be reviewed for the 2008 edition or for earlier reprints.	Austrroads, NTC	By 2008
b) It is recommended that consistency of forms nationally continue to be a goal, whilst recognising flexibility to meet local needs.	Austrroads, NTC, driver licensing authorities	ongoing
c) It is recommended that a driver licensing authority Implementation Pack be developed as a companion to the 2008 medical standards to guide driver licensing authorities in a range of implementation issues including form development.	NTC, Austrroads	By 2008

7.9 Medical Issues

The Interim Review identified a number of issues relating to the medical criteria contained in *Assessing Fitness to Drive 2003*. These are detailed in this section together with recommendations regarding how these issues should be approached in the lead up to the major review.

The risk assessment basis of the standards is also discussed, being an issue raised by a number of stakeholders.

7.9.1 Quantitative risk assessment

Quantitative risk assessment has been suggested as a means of assessing the risk of a driver with a medical condition having a crash. This has the appeal of introducing numerical objectivity rather than subjectivity into the assessment, as well as leading to uniformity of acceptable risk for all conditions.

This approach was given careful consideration but is considered to be impractical in the current state of knowledge. Such an approach requires very accurate data on the likelihood of recurrence of an adverse medical event for all the medical conditions covered by the standard, and this data is often not available. The likelihood of a crash occurring will also be influenced by the driving exposures (e.g. city or country roads, duration of driving times each day, etc). This leads to calculations with considerable uncertainty which is unhelpful. There is an additional problem of setting a threshold for 'acceptable risk' which involves consideration of social, economic, and scientific factors.

Thus, there are several practical and ethical problems in the quantitative risk assessment approach. It is probably better to continue the current approach of assessing all cases on

individual merits regarding the condition and the driving requirements, whilst using a checklist of points such as:

- prognosis of condition;
- driving exposure on roads e.g. country or city driving, hours each day spent driving, etc; and
- consequences of a crash e.g. crash involving bus or dangerous goods vehicles have different consequences from those involving private vehicles, etc.

7.9.2 Medical standards

In the course of the Interim Review various issues with the medical criteria per se and associated assessment processes were noted. However, a firm decision was made not to make material changes to the medical standards unless there was a life-threatening error in the criteria (and no such error has been found). Material changes to the medical standards at the time of this Interim Review (2006) would have caused the co-existence of dual standards, which could give rise to medicolegal problems and considerable expense in ensuring awareness and access to the correct standard. Making any changes to the actual standards at this stage, unless they are absolutely necessary, would mean producing and delivering a revised *Assessing Fitness to Drive* publication to all health professionals in Australia at a cost of around \$250,000.

Some non-material issues were identified and have been included in the 2006 reprint.

These issues include:

- Chapter 8, Epilepsy:
 - delete "non-epileptiform" in the box of the table "Private Standards, Initial seizure" as requested by the Epilepsy Society of Australia;
 - specify "withdrawal of antiepileptic medication" to ensure clarity; and
- Chapter 13, Musculoskeletal. Change the word "foot pedal" to "brake pedal" in the commercial standards regarding conditional licence.

Many non-urgent medical issues were identified in the Interim Review and will be addressed in the lead-up to the major review scheduled for completion in 2008. It is intended that all chapters of *Assessing Fitness to Drive 2003* be thoroughly reviewed, however feedback from the Interim Review and other inputs suggest the following general amendments to the various sections/chapters;

Part A: Introduction

Following are suggested amendments to the general guidance included in Part A of *Assessing Fitness to Drive 2003*:

- more detailed information about the functional requirements of the driving task, to assist health professionals in gaining a general understanding that can be applied to a range of conditions, including those not covered specifically by the standard;
- more detailed information about the application of conditional licences (as already described, refer section 7.1);
- more detailed information about the patient/health professional relationship and other legal/ethical issues such as appropriate record keeping;

- emphasis on the fact that the standards apply to normal road usage. In situations such as emergency services, where it is legal to exceed normal road usage (high-speed, proceed through red lights, etc) then organisations may apply medical standards over and above those in the guidelines based on their risk assessment of the unusual driving requirements; and
- more detailed information about the role of on-road driver assessments and the differentiation between assessments conducted by driving instructors and those conducted by occupational therapists. There is a need to consolidate information from all jurisdictions about these type of assessments including entry points, costs and other barriers to access, protocols used in assessment, use of driving instructor or occupational therapist, etc. It may also be useful to consider a relatively standardised national approach which could be made known to the medical profession as part of the management of the older driver. Discussions should be held regarding the appropriate use of driver instructors and occupational therapists, noting that driving instructors are available in most large country towns whereas occupational therapists are scarce.

Part B: General

Following are suggested general amendments to Part B, the medical standards:

- greater use of flowcharts to help follow complex areas such as epilepsy, high blood pressure, blackouts, etc;
- use of case studies to illustrate principles and bring standards to life;
- highlight management principles for multiple conditions;
- improve the evidence base in each chapter, for example use of Monash University Accident Research Centre data (refer Section 6.2);
- ensure consistency in specificity of criteria where possible; and
- assess requirements for specialist involvement in recommending conditional licences for commercial vehicle drivers (refer Section 7.1).

Alcohol and Drugs - illicit

- An excellent submission from the New South Wales Drug and Alcohol services provides a constructive criticism of the present chapters. The South Australian Coroner's report on Ryan raises similar matters (refer Section 6.1.3). They raise difficult issues regarding maintaining the health professional-patient relationship as well as legal issues which will need to be resolved.
- The interaction of methadone with other drugs and alcohol affecting driving warrants further discussion with relevant stakeholders.
- The interface with State and Territory legislation(s) regarding drugs and alcohol when driving (private and commercial vehicles) may need a separate appendix.

It is recommended that a Medical Advisory Group be established in 2006/7 to address this and other medical issues.

Cardiovascular

- There is a need to clarify ambiguities in standards for high blood pressure, for example systolic and/or diastolic pressures. These ambiguities have been addressed in the more recently released rail standards (*National Standard for Health Assessment of Rail Safety Workers* (NTC 2004)). Further development of an algorithm would be helpful.
- In light of coronial reports (Scott, Section 6.1.1) and the health assessment standards that now apply nationally to safety critical workers in the rail industry, it is suggested that consideration be given to incorporating a more stringent cardiovascular assessment for dangerous goods and public passenger vehicle drivers. This may incorporate the Cardiac Risk Score which facilitates predication of cardiovascular events.
- Anticoagulants. Whilst not raised specifically in relation to the road standards (but for rail), there has been feedback that greater specificity in the standards for anticoagulation would assist decision making. Recent advances in anticoagulants may also lessen the risk of cerebral haemorrhage which has implications for the standard.
- Feedback has been received since introduction of the 2003 edition regarding the duration (viewed to be excessive) of the Bruce Test required by the standard (now 9 minutes).

These issues should be considered by the Medical Advisory Group and discussed with the Cardiac Society.

