NATIONAL ROAD TRANSPORT COMMISSION

REVIEW OF MEDICAL EXAMINATIONS FOR COMMERCIAL VEHICLE DRIVERS

Prepared by:

Dr Bruce Hocking, Bruce Hocking & Associates Pty Ltd,

Fiona Landgren, Communicating for Health Pty Ltd

National Road Transport Commission

REVIEW OF MEDICAL EXAMINATIONS FOR COMMERCIAL VEHICLE DRIVERS

Report Prepared by
Bruce Hocking and Associates Pty Ltd
Communicating for Health Pty Ltd

ISBN

REPORT OUTLINE

Date:

ISBN number:

Title: **REVIEW OF MEDICAL EXAMINATIONS FOR COMMERCIAL VEHICLE DRIVERS**

Address: National Road Transport Commission
Level 5/326 William Street
MELBOURNE VIC 3000
Website: www.nrtc.gov.au
E-mail: nrtc@nrtc.gov.au

Type of report: Project Report

Objectives:

To contribute to improved public safety through the facilitation of consistent driver medical assessment.

To review the medical standards for commercial vehicle drivers.

To consult with relevant stakeholders and address administrative and medical issues arising.

To produce a draft document combining the revised commercial standards with the standards for private vehicles drivers (Austroads, Assessing Fitness to Drive, 2001).

To put forward recommendations regarding the publication, distribution and marketing of the combined document.

NRTC Programs: Single Certificate Project

Three-year project on road safety

Key Milestones: Production of draft revised standards

Production of final report

Abstract: This report addresses Phase 2 of a three phase project to review, revise and re-publish the medical standards for commercial drivers and to combine the commercial standards with those for private drivers.

The full Review project comprises:

Phase 1. The development of a Strategy for the Review in consultation with key stakeholders, including industry, authorities, medical colleges, professional bodies, completed in December 2000;

Phase 2. The conduct of the Review of **Medical Examinations of Commercial Vehicle Drivers** according to the Strategy;

Phase 3. Publication and circulation of the revised document.

Phase 2 of the project has involved extensive consultation with stakeholders including medical experts, general practitioners, other health professionals, licensing authorities and industry groups. The result is a comprehensive report addressing a range of medical and administrative issues, and setting forth recommendations for:

- revision of the medical standards
- incorporation of the commercial standards with the private medical standards
- revision of the introductory information
- revision of the forms used for medical examinations and reporting to licensing authorities
- publication, distribution and promotion of the revised and combined standards.

The recommendations of the report are reflected in the Draft Document (Assessing Fitness to Drive – Medical Standards for Licensing and Clinical Management Guidelines), being the other main output of the project.

The report addresses a wide range of issues related to driver assessment and includes recommendations for further enhancement of the process.

Comment is invited regarding both the Report and the Draft Document.

Purpose: For consideration and approval by the Australian Transport Council.

Key words: medical standards, commercial vehicle drivers, private vehicle drivers

Comments by:

Comments to be addressed to:

Chief Executive
National Road Transport Commission
PO Box 13105
LAW COURTS VIC 8010

Telephone: (03) 9321 8444
Facsimile: (03) 9326 8964

Website: www.nrtc.gov.au
Email: nrtc@nrtc.gov.au

CONTENTS

1. EXECUTIVE SUMMARY

The project to review the medical standards for commercial vehicle drivers and combine them with standards for private vehicle drivers was initiated in September 2001 and has been undertaken by Dr Bruce Hocking (Bruce Hocking and Associates) and Fiona Landgren (Communicating for Health).

The project has culminated in a draft document (Assessing Fitness to Drive – Medical Standards for Licensing and General Management Guidelines), which has been approved by the Project Steering Committee. The draft has also been submitted to all State and Territory licensing authorities and to organisations representing general practitioners, medical specialists and other health professionals involved in assessing fitness to drive.

This report represents a further output of the project and outlines:

- The key issues raised in the consultation process, including medical, legal and those relating to implementation of the standards.
- The changes to the standards that are recommended as a result of the review.
- The changes to the forms that are recommended as a result of the review.
- Recommendations regarding implementation issues including the publication, distribution and promotion of the revised document.

1.1 Document Content

The *Assessing Fitness to Drive* document content has been developed through extensive consultation with relevant medical experts and users of the document as well as with stakeholders such as Licensing Authorities and industry bodies. Overseas standards have also been consulted as part of the review process.

The recently released publication *Assessing Fitness to Drive 2001* has guided the structure and format of the revised document.

The process of content review and development has also been guided by the *Strategy for the Review*, which required that:

- Where possible, the standards should be based on current medical evidence.
- The standards should be set so as to minimise risk to the individual and other road users whilst maintaining appropriate independence and employment for the individual.
- The standards should reflect advances in medical science as well as any engineering solutions which may aid licence retention.
- The standards for private and commercial drivers should reflect the different risks associated with driving the different classes of vehicles.
- Whilst clear differentiation of private and commercial standards is required, the presentation of the standards must be consistent in order that the differences are clearly discernible by the examining health professional.
- Health professionals should be supplied with adequate support information to facilitate the appropriate completion of the examination process and ensure understanding of the responsibilities of patients, health professionals, licensing authorities and employers (where appropriate).

The draft document is included as *Appendix 6* of this report.

