

**Australian Parliament**

**Joint Select Committee**  
**Inquiry into Road Safety**

Occupational Therapy Australia submission

August 2021

## Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to make a submission to the Joint Select Committee's Inquiry into Road Safety.

OTA is the professional association and peak national body for occupational therapists in Australia. As of June 2021, more than 24,800 occupational therapists were working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

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 ageing, 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 (OTDAs) throughout this document.

Significant research has been undertaken to develop occupational therapy on-road assessments. Administered in a standardised format with objective scoring protocols and a self-navigation component, they provide a valid and reliable measure of driving ability (Wood & Mallon 2001; Mallon & Wood 2004; Wood et al. 2008; Unsworth et al. 2011). These assessments have also been found to accurately predict crash risk in licenced older drivers (Wood et al. 2008).

As the Australian population ages, driver assessments are becoming an increasingly important aspect of road safety. Through closer scrutiny of licences resulting in earlier cancellations or implementation of conditions on licences, occupational therapy driver assessments help raise the standard of driving on our roads. However, provision of and access to the service is currently limited by structural and cultural barriers. OTA recognises that addressing these barriers could markedly improve road safety, cutting the rates of crash, trauma and death on Australian roads.

Accordingly, OTA offers the following observations and recommendations to the Joint Select Committee.

## Providers of driver assessments

### **Driving with a disability**

Many people who are born with, or acquire physical, sensory and cognitive disabilities through illness or injury, may be able to drive. Assessment and rehabilitation can be provided to these individuals to enable them to drive safely on Australian roads. Given that

one of the largest groups of people requiring assessment and rehabilitation are older adults, there is a need to systematically and fairly identify those older drivers who need to cease driving due to increased crash risk, helping ensure safer roads for all users.

### **Identifying at-risk drivers**

Australian and international studies overwhelmingly indicate that mandatory age-based testing is not effective in reducing crash risk (Langford et al. 2008; Gabrowski et al. 2004; Mitchel 2008).

Moreover, prematurely revoking an individual's driver's licence can be detrimental to both independence and overall quality of life (Unsworth et al. 2012). This is particularly true of rural and regional drivers who lack access to viable transportation alternatives. Furthermore, research suggests that elderly community members are at greater risk as pedestrians than they are as drivers (Mitchel 2008).

While mandatory age-based testing has not been adopted in most states and territories due to a lack of evidence to warrant such an approach, an individual's driving ability can of course deteriorate as part of natural age-related health decline, or if an identified medical condition changes. Accordingly, health practitioners require clear guidelines for the notification and subsequent assessment of individuals who may no longer be fit to drive. To date, governance of this area has been highly inconsistent.

States without an independent medical board involved in licencing typically rely on GPs and medical specialists to identify and report conditions which could adversely affect driving ability.

In Queensland, the Department of Transport and Main Roads (TMR) is the state licencing authority responsible for driver assessments. The Medical Conditions Reporting Unit manages the reporting of medical conditions. It provides advice to GPs, occupational therapists, health professionals and the public regarding the notification of medical conditions which may impair driving ability. In Victoria, VicRoads provides resources on the impact that certain disabilities or medical conditions can have on a person's ability to drive.

Currently there exists in all states and territories a clear pathway for referring unsafe drivers to licensing authorities which are mandated to investigate and act. However, the process of identification is imperfect. While OTA does not support mandatory aged-related testing, we do call for a more systematic means of identifying unsafe drivers. Traffic police are well placed to identify unsafe driving and the possibility that it is age related. Similarly, nurses in health services have a key role to play in identifying a possible deterioration in the skills required to drive safely.

### **Inconsistent governance**

There is no consistent approach to governance with regard to driver assessments. State and territory governments appear uncertain as to the very nature of the issue – is it an area of transport or health policy? And the associated laws, costs, means of reporting and roles of health professionals vary widely from state to state. Depending on the jurisdiction, the process can be unnecessarily difficult to navigate for practitioners and drivers alike.

OTA is advised that, of all Australian states and territories, Victoria is most advanced with regard to driver assessment and is considered by many to be a world leader. It has had competency-based standards in place since 1998 to govern the practice of OTDAs, standards that were revised and published in 2018 and adopted nationally. Significantly, the important role of occupational therapists in driver assessment is referenced in the *Road Safety Act 1986*.

