

# Discussion Paper The Review of the Older Driver Licensing System In Tasmania

Version: 0.B Date:19-08-10

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## **1 EXECUTIVE SUMMARY**

- This discussion paper outlines the research carried out, and different options identified, by the Department of Infrastructure, Energy and Resources (DIER) for an alternative older driver licensing system. Some options may be implemented within the short term, others are long term.
- Based on evidence DIER believes that annual mandatory on-road driver assessments from the age of 85 years should cease.

## **2 BACKGROUND**

- In Tasmania, drivers aged at least 75 years of age are subject to a mandatory annual medical assessment and then from 85 years of age are also subject to a mandatory annual on-road driving assessment.
- In March 2008, the Anti-Discrimination Commissioner, in response to complaints about mandatory on-road assessments, issued a Report "Annual Driving Assessments for drivers aged 85 years and over". The report recommended:
  - That the Tasmanian Government undertakes further research regarding the crash risk of older drivers (page 5)
  - That the Tasmanian Government gives priority to implementing an alternative older driver licensing system in a timely manner, such as the proposed Austroads system (page 10)
  - That consideration be given to whether mandatory reporting by medical practitioners should be a feature of any alternative system, and that this involve consultation with the medical profession
  - That any alternative older driver licensing system does not feature mandatory driver licensing radius restrictions.
- In response to this Report, a preliminary review has been undertaken to identify options for an alternative older driver licensing system.
- For the purposes of this review, an older driver is aged 85 years or older.

### 3 OLDER TASMANIANS

- The number of Tasmanians aged 85 years and over is expected to double in the next 20 years.

No of Tasmanians aged 85 years or older										
2009	2011	2013	2015	2017	2019	2021	2023	2025	2027	2029
9704	10557	11166	11770	12340	12819	13362	14262	15344	16,626	18354

- As drivers age, the less likely they are to hold driver licences. In Tasmania, as at 1 July 2007, only 35% of the population aged 85 years and over held driver licences compared to 95% of the population aged 21 to 24 years and 84% of 70-74 years. It is assumed that as the baby-boomers become older, a higher proportion will want to keep their driver licences for longer.
- It is important for older drivers to continue driving safely for as long as possible. When driving they are better able to continue to contribute to society. When they stop driving their transport options are reduced which results in significant life-style changes and may include moving house. It also means that they are forced to rely on more dangerous modes of transport eg pedestrian or a passenger.
- The Council of the Ageing (National) position is that over the next 30 years a greater number of those aged 65 years and older will have driven all their adult lives and will see their dependence on cars as an integral part of their lifestyle. In "our" private car orientated society driving is an important mobility option for many older people (often the most convenient secure and comfortable mode of transport) and there are considerable benefits to enabling older people to keep driving if they are fit to do so.
- The only factor that puts older drivers at any increased risk is physical fragility or vulnerability. That means they are more likely to suffer injuries or death as a result of a crash. This factor does not cause a crash but rather affects the consequences of it. It is due to a reduction in bone strength and fracture tolerance, and the body's ability to cope with injury changes as a person ages. <sup>2</sup> This factor applies across all transport modes eg pedestrian, passenger in car, bus, train etc as an older person will suffer more severe injuries or death than a younger person.

"Fragility is of over-riding importance in explaining the increased fatality risk per travelled km in older persons . . . .Young drivers die because of their excessive crash involvement, older drivers die because they are fragile." <sup>3</sup>

- There are some older drivers who through medical conditions may be an unacceptable crash risk. However, such medical conditions are not necessarily age-

<sup>1</sup> Demographic Change Advisory Council Population Projections Medium Series

<sup>2</sup> "Assessing and Managing Older Drivers' Crash Risk using Safe System Principles", Monash University Accident Research Centre (2006)

<sup>3</sup> "Older Drivers: A Challenge or an Opportunity", Liisa Hackamies-Blomqvist, Norf Forsk, Oslo (2006)

specific and apply across age-groups. There are of course some conditions which become more prevalent with age.

#### 4 CRASH RISK

- There is no evidence that older drivers are more likely to cause a crash. They are under-represented in crash statistics, except for distance travelled and this exposure is significantly offset as they only drive short distances.
- At a national level, older drivers are under-represented in fatality rates eg. the fatality rate for drivers aged 80 years and over is 5.7 while for drivers aged 17 years to 24 years it is 10.7.<sup>4</sup>

		Age of Driver <sup>5</sup>							
		17-24	25-29	30-39	40-49	50-59	60-69	70-79	80+
National population	Average	2156427	1415114	2893150	2627857	1864479	1409075	1028124	483327
National fatality rate for drivers	annual rate	10.79	6.68	5.32	4.13	4.3	4.35	5.64	5.71

When the fragility factor is removed then the fatality rate for older drivers is even lower.