1.1.1 PART A – General Information

The *General Information* section has been extensively revised and expanded in order to facilitate understanding of the examination process. The changes have been well received by stakeholders and include:

- A clear statement (and diagramatic representation) of the responsibilities of drivers, examining doctors and licensing authorities in the licensing process.
- Clear definitions of Commercial and Private vehicle drivers and the standards relevant to each.
- A clear description (and diagramatic representation) of the decision-making processes involved in assessing fitness to drive.
- A step-by-step description of the examination process and corresponding flow charts. These descriptions differentiate between the requirements of *authority-initiated examinations* and those *undertaken in the course of patient treatment*.
- Descriptions of all forms relevant to the examination process.
- A clear statement of the legal and ethical issues including confidentiality and privacy issues.
- More extensive general information covering issues such as:
    - Temporary Conditions
    - Conditional Licences
    - Multiple Disabilities
    - Progressive Disorders
    - Involvement of Specialists
    - Patient-professional conflict
    - Examining a person who is not a regular patient etc

1.1.2 PART B – Revised Standards

The section containing the medical standards themselves has been based on the *2001 Assessing Fitness to Drive* publication in terms of basic content and format but has been expanded to address considerations for commercial vehicle drivers. Expert groups involved in the review process were asked to review the medical standards for commercial vehicle drivers but also to ensure consistency and compatibility with the private standards.

The review process has resulted in a number of changes and refinements to both the commercial and private standards.

The following features of Part B are particularly noted:

- ***Separation of "licensing criteria" from "general management guidelines".*** In contrast to the 2001 edition of *Assessing Fitness to Drive*, the requirements and criteria for "licensing" are separated from the management of temporary conditions which, because of their short term nature do not impact on licensing. This approach ensures clarity for the examining health professional. Licensing criteria are included in the table in each chapter and general management guidelines, including those for temporary conditions, are included in the text. Licensing criteria for commercial and private vehicle drivers are distinguished clearly in the tables. (Refer 3.1.1, page).

- ***Clear criteria for licensing.*** Combination of the standards for drivers of private and commercial vehicles has required that the two sets of standards be expressed in comparable terms. Input from Licensing Authorities participating in the *Single Certificate Project* has also pointed to the requirement for a definitive statement by examining health professionals as to whether a driver "does" or "does not" meet the medical standards. Based on these requirements the draft standards now clearly define the medical criteria for unconditional licences and describe the circumstances under which the Driver Licensing Authorities may issue conditional licences. It is emphasised throughout the standards that the final licensing decision rests with the Driver Licensing Authorities. Both licensing authorities and health professionals have welcomed this clearer and more definitive statement of the requirements for both unconditional and conditional licensing. (Refer 3.1.1, page).

- ***Conditional licences.*** Conditional licences have been a feature of the private licensing system for a considerable time and are supported by the Licensing Authorities. Conditional licences have also been a longstanding feature of commercial vehicle licensing. Importantly, the use of conditional licences, either for private or commercial vehicle licensing, supports individuals in retaining their driver licences while emphasising to them that their ability to drive safely (and therefore to retain their licence) depends on their taking responsibility for following prescribed treatment and review of their condition. Whilst the rephrasing of the private standards does identify more specific criteria for conditional licences, this serves only to render the process of conditional licence allocation more transparent and facilitates the communication between licensing authorities and examining health professionals. It also supports the health professional in providing advice to their patients. It is expected that the increased clarity of the requirements for conditional licences may result in increased numbers of conditional licences being allocated, but does not reflect major changes to the licensing standards per se. (Refer 3.1.2, page).

- ***Involvement of specialists.*** In the case of commercial vehicle drivers it is now specifically required that specialist opinion be sought in all instances where a conditional licence is recommended. This requirement reflects the higher safety risk for commercial drivers and the consequent importance of expert opinion. It also takes into consideration the fact that training and education of health professionals in assessing fitness to drive has been found lacking and that until this can be significantly improved, the responsibility for providing advice regarding commercial conditional licenses should rest with those with appropriate expertise. It also reflects common practice across a wide range of illnesses. The accessibility of specialists in rural and remote areas does remain an issue and it is recommended that the licensing authorities consider the individual situation in terms of the requirement for specialist medical input. (Refer 3.1.2, page).

- ***Specific changes in the commercial standards.*** Most chapters have undergone significant refinement in order to distinguish between the commercial and private standards and in order to ensure clarity for examining health professionals. A limited number will have significant impact on commercial licensing status. These include:

  VISION STANDARD: Based on the absence of road safety evidence regarding a negative effect of red-deficient vision, and the significant engineering solutions now addressing this issue, the standard for red colour vision for commercial vehicle drivers has been omitted. (Refer 3.2.14, page)

  HEARING STANDARD: The hearing standard for commercial vehicle drivers has undergone extensive re-evaluation in light of recommendations from the Australian Society of Otolaryngology, Head and Neck Surgery that drivers undergo audiological testing rather than clinical assessment to assess compliance with the criteria. Following widespread consultation and evaluation of literature, it has been agreed to retain the current standard and assessment process. The provisions for conditional licences have however been extended to include engineering solutions (visual devices) to support recognition of sound related warnings. (Refer 3.2.5, page).

HIV/AIDS STANDARD. Advances in treatments for HIV/AIDS have resulted in a substantial reduction in neurological sequelae so the risks for driving are substantially reduced. The standard for drivers of both private and commercial vehicles has therefore been amended. (Refer 3.2.6, page).

Further changes are described in the body of the report (refer 3.2 Medical Issues, page). Issues relating to the implications of the standard changes for various stakeholders are discussed under Implementation (refer).

1.1.3 PART C - Appendices

Part C, the Appendices, is also based on the original *Assessing Fitness to Drive* book and has been updated and expanded to include information to support the assessment process, both for of private and commercial vehicle drivers.

The following additions and amendments are noted:

- ***Regulatory requirements for driver testing.*** Appendix 1 includes a table of regulatory requirements for driver medical examination and road testing in each State. This expands on the "Older Driver" table originally included in AFTD 2001 and includes review requirements for commercial vehicle drivers. GP focus group participants confirmed the usefulness of this information in providing a context for driver medical examinations. The information clearly illustrates the significant differences in testing requirements between the States and Territories, an issue which may warrant attention in future reviews (refer 3.5.8 page).
- ***Forms***. The need for clarity regarding the use of the various forms is an issue which has been addressed by the project team (see also 1.2 Forms). Appendix 2 of the revised book includes copies of the four forms as well as repeat explanations of how they are to be used and, where appropriate, examples of completed forms. (Refer 3.3, page).
- ***Legislation relating to notification of medical conditions***. Appendix 3 of the revised book summarises the National, State and Territory legislation relating to reporting of medical conditions by drivers and health professionals. It supports the information included in Part A of the document and was found by reviewing GPs to be useful in this regard. Again, the variability between State and Territory legislation is an issue which may warrant attention in future reviews.