VicRoads has in place road assessment standards guiding both clinical-based assessment as well as standards for the on-road testing route for the purpose of driver assessment. These provide criteria that Victorian occupational therapists must meet when conducting driver assessments. They provide clear guidance on what tasks must be performed and what constitutes a pass or fail. This allows assessments to be consistent regardless of the OTDA completing the assessment. (It should be noted, however, that many towns in rural Victoria cannot meet the requirements of the testing route, requiring people to travel to larger centres for their assessments. This adds to the cost of assessments, particularly if the individual has to overnight in the larger town.)

### **Role of occupational therapists**

OTA believes that neither GPs nor generalist licencing testers based at state and territory licensing authorities are ideally placed to recommend or conduct driver assessments. This is because such assessments are most probably an occasional, rather than a core, part of their professional activity. Furthermore, many GPs do not wish to jeopardise their trusted relationship with patients, and the vital role they play in assisting older people to maintain health and well-being, by having to notify the licensing authority that a patient may be unsafe to drive, as well as informing the patient of this problem.

In contrast, the occupational therapy profession has a long history of providing driver assessments and vehicle modifications, dating back to 1986 (Unsworth 2007). Occupational therapists have published guidelines for practice, as well as *National Competency Standards for OT Driver Assessors* (Fields, Unsworth & Harreveld, 2018), a national document outlining best practice requirements for work in this area. Occupational therapists who conduct driver assessments must also complete specialised post-graduate training, ensuring they are highly qualified to determine medical fitness to drive.

Driving is a complex activity which incorporates a range of sensory, cognitive and motor functions (Austroads 2016). Despite this, most health professionals involved in driver assessments specialise in only one or some of these areas. Optometrists test vision but not motor or cognitive functions, neuropsychologists examine only cognitive ability, and nurses primarily evaluate aspects of motor function. Physiotherapists lack the necessary training in cognitive function. Similarly, licencing testers can conduct on-road assessments but lack the clinical expertise to assess an individual's cognitive capacity, or determine how a medical condition affects driving both now, and in the future, and whether remediation is possible.

In contrast, OTDAs provide a unique combination of on- and off-road testing, emphasising both safety and wellbeing. They can perform both clinic-based assessments and on-road assessments. This comprehensive approach ensures an individual's licence is not revoked

solely on the grounds of a new medical condition. Significantly, this approach to assessment is considered the gold standard internationally (Dickerson et al., 2017).

Occupational therapy driver assessments are particularly effective when drivers exhibit the early stages of Alzheimer's Disease or cognitive decline. Driving is an over-learned skill, meaning an experienced driver can operate a car almost automatically. When a driver's cognitive ability begins to decline, they can often continue driving safely by devoting all remaining function to the changing road conditions (Unsworth et al. 2016). Accordingly, a diagnosis of Alzheimer's Disease should not automatically preclude driving (Unsworth et al. 2016). OTDAs, uniquely equipped with both an understanding of mental health and cognitive skills and the training to practically assess their impact on driving, are ideally placed to make licensing recommendations directly to the licensing authority, as occurs in Victoria.

It should also be noted that while generalist occupational therapists can identify the need for a driver assessment, OTDAs conduct the assessment and, where appropriate, perform the task of rehabilitation, which might involve driver education and the prescription of vehicle modifications.

As noted above, OTDAs often rely on GPs to refer patients who may no longer be fit to drive. Unfortunately, GPs vary in their capacity to make this recommendation. Some effectively identify high-risk drivers and refer them to an occupational therapist for assessment. Others, however, may be unaware of Austroads' *Assessing Fitness to Drive* (2016) guidelines or the role occupational therapists can play in driver assessment. Moreover, recommending a test can also damage the GP/patient relationship, leading to doctor shopping and continued unsafe driving. OTA understands that it is often left to family members to discuss their concerns with the GP and obtain a referral. This is not an ideal situation.

There exists a need for greater education of health professionals, specifically GPs, as to the role of OTDAs in assessing a person's ability to drive. Greater knowledge of the role of OTDAs would allow GPs to defer these decisions to those more readily equipped with the appropriate skills as well as remove any risk to their ongoing relationship with a patient.

Again, VicRoads publishes information regarding the available pathways for GPs when referring their patients who need assessment. This information is often underutilised.

***Recommendation: Develop a clear and well publicised pathway for GPs to refer any patient about whose driving ability they have a concern to an Occupational Therapy Driver Assessor. This would effectively relieve GPs of a conflict of interest, since they are required to support and promote health among their patients while also being expected to report unsafe driving to the licensing authority.***

***Recommendation: Consider the establishment and funding of an independent medical and Occupational Therapy Driver Assessor staffed service to which GPs can refer patients for independent assessment.***

## Access to driver assessment services

### Cost to consumers

Occupational therapy driver assessments cost between \$500 and \$900, rendering the service expensive for many self-funded clients.