- On a state-wide basis older drivers are also under-represented in fatality and serious casualty injury crash statistics –

Number of drivers and riders in serious casualty & fatality crashes	Age of drivers															
	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86+	
2004	70	63	38	58	32	48	42	29	26	10	12	13	6	7	2	
2005	62	63	35	41	49	44	43	26	23	7	12	4	11	5	2	
2006	53	55	44	34	42	36	33	30	21	11	8	12	6	8	1	
2007	66	38	34	29	36	40	30	25	18	12	14	7	6	2	3	
2008	48	47	34	31	33	26	19	29	16	11	12	2	5	11	3	
2009	52	51	38	31	33	28	31	30	19	15	9	10	5	7	3	

- The Motor Accidents Insurance Board (MAIB) advises that drivers aged 20 years or under have the highest number of claims per 1000 licences. The ratio declines progressively to the 61-70 years age group and then increases for the 71 years and under age group. These claims are due to the injuries being more severe and it takes longer for them to recover.

<sup>4</sup>“Older Drivers: What Risk Do They Pose To Other Road Users?”, Jim Langford, Monash University accident Research Centre, 2008 P4

<sup>5</sup> The table uses “80 plus” rather than “85 years plus” as the latter were unavailable.

## 5 CRASH RISK FACTORS

### (a) Behavioural

- As a group older drivers do not generally engage in risk-taking behaviour.

"The diminishing desire for excitement and sensation when getting older possibly plays a role. In keeping with this, older people, on average, less often drink-drive than younger adults and generally obey traffic rules more frequently".<sup>6</sup>

- This is supported on a state-wide basis as older drivers are under-represented in non-compliance with speeding-

Number of speeding infringements issued	Age of drivers														
	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	85+
2002-03	6517	9816	99121	10119	9432	9718	8138	6682	4536	2600	1554	1051	560	212	66
2003-04	7072	11147	10975	12143	11010	11568	9673	7932	5877	3334	1988	1334	750	300	86
2004-05	6417	10840	10117	11306	10571	11080	9269	7354	5678	3110	1853	1173	672	277	81
2005-06	6199	10412	9664	10959	10621	10736	9363	7267	5740	3303	1889	1137	690	271	75
2006-07	7272	11693	10738	12187	12503	12693	11585	9002	7465	4579	2639	1577	937	436	110
2007-08	7208	11498	10799	11404	12499	11994	11534	9319	7502	4850	2784	1585	889	443	165

Further, since 2002, there has been only one drink driving conviction of a driver aged over 85 years out of the 3,500 drink driving and drug driving convictions recorded during that time.

### (b) Experience and Competence at driving

- There is no evidence that older drivers with driver licences are less competent at driving than any other age group. The older driver's driving assessment pass rate is much higher than the provisional pass rate. A very small percentage of older drivers have their licence cancelled because they don't meet the minimum driving standard.
- There is no evidence that an older driver's driving skills deteriorates because of age alone. Rather, their increased driving experience and their ability to anticipate other drivers' driving behaviour and have insight into other on-road hazardous situations improves their driving competence.

### (c) Medical conditions

- Drivers' skills do not deteriorate due to age alone. Deterioration is due to a functional or cognitive loss arising out of a medical condition rather than chronological age. Normal ageing is associated with the onset of medical conditions, many of which may have safety implications.

<sup>6</sup> Brouwer, W.H., Rothengatter, J.A. & Wolffelaar, P.C. van (1988) Compensatory potential in elderly drivers. In: T. Rothengatter & R. de Bruin (red.), Road User Behaviour: Theory and Research (p. 296-301). Assen: Van Gorcum

- The percentage of older people with varying levels of sensory, cognitive or motor disabilities, increases with age.<sup>7</sup> There is a range of medical conditions and some motor functions that become more prevalent with age that may reduce the capacity to drive safely.<sup>8</sup> These include - muscle strength and finely tuned coordination and the ability to adapt to a sudden bodily position, severe sensory perceptual and cognitive limitations, eye disorders (like cataract, muscular degeneration, glaucoma, static visual acuity) and diseases like dementia, stroke, parkinsonism, cardiovascular, neurological and diabetes (hypoglycaemia).