1.2 Forms

Review of the forms used in assessing and reporting fitness to drive has been an important part of the review and this has been undertaken in conjunction with the NRTC *Single Certificate Project*.

The forms have been revised in light of:
- inputs from the Single Certificate Project (Refer 4.1, page).
- additional inputs from Licensing Authorities
- input from GPs as users of the forms
- review of current forms
- the requirements of Privacy Legislation

Drafts of the 4 forms are included in the revised *Assessing Fitness to Drive* book and in Appendix 5 of this report. They include:

1) Model Medical Certificate
2) Patient Questionnaire
3) Clinical Examination Proforma
4) Medical Condition Notification Form

In line with the *Single Certificate* project, a key recommendation of this report is that a standard national approach to the use of certificates and forms be adopted. A further recommendation is that medical information collection be undertaken in line with Privacy Legislation requirements and that only information relevant to the licensing decision be forwarded to the Driver Licensing Authority. (Refer 3.3, page).

1.3 Implementation

Implementation of the completed standards has been a further consideration of the project, particularly with respect to publication, distribution and promotion of the final document as well as education of users and the public.

Consultation with relevant stakeholders has pointed to a need for effort to be devoted to:

- Achieving widespread awareness amongst examining health professionals, industry and other stakeholders.
- Achieving effective national distribution to main users (in particular GPs).
- Achieving awareness of the changes in the standards and addressing the implications for practice with the relevant groups.
- Providing appropriate education for users.
- Providing appropriate expert support for users (examining professionals).
- Providing appropriate education for drivers to ensure awareness of their responsibilities with respect to reporting of medical conditions likely to affect driving.

In order to achieve the above objectives, an implementation strategy is proposed featuring the following elements:

1.3.1 Paper publication

Whilst electronic resources are becoming increasingly popular, there remains a demand for a paper-based resource. Thus the book is recommended for initial circulation in this manner with corresponding promotion of an electronic version. The book is suited to publication in an A4 format (120 pages) with printing in 2 colours to enable differentiation between the commercial and private standards. (Refer 3.4.1.1, page).

1.3.2 Electronic publication

Availability in an electronic format is also proposed. In the first instance it is proposed that an economical pdf version be developed in parallel with the paper version. A more sophisticated HTML package linked to a training function for health professionals is considered below under Professional Education. (Refer 3.4.1.2, page).

1.3.3 Distribution

Given the significant changes to the publication it is recommended that the practice of distributing the paper publication to all GPs and other main users, free of charge be continued for this edition. Parallel promotion of the electronic version to all these groups will also be a feature of the strategy. Whilst initial distribution is proposed by Austroads, ***ongoing access*** to the book is proposed via the State and Territory Licensing Authorities and other endorsing bodies as appropriate. (Refer 3.4.2, page).

1.3.4 Promotion

Initial promotion of the revised standards will be an important initiative for achieving widespread awareness amongst users of the standards (health professionals) and amongst those affected by the standards. Promotion and publicity will be closely linked to distribution and will be achieved through partnerships with stakeholders.

Promotion in the initial stages will be targeted to specific groups, in particular health professionals and industry. Wider public promotion is not proposed though there will be inevitable media interest which will need to be managed.

Initial promotion and publicity will be coordinated by Austroads and NRTC. Ongoing promotion of the standards will be the responsibility of the driver licensing authorities in each State. (Refer 3.4.3, page).

1.3.5 Education of Health Professionals

The review project revealed considerable gaps in the knowledge and skills of health professionals regarding the standards and their implementation. The development of the content of the book has endeavoured to address this lack of knowledge and the distribution and promotion strategy will also assist in this regard. There is however a need to provide more formal and ongoing instruction for examining professionals, particularly given the substantial changes in the document. Education is also desirable in order to address areas of persisting concern for examining health professionals, including confidentiality and other legal and ethical issues.

Recommendations in this regard are described in section 3.4.4 of the report and include:

- Development of web-based educational package
- Conference presentations
- Features in peer reviewed journals, including "scenarios" which will also be used in the educational package and various other communications.
- Ongoing liaison between Licensing Authorities and health professional bodies regarding needs and opportunities with respect to training and accreditation.

Accreditation of examining medical practitioners was a further issue raised during the review, particularly with respect to examinations for commercial vehicle drivers. No specific recommendations are made in this regard however it is flagged as an issue for consideration by stakeholders.

1.3.6 Support for Health Professionals

Throughout the consultation process health professionals have emphasised that adequate support for examining health professionals is required in order to guide or assist them in making recommendations regarding licensing status. The project team recommends that enquiries from doctors should be fielded, in the first instance, by the relevant licensing authority or endorsing body and that information to this effect should be provided with forms and in the standards book/electronic version.

If licensing authorities or endorsing bodies do not have medical expertise on staff, this may be contracted out to a dedicated Help Line. (Refer 3.4.5, page).

1.3.7 Public Education

Public education regarding reporting responsibilities is seen as a priority by all stakeholders. All stakeholders are firmly in favour of production of a brochure for distribution to members of the public via licensing authorities, health professionals or other appropriate channels. The content of the brochure should be developed in conjunction with relevant stakeholders.

It is proposed that the brochure be developed as a national initiative. Initial distribution to health professionals is proposed with the book itself. Subsequent distribution would be via the State and Territory Licensing Authorities. (Refer 3.4.6, page).

A specific brochure is also recommended for commercial vehicle drivers/operators (see below).

1.3.8 Implementation issues for commercial vehicle driver examinations

The review process identified a number of issues for commercial drivers and operators.

