Dear [redacted]

Thank you for the opportunity to provide feedback on the updated draft guidelines.

As per my previous submission the main feature of the guidelines I wish to comment on relates to the vision section, and specifically to the visual field criteria of the vision section.

My perspective is mainly coming from the fact that I am practising in NSW. However I have discussed these issues with colleagues in other states and it would seem that the guidelines are inconsistently applied between the states – in particular I noticed a significant difference between NSW and Victoria (see below). As discussed I am also providing input on behalf of Glaucoma Australia and have discussed this with the Ophthalmology Paneln at this organisation.

Suitability of changes in updated guidelines

- Details as to what constitutes an acceptable and unacceptable visual field defect are more clearly outlined and defined.
- It would also be appreciated if criteria could be outlined as to what might be an acceptable field defect for a conditional or restricted licence – in cases where there is a visual field defect present that is below the standards but is only just below or borderline
- It is still difficult for clinicians to advise patients where the visual field performance is not a clear pass but somewhat borderline. The difficulty here is that many patients in this setting could still be asymptomatic, may have relatively minor field defects and may be able to compensate for their effect. It is unclear whether some of these minor field defects in a person who is otherwise alert and able bodied, and able to compensate for the field defect by head and eye movement, necessarily put them at increased risk of an at fault collision.

- It is still unclear why on road assessment is prohibited in the guidelines for patients with visual disorders – could not criteria be developed where borderline cases can be offered on road assessment?
- On road testing is an important part of assessment of patients with visual field defects in some overseas jurisdictions
- There is still no reasonable justification as to why on road testing is not permitted. This is curious given the correlation between visual field defects and on road test performance is possibly not so high.

Experience with current AFTD guidelines

- It is not clear what the criteria are for a ‘pass’ on roving esterman, even though it is acknowledged that if an individual performs better on roving esterman this may indicate that in the real world they can compensate for the effect of a scotoma found on static esterman testing
- There have been cases I am aware of where an individual’s performance on roving esterman would satisfy the requirements (ie the printout of the roving esterman field if that was done for the static would have been an unequivocal pass) but their

licence has been cancelled. To my mind if the roving esterman performance satisfies the criteria that have been put up for the static esterman then that should be a pass. This is also the intuitive interpretation of other clinicians I have spoken to about this.

- I have been informed by colleagues in Victoria that they send in roving esterman fields and these are accepted by Vic Roads whereas in NSW these are not – therefore the standards are applied inconsistently
- RMS have asked to see esterman fields and then made decisions, over-riding the clinician's decision and recommendation. If this is the case, then maybe we should just send all fields in to RMS and they can make the decision? On the one hand the RMS are outsourcing their work to busy clinicians and on the other hand are then over-riding our recommendations.
- When patients have their licence cancelled they feel very hard done by and have no recourse apart from legal challenge to RMS. When patients try to interface with the RMS there is significant obfuscation
- There is no opportunity for assessment of borderline candidates

In NSW all people over 75 have a driving medical every year, and this tends to pick up various conditions (such as eye disorders).

Patients under the age of 75 are not so heavily scrutinised yet many have significant eye disorders. It is more an 'opt in' system where when renewing their licence these patients have to tick yes to the question 'do you have an eye or vision disorder?' In my experience most people don't do this – including patients with quite serious eye disorders. It can actually be difficult for the clinician to discuss these issues with patients. At least for those over the age of 75 the annual form provides an opportunity to do so. In addition the question is a bit ambiguous as it says 'do you have an eye or vision disorder that isn't corrected by glasses?' this confuses the issue, and I think can be worded better. Conflating whether or not someone needs to wear glasses to drive with serious eye disorders is confusing for everyone

IF it is the responsibility of the patient to notify the RMS if they have an eye disorder that may affect driving then perhaps this can be asked about more clearly and specifically BY THE RMS when the patient renews their licence. Online check boxes could be used.

<u>Suggestions on training and support</u>

- There should be greater clarification on the role of the clinician and the role of the state licencing bodies in determining suitability for licence – who's responsibility is it?
- There should be information provided by RMS and resources for clinicians who are in the position of having to counsel a patient who has had their licence cancelled. Clinicians are being asked to do the policing for the drivers licencing authorities. But then they also have to have a therapeutic relationship with the patient – there is sometimes a conflict or tension there. Furthermore Clinicians then have to support the patient when they have just had a hand in depriving them of their independence. Some resources/back up from the government bodies would be helpful.

- There should be some pathway for patients who have ‘failed’ some aspect of their drivers licence assessment to be further assessed, and this should be at arms length from their treating clinician so as not to jeopardise the therapeutic relationship

[redacted]
Ophthalmologist NSW
And on behalf of Glaucoma Australia