“As a group, older drivers have poorer visual acuity, reduced night time vision, poorer depth perception, and greater sensitivity to glare, they have reduced muscle strength, decreased flexibility of the neck and trunk, and slower reaction times; they are also less able to divide their attention amongst tasks, filter out unimportant stimuli, and make quick judgements”<sup>9</sup>

## **6 FACTORS THAT OFF-SET CRASH RISK**

### **(a) Self-Regulation when driving**

- Older drivers' crash risk is mitigated by older drivers making behaviour change as they reduce their exposure to risk by driving less, making shorter trips, driving in less traffic volumes, in good driving conditions, in low speed zones and choose less hazardous roads etc. They also drive less distance and often.<sup>10</sup>
- As older drivers generally don't work and have less commitments they have a greater opportunity to choose when they drive (eg choose to drive during non-busy times).

### **(b) Self- Regulation about stopping driving**

- Older drivers self-regulate and choose to give up driving because of health reasons or owing to difficulties in driving. Immediately before drivers turn 75 or 85 years they are more likely to surrender their driver licence. This self-regulation occurs predominantly before drivers are asked to undertake a medical or a driving assessment. Drivers aged 75 years or over are more likely than any other age group to surrender their driver licence when they believe that they no longer have sufficient driving skills. In Tasmania, each year, around 1000 drivers aged 75 years or over surrender their driver licence.

## **7 ASSESSMENT TOOLS TO IDENTIFY CRASH RISK**

### **(a) On-Road Driving Assessments**

- The purpose of an on-road driving assessment is to assess a driver's driving skills ie their vehicle management skills.

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<sup>7</sup> OECD, *Ageing and Transport: Mobility Needs and Safety Issues*.

<sup>8</sup> Assessing Fitness to Drive (2003), Austroads

<sup>9</sup> "On-road driving evaluations: A potential rule for helping older adults drive safely longer, Journal of Safety Research (2003)

<sup>10</sup> European Road Safety Conservatorium

- There is no driving assessment to validly assess an older driver's competency at driving. Most, if not all, older driver assessment procedures used by licensing authorities remain invalid against crash risk. Analysis has shown that an assessment is only indicative about how the driver performs at a particular point in time without it being a good indicator about how the driver would drive in another situation. Other factors interfere with assessment results such as nerves and concerns about failure.<sup>11</sup> Further, on- road assessments may not be sufficiently predictive of the future crash involvement.<sup>12</sup>
- Research shows that countries with mandatory assessments compared to countries without mandatory assessments have the same crash rates for older drivers (comparison between Finland and Sweden).<sup>13</sup>
- There are now few jurisdictions (internationally and nationally) that mandate on-road assessments for older drivers. In Australia, only Western Australia, New South Wales and Tasmania mandate them. Likewise, in the USA, only Illinois and New Hampshire mandate them. Places such as the European Union and New Zealand no longer mandate them.
- In Victoria where there are no age-related licensing controls, its crash statistics for older drivers is no worse than other jurisdictions with established licence assessments.<sup>14</sup> In 2003, a Victorian Parliament Inquiry into "Road Safety for Older Road Users" recommended "that mandatory age-based on-road driver testing or road knowledge testing not be introduced in Victoria at this time".<sup>15</sup>
- It is difficult to justify the mandatory on-road driving assessment for older drivers on road safety alone. Rather, the justification has been the political and community perception that older drivers are poorer drivers and as such need to be reassessed. A crash involving an older driver tends to receive more media coverage with the attention being drawn to the age of the driver.

## **(b) Medical assessments**

- The purpose of a medical assessment is to identify any medical condition and the impact of that condition on a driver's fitness to drive. In particular it is for a medical practitioner/specialist to assess the driver's medical fitness based on the relevant medical standards as set out in the National Guidelines "Assessing Fitness to Drive - Commercial and Private Vehicle Drivers" and report their assessment to the Registrar of Motor Vehicles (RMV). These guidelines have a chapter dedicated to older drivers along with chapters dealing with a range of medical conditions effecting older drivers and set out the assessment tools that should be used (such as vision, reaction times, hearing, limb movement along with mental assessments such as concentration, attention, insight, judgement etc).