- ***Management of changes to the medical standards.*** Changes to the medical standards themselves will have implications for commercial vehicle drivers and these will need to be addressed both by the Driver Licensing Authorities and by industry. In particular the changes to the red colour vision standard is highlighted. It is recognised that certain systems, such as the colour coding of brake connections, may need to be addressed in light removal of the colour vision standard. The Steering Committee accepts this to be an important issue but recommends that modification of such systems should be pursued in preference to retention of the vision standard. A mixture of cues such as mechanical shape, numbering or usage of colours other than those relying on red vision should be adopted. Industry will need to take the lead in promoting awareness of the changes in the standards and facilitating appropriate management. (refer).
- ***More stringent standards for particular industry sectors.*** It is recognised that certain commercial vehicle drivers will, by the nature of their specific occupational requirements, warrant the application of more stringent standards. Bulk Dangerous Goods drivers for example are required at present to have colour vision in order to be able to recognise relevant placards. The Dangerous Goods licensing authorities may therefore need to identify their own standard for colour vision.
- ***Education of operators and drivers.*** Education of operators and drivers regarding the standards, including the responsibilities of the various players, was identified as a priority by the review. It was agreed that brochure should be developed in consultation with industry and distributed at the time of release of the new standards. Industry organisations and the Driver Licensing Authorities should have an ongoing role in ensuring appropriate education of commercial operators and drivers.
- ***Communication between operators and the Driver Licensing Authorities (DLAs).*** Communication between DLAs and operators has been a key issued raised during the review, there being confusion as to the rights of operators to access information from the DLAs re driver licence status, particularly in light of privacy issues. This is an important area to be addressed by the proposed information brochure (above). (Refer).
- ***Older driver issues.*** The issue of older drivers has been identified as an evolving area and one which will be addressed in greater detail in future reviews. It is noted that commercial drivers are tending to continue to drive at an older age, thus the issue warrants particular attention for this group. In particular, the frequency of medical examinations for commercial drivers may need further consideration in this regard. (Refer)
- ***Conditional licences.*** Conditional licences have long been a feature of the commercial licensing system and the application of conditional licences remains unchanged in the revised commercial standards. Whilst some concerns have been expressed by industry regarding the insurance implications of conditional licences, it has been emphasised that conditional licences are only able to be offered if the risk approaches that of a "normal" driver. Discrimination is an equally important issue and one which the application of conditional licences aims to address. A particular change to the conditional licensing system for commercial vehicle drivers is the proposed requirement for such licences to be issued only on the recommendation of a treating specialist. (Refer)
- ***Doctor shopping and quality of medical examinations.*** Industry concerns also centre around the issues of doctor shopping and the quality of medical examinations. The review recommends an emphasis on education and support for examining doctors as means of addressing these issues. Accreditation of doctors for involvement in commercial driver examinations has also been flagged as a potential initiative and one recommended for attention at the next review. (Refer)

1.3.9 Costs relating to implementation

The estimated costs for the proposed production, distribution, initial promotion and education initiatives are summarised in section 3.4.8 of the report page). These costs do not include ongoing information/education activity to be undertaken by the State and Territory Licensing Authorities.

The total estimated cost of implementing the introduction of the new medical guidelines (including GST), is $245,000. These costs do not include provision of the Help Line which would be provided on a fee for service basis.

Based on the precedent for the printing and distribution of *Assessing Fitness to Drive 2001*, the costs of book production and distribution ($166,500) and production of the driver information pamphlet ($13,750) could be directly charged to each jurisdiction, according to the number of copies mailed out to medical practitioners in each State or Territory.

1.3.10 Implementation timetable

The draft document included in Appendix 6 has been circulated to State and Territory Licensing Authorities, medical expert societies and industry stakeholders. The final implementation date depends on ATC approval but is expected to be between March and May 2003.

Section 3.4.9 of the report provides an overview of expected timeframes for completion of the document, production, distribution and promotion.

2. INTRODUCTION

The book, **Medical Examinations of Commercial Vehicle Drivers (MECVD)** was first published in 1994 by the NRTC and the Federal Office of Road Safety, the aim being to provide clear set of medical standards for health professionals involved in assessing the fitness to drive of commercial drivers. The standards were developed by a working party convened by the Australasian Faculty of Occupational Medicine and chaired by Dr Bruce Hocking. The original standards and the 1997 revised booklet have been widely distributed to medical practitioners and other relevant health professionals throughout Australia and form the basis of driver licensing policies in each State.

A total of 45,000 books have been distributed since publication in 1997. MECVD is also available online in HTML format via the NRTC web site.

The guidelines for private vehicle drivers are contained in the publication *Assessing Fitness to Drive* (Austroads) which was revised in 2001 and distributed free of charge to general practitioners, relevant health professionals as well as hospitals and educational institutions. More than 40,000 books have been distributed since publication and the book is also available as a pdf via the Austroads web site.

Despite the recent review of AFTD, there has been strong support for the combining of the documents so as to facilitate the assessment process for medical practitioners and other health professionals.

In 2000, NRTC initiated work on a full review recognising the need to address comprehensively the impact of advances in medical knowledge and to incorporate any improvements in understanding of the effects of medical conditions on driving. The NRTC commissioned the development of a Strategy for the Review, including an indicative scope and project plan, resource requirements and administrative solutions.

The final Strategy has provided a clear project plan that has enabled the current consultants to perform the review, minimising the need for the NRTC to be actively involved in the project up to the point of the draft of the revised standards being provided for approval. The *Strategy for the Review of the Guidelines for Medical Examinations of Commercial Vehicle Drivers* (NRTC, 2001) identified the issues considered to be important in the Review of Medical Examinations of Commercial Vehicle Drivers (MECVD) and has formed the basis of the approach taken by the consultants presenting this report.

The project has also be conducted in parallel to the Single Certificate Project of the NRTC.

2.1 Project Objectives

In devising and circulating medical standards for drivers the ultimate aim is to contribute to improved public safety through the facilitation of consistent driver medical assessment.

