National Transport Commission

Assessing Fitness to Drive guideline review

Occupational Therapy Australia submission

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Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a submission to the National Transport Commission's (NTC) review of Assessing Fitness to Drive (AFTD) guidelines.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of March 2021, there were more than 24,600 registered occupational therapists working across the government, non-government, private and community sectors in Australia.

OTA recognises that driving is an important activity of daily living (ADL). It enables community mobility and in turn, participation in further occupations. However, driving ability can be adversely affected by aging, injury and medical conditions. In such instances, a driver assessment is vital to maintaining the safety of the individual and the broader community on Australian roads.

Driver assessment is a highly specialised skill within occupational therapy. Occupational therapists who practice in this field have completed post-graduate training in on-road- and off-road driver assessment. These occupational therapists are referred to as Occupational Therapy Driver Assessors.

OTA's response to this review is a reiteration of observations made in the context of other forums and inquiries, i.e. we are already "on the record". Members of the NTC may wish to read our submission to the Australian Parliament's Joint Select Committee Inquiry into Road Safety of January 2020, available here: file:///C:/Users/Policy/Downloads/Submission%2035%20-%20Occupational%20Therapy%20Australia%20(2).pdf

The Guidelines

OTA offers the following observations in response to the questions asked on page 7 of the NTCs Assessing Fitness to Drive 2021 review.

Generally, OTA believes the guidelines around specialist review need to be more prominent, and sharper clarification between significant deficits and minor residual deficits is needed.

Stroke Guideline

With regard to section 6.3.2 of the draft guidelines, Medical standards for licensing – Stroke, OTA members offered the following observations.

> *Some doctors interpret this section to mean that all stroke patients should just refrain from driving for the 4 weeks following a stroke. It is the understanding of occupational therapists, however, that further medical review/clearance is warranted if there are residual impairments from the stroke (e.g. weakness of the right side of the body,*

which then impacts on vehicle foot control etc.), even if these impairments are considered mild (e.g. requiring nothing more than the use of a walking stick post stroke, when previously no aids were required).

Some inpatient medical professionals currently tell patients following stroke they can drive after 4 weeks without review, where there are ongoing issues that should require a practical assessment. Sometimes these are missed in an acute stay if they do not go onto have inpatient rehab, particularly vision and cognitive issues. How will these be picked up, and people may be driving at risk.

Proposed changes to stroke guidelines are not clear. The new guideline states: The patient may resume driving at 4 weeks, without further specialist review, where a patient has been discharged early from specialist care (either inpatient or outpatient) within 4 weeks following a stroke with no neurological deficit or residual minor symptoms that do not cause functionally significant impairment of any of the following: visuospatial perception, insight, judgement, attention, comprehension, reaction time, memory, sensation, muscle power, coordination or vision (including visual fields).

OTA asks who is making this assessment and providing this information? Is it the GP? Does this only apply where discharge from an inpatient service involved specialist assessment? It is very unclear who will determine, and how it will be determined, that a person is fit to continue to drive.

The reference to early discharge is cause for concern because there are valid reasons for discharging someone before 4 weeks that don't necessarily indicate they are safe to drive. This might include clients with early supported discharge programs.

How are "residual minor symptoms" to be defined? And by whom? This creates scope for considerable confusion. It could result in two systems, with some clients allowed to return to driving without a specialist assessment, and others needing to see a specialist. Although it can at times be onerous and expensive to see a specialist, it is sometimes clearly the appropriate course of action. As currently proposed, this area of the guidelines is unclear and, as such, does not sufficiently address inherent risks. The guidelines must clearly outline process, and clearly distinguish between minor deficit and functionally significant impairment.

OTA believes that clarification of this section would be particularly valuable, and that doctors should be made aware of when medical clearance is required post 4 weeks.

Visual deficits

With regard to visual deficits (section 10 of the draft guidelines), these generally need to meet guidelines and will not usually be considered outside of these. Some occupational therapists report having clients with visual field borderline deficits referred to DIT for practical assessment after their medical specialist review and being told occupational therapy assessment is not really required. There need to be clearer guidelines around when a practical assessment would be considered outside of the guideline for visual field loss.

Bioptics

OTA members are seeking more explicit guidance on the vision standards and licensing criteria for the use of bioptic devices, as there is inconsistency across international fitness-to-drive standards around the use of these devices when driving and/or to meet visual acuity criteria. To the best of our knowledge, a consensus position supporting the use of bioptic devices has not been reached.

Visual Field Criteria

OTA recommends greater clarification in the guidelines around DIT's decision making for routine assessment of the information of the eye specialist, and other relevant information, pertaining to the possible release of a licence.

For example, medical specialist advice noted that there was no significant evidence that could be drawn upon to define a lower risk threshold. Individual assessment by an optometrist or ophthalmologist was emphasised, which already includes consideration of the duration of and evidence for visual adaptation, driving history (if applicable) and the nature of the driving task. It was noted that visual defects that occur in an area that would otherwise be blocked by the passenger car door (inferior field on the left side) may be able to be considered as exceptional cases as long as there was no central field defect. These factors have been included in section 10.2.2 Visual fields to provide contextual information for exceptional cases.

Monash University Accident Research Centre (MUARC)'s report identified a negative impact of moderate to severe binocular visual field loss on driving ability and safety. Although the availability of high-quality studies for hemianopia and quadrantanopia and road safety is limited, available research has reported increased MVC risk and poorer on-road driving performance for this group. OTA notes no changes to the standards have been made in this regard.

What support or training could be provided to health care professionals to increase usage and knowledge of the guidelines?

OTA recommends there be a greater effort to acquaint medical staff with AFTD guidelines which are clear and easy to understand. There must also be a much greater emphasis on consultation with the client's treating team, notably allied health professionals, as the doctor may not be fully aware of any functional or cognitive issues that should inform decision making around fitness to drive.

Conclusion

OTA thanks the National Transport Commission for this opportunity to comment on its proposed changes to its Assessing Fitness to Drive guidelines.