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<sup>11</sup> "For Many Older Drivers Mobility May be More Important than Safety", Jim Langford, Monash

<sup>12</sup> Victorian Parliament Inquiry into "Road Safety for Older Drivers" P112

<sup>13</sup> 'Older Drivers: A challenge or an opportunity' (2006), Liisa Hackamies-Blomqvist, Nordforsk, Oslo. Also note that in Sweden they have no mandatory assessments including medical and driving assessments.

<sup>14</sup> Torpey, S.E. (1986) Licence re-testing of older drivers. Road Traffic Authority. Hawthorn, Melbourne

<sup>15</sup> Recommendation 15, "Inquiry into Road Safety for Older Road Users", Road Safety Committee (September 2003)

- Currently the National Transport Commission (NTC) and Austroads are reviewing the guidelines along with the medical notification process. Tasmania has requested that these projects look more closely at those conditions that deal with older drivers and medical conditions affecting older drivers.
- When a medical practitioner/specialist identifies a condition, they are considering the functional consequence of the condition on the driver's ability to drive. They also have an important role in advising a driver about the effect of the condition and prescriptive drugs on driving. As the medical practitioner has knowledge about the individual driver's condition they can more readily make an assessment about the drivers' suitability to drive or alternatively identifying any licence conditions that may off-set the consequences of the condition (eg when a driver is night-blind a condition to only drive during the day).

### **(c) Occupational Therapist Driving Assessment**

- The purpose of an Occupational Therapist Driving Assessment is to assess the impact of a medical condition on driving skills such as judgement, decision-making skills, observation and vehicle handling. It may include evaluation of the driver's functional status (including cognitive function, physical strength and skills, reaction times), their understanding and application of road law, and the need for specialist equipment or vehicle modifications.
- An Occupational Therapist Driving Assessor (OTDA) is an occupational therapist that is trained in road safety and driving assessments. Currently, in Tasmania, there is only one public funded OTDA and three private OTDAs. A private OTDA charges around \$350.00 for an assessment.

### **(d) Training and Information Sessions**

- In Ontario, older drivers aged 80 years or older complete a mandatory vision and road rules knowledge test along with participation in a group education session. From this session, some drivers who may be potentially unsafe are identified and required to have an on-road driving assessment.
- Similarly the European Union Road Safety Conservatorium and Ontario believe that well-developed education sessions may improve senior drivers' awareness of potential traffic hazards and help them to drive more defensively. These sessions support older drivers capacity to self-assess and self-regulate and recognises that older drivers need to take the first step in effective remedial action. They give them the tools to assess their driving, the techniques to improve driving and how to avoid a crash. The European Union approach also include discussions about:
  - potential sensory and cognitive decline
  - how to modify driving behaviour
  - vehicle equipment and modifications
  - increased vulnerability
  - the importance of using protective devices
  - influence of age related illness and prescribed medication on driving abilities
  - driver licensing processes and

- roles with relatives and friends about their driving.

### (e) **Austroads Model**

- The Austroads model developed in 2004, uses a multi-level risk assessment approach so that drivers that are most at risk are targeted.
- It proposed two assessment tools –
  - (1) One of the tools is used by health professionals to identify “at risk” driving so any “at risk” driver is referred to the licensing authority
  - (2) The other tool is used by the licensing authority to determine if the “at risk” driver should be further assessed.

When the driver is required to be further assessed then the licensing authority can refer them to a specialist health professional (eg OTDA or another specialist). When they are medically fit then they can be referred for an on-road driving assessment.

A key component of this model is that the “at risk” driver is supported by a Case Officer. The Case Officer is responsible for, and working closely with, referred drivers as well as with the referring agencies and consulting professionals.

- At this stage, this multi-level risk assessment approach has not demonstrated to be a valid assessment tool. A further five year research plan has been approved.

## **8 LICENSING PROCESSES**

- The requirement to undertake any assessment or training course can be mandatory, voluntary or on-notification by a third party.
- In Tasmania, the RMV administers an on-road assessment to be undertaken at mandatory times (eg when a learner is progressing to driving unsupervised).
- The RMV requires a medical assessment after being notified that a driver has a medical condition that may impact on their ability to drive via the following –
  - statutory requirement that all drivers notify within 14 days if they develop such a condition
  - as part of the business requirement that drivers be subject to an annual medical when they turn 75 years
  - statutory requirement when drivers renew their driver licence notify such a condition
  - a crash that Tasmania Police believes may have been caused or partly caused as a result of a medical condition
  - notification by a relative, friend, neighbour of the driver advising that they may have such a condition
  - notification by a specialist, hospitals, psychologists/psychiatrists, geriatricians or Community Rehab Unit or