Within this broad aim, the objectives of this particular project were:

- To ensure currency of medical standards for commercial drivers and the corresponding assessment tools.
- To ensure successful combination of the medical standards for commercial and private vehicle drivers.
- To ensure satisfaction and endorsement of the standards by relevant stakeholders, including medical experts, general practitioners and other users, industry and regulators.
- To recommend strategies for ensuring useability, accessibility and uptake of the final publication by medical practitioners and other key user groups.

2.2 Project Processes

The tasks undertaken by the consultants in addressing the project objectives are detailed in Appendix 1, including timeframes. These tasks have broadly included:

- Consultation with expert groups to review the medical standards for commercial vehicle drivers and combine these with the standards for private vehicle drivers.
- Consultation with licensing authorities, regulators and industry regarding administrative and publishing issues.
- Consultation with GPs regarding implementation issues.
- Development of Part A of the combined document (Introductory Information).
- Development of Part B of the combined document (Medical Standards).
- Development of Part C of the combined document (Appendices, including Forms).
- Development of publication, marketing and implementation strategies.

The body of this report addresses the issues raised during this process and outlines recommendations relating to the newly revised standards and to future reviews.

Communication Strategy
Central to the conduct of the project has been the establishment of an overall commmunication strategy. This was undertaken as an early task in the project in order to secure the necessary inputs and thus enusre ownership of the project ouputs. In developing the communication strategy the consultants endeavoured to:

- Identify all stakeholders to be involved in the consultation process.
- Identify groups whose endorsement would support the status of the new standards.
- Identify all groups which might be affected by the standards and should be aware of the review process and of the ultimate availabiliy of the revised standards.

The communication strategy is summarised in Diagram 1, overleaf.

2.3 Project Outputs

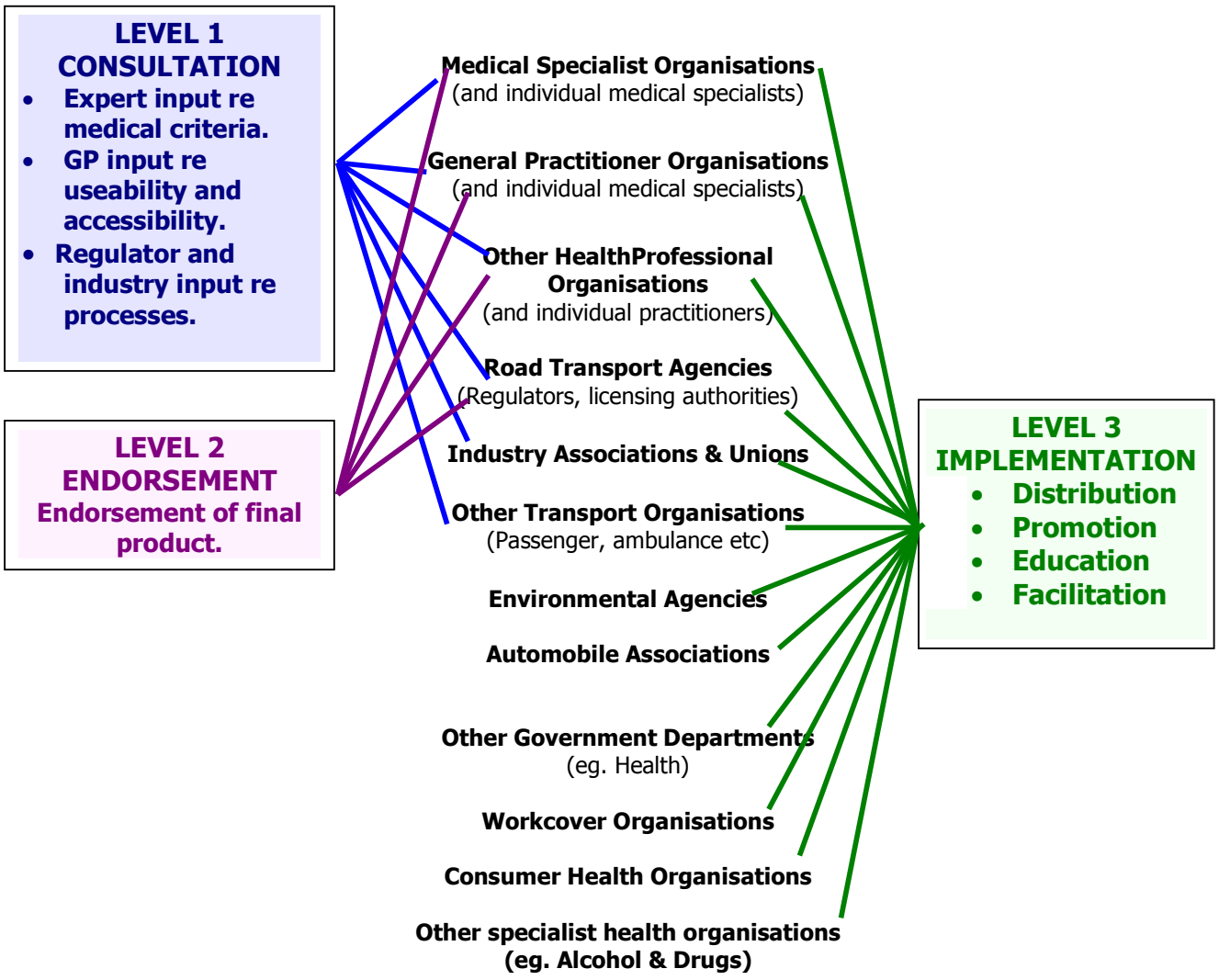
The two outputs of the project are this report and the draft document "Assessing Fitness to Drive – Medical Standards for Licensing and General Management Guidelines" (Appendix 6).