Diabetes

- The findings of the coronial inquiries into Sheriff and Bednarek (refer Sections 6.1.2 and 6.1.4) should be considered, including the provision of more detailed guidance in relation to hypoglycaemic unawareness and possibly more stringent monitoring requirements for commercial vehicle drivers. Use of glucose monitoring meters that record and retain the result might be suggested for commercial vehicle drivers instead of keeping diaries.
- A minimum non-driving period after hypoglycaemic episodes should be specified for commercial vehicle drivers to be consistent with the private vehicle driver standards.
- It is suggested that the requirement for specialists to review commercial vehicle drivers with insulin dependent diabetes be retained, but consideration be given to the ability of general practitioners to review commercial drivers with non-insulin dependent diabetes.
- It is suggested a requirement be included for visual fields to be assessed after laser therapy for retinopathy.
- It would be useful to include a discussion regarding advances such as insulin analogues and infusion pumps.

Drugs – prescription

- It is suggested that the usefulness of this chapter be assessed with general practitioners. Information on managing side-effects of some medication, such as insulin or anticoagulants is already appropriately placed in the relevant chapter. This may also apply to other medications.
- There is a need to include more information regarding long term analgesics including opioids e.g. back pain in truck drivers.

Epilepsy

- The implications of the Gillett, Rowland and Comino cases should be considered. The Roads and Traffic Authority New South Wales has raised the issue of a possible early review of the epilepsy criteria as a result of these cases and the Austroads Registration and Licensing Task Force has requested the issue be included in the NTC workplan for 2006/2007. NTC has briefly examined the Australian criteria against overseas criteria and found no substantial differences in them. The central issue in the Gillett Case was the non-reporting by driver Gillett of his epilepsy. If he had been under regular medical supervision, the condition may have been better controlled and the onset of sleep apnoea, which may have compounded his condition, would have been diagnosed. Gillett had been involved in a previous road crash strongly suggestive of an episode of epilepsy.
- There is a general need for flowcharts to help support decision making in complex areas such as epilepsy. This has also been identified for hypertension and syncope and may be useful in other areas.
- The presentation of the standards differs between the private and commercial standards, and can lead to confusion. For example, the non-driving period is not clear for commercial vehicle drivers and seizure-free periods are not presented in a similar way to the private vehicle standards.
- Reference to overseas standards will be valuable in the review of the epilepsy standards.

It is recommended that epilepsy be considered by the Medical Advisory Group in 2006/7. It would be appropriate to meet the Epilepsy Society of Australia in mid-2006 and discuss progress on their issues of concern so there is a smooth run-up to the major review.

Gastrointestinal

- The criteria regarding patients with liver transplants have been criticised by liver transplant experts as being too stringent and are recommended for review.

HIV/AIDS

- There is a need to consider the risk of cardiac events arising from long-term HAART medication in commercial vehicle drivers. Refer: [Zareba KM, Miller TL, Lipshultz SE](#). Cardiovascular disease and toxicities related to HIV infection and its therapies. Expert Opin Drug Saf. 2005 Nov; 4(6):1017-25.

Musculoskeletal

- It is suggested that the criteria need to be revised to be more functional than anatomical. (Preliminary work has been commenced with respect to bus drivers).
- It would be useful to involve occupational therapists in the development of this chapter.

Neuro-developmental disorders

- Neuro-developmental disorders are not well covered in the current standards. It is suggested that consideration be given to developing a new chapter to encompass intellectual impairment, autism, dyslexia, ADHD, Tourette, etc. This may be developed in conjunction with the adolescent medicine section of the Paediatric Division of the Royal Australian College of Physicians.
- The use of amphetamines and non-amphetamine medication for Attention Deficit Hyperactivity Disorder warrants discussion in view of the use of illegal drugs such as amphetamines when driving.

Neurological

- Head injury is an area identified as requiring further guidance.

Older driver / multiple medical conditions

- Feedback from the Interim Review points to the need for more comprehensive guidance for health professionals in managing the older driver and others with multiple health problems.
- Good data rather than popular prejudice is critical, for example regarding Alzheimer's disease and driving. The Monash University Accident Research Centre report will provide useful research data.
- Usefulness and availability of practical driving tests needs to be discussed. This includes assessment by driving instructors as well as by occupational therapists. Additional content is proposed for *Assessing Fitness to Drive* to explain the role of various assessments and guide access in each jurisdiction.
- The Victorian government inquiry into older drivers has made several recommendations regarding research into medical matters which may be helpful (refer section 6.4).

It is recommended that the Medical Advisory Group consider this issue in 2006/7 and establish a specialist working group with representation from general practitioners, geriatricians, occupational therapists/driver assessors and older drivers.

Psychiatric disorders

- These disorders were often mentioned as problematic in the Interim Review and the chapter requires close scrutiny.
- The effects of atypical antipsychotics on cognition needs to be explored.
- Alzheimer's disease was an area on which particular guidance was sought.

It is recommended that the Medical Advisory Group consider this issue in 2006/7.

Renal

- It is suggested that consideration be given to the increased risk of cardiac events long-term in transplant patients who are driving commercial vehicles. (Refer: Weiner DE, Tighiouart H, Amin MG, Stark PC, MacLeod B, Griffith JL, Salem DN, Levey AS, Sarnak MJ. Chronic kidney disease as a risk factor for cardiovascular disease and all-cause mortality: a pooled analysis of community-based studies. *J Am Soc Nephrol.* 2004 May;15(5):1307-15).

Sleep disorders

- This chapter seems sound and something of a model for others, particularly the extensive literature review and levels of evidence provided.
- The usefulness or otherwise of Modafanil in commercial vehicle drivers should be considered. Refer: Basner RC. Shift-work sleep disorder—the glass is more than half empty. *N Engl J Med.* 2005 Aug 4;353(5):519-21.

Syncope

- This section needs reconstruction regarding terminology of syncope and blackouts.
- The non-drive period for two months for unexplained blackouts is inconsistent with the three month requirement for syncope in the cardiac section, and needs to be addressed.
- A flowchart should be provided and cross-referenced to the epilepsy, cardiac and any other relevant section.

Vestibular

- Comments from the Interim Review suggest this chapter may be overly complex. It is suggested that it be reviewed by a general practitioner in conjunction with an ENT surgeon.

Vision

- Many comments have been received from optometrists regarding the type of tests, for example contrast sensitivity, as well as need for compulsory tests at time of licence renewal. There is a need to demonstrate the benefit of these tests as well as ready availability of sophisticated tests throughout Australia.
- Vision and driving by older drivers is being researched by VicRoads arising from the Victorian government inquiry into older drivers.
- The details of perimeter testing need to be clarified. This includes Humphrey or similar for screening, and the Goldman test or similar for definitive testing, including specifying intensity of the lights. (The UK standard is said to be clearer).

