ASSESSING FITNESS TO DRIVE FOR COMMERCIAL AND PRIVATE VEHICLE DRIVERS

OCCUPATIONAL THERAPY AUSTRALIA SUBMISSION

DECEMBER 2014

INTRODUCTION

The National Transport Commission (NTC) has established a review of the medical standards for licensing and clinical management guidelines for commercial and private vehicle drivers.

The NTC is seeking advice for key stakeholders including the medical community, industry groups and associations, transport operators and their employees, driver licensing authorities, transport departments.

Occupational Therapy Australia (OTA) welcomes the opportunity to make a submission to the review. OTA is the professional association and peak representative body for occupational therapists in Australia. As of June 2014 there were approximately 16,000 registered occupational therapists working in Australia.

Occupational therapists work in many different environments, including schools, nursing homes, hospitals and workplaces and in the community. Occupational therapists take a holistic approach to healthcare and treatment, and their goal is to improve skills for living so that people can accomplish more, live independently and improve wellbeing and quality of life. They work with the person, their family, and other healthcare professionals where necessary.

Assessing fitness to drive and assuring medical standards and clinical management guidelines are important for the whole community. It is essential both to individuals to enable independence and quality of life, and also to ensure broader community safety.

ROLE OF OCCUPATIONAL THERAPY IN ASSESSING FITNESS TO DRIVE

Occupational therapists with specialist driver training (Driver Assessor Occupational Therapists - DAOTs) are uniquely placed to assess and train novice drivers with disabilities or retrain drivers with age-related health declines or acquired impairments.

Substantial evidence identifies DAOTs as the key health profession to provide driver assessment and rehabilitation services both within Australia and internationally for older and/or functionally impaired drivers. In most states of Australia DAOTs are asked by licensing authorities to report off-road and on-road assessment findings to be used in fitness to drive decisions.

The breadth of training and scope of practice of DAOTs encompasses the range of capacities required for driving. Some other professions such as optometry and neuropsychology provide focal, in depth elements of assessment, however only DAOTs encompass driving holistically and are able to provide comprehensive off-road (in the clinic) and on-road (in a dual controlled vehicle) assessment. A recent systematic review of all Assessment tools predicting fitness to drive in adults determined behind the wheel assessment remains the gold standard for driving evaluation”.

DAOTs and occupational therapy researchers in the field both contributed to and endorsed the March 2012 version through Occupational Therapy Australia and are pleased to again contribute to the latest review of Assessing Fitness to Drive for commercial and private vehicle drivers.
PROPOSED AMENDMENTS

Section 1.5 Development and evidence base, p. 5

This section is about ensuring those completing Driver Assessments are up to date with the latest best practice research and evidence.

All stakeholders should have access to the best available evidence that addresses current gaps policy, such as:

- the use of technological resources in the assessment and training process;
- consistency in the procedures for occupational therapy driver assessments at each of the three key steps (off-road assessment, on-road assessment and reporting);
- the effectiveness of driver refresher retraining programs.

To strengthen the NTCs development of evidence based practice, OTA recommends the NTC establish a user friendly and accessible Clearing House for latest evidence and research to inform consumers, assessors and other participating stakeholders.

OTA recommends the Fitness to Drive document provide guidelines for establishing such a Clearing House. Such a Clearing House could be based on Australia’s Home Modification and Maintenance Clearing-house. It is an excellent and well-utilised source of current evidence. Knowledge is translated for a range of stakeholders including occupational therapists, builders, and consumers. [http://www.homemods.info/news](http://www.homemods.info/news). A similar site auspiced by the NTC could be used by licensing jurisdictions, consumers, DAOTs, and law enforcement agencies.

SECTION 2 ROLES AND RESPONSIBILITIES

Section 2.1 Roles and responsibilities of driver licensing authority, p. 7

OTA believes this section needs strengthening to ensure each jurisdiction in Australia puts in place the regulatory requirements so that Australia’s Driver Licensing Authorities can regulate and enforce these principles.

OTA recommends jurisdictions publish and review guidelines for implementing the national principles and guidelines in state/territory law and also establish a regular review process.

Section 2.3 Roles and Responsibilities of Health professionals, p. 8

OTA notes the Fitness to Drive guidelines were initially published before Allied Health Professions Regulation Agency (AHPRA) was established. Since the Registration Act, allied health government employees are required to be registered with AHPRA. It is suggested this be a requirement for health professionals working with DLA in each jurisdiction in Australia.