Consumers can sometimes claim this cost through Medicare's Chronic Disease Management Program (CDMP). However, this support is only available to individuals who have been diagnosed with a chronic or terminal medical condition. Those who require an assessment due solely to their age or following an event such as a stroke, are ineligible for any Medicare rebate. This is highly problematic since elderly Australians are among the most likely to require a driver assessment and the least likely to be earning an income.

Furthermore, while programs such as the NDIS provide funding for aspects of driver assessment, this funding is too low to provide appropriate assessment. Initial assessments of driving fitness and other pre-on road assessments are not funded by the NDIS. When funding is provided, in the case of on-road driver assessments, this is limited to a 45-60 minute session. This funding model does not acknowledge the complexity of driver assessments and the range of abilities that an OTDA may assess. Greater flexibility in this model would allow for better access to driver assessment services.

At the same time, it is not feasible to reduce the cost of the service. Assessments, which must include a detailed and comprehensive medicolegal report, take approximately five hours to complete. Specialised driving instructors must also accompany an OTDA during the on-road test. Their fee for this service is currently \$110-\$120 and gradually rising.

Public services are generally limited. Queensland Health funds a small driver assessment service at Princess Alexandra Hospital, Browns Plains Community Health and Ipswich Hospital. OTA members report that funding for this service is minimal and that it does not come close to meeting the demand for assessments. Eligibility is based on geographic location and patients can wait up to 12 months for an assessment. Furthermore, many of these already limited public clinics have been significantly affected by the COVID-19 pandemic, with many remaining closed since March 2020.

The Australian Capital Territory (ACT) funds a Fitness to Drive Unit that serves as an effective model for increasing affordable access to driver assessment. Drivers are referred to the clinic by ACT Licencing and Registration, ACT Police or by GPs and other specialists. One outcome of assessment by the clinic, which is performed at no cost to the driver, is a referral to an OTDA. If these assessments by the occupational therapist are not funded by another scheme, such as private insurance or the NDIS, the ACT government covers the cost. This ensures drivers have equity of access to driving assessments.

Financial inaccessibility increases the likelihood that unsafe drivers will remain on the roads, posing a threat to themselves and the community.

***Recommendation: The Australian Government should create an affordable and subsidised program for occupational therapy driving assessments to assist those***

***who do not qualify for support through existing programs. This could be achieved through a separate Medicare Benefits Schedule item for driving assessments or the creation of a similar program to the ACT's Fitness to Drive Unit.***

### **Lack of trained Occupational Therapy Driver Assessors**

To become qualified in driver assessment, occupational therapists must have experience in adult physical/cognitive perceptual disabilities and complete a certified training course. Courses cost approximately \$4500 and are currently only offered by three providers. The Institute of Driver Health (New South Wales) and, jointly, Central Queensland University/Swinburne University (Victoria) each offer two week, in-person programs. In South Australia, the University of South Australia and Flinders University jointly deliver a 13-week webinar series followed by three days of face-to-face teaching. In addition to course fees, candidates who train interstate face the added expense of flights and accommodation.

Moreover, the general lack of recognition for occupational therapy driver assessments means that many potential students do not perceive this training to be a worthwhile investment.

A limited number of occupational therapists undertake training in driver assessment each year and, as they do, a similar number of existing assessors retire from practice. As a result, the total number of OTDAs has remained relatively stable, but low, in recent years. (OTA estimates that, nationally, approximately 30 occupational therapists undertake driver assessment training each year, but that not all of these qualified Occupational Therapy Driver Assessors will subsequently undertake assessments.)

However, as our population ages, the number of people living with chronic medical conditions is rising rapidly. OTA is concerned that the growing demand for OTDAs will increasingly outstrip supply.

The COVID-19 pandemic has limited the ability of OTDAs to operate, as their work requires in-person and practical assessments. Continued lockdowns across Australia have meant these occupational therapists have been unable to provide their services and, as a result, some have left driving assessments for a more stable form of practice. This factor only exacerbates the shortage of Occupational Therapy Driver Assessors that already exists.

It should also be noted that the shortage of driver assessment trained occupational therapists is particularly pronounced in rural areas of the nation, which becomes a matter of equity given that rural residents are generally more reliant on private motor vehicles than city dwellers.