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that the above issues be included in the brief for the major review.	NTC	2006/2007
b) It is recommended that for complex issues such as Older Driver, Multiple Medical Conditions, Cognitive Impairment, Psychiatric Conditions, Drugs and Alcohol and Epilepsy that a Medical Advisory Group (and working subgroups as required) be established.	NTC	2006

7.10 Data collection and ongoing research

7.10.1 Crash data

Whilst not included amongst the specific terms of reference of the Interim Review, data collection emerged as an important issue for ongoing efforts in the area of health and driving.

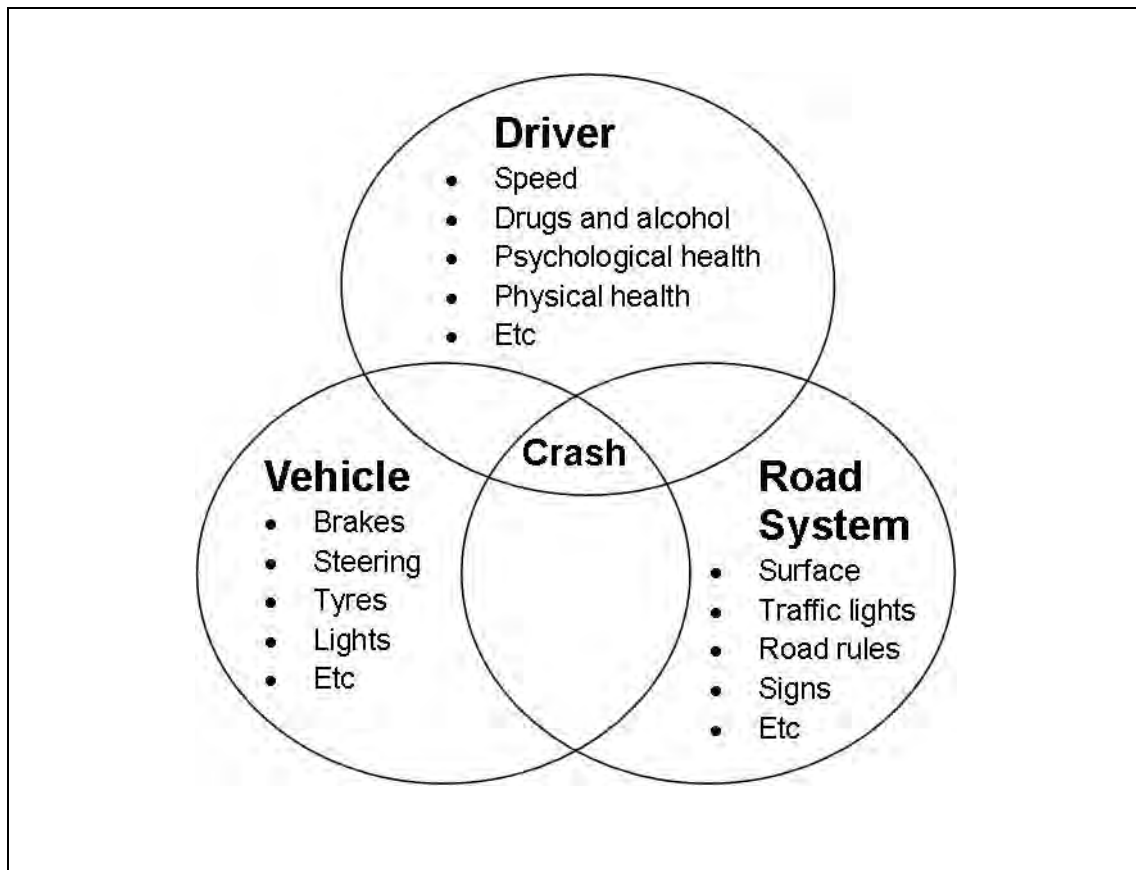
It was the consensus of the Maintenance Group that under-reporting and inconsistency of reporting with respect to medical causes of crashes were significant issues which should be addressed as a priority to ensure future action in the area is supported by appropriate data.

Further development of the medical standards should logically be based on increased understanding of the health factors contributing to road crashes. This requires obtaining high quality and consistent data about the causes of motor vehicle crashes. Additionally, securing resources for driver, health professional and industry education in this area also relies on demonstration of health as a significant influence on road safety.

The Interim Review highlights the inconsistency of data collection systems nationally, and the absence of data collection and collation capabilities in some States and Territories. Improvement and standardisation of data collection and collation systems is therefore seen as a foundation for future action.

The model of causation is a starting point to consider the type of data needed. The model typically used to understand the causation of motor vehicle crashes involves the interaction of three major factors; the driver, the vehicle, and the road system.

Figure 11. Road crashes are due to interaction of multiple factors



Good data needs to be collected about all factors, however the frontline of accident reporting is usually a junior police officer, which imposes limitations on the sophistication of data collection. Data collection is relatively easy for the road and the vehicle factors but difficult for medical ones which are not so obvious. Possibly because of this, medical factors have usually been considered to be of minor importance in causing crashes with the exception of drug and alcohol abuse. For example, it is only recently that the importance of sleep disorders has been fully recognised for their influence in road crashes. This is partly due to the development of tools which help identify the conditions and partly due to extensive epidemiological work which has shown the importance of these conditions.

Even if data is available, attribution of causation of a crash can be difficult. For example, a driver with mildly impaired vision may be safe driving under normal circumstances, but in a situation of bad weather, his or her vision may be inadequate and a crash may result. However, the crash may be simply attributed to wet roads because this is the obvious factor to an investigating police officer.

In most States and Territories, the police have a role in identifying causes of road crashes. As previously discussed: the reporting systems vary; procedures are not well defined; police are not trained in identification of potential medical causes; reporting forms/systems do not specifically identify fields for medical causes; and the data is not routinely collated. A national police reporting form has been developed by the National Coroners Information System (NCIS) (Appendix 13). The form has limitations and has a small medical field, which may be a basis for ongoing development if there is wide adoption by the jurisdictions.

The definition of what comprises a “medical cause of a road crash” is also likely to contribute to significant under-reporting. For example, the definition in New South Wales does not include cases where the driver impairment caused injury or death to others – it relates only to injury or death of the driver. A recent example is the Howie/Gillett case, where the three deaths of the Howie family resulting from the crash occurred in a different car from that driven by Gillett who had epilepsy. The Howie deaths were not identified as medically caused deaths.

A further source of potentially useful data is the National Coroners Information System. It is a world first electronic national database of coronial information. It is managed by the Monash University National Centre for Coronial Information in Melbourne. Approximately 18,000 deaths are reported to coronial offices in Australia each year. Of these, approximately 7,500 per year are due to unnatural causes such as workplace accidents, road accidents, drug use, and suicides.

This database may be helpful to better document medical factors as thorough investigations of the deceased and others involved are likely to have been done and recorded. However, it is limited to deaths.

The Interim Review has provided a limited insight into the situation with respect to reporting of health causes of road crashes. It is suggested that further research needs to be conducted to more clearly define the nature and limitations of the current means of data collection, and to then explore how these can be further developed to support national consistency. Discussions with the police and accident investigation experts may be helpful to improve this data source.