2.4 Acknowledgements

The project team gratefully acknowledges the contributions of the many organisations and individuals who have contributed to the project, including:

- Steering Committee members (refer Appendix 1)
- Reference Group members (refer Appendix 1)
- Expert medical societies (refer Appendix 2)
- Participants in GP focus groups (refer Appendix 4)
- Kirsty McIntyre and Alana Chinn, Legal Advisors to NRTC
- Lynee Habner, NRTC
- Jessie Winterbine, Research & Administrative Assistant, Communicating for Health

Diagram 1 - Communication Strategy



3. ISSUES & RECOMMENDATIONS

3.1 General

3.1.1 Combining of Commercial and Private Standards

One of the main requirements of the contract has been to combine the NRTC document ("Medical Examinations of Commercial Vehicle Drivers") with the AustRoads document ("Assessing Fitness to Drive 2001"). The combination of the standards has been strongly supported by all stakeholders, particularly by medical practitioners and other health professionals who, up to this point, have had to consult two different publications which have been available from different sources and have been presented in quite different formats.

A number of issues arose and were addressed in the process of combining the private and commercial standards:

- ***Format***: In developing the combined document, the overall format of *Assessing Fitness to Drive* (AFTD 2001) has been used as a starting point including the tabulated format of the medical standards. Placement of the private and commercial standards in adjacent columns of the tables has been chosen as the preferred layout so as to reinforce the different requirements and considerations for the two driver groups and thus support health professionals in understanding the issues involved. This approach has been well supported by health professionals and Driver Licensing Authorities during the consultation process.

  As with AFTD 2001, information relating to "Relevance to the Driving Task" and "General Management Guidelines" has been included in the text preceding the standards tables in each chapter. In general, the information contained within AFTD 2001 has been used as a foundation, with additional information relevant to commercial vehicle drivers being incorporated as appropriate.

- ***Clear criteria for licensing*** Combination of the standards for drivers of private and commercial vehicles has required the two sets of standards to be expressed in comparable terms. Input from Licensing Authorities participating in the *Single Certificate Project* has also pointed to the requirement for a definitive statement by examining health professionals as to whether a driver "does" or "does not" meet the medical standards**.** Based on these requirements the draft standards now clearly define the medical criteria for unconditional licences and describe the circumstances under which the Driver Licensing Authorities may issue conditional licences. It is emphasised throughout the standards that the final licensing decision rests with the Driver Licensing Authorities. Both licensing authorities and health professionals have welcomed this clearer and more definitive statement of the requirements for both unconditional and conditional licensing.

  In achieving consistency between the private and commercial standards, care has been taken to ensure that conditions identified as "not meeting the criteria" are indeed those that impact on road safety and therefore on licensing status. Care has also been taken to ensure that the administrative impact of increased numbers of conditional licences is not unreasonable. For example, for diabetes, persons with Non-Insulin Requiring Diabetes may drive a private vehicle without licence restriction and without notification to the Licensing Authority subject to 5 yearly reviews and provided they have no further complications. Drivers of Commercial vehicles who have Non-Insulin Requiring Diabetes do not meet the criteria but may be recommended for a conditional licence subject to annual review (refer Appendix 6, page).

- ***Setting appropriate levels for commercial and private standards.*** A great benefit of combining the private and commercial standards is that health professionals will now be able to discern the different requirements for commercial and private drivers. The review process has also prompted expert groups to carefully consider the respective criteria for commercial and private drivers and thus ensure that the standards consistently reflect the differences in risk across these two groups.
- ***Temporary conditions***. An important difference between the combined document and the original AFTD 2001 is that guidelines relating to the ***management of temporary conditions*** have been removed from the standards tables and are now included in the general text. In this way, the standards themselves are clearly identified as "licensing standards" and health professionals should have a clearer understanding of when they should be providing general advice about driving for a short-term condition versus when they should be advising the patient to report to the licensing authority.

3.1.2 Conditional Licences

Conditional licences have been a feature of the licensing system for a considerable time and are supported by the Licensing Authorities. Conditional licences have also been a longstanding feature of commercial vehicle licensing. Importantly, the use of conditional licences supports individuals in retaining their driver licences while emphasising to them that their ability to drive safely (and therefore to retain their licence) depends on their taking responsibility for following prescribed treatment and review of their condition.

Whilst the rephrasing of the private standards does identify more specific criteria for conditional licences, this serves only to render the process of conditional licence allocation more transparent and facilitates the communication between licensing authorities and examining health professionals. It also supports the health professional in providing advice to their patients. It is expected that the increased clarity of the requirements for conditional licences may result in increased numbers of conditional licences being allocated, but does not reflect a lowering of the licensing standards per se.

A number of issues have arisen out of the clearer statement of the criteria for conditional licences in the private standards and these have been addressed by the consultants and the Steering Committee:

- ***Administrative implications***: Concerns regarding increased number of conditional licences for private vehicle drivers and the resulting administrative load for the licensing authorities have been seriously considered. Care has been taken to ensure that the administrative impact of increased numbers of conditional licences will not be unreasonable and that licensing authorities are aware of and are able to manage the administrative implications. It is felt that the benefits in terms of improved road safety of stating clear requirements for conditional licences and encouraging examining health professionals to describe the recommended restrictions in their reports will outweigh any increased administrative load.
- ***Jurisdictional differences:*** It is accepted that the State and Territory jurisdictions have various systems in place for allocating and managing conditional licences. There is support amongst the jurisdictions for a national standardised approach to this issue and it is proposed that this be addressed in future reviews. In the meantime, the systems in place are compatible with the proposed approach included in the new edition.
- ***Policing:*** Policing of conditional licences, particularly for private vehicle drivers has been raised as a concern. Whilst this is a significant issue, it is outside the scope of this review. It is however noted that conditional licences have long been a feature of the licensing system, thus policing is an issue under consideration by licensing authorities as a matter of course.