***Recommendation: Australian governments should recognise the widening disparity between demand for and supply of occupational therapy driver assessments, and provide subsidies to ensure a growing number of qualified occupational therapists can undertake post-graduate training in driver assessment.***

## Long-term considerations

### Developing safe alternatives

OTA members report that many people who do not feel safe driving, either consistently or on occasion, continue to drive because they perceive a lack of safe and convenient alternatives. This is clearly not an ideal situation.

State and territory governments should give greater consideration to the safety of, and enhanced support for, road users who are not drivers and those who wish to cease driving. This should involve improved public transportation services, with more strategic networking, more convenient connections, and more accessible vehicles. It should be noted that many occupational therapists have particular expertise in the field of public transport accessibility and would be pleased to share this expertise with the relevant authorities.

Similarly, greater consideration should be given to the safety and convenience of pedestrians. This should involve more user-friendly footpaths and more accessible and better-timed road crossings.

Consideration should also be given to the practicalities and potentially enormous benefits of emerging autonomous vehicle technology.

The design and development of new transportation systems that support the safe access of communities must take into account the diverse range of users – including user groups with disabilities, and widely different age groups. It is imperative that this design be informed by experts in the field of supporting community access, among them occupational therapists. In addition to providing safer and more accessible alternatives to driving, governments need to educate people about the existence and the safe use of these alternatives.

***Recommendation: All Australian governments should give greater, and properly informed, consideration to the needs and safety of non-driving road users. This should include the design and development of integrated transport plans, in which public transportation, pedestrian ways and emerging transportation technology are rendered safe, accessible and convenient for the many groups in our community unable or unwilling to drive. This process should draw on the expertise of professionals trained in the facilitation of community access, among them occupational therapists.***

### Motorised scooters and wheelchairs

OTA takes this opportunity to remind Committee members that any inquiry into road safety should include consideration of the use of motorised scooters and wheelchairs, vehicles that are appearing more frequently on our roads and footpaths as our population ages.

It is important that our elderly are properly educated in the use of these devices, and occupational therapists are the best qualified health professionals to provide this education (Townsend & Unsworth, 2019). By ensuring people are using the most appropriate device, and are using it properly, occupational therapists play a key role in ensuring the safety of these people and the pedestrians who share the thoroughfare. VicRoads again publishes



resources that serve as useful guidelines for the use of motorised mobility devices and provide advice to both health professionals and potential users.

Committee members interested in this aspect of road safety are invited to read OTA's submission to the Senate Standing Committee on Rural and Regional Affairs and Transport's 2018 Inquiry into *The need for regulation of mobility scooters, also known as motorised wheelchairs*.

### **Shifting driver attitudes**

While occupational therapists strive to support independence and functionality, they must prioritise the safety of the client and other road users. This often means making the difficult decision to recommend driving lessons or the cancellation of a client's licence.

This work is made even more challenging by the fact that assessors frequently manage clients who believe it is their right to drive. These clients are often shocked and angered by the outcome of their driver assessment and many resent requiring one at all. OTA frequently receives complaints from consumers in this situation.

Driver attitude makes this area of work highly stressful for occupational therapists and acts as a further disincentive to training or practicing as a driver assessor. Given there is already an undersupply of qualified assessors, this issue warrants urgent attention.

OTA notes that previous initiatives and media campaigns have been successful in influencing driving behaviour and enhancing safety on Australian roads. This includes policy and education regarding seatbelts, drink driving and the use of mobile phones in the car.

A similar strategy could be applied to driver attitude. Though legislation varies according to jurisdiction, drivers can currently obtain their licence at age 17 or 18. Unless they face a medical condition, they can renew the licence across their lifespan without any review of their driving performance. This expectation needs to be adjusted by educating drivers about the eventual need to retire from driving. It should be made clear that, whatever your age, driving is a privilege, not a right, and that it entails numerous responsibilities. One such responsibility is accepting the verdict of a properly qualified driving assessor that an individual is no longer able to drive safely.

***Recommendation: The Federal Government should implement a public awareness campaign to educate drivers about the need to reassess driving ability if legitimate concern exists as to a driver's competency.***

## **Conclusion**

OTA thanks the Joint Select Committee on Road Safety for this opportunity to contribute to its inquiry. Representatives of OTA would be pleased to appear before the Committee and expand on matters raised in this submission if Committee members were to deem that helpful.

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