7.10.2 Licence data

All driver licensing authorities have potentially useful databases for monitoring the medical reasons for issuing conditional licences. The recent survey showed that comprehensive data is available in New South Wales. It would be helpful for uniform data to be gathered in all States and Territories to enable comparisons and to facilitate consistent application of the system nationally. The major headings under which data should be collected are those that correspond to chapters in *Assessing Fitness to Drive 2003*, ranging from A for alcohol, to V for vision.

7.10.3 Ongoing research

Ongoing research into medical causation of road crashes has been identified in the Interim Review as an area for ongoing action, so too was research into appropriate assessment tools to guide decision making regarding fitness to drive. There is potential for the establishment of closer partnerships with research agencies in order to facilitate and coordinate this work.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that the Assessing Fitness to Drive Maintenance Group establish data collection as a priority for medium to long term and that it form a working group. The group would aim to consolidate data nationally and work towards consistency of reporting.	Maintenance Group	Commencing 2006
b) It is recommended that research be initiated into reporting of medical causes of crashes to establish more clearly the nature of reporting in each jurisdiction and to identify potential action in this regard.	Australian Transport Safety Bureau or other agencies as appropriate	Commencing 2006
c) It is recommended that opportunities be explored to discuss data collection and engage police in the issue of medical reporting, possibly via the Road Safety Research Policing Education Conference and other appropriate forums.	Austroads Research Coordination Advisory Group/ Australian Transport Safety Bureau or other agencies as appropriate	Commencing 2006
d) It is recommended that NTC/Austroads establish closer relationships with centres involved in road safety research.	NTC/Austroads	Commencing 2006

7.11 Preparation for major review

The Interim Review has been extremely valuable in identifying a way forward for the major review scheduled for completion in 2008. It has also highlighted the work that will need to be investigated as part of the review.

As illustrated by this report, the Interim Review has highlighted the fact that the Assessing Fitness to Drive medical standards operate within a context of political, legal and administrative issues, which cannot be dissociated from the medical standards. Preparation prior to 2008 therefore warrants attention to all of these issues and decisions made need to be as to whether the issues are addressed as part of the major review or as parallel projects in the maintenance process (refer Section 7.12). Some recommendations are made in this regard. In particular it is important that the support of the Australian Medical Association is secured for steps arising from the review, along with the support of other concerned sections of the medical community (such as the Epilepsy Society of Australia). It is also important that legal and ethical issues identified in the Interim Review (refer Sections 7.2 & 7.3) are promptly addressed to ensure progress with the major review is not impaired.

7.11.1 Development of major review strategy

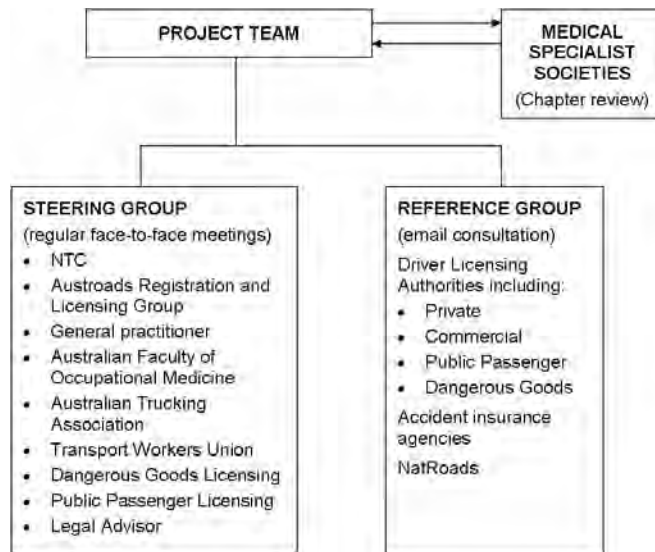
The Interim Review has identified a number of opportunities for improving the process for the major review scheduled for completion in 2008. In particular there is an opportunity to better canvass and incorporate diverse views so there is a high level of acceptance by all stakeholders. Issues relevant to the major review are highlighted below.

It is proposed that a strategy for the review be developed in 2006 to ensure on-time completion of the work, including parallel related projects.

Consultative structure

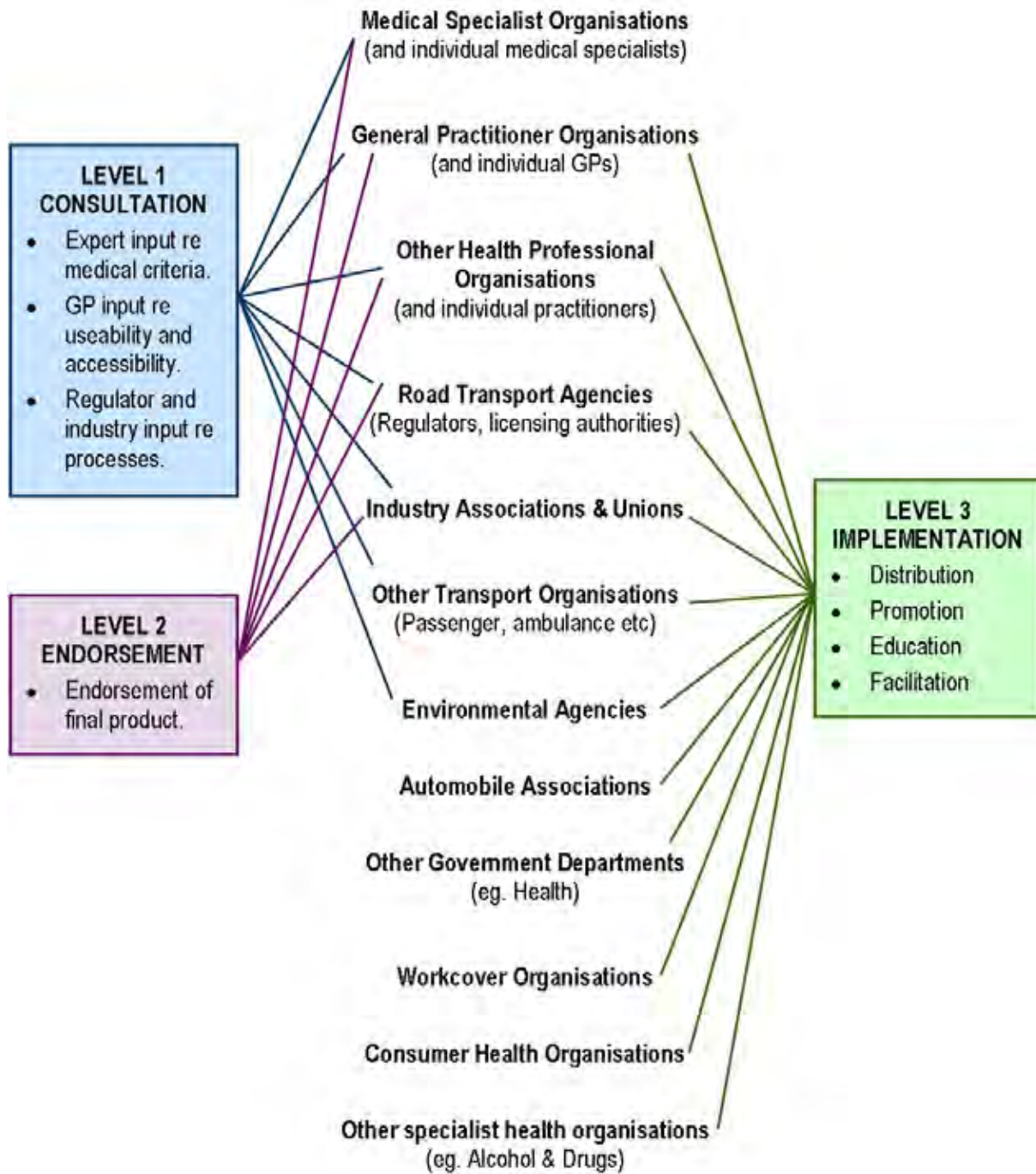
For the 2003 edition of *Assessing Fitness to Drive*, a project supervision structure was established featuring a Steering Group and Reference Group, as shown below. The Steering Group was comprised of largely medical inputs, including occupational physicians and a general practitioner. The Reference Group was comprised of driver licensing authorities and accident insurance representation and was largely email based.