- notification by the driver's treating medical practitioner.
- The notification process and the building of relationships with Tasmania Police and health professionals is proving to be more effective in identifying unsafe drivers than mandatory on-road assessments for drivers aged 85 years and over.
- The RMV receives annually a large number of notifications from medical practitioners, Tasmania Police and community groups. These notifications are increasing.
- When a notification is received or when a driver is required to undergo a medical assessment because they are 75 years or older, the RMV may
  - make a decision to suspend/cancel/add conditions to the driver licence in accordance with the evidence provided by the medical practitioner
  - require a medical assessment or an OTDA and on some occasions a driving assessment by a Government driver assessor.

## 9 OPTIONS

This section sets out two different sets of options which initially need to be considered individually but then together to determine an appropriate policy position for a system for older driver assessing in Tasmania.

The first set of options called the “On Road Assessments” options considers the requirement for older drivers to undertake an annual on-road assessment.

The second set of options called the “Medical Assessment Process” options considers changes and improvements to the requirement for older drivers to undertake an annual medical assessment.

The third set of options called the “Improved Communication” options considers improvements to communications materials targeted at older drivers.

These options are not mutually exclusive and can be combined with each other.

Note – none of these options include mandatory driver licensing radius restrictions

### On Road Assessments

#### Option 1.1

#### **Retain mandatory on-road driving assessment for drivers aged 85 years (Status Quo)**

Drivers aged 85 years or older must pass an annual on road assessment.

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>Meets the community value judgement that older drivers are less competent at driving.</li> </ul>	<ul style="list-style-type: none"> <li>No evidence that drivers aged 85 years or older are less competent at driving.</li> </ul>
<ul style="list-style-type: none"> <li>Provides an incentive for drivers aged 85 years or older to self-regulate and surrender their driver licence if they don't believe they should be driving.</li> </ul>	<ul style="list-style-type: none"> <li>When the fragility factor is removed, older drivers are under-represented in crash statistics and do not pose a road safety risk.</li> </ul>
	<ul style="list-style-type: none"> <li>In the absence of any evidence that older drivers are a road safety risk, then mandatory on-road driving assessment is prima-facie discriminatory.</li> </ul>
	<ul style="list-style-type: none"> <li>Around 1.7 FTE driving assessor resource is allocated towards mandatory older driver assessments that would be better utilised at assessing evidence-based at risk eg learner drivers.</li> </ul>
	<ul style="list-style-type: none"> <li>With the ageing population, more driving assessors will need to be allocated to assessing drivers aged</li> </ul>

<b>Advantages</b>	<b>Disadvantages</b>
	85 years or older.
	<ul style="list-style-type: none"> <li>• It does not take into account the Anti Discrimination Commission's view.</li> </ul>

### **Option 1.2**

#### **On Road Assessment on Notification**

Cease mandatory on-road driving assessments for drivers aged 85 years or older and only require them to undergo an assessment for the same reasons that any other driver would be assessed, that is:-

- (a) a medical practitioner (including specialist) recommends the driver be subject to an assessment
- (b) the RMV is notified by a member of the community or Tasmania Police that the driver is an unsafe driver
- (c) the RMV has some other evidence that the driver does not have the minimum driving competency skills to hold a licence

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• Removes the need for an older driver aged 85 years and over to be reassessed annually when there is no evidence that they have reduced driving skills or are a road safety risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Reliant on community-based (including family members) notifications that an older driver aged 85 years and over may no longer be safe.</li> </ul>
<ul style="list-style-type: none"> <li>• Around 1.7 FTE driving assessor can be reassigned to assess drivers at risk eg older drivers who have a medical condition that may impact on their driving, "at risk" drivers and learner drivers.</li> </ul>	<ul style="list-style-type: none"> <li>• Reliant on medical practitioners' ethics to report that one of their patients aged 85 years or older should no longer drive.</li> </ul>
<ul style="list-style-type: none"> <li>• Any perceived discrimination concerning age is removed.</li> </ul>	<ul style="list-style-type: none"> <li>• The community may interpret this policy as a watering-down of road safety particularly given the current environment.</li> </ul>

## Medical Assessment Process

This set of options is a continuation of the existing policy to mandate annual medicals from the age of 75 years. Each option, apart from the status quo option, is either an improvement or change to the procedure surrounding this requirement. Each option stands alone as well as being able to read in conjunction with another option.