- ***Support from examining health professionals:*** It is recognised that the effective use of conditional licences requires cooperation from examining health professionals in terms of the provision of adequate information to the Licensing Authorities regarding the medical condition and explicit recommendations for driving restrictions. This was voiced as an important issue for licensing authorities throughout the consultation process. The draft Assessing Fitness to Drive provides more detailed information about conditional licences to support examining health professionals. In addition, the Model Medical Certificate and Medical Condition Notification Form have both been revised to provide for more detail to be recorded with respect to conditional licences (refer also Forms,3.3). These changes will not result in an increased burden to doctors. Indeed the changes have been welcomed as simplifying and clarifying the input required by doctors.
- ***Discrimination:*** Anecdotally concerns have been expressed with respect to commercial vehicle drivers on a conditional licence, in that they may be dismissed as a safety risk. Legal advice indicates that this is unfair discrimination, since the person has in fact been determined to be safe to drive within the conditions imposed by the licensing authority. Education via industry bodies may best address this issue and may help gain support for conditional licences as a means of maintaining / extending working capabilities rather than limiting them. Indeed, it is intended that the granting of conditional licenses (as an alternative to out right refusal), combined with appropriate management and monitoring of the driver's condition, will satisfactorily address concerns of unfair discrimination against drivers whilst maintaining public safety.
- ***Specialist involvement:*** In the case of commercial vehicle drivers it is now specifically required that specialist opinion be sought in all instances where a conditional licence is recommended. This requirement reflects the higher safety risk for commercial drivers and the consequent importance of expert opinion. It also takes into consideration the fact that training and education of health professionals in assessing fitness to drive has been found lacking and that until this can be significantly improved, the responsibility for providing advice regarding commercial conditional licenses should rest with those with appropriate expertise. It also reflects common practice across a wide range of illnesses. The accessibility of specialists in rural and remote areas does remain an issue and it is recommended that the licensing authorities consider the individual situation in terms of the requirement for specialist medical input.

3.1.3 Standards versus Guidelines

Throughout the consultation process, licensing authorities have sought to emphasise the need for "standards" which support their licensing decisions in courts of law and provide clear authoritative standing.

The nature of the current review process, being robust and consultative, supports the establishment of "standards" . Final approval through the Australian Transport Council also supports the authoritative nature of the document.

It is noted that the review process has been consistent with that outlined by the NH&MRC for clinical practice guideline development, thus the seeking of NHMRC accreditation for the standards/guidelines could be taken up as a further step in the development process and a consideration for future reviews.

NH&MRC Principles for Clinical Guideline Development

The NHMRC has published material to encourage the external development of evidence-based clinical practice guidelines (*A guide to the development, implementation and evaluation of clinical practice guidelines. NHMRC. 1998*).

The nine principles to be observed in developing clinical guidelines outlined below (with comment relevant to NRTC in brackets):

1) The process should focus on outcomes, eg. quality of life (eg. safe driving).
2) The guidelines should be based on best available evidence. (This has been attempted for NRTC).
3) The method used to develop the guidelines should be robust.
4) The process should be multidisciplinary and include consumers. (The consultative process, steering and reference groups ensured this.)
5) Guidelines should be flexible and adapt to local conditions. (The document recognises differences between states, and allows clinical latitude to doctors.)
6) Guidelines should recognise resource restraints. (The guidelines are designed to be implemented in any GP surgery and avoid expensive tests.)
7) Guidelines should be disseminated regarding their target audience. (The communication strategy has ensured this.)
8) The implementation of the guidelines should be evaluated. (There is encouragement in the guidelines for feedback to be sent to NRTC.)
9) Guidelines should be revised regularly. (It is intended to revise them 5-yearly.)

3.1.4 Definition of a Commercial Driver

An important requirement of the standards document is that it clearly sets out which medical standards are applicable to the drivers of which vehicles. Both the original MECVD and AFTD 2001 did not include a clear and accurate statement to this effect, thus additional content was developed for the new book.

The following definitions have been accepted by the Steering Committee and Reference Group and are included in Part A of the Draft Document (refer Appendix 6).

The **private standards** should be applied to:

- Drivers applying for or holding a licence class C (Car), R (Motorcycle) or LR (Light Rigid) **UNLESS** the driver is applying for an authority or is already authorised to use the vehicle for carrying public passengers for hire or reward or for the carriage of bulk dangerous goods.

The **commercial standards** should be applied to:

- Drivers of “heavy vehicles” including those holding or applying for a licence of class MR (Medium Rigid), HR (Heavy Rigid), HC (Heavy Combination) or MC (Multi Combination, refer Table 1).
- Drivers applying for an authority /already authorised to carry public passengers for hire or reward (bus drivers, taxi drivers, chauffeurs, drivers of hire cars and small buses etc).
- Drivers applying for an authority / already authorised to carry bulk dangerous goods.

The following table is also proposed to replace the current table in Assessing Fitness to Drive, thus providing a clearer indication of the licence classes (vehicle types) to be assessed using the commercial standards. Note the table includes illustrations of the various vehicles to facilitate health professional understanding of the driving tasks involved.

Table 1 -Choice of standard according to vehicle/licence type

NATIONAL LICENCE CLASSES		WHICH STANDARDS TO APPLY	
		PRIVATE	COMMERCIAL
Motor Cycle (R) Illustration	A two wheeled motor vehicle (This includes a motor cycle with a side car)	**Private standards apply unless driver carries public passengers for hire or reward or unless carries bulk dangerous goods.**	**Commercial standards apply if driver carries public passengers for hire or reward or if carries bulk dangerous goods.**
Car (C) Illustration	Vehicle not more than 4.5 tonnes GVM and seating up to 12 adults including the driver.		

Light Rigid (LR) Illustration	Any rigid vehicle, including trucks and buses, greater than 4.5 tonnes GVM but not more than 8 tonnes, plus a trailer of no more than 9 tonnes GVM; or a bus seating more than 12 adults.		
Medium Rigid (MR) Illustration	Any 2 axle rigid vehicle, including trucks and buses, greater than 8 tonnes GVM.		**Commercial standards apply at ALL times.**
Heavy Rigid (HR) Illustration	Any rigid vehicle with 3 or more axles, including trucks and buses, greater than 8 tonnes GVM.		
Heavy Combination (HC) Illustration	Prime mover/single semi, or HR plus trailer greater than 9 tonnes GVM.		
Multiple Combination (MC) Illustration	Heavy Combination vehicle with more than one trailer.		