Figure 12. Project management structure for 2003 process



Outside the Steering and Reference groups, a wider consultative and communication structure was also established in order to secure appropriate input (refer Figure 13).

Figure 13. Consultation/communication Strategy 2003



Level 1 consultation involved:

- engaging medical specialist organisations to review and develop the chapters for Assessing Fitness to Drive;
- circulating drafts for consideration by general practice organisations and other health professional organisations (such as occupational therapists, nurses, pharmacists, etc); and
- circulating drafts to other stakeholders including transport organisations including dangerous goods licensing organisations, public passenger organisations, ambulance services, etc.

Level 2 consultation involved seeking of endorsement from key stakeholders.

Level 3 involved engaging a wider range of stakeholders in communication relating to the availability of the new standards and the key changes.

The Interim Review has pointed to opportunities to refine the consultation process further in order to ensure appropriate inputs at appropriate times in the development process, and to ensure consistency in the development process across the medical areas covered by the standards.

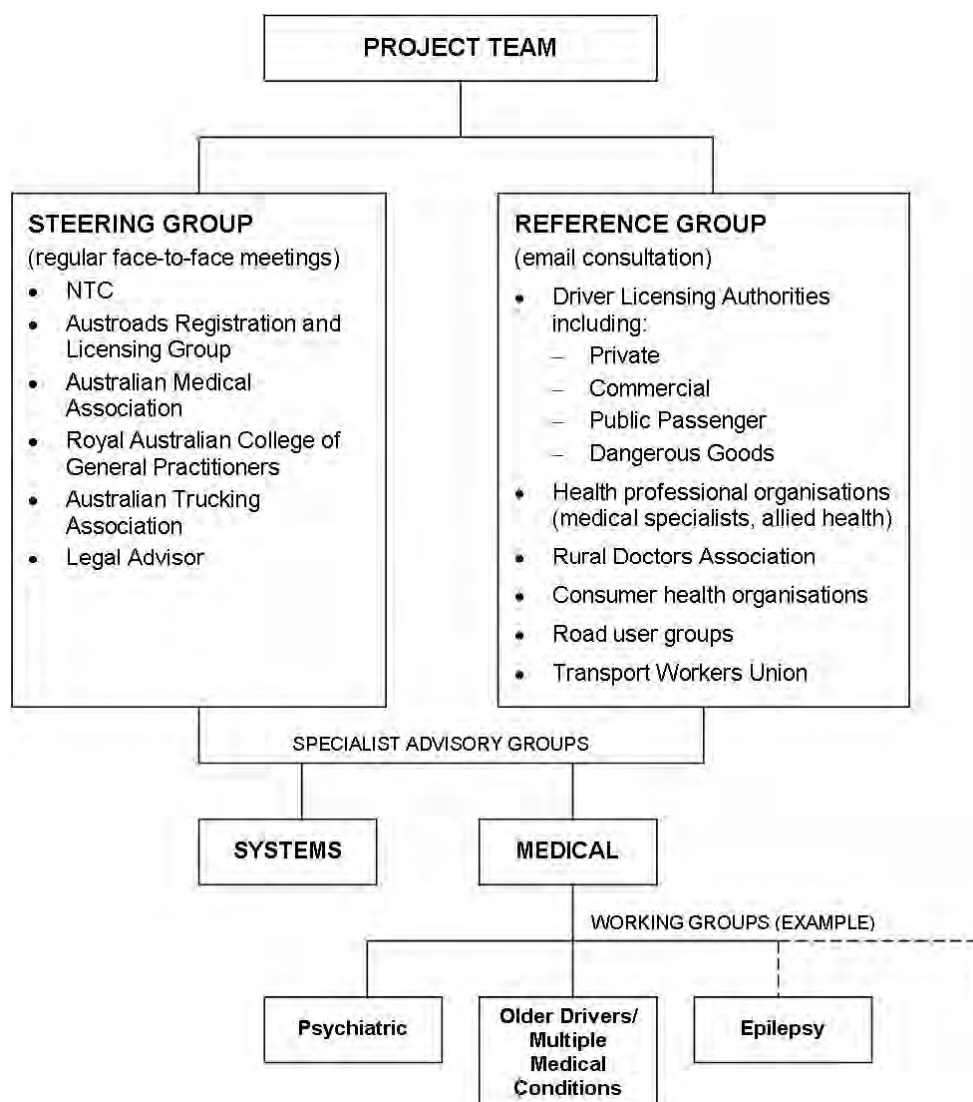
The concept of a lead Steering Group and supporting Reference Group remains appropriate, but expansion of either or both is needed. Specific suggestions include:

- Increasing general practitioner involvement in the Steering Group through inclusion of representatives nominated by the Australian Medical Association, the Royal Australian College of General Practitioners and the Rural Doctors Association;
- Broadening health professional involvement in the Steering and Reference groups, and including relevant allied health professional representatives, such as Occupational Therapists;
- Ensuring adequate consumer representation (either in the Steering Group or Reference Group, or both)—this is important to ensure balance between maintaining drivers' independence and meeting expectations for road safety. Representatives may be drawn from road user groups such as the Royal Automobile Clubs, consumer health organisations and victims' group;
- Including specialist medical representatives from the various societies/colleges on the Reference Group to improve their awareness of the work conducted by other groups and thus promote consistency in the work generated;
- Establishing advisory/working groups to oversee aspects of the standards development.

Groups would likely include:

- A medical advisory group—to oversee chapter development prior to review by the Maintenance Group. This worked well in the development of the rail standards as it enabled focus on technical aspects of the standards. The group may be further divided into specialist working groups, with appropriate expertise accessed as required;
- A systems advisory group—to oversee administrative, legal and other issues.