### Option 2.1

#### Status quo

Maintain current process of annual medical assessment for all drivers aged 75 years and over, and voluntary notification process by health professionals.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>Ensures that drivers aged 75 years who have an increased risk of developing a medical condition are periodically reviewed.</li> </ul>	<ul style="list-style-type: none"> <li>Some drivers in this age-group do not have a medical condition and it is causing them cost and time to be subject to a medical assessment.</li> </ul>
<ul style="list-style-type: none"> <li>Enables an opportunity for members of the public, health professionals and police to advise the licensing authority if someone they know is a potentially unsafe driver.</li> </ul>	<ul style="list-style-type: none"> <li>The current notification process is not widely communicated.</li> </ul>

### Option 2.2

#### Increasing notifications for “at risk” drivers

Increasing notifications for “at risk” drivers by building on existing relationships with Tasmania Police, community groups and medical profession. This to also include more information for all licence holders about the need to notify the RMV of the onset of medical conditions which may impact on driving.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>Increase awareness by health professionals of the impact of medical conditions on driving.</li> </ul>	<ul style="list-style-type: none"> <li>Resources to build and maintain relationships.</li> </ul>
<ul style="list-style-type: none"> <li>At the coal-face identifying those drivers who potentially pose a road safety risk – which would not be limited to older drivers.</li> </ul>	<ul style="list-style-type: none"> <li>Potential for vexatious complaints.</li> </ul>
<ul style="list-style-type: none"> <li>More information to “at risk” drivers.</li> </ul>	<ul style="list-style-type: none"> <li>Deterrent for health professionals not to report because of commercial or other factors.</li> </ul>

### Option 2.3

#### **Mandatory reporting by health professionals**

A statutory requirement for medical practitioners and health professionals to notify the RMV that a patient does not meet the medical standards to hold a driver licence or needs to be assessed by a specialist, OTDA or a driving assessor to ensure that they are fit to hold a driver licence

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"><li>• Specifically targets “at risk” drivers with a medical condition.</li></ul>	<ul style="list-style-type: none"><li>• Unpopular with health professionals as they may not have knowledge of the patient’s condition.</li></ul>
<ul style="list-style-type: none"><li>• Overcomes the deterrent for health professionals not to report because of commercial or other factors.</li></ul>	<ul style="list-style-type: none"><li>• Potential criticism from health professionals that there is no formal advisory or expert medical board to seek advice about medical conditions.</li></ul>
<ul style="list-style-type: none"><li>• Increased awareness by health professionals of the impact of medical conditions on driving.</li></ul>	<ul style="list-style-type: none"><li>• Health professionals do not see themselves as regulators.</li></ul>

### Option 2.4

#### **The establishment of a Medical Advisory Board**

A Medical Advisory Board consisting of specialist medical practitioners, to act as a review board for medical decisions about fitness to drive along with providing advice to medical and other health professionals. The Board could comprise of nominated specialists depending on the case being reviewed.

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"><li>• An advisory board to provide expert advice to medical practitioners who are assessing a driver with a medical condition, and the potential impact on that condition on the driver’s driving.</li></ul>	<ul style="list-style-type: none"><li>• Difficult to establish membership as there are few specialist medical practitioners with expertise in driving and driving behaviour, particularly in Tasmania.</li></ul>
<ul style="list-style-type: none"><li>• An avenue for a driver who disagrees with the decision made by their medical practitioner to be reviewed by specialist medical practitioners.</li></ul>	<ul style="list-style-type: none"><li>• Unable to set-up without a significant budget allocation with an on going financial arrangement as the members would need to be reimbursed for their expertise and expenses incurred along with an administrative resource.</li></ul>
	<ul style="list-style-type: none"><li>• Difficult for the board to convene quickly without it being regionalised (this would lead to longer periods to make decisions</li></ul>

<b>Advantages</b>	<b>Disadvantages</b>
	relating to the assessment process and appeals).
	<ul style="list-style-type: none"> <li>• There may be no specialist to review the decision of another specialist.</li> </ul>

### **Option 2.5**

#### **Requirement to be assessed by OTDA**

When a driver has a medical condition that potentially impacts on their driving, they are assessed by an OTDA to determine their fitness to drive. An OTDA is an occupational therapist specifically trained in road safety and driving assessments.