OTA would like to see a new paragraph introduced in this section which defines ‘Health professional’ for the purposes of this document.

For the purposes of Assessing Fitness to Drive, the title ‘health professional’ refers to those health professionals who hold postgraduate qualifications rendering them competent to conduct driving assessments, and those registered with the AHPRA, or other relevant regulatory national registration authorities.

SECTION 4: GENERAL CONSIDERATIONS FOR ASSESING FITNESS TO DRIVE

Section 4.5 Multiple conditions and age related change, p.19

This section currently says:

As all possible combinations of disabilities are too numerous to detail here, the following guidelines provide a general approach to assessing these patients.

- The driving task. First, consider the ergonomics of the driving task as shown in Figure 2. How might the various impairments (sensory, cognitive and musculoskeletal), disabilities and general fitness levels impact on function required to complete driving related tasks?
• General functionality. Consider to what extent the person is currently able to function with regard to domestic or occupational requirements and what compensatory or coping strategies may have been developed. Information gained from relatives or carers is also likely to be important in this regard. Individuals may be likely to cope better with congenital or slow-onset conditions compared with traumatic or rapidly developing conditions.

• Clinical assessment. The key considerations are:
  o sensory (in particular visual acuity and visual fields but also cutaneous, muscle and joint sensation)
  o motor function (including joint movements, strength and coordination)
  o cognition (including attention, concentration, presence of hallucinations and delusions, insight, judgement, memory, problem-solving skills, thought processing and visuospatial skills).

OTA recommends that this paragraph be included in the introductory paragraphs under the heading for section 4.

SECTION 4: GENERAL CONSIDERATIONS FOR ASSESSING FITNESS TO DRIVE

Driving is a complex instrumental activity of daily living which requires the ability to adapt to different situations and environmental demands. Decisions regarding driving should be based upon not only medical fitness but functional abilities that are related to the capacity for safe driving. A driver’s sensory, motor and cognitive skills require detailed assessment to determine the potential impact of any impairments on driving. As such, those health professionals who conduct driving assessments need to be adequately trained in these areas.

Section 4.5 Multiple conditions and age related change, p.20

This section currently says:

• Capacity to learn to drive: Young people with multiple disabilities may seek the opportunity to gain a driver licence. In order to ensure they receive informed advice and reasonable opportunities for training, it is helpful if they are trained by a driving instructor with experience in the area of teaching drivers with disabilities. An initial assessment with an occupational therapist specialised in driver evaluation may help to identify the need for adaptive devices, vehicle modifications or special driving techniques.

• Occupational therapy assessment: A referral for an assessment by a generalist occupational therapist may be useful. It could request an evaluation of overall functioning (personal, mobility, community and work activities) as well as seek an opinion on general capacity for driving (this assessment may be available under the Medicare ‘Care Plan’ for people with multiple disabilities as well as for those turning 75 years).

• On-road driving assessment: An on-road or simulator assessment may also be helpful (refer to section 4.9 Practical driver assessments). This is particularly relevant to those applying for, or seeking to maintain, a commercial vehicle licence.

OTA proposes amend the second dot point ‘Occupational therapy assessment’ to say “appropriate” instead of useful, “should” instead of “could” and replace “as well as seek an opinion on general capacity” with “and”. Also amend to include statement about any required vehicle modifications as well as anything else that would come as a result of the clinical assessment (as outlined above).

Amend to say:

Occupational therapy assessment: A referral for an assessment by a generalist occupational therapist may be appropriate. It should request an evaluation of overall functioning (personal, mobility, community and work activities) and general capacity for driving (this assessment may be available under the Medicare ‘Care Plan’ for people with multiple disabilities as well as for those turning 75 years). A referral to a DAOT may be required for a comprehensive driving assessment and determination of suitability for vehicle modifications and or driving remediation. The DAOT can then guide the treating therapist and the client in prescription of appropriate vehicle adaptation and available financial assistance programs.

In regard to the third dot point - On-road driving assessment, and specifically in relation to the increase accessibility and use of driving simulators, OTA has noticed a significant rise in consumer, health professional and broader community concerns around their use and regulation.
Significant research in this area shows the problems in using simulators in this way include:

- the lack of validity with real world driving and crash risk: There are no studies that have demonstrated a relationship between simulator performance and state-reported crash risk.
- Performance on a simulator (according to a recent systematic review – Dickerson et al 2014), bares little or no relation to on road driving performance.
- the lack of consistency in simulator performance standards and the wide range of different simulators ranging from very crude desk top systems to more sophisticated moving base systems,
- the finding that up to 40% of older adults assessed on simulators experience motion sickness and therefore cannot be tested (Edwards et al 2003).