Other working groups might be nominated to look at specific areas such as public passenger and dangerous goods vehicle drivers. This proposed structure is presented in Figure 14.

Figure 14. Project management structure for major review process***Review/development of chapters***

Feedback received during the Interim Review pointed to a number of areas for improvement in the standards. These included the need for the chapters to be of a consistent nature and quality. It is proposed that this be achieved through a more comprehensive approach including:

- developing a more comprehensive brief for writing groups, including provision of background literature (e.g. Monash University Accident Research Centre report); feedback about their chapter from the Interim Review; requirements in terms of levels of evidence, etc;
- ensuring diverse inputs into the writing groups including involvement of general practitioners, specialists and allied health professionals as appropriate;
- considering payment for writing groups and clarifying legal indemnification issues; and

- involving all specialist and other relevant health professional groups in the Reference Group process, as identified above, to ensure broad awareness of issues and thus contribute to quality and consistency of contributions.

Careful consideration needs to be given to the amount of time required to review the various chapters. For example, as already identified, the Older Driver/Multiple Conditions content requires considerable work.

Consideration could also be given to coordination of the major review with the review of the rail standards (*National Health Assessment Standard for Rail Safety Workers*) scheduled for 2009. Consistency between the rail standards and the standards for commercial vehicle drivers (particularly public passenger and dangerous goods drivers) is desirable and efficiencies are possible through appropriate coordination of these projects.

Other issues to be addressed in the major review

In addition to the review of the medical chapters, a range of other issues are relevant to the major review and are recommended for inclusion in the Review Strategy. Some of these issues need to be addressed prior to formal commencement of the major review and have been identified as parallel projects to be incorporated into the Maintenance Process (refer Section 7.12). Figure 15 provides an example of how activities relating to the major review might interface with activities of the ongoing maintenance process.

Assessments for Dangerous Goods and Public Passenger Vehicle Drivers

The Interim Review has identified particular issues concerning dangerous goods and public passenger vehicle drivers, who represent higher risk groups due to the nature of their cargo and the potential consequences of a crash (refer Section 6.1.1).

It is recommended that consideration be given to enhancing the health assessments for these drivers along the lines of the health assessments now required for safety critical workers in the rail industry (such as train drivers). Requirements of these assessments include a cardiac risk assessment (comprising blood cholesterol and glucose measures) which enables prediction of risk of collapse from a cardiac event. The assessments also include the K10 questionnaire which is a screening test for depression and anxiety.

The frequency of assessments for these groups is also recommended for review, as a more stringent approach to health assessment may mean that frequencies can be reduced, though the complexity of this issue is well recognised. Frequencies in the rail industry are as follows—5 yearly to age 50, two yearly to age 60 and then annually. These frequencies apply in a system which utilises authorised health professionals for all assessments, which is an important consideration in comparing the road and rail systems.

Whilst there is current consistency in assessment frequencies for dangerous goods vehicle drivers, there is a large variation for public passenger vehicle drivers. Current requirements for health assessment of public passenger vehicle drivers vary considerably between the jurisdictions—New South Wales, Victoria and Tasmania require assessment three yearly (in New South Wales and Victoria this applies until 60 years of age after which annual assessment is required; in Tasmania annual assessments are required after 65); South Australia requires five yearly assessments up to 70 years of age then annually thereafter; Queensland requires five yearly assessments up to 75 then annually thereafter; Northern Territory requires five yearly assessments.

There is a need for those involved in developing the standards to establish a sound risk management basis for any changes in the standards. A more in-depth evaluation of tasks involved may therefore be warranted.

Information for employers regarding the management of driver health could also be developed. Material has been developed for the New South Wales Ministry of Transport, as part of the proposed accreditation requirements for public passenger service operators. The material comprises guidelines for health risk management, which assist operators in actively managing health with respect to fitness to drive.

Similarly, the NTC has developed an Operator Manual as part of the Driving and Your Health Campaign.

Both these resources would form a useful foundation for further work in this area.

Consistency of health assessment requirements

The achievement of national consistency for health assessment requirements is a recommended medium term goal. Consideration should be given to how this may be progressed as part of the major review strategy or as an issue for ongoing maintenance.

Development of guidance for driver licensing authorities

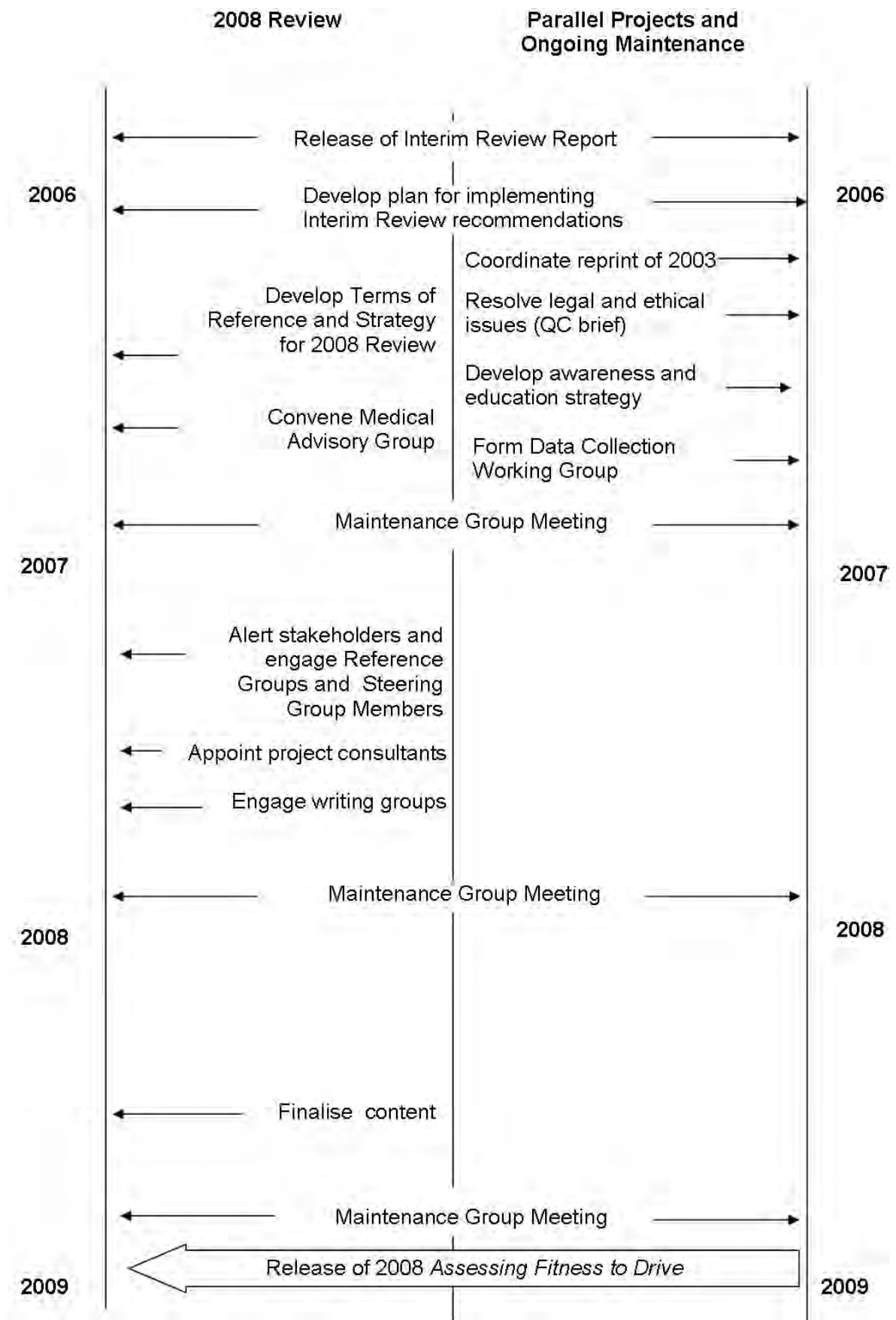
Guidance for driver licensing authorities in implementation of the standards has been identified as potentially worthwhile for supporting consistency and quality of implementation nationally. A companion guide is suggested to address a range of issues including: forms; conditional licences; education; interface with health professionals, etc. Issues to be addressed may include best practice guidance with respect to:

- data management and reporting;
- form development;
- communication with health professionals;
- support for health professionals including access to medical advice and access to advisory panels;
- the role of driver health assessments;
- education for health professionals;
- education for drivers; and
- special considerations for public passenger and dangerous goods vehicle drivers.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended the terms of reference and strategy for the major review be developed during 2006 and approved at the 2006 meeting of the Assessing Fitness to Drive Maintenance Group.	NTC	2006
b) It is recommended that the Steering Group and Reference Group for the major review ensure adequate representation from key stakeholders including Australian Medical Association, medical specialists, allied health professionals and consumers.	NTC	2006
c) It is recommended that the strategy for all major reviews from this point on, encompass medical as well as administrative issues so that the system continues to evolve in a cohesive way.	NTC	2006
d) It is recommended that the major review address the nature of assessments for high risk groups such as dangerous goods and public passenger vehicle drivers and that the frequency of these assessments also be re-evaluated.	NTC	2006
e) It is recommended that the major review also focus on achieving consistency of assessment requirements nationally for groups such as older drivers and commercial vehicle drivers.	NTC	2006
f) It is recommended that the strategy include guidance material for driver licensing authorities for implementing medical standards for licensing.	NTC	2006

Figure 15. Example Project Timeframes



7.12 Ongoing approach to maintenance

The formation of the Maintenance Group and the concept of annual meetings to discuss progress and share ideas has been very well received by the licensing authorities and well attended (refer Appendix 8). Expanding involvement, particularly of authorities involved in the dangerous goods and public passenger areas is expected as the work progresses.

It is proposed that the Maintenance Group play a valuable role in facilitating ongoing action, particularly through issue based working groups.

Actioning of initiatives identified at the annual meetings is however vital and thus a commitment of personnel and a level of funding for ongoing maintenance is considered important.

Activities to be coordinated in the short to medium term as identified by the Interim Review include:

- initiatives to support increased health professional awareness of *Assessing Fitness to Drive*, the processes involved and particular issues highlighted by the Interim Review;
- initiatives to support education of health professionals in general terms and with respect to specific issues identified by the Interim Review;
- development of national partnerships with health professional organisations and consumer and transport organisations;
- improved and consistent data collection with respect to licensing and road crashes;
- resolution of legal and ethical issues raised during the Review by appropriate legal counsel; and
- support and facilitation for driver licensing authorities to establish appropriate support services for health professionals.

Timeframes for these initiatives are suggested in Figure 15. Such activities require a commitment of reasonable resources for coordination and facilitation.

A range of other related projects may also be considered.

Recommendations:

Action	Responsibility	Timeframe
a) It is recommended that appropriate resources be devoted to actioning maintenance initiatives identified in this Interim Review.	NTC, Austroads, driver licensing authorities	2006 and onwards
b) It is recommended that a strategy and timeframe for these initiatives be agreed in 2006.	NTC, Austroads	2006
c) It is recommended that the strategy be reviewed and monitored through ongoing annual meetings of the Assessing Fitness to Drive Maintenance Group.	NTC, Austroads Maintenance Group	2006 and onwards

8. SUMMARY OF RECOMMENDATIONS

8.1 Conditional licences

Action	Responsibility	Timeframe
a) It is recommended that driver licensing authorities work towards establishing consistent approaches to managing and monitoring conditional licences.	Assessing Fitness to Drive Maintenance Group, driver licensing authorities	ongoing
b) It is recommended that the requirement for specialist opinion in recommending and reviewing conditional licences for commercial vehicle drivers be retained as an overall approach to managing the higher risks in this group, but that the requirement be reconsidered for conditions that present a lower risk e.g. diabetes controlled by oral medication.	NTC	ongoing
c) It is recommended that issues of specialist access in rural and regional areas be addressed to minimise hardship for drivers and inconvenience for medical and driver licensing authority personnel, whilst not compromising road safety.	driver licensing authorities, Austroads, NTC	From 2006
d) It is recommended that specialist requirement be a focus for educational initiatives, amongst health professionals and commercial vehicle drivers, conducted by driver licensing authorities, NTC and Austroads, in partnership with health professional, consumer organisations and transport organisations (refer also section 7.6).	driver licensing authorities, Austroads, NTC, professional organisations, transport organisations	From 2006
e) It is recommended that the 2008 edition of <i>Assessing Fitness to Drive</i> include more comprehensive and accessible guidance for examining health professionals for managing conditional licences.	NTC	2008

8.2 Legal issues

Action	Responsibility	Timeframe
a) It is recommended that high level independent legal advice be sought on the issues in Section 7.2 in order that clearer guidance might be provided to health professionals, driver licensing authorities and other stakeholders.	NTC	2006
b) It is recommended that these legal opinions form the basis of expanded content for the 2008 edition of <i>Assessing Fitness to Drive</i> .	NTC	2008
c) It is recommended that these legal opinions form the basis of specific content on the Austroads, NTC websites (and possibly driver licensing authority sites) to support health professional awareness, and that health professional organisations be informed of the material to support health professional education (refer also 7.6).	Austrroads, NTC	2006
d) It is recommended that the South Australian and Northern Territory governments undertake a review of the mandatory reporting regulations in their jurisdictions in conjunction with the national office of the Australian Medical Association, the driver licensing authorities and an independent road safety advisory body.	South Australian and Northern Territory Governments	2006
e) It is recommended that NTC support ongoing efforts to ensure consistent national requirements with respect to reporting responsibilities of health professionals and drivers.	NTC	2006 onwards

