11 June 2021

Dear Sir/Madam

Thank you for the opportunity to comment on the new draft of the Assessing Fitness to Drive Guidelines 2021. We have been involved in the teaching and assessment of senior year undergraduate optometric students in visual standards for over a decade. Both of us also have been regularly assessing patents who have wanted second opinions in regard to the driving standard during our consulting careers. There are four areas that we would like to highlight in what we see as a good draft visual standard for driving:

1. The prime concern we have had is around the wording of the exemption to the visual acuity standard. The draft states *In the case of a private vehicle driver, if the person's visual acuity is just below that required by the standard but the person is otherwise alert, has normal reaction times and good physical coordination, an optometrist or ophthalmologist can recommend the granting of a conditional licence. The use of contrast sensitivity or other specialised tests may help in the assessment.* This is similar to the current wording. We have found this loose terminology to be extremely difficult to teach to optometry students, the vagueness and lack of evidence-based practice to makes it difficult to help practitioners assess drivers suitability to drive with acuities between 6/12 and 6/24. The questions we also receive from registered practitioners about their patients that fall within this grey zone of vision as they were uncertain how to interpret and apply the guideline. Our preferred position would be to have 6/12 as a cut off and anybody with acuity below this would need to apply for review of their case by an expert panel or undergo an on-road assessment.
2. We view that an absolute homonymous hemianopia, with or without macular sparing, is no compatible with safe driving and this should be explicitly stated in the guidelines.
3. In the section on the monocular driver appears the following statement : *For private vehicle drivers, a conditional licence may be considered by the driver licensing authority if the horizontal visual field is 110 degrees and the visual acuity is satisfactory in the better eye. The health of the better eye must be reviewed every two years*. This wording can be confusing about what is the intent that the condition should be. We read this that the condition should be a two yearly review, however a practitioner could also interpret that they can impose their own conditions such as not driving at night. We would argue that the wording should be clearer and more directive.

4. The following advice is suggested under the heading of Bioptic Telescopes: *Drivers who wish to use these devices require individual assessment by an optometrist or ophthalmologist*. At most there is only a handful of drivers licenced to use bioptic telescopes. These are a myriad of complex functional adaptations required to effectively use these telescopes and we recommend that the only reasonable way to assess whether the potential driver can use this optical aid in a safe way is via an on road assessment.

As with all functional standards it is difficult to cover all potential situations. The vision section of the draft goes a long way to effectively help practitioners to certify patients to be visually fit to drive and have as many eligible people drive to be able to do so safely. Although it is an evolving evidence base there is currently weak evidence to aid practitioners is assess potential function of patients in driving when the vision is in the middle ground of vision loss. We would be very happy to provide further assistance to the drafting process of the new standard if that is felt to be of benefit.

Yours sincerely