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• OTDAs are trained and skilled in identifying the implications of a medical condition on a person's driving skills.</li> </ul>	<ul style="list-style-type: none"> <li>• In Tasmania, there is only one public-funded OTDA and access to this service is restricted to southern residents who meet strict criteria.</li> </ul>
<ul style="list-style-type: none"> <li>• An OTDA can provide older drivers with expert advice specific for their individual needs (including any modification to the vehicle, use of steering knobs) which would enable the older driver to keep their driver licence for a longer period.</li> </ul>	<ul style="list-style-type: none"> <li>• In the absence of any further public funded OTDA, the costs of an OTDA are \$350.00 (no Medicare rebate) per session.</li> </ul>
<ul style="list-style-type: none"> <li>• A Government driving assessor is only skilled at determining driving competence at a point in time. They are unable to make any judgement about how a medical condition may impact on a person's driving.</li> </ul>	<ul style="list-style-type: none"> <li>• Criticism from community groups, the community and the opposition about the cost to be assessed by an OTDA. This may lead to: <ul style="list-style-type: none"> <li>- medical practitioners not reporting an older driver's medical condition</li> <li>- older drivers' who could continue to drive under certain circumstances, surrender their driver licence.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Alternatively, the Government fund two OTDAs at a cost of in excess of \$250,000 per annum.</li> </ul>

## **Option 2.6**

### **Requiring a medical assessment every two years**

Replacing the current requirement to undertake an annual mandatory medical assessment with the requirement to undertake it every two years. However, more frequent medical assessments would be required when a person develops a medical condition, a change to any medical condition or they are subject to a more frequent medical review.

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"><li>• Those drivers without medical conditions are not inconvenienced by being required to undertake and pay for a medical assessment.</li></ul>	<ul style="list-style-type: none"><li>• If the option to remove mandatory on-road assessment is approved, then the removal of that assessment together with reducing the requirement to undertake a medical may be viewed as watering down the older driver licensing system, too much.</li></ul>
<ul style="list-style-type: none"><li>• A reduction in administrative overheads.</li></ul>	<ul style="list-style-type: none"><li>• Emergence of a risk that it takes another year before the RMV to be notified about a medical condition.</li></ul>
	<ul style="list-style-type: none"><li>• There is no specific evidence to support this strategy.</li></ul>

## **Improved Communication**

### **Option 3.1**

#### **Development of an Educational and Training Course for older drivers**

The development and implementation of an educational and training course to assist older drivers identify when and where they drive.

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"><li>• Community programs provide personal information to older drivers about driving and to make appropriate decisions about their suitability to drive.</li></ul>	<ul style="list-style-type: none"><li>• Set-up cost to design a valid training course.</li></ul>
<ul style="list-style-type: none"><li>• Consistent with evidence that older drivers want to self-assess and they are the best equipped to make that decision.</li></ul>	<ul style="list-style-type: none"><li>• On-going resources to deliver training courses (if delivered internally)</li></ul>
<ul style="list-style-type: none"><li>• Overcomes older drivers surrendering their driver licence when they do not create a road safety risk.</li></ul>	

## Option 3.2

### **Development of educational materials**

The development and implementation of educational material and information to assist older drivers tailored especially for their needs to include (but not limited to)

- identify when and where they drive
- how to self-assess when/where they should drive
- how to plan for the future when driving is not an option
- how to assess when it is time to stop driving (and alternative transport options)
- road rules changes.

As well as educational material and information for older driver family members, neighbours, friends and community organisations to enter into conversations about driving, how and when to discuss alternatives to driving, how to deal with an older driver with dementia and making decisions about their driving (helping them to self-assess).

The information packages should include but not limited to, the update of the Older Driver Handbook, brochures and more information on the DIER website. The DIER website and brochures inserted into registration and licensing renewals could also include updates on road rules changes especially targeted to older drivers.

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"><li>• Provide personal information to older drivers about driving and to make appropriate decisions about their suitability to drive.</li></ul>	<ul style="list-style-type: none"><li>• Cost to implement.</li></ul>
<ul style="list-style-type: none"><li>• Consistent with evidence that older drivers want to self-assess and they are the best equipped to make that decision.</li></ul>	<ul style="list-style-type: none"><li>• On-going resources to ensure relevance of material</li></ul>
<ul style="list-style-type: none"><li>• Overcomes older drivers surrendering their driver licence when they do not create a road safety risk.</li></ul>	