The immediate concern arising from their inclusion in the guidelines is that drivers may be assessed on a driving simulator and either recommended as being safe to drive when they are not when driving under real world driving conditions, or recommended as being unsafe to drive and therefore be forced to cease driving unnecessarily.

OTA would therefore like to see ‘simulator assessment’ defined and also greater clarification around their use and who can provide them and how their use is regulated by adding “accredited” – and including a broad consultation process on the development of their use and regulation.

OTA would like to see changes to where the document currently states

> simulator assessment may also be helpful

Greater strengthening of this statement from “may be helpful” to is required when...

- **On-road driving assessment**: An on-road or accredited simulator assessment is required when... (refer to section 4.9 Practical driver assessments). This is particularly relevant to those applying for, or seeking to maintain, a commercial vehicle licence.

Section 4.9 Practical Driver Assessments, p. 22

At the end of this section, a new section is required. This new section is required to provide readers with information about the rehabilitation opportunities and potential for re-assessment.

It is suggested that a Fifth Paragraph be created saying:

**OPPORTUNITY FOR DRIVER REHABILITATION AND REASSESSMENT**

Recommendations following assessment may relate to licence status, the need for vehicle modifications, rehabilitation or retraining, licence conditions and reassessment.

Research supports the effectiveness of rehabilitation programs following driver assessment. The results of an individual’s driver assessment are used to develop specific training programs, starting at a baseline and then graded up through specific situations with increasing degrees of difficulty or complexity Training may include activities in a clinic, training in a driving simulator, or training provided by a driver instructor under the direction of the DAOT.

This may also include training in the use of vehicle modifications or aids and adaptations or client educational programs that aim to develop client self-awareness of driving skills which may also have a positive impact on driving behaviours.

Section 4.11 Information and assistance for patients, p. 23

This section currently says:

Assessment by a health professional is one piece of information taken into account by the driver licensing authority in making a decision about the future licensing status of a patient. The driver licensing authority may cancel, refuse or suspend a driver’s licence or place conditions on a licence. Because most people consider a driver licence critical to continued independence, employment and recreation, the risk of it being withdrawn can evoke strong emotions and reactions. Patients may become upset, anxious, frustrated or angry, especially if their livelihood or lifestyle is threatened.
In cases where licensing decisions may impact on a patient’s ability to earn a living, it is necessary that the health professional demonstrates some sensitivity in the interests of ongoing patient health. Practical steps may include facilitating appropriate service provision through the timely provision of necessary reports. Offering some direction in developing coping strategies may help alleviate some of the patient’s concerns or fears. Where appropriate, the health professional should consider direct referral rather than simply providing sources for further information, for example:

- Vocational assessors will assess a person’s ability to rehabilitate, retrain and reskill for another industry, or a new sector within the industry.
- Commonwealth Rehabilitation Services Australia (www.crsaustralia.gov.au) offers a full range of rehabilitation and vocational re-training services and assistance.
- Condition-specific support and advocacy agencies may also offer advice, support and services, for example, Diabetes Australia, Alzheimer’s Australia, MS Society and epilepsy organisations.

For older drivers, early advice will help them plan for the inevitable changes in their independence. There are also specific information resources available for drivers with dementia and their carers (refer to resources below).

OTA recommend that due to the federal and state government funding changes, further clarity be provided around the future use and role of CRS.

OTA also notes that condition-specific support agencies are a critical link in providing information and advice regarding driving. The quality of this advice will depend upon the availability of a network of options for driver assessment and training which varies from State to State and has been potentially limited by the closure of CRS. It is recommended that the current available rehabilitation and vocational re-training services are reviewed. OTA note the extreme shortage of OTDAs in jurisdictions such as Northern Territory, where, for example, patients from Alice Springs need to travel to Darwin for a private DAOT assessment.

CONCLUSION

Assessing fitness to drive and ensuring medical standards and clinical management guidelines are in place impacts on the whole community. It is essential both to individuals to enable independence and quality of life, and also to ensure broader community safety.
RELEVANT LITERATURE AND SUPPORTING REFERENCES


Kay, LG, Bundy, AC & Clemson, LM 2009 ‘Predicting Fitness to Drive in People with Cognitive Impairments by Using DriveSafe and DriveAware’, *Archives of Physical Medicine and Rehabilitation*, 90, 9, pp. 1514-1522.