8.3 Ethical issues – impact on the health professional-patient relationship

Action	Responsibility	Timeframe
a) It is recommended that discussions occur with professional organisations regarding matters impacting on the health professional-patient relationship and how education in handling these situations may be provided to health professionals (refer also 7.6)	NTC	2007

8.4 Awareness, usability and access to Assessing Fitness to Drive by health professionals

Action	Responsibility	Timeframe
a) It is recommended that ongoing promotion be conducted for the standards in general and in relation to particular issues as they arise and that a specific strategy be developed in this regard. It is suggested that promotion be facilitated through partnerships with health professional societies, driver licensing authorities and other means as identified (refer also 7.6 Health Professional Education).	Maintenance Group Individual driver licensing authorities	From 2006
b) It is recommended that <i>Assessing Fitness to Drive</i> be established in some form on prescribing packages such as Medical Director, in order to facilitate both access and awareness to the standards and to support information.	NTC/Austrroads	From 2006
c) It is recommended that the feedback from health professionals and other stakeholders with respect to usability of the standards be addressed in the major review, including language, formatting, indexing, etc.	NTC/Austrroads	By 2008

8.5 Support for health professionals and general relationship issues

Action	Responsibility	Timeframe
a) It is recommended that driver licensing authorities work towards establishing appropriate systems to support health professionals in applying the driver medical standards, including access to expert advice. A suggested starting point is an audit of current systems and consideration of best practice systems.	driver licensing authorities	2006
b) It is recommended that the NTC, with input from the Maintenance Group, develop best practice guidelines for managing driver health in relation to licensing, as a basis for future audit and service development.	NTC Maintenance Group	2006
c) It is recommended that driver licensing authorities maintain dialogue with health professionals and seek to improve and develop relationships	driver licensing authorities	Ongoing

8.6 Education for health professionals

Action	Responsibility	Timeframe
a) It is recommended that driver licensing authorities and Austroads promote the availability of existing educational resources to health professionals (including the Austroads online tutorial, the VicRoads online education pack etc).	driver licensing authorities, Austroads	Ongoing
b) It is recommended that the driver licensing authorities continue to seek opportunities to present to health professionals at conferences and other continuing education forums.	driver licensing authorities	Ongoing
c) It is recommended that specific awareness/educational strategies be developed with respect to key areas identified in the Interim Review, in particular conditional licences, involvement of specialists in commercial vehicle licensing, patient counseling and management of multiple medical conditions. These should be developed in partnership with health professional organisations.	NTC, Austroads, Maintenance Group	2006

8.7 Education for drivers

Action	Responsibility	Timeframe
a) It is recommended that driver licensing authorities commit to initiatives to raise driver awareness of their responsibilities relating to health and driving (e.g. inserts in renewal notices, media campaigns), and that they do so through internal partnerships between medical review and road safety departments.	driver licensing authorities	2006 and ongoing
b) It is recommended that local and national partnerships be established with consumer health groups, professional organisations and transport organisations as appropriate to support improved driver education.	driver licensing authorities locally Maintenance Group and NTC (nationally)	2006 and ongoing
c) It is recommended that health professionals and transport operators be alerted to the availability of existing resources for driver education through ongoing awareness initiatives (refer 7.4, 7.6).	driver licensing authorities Austroads, NTC	2006 and ongoing

8.8 Forms

Action	Responsibility	Timeframe
a) It is recommended that the forms included in Assessing Fitness to Drive be reviewed for the 2008 edition or for earlier reprints.	Austroads, NTC	By 2008
b) It is recommended that consistency of forms nationally continue to be a goal, whilst recognising flexibility to meet local needs.	Austroads, NTC, driver licensing authorities	ongoing
c) It is recommended that a driver licensing authority Implementation pack be developed as a companion to the 2008 medical standards to guide driver licensing authorities in a range of implementation issues including form development.	NTC, Austroads	By 2008

8.9 Medical Issues

Action	Responsibility	Timeframe
a) It is recommended that the medical issues described in Section 7.9.2 be included in the brief for the major review scheduled for completion in 2008.	NTC	2006/2007
b) It is recommended that for complex issues such as Older Driver, Multiple Medical Conditions, Cognitive Impairment, Psychiatric Conditions, Drugs and Alcohol and Epilepsy, that the Medical Advisory Group (and working sub groups as required) be established.	NTC	2006

8.10 Data collection

Action	Responsibility	Timeframe
a) It is recommended that the Assessing Fitness to Drive Maintenance Group establish data collection as a priority for medium to long term and that it form a working group. The group would aim to consolidate data nationally and work towards consistency of reporting.	Maintenance Group Austroads Research Coordination Advisory Group	Commencing 2006
b) It is recommended that research be initiated	Australian	Commencing

Action	Responsibility	Timeframe
into reporting of medical causes of crashes to establish more clearly the nature of reporting in each jurisdiction and to identify potential action in this regard.	Transport Safety Bureau or other agencies as appropriate	2006
c) It is recommended that opportunities be explored to discuss data collection and engage police in the issue of medical reporting, possibly via the Road Safety Research Policing Education Conference and other appropriate forums.	Australian Transport Safety Bureau or other agencies as appropriate	Commencing 2006
e) It is recommended that NTC/Austrroads establish closer relationships with centres involved in road safety research.	NTC/Austrroads	Commencing 2006

8.11 Preparation for Major Review

Action	Responsibility	Timeframe
a) It is recommended the terms of reference and strategy for the major review be developed during 2006 and approved at the 2006 meeting of the Assessing Fitness to Drive Maintenance Group.	NTC	2006
b) It is recommended that the Steering Group and Reference Group for the major review ensure adequate representation from key stakeholders including Australian Medical Association, medical specialists, allied health professionals and consumers.	NTC	2006
c) It is recommended that the strategy for 2008 and all major reviews from this point on, encompass medical as well as administrative issues so that the system continues to evolve in a cohesive way.	NTC	2006
d) It is recommended that the major review address the nature of assessments for high risk groups such as dangerous goods and public passenger vehicle drivers and that the frequency of these assessments also be re-evaluated.	NTC	2006
e) It is recommended that the major review also focus on achieving consistency of assessment requirements nationally for groups such as	NTC	2006

Action	Responsibility	Timeframe
older drivers and commercial vehicle drivers.		
f) It is recommended that the strategy include guidance material for driver licensing authorities for implementing medical standards for licensing.	NTC	2006

8.12 Ongoing approach to maintenance

Action	Responsibility	Timeframe
a) It is recommended that appropriate resources be devoted to actioning maintenance initiatives identified in this Review.	NTC, Austroads	2006 and onwards
b) It is recommended that a strategy and timeframe for these initiatives be agreed early in 2006.	NTC, Austroads	2006 and onwards
c) It is recommended that the strategy be reviewed and monitored through ongoing annual meetings of the Assessing Fitness to Drive Maintenance Group.	NTC, Austroads Maintenance Group	2006 and onwards

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