3.1.5 Frequency of Medical Testing

Whilst it was not part of the project brief to define how often medical assessments of drivers (particularly commercial vehicle drivers) should be undertaken, it became a recurrent issue during the consultation process and therefore warrants mention in this report. This is partly because it

criteria for commercial drivers which some interpret as simply more frequent exams, and partly because it is an important area of interface with the "Single Certificate" Project (see 4.1 page).

At present most commercial vehicle drivers do not undergo medical examination when applying for a licence nor are they required to present periodically for medical examination as a condition of their ongoing licensing. They generally complete a screening questionnaire on application and renewal and are referred for medical assessment only if they declare certain medical conditions. Multi-combination drivers, public passenger vehicle drivers and dangerous goods vehicle drivers are generally exceptions – in most States these drivers undergo a medical on licence application and at defined periods thereafter (depending on jurisdiction).

In addition to these requirements, drivers involved in industry accreditation programs such as TruckSafe are also subject to routine medicals. Despite reasonable coverage and ongoing promotion of TruckSafe throughout the industry there remains a significant proportion of drivers who are not subject to any form of health monitoring, from the time they secure their licence in their younger years.

It may be argued that health examinations conducted around the age of 45 onwards may be beneficial in detecting deterioration in health and therefore in promoting road safety. Such examinations might also be beneficial interims of early detection and management of illness and thus may contribute to drivers maintaining their careers.

The value of mandatory examinations at certain ages for either commercial or private drivers, compared to strong encouragement for any ill driver to self notify, and/or providing indemnity for

doctors to notify unfit drivers, warrants further discussion between the medical profession, the licensing authorities and representatives of driver groups.(Refer Future Reviews 3.5. page)

3.1.6 Legal Issues

A number of legal issues were addressed as part of the project and assistance in this regard was sought from the NRTC legal department.

3.1.6.1 Reporting and Confidentiality

Confidentiality has been an important consideration for examining health professionals, particularly doctors. The issue is complicated by the differing legislation in each State impacting on reporting of patients' medical conditions to the licensing authorities.

A priority for the review process has therefore been to ensure that legal and ethical responsibilities are clearly described in the revised book. Specific features in this regard include:

- The inclusion of a table and diagram summarising the responsibilities of the patient, doctor and licensing authority in the licensing process (page 11 of draft Assessing Fitness to Drive, Appendix 6).
- The revision of the chapter on legal and ethical issues to specifically highlight the legal responsibilities of patients to report medical conditions which are likely to effect their fitness to drive (page).
- The revision of the chapter to highlight jurisdictional differences and to emphasise the preference for notification with patient consent wherever possible (page).
- The inclusion of an appendix in Part C of the book which provides further details of State and Territory legislation governing reporting by patients and health professionals.
- The avoidance of phraseology that might be interpreted as threatening by examining health professionals.

3.1.6.2 Patient Education

A consistent outcome of the consultation with GPs and other stakeholders was the need to educate patients about their legal responsibilities with regard to reporting to the licensing authorities.

It is strongly recommended that this issue be addressed as part of the communication strategy and that a brochure describing the roles and responsibilities of the patient, doctor and licensing authority (and employer etc) be produced nationally to coincide with publication of the standards (for further discussion re patient/driver education refer 3.4.6 Implementation, Public Education, page).

3.2 Medical issues

Following is a discussion of the areas where significant changes have been made to the medical standards. Note that these comments refer largely to the commercial standards as these were the main subject of the review. Some changes in the private standards were also necessary in order to align them with format of the commercial standards as previously discussed. The contributions of the many specialist medical organisations involved in the review of the standards is gratefully acknowledged (refer Appendix 3).

3.2.1 Alcohol

Alcohol has long been recognised as a major contributor to road accidents, however evidence of abuse is not easy to detect. The World Health Organisation AUDIT questionnaire offers better case detection than the CAGE questionnaire and has therefore been adopted for the self-administered patient.

Concerns have been expressed regarding the likelihood of untruthful responses to the alcohol questions. It is accepted that this is indeed a consideration and that examining doctors should also be looking for clinical signs of alcohol abuse. The questionnaire also requires patients to make a signed declaration of truthfulness in the presence of the doctor.

3.2.2 Diabetes

The section on diabetes has been criticised in the past by courts for lack of specificity and imprecision. It has therefore been carefully revised to use modern terminology and provide clear statements for conditional licences. It should be noted that some of the newer insulins have little risk of causing hypoglycaemia and therefore may be permitted for commercial drivers on the advice of a specialist.

Private drivers with non-insulin dependent diabetes who are without complications may be managed without notification to the licensing authorities. This is because about 10% of the population over 50 years could be identified as having NIDDM and this would create much administration for little benefit.

3.2.3 Epilepsy

The Epilepsy Society is yet to complete its response to the review.

3.2.4 Gastrointestinal disorders

It is noted that a commercial standard has now been included for liver failure.

3.2.5 Hearing

The hearing standard for commercial vehicle drivers has undergone considerable re-evaluation as a result of the review but ultimately remains unchanged, other than modification of the considerations for conditional licences. (Note there is no hearing standard for private vehicle drivers).

Several submissions were considered by the Steering Committee including those from:

- the Australian Otolaryngological Society (in favour of a standard and in favour of audiological testing on all commercial drivers on licence application and renewal);
- the Deafness Forum (against a standard);
- State licensing authorities (generally in support of a standard but not supportive of routine audiological testing) ;
- the judgement in the 'Hussey case' in British Columbia, Canada (2001), and
- a report from Monash University Accident Research Centre: "Hearing Impairment and Commercial Vehicle Drivers – A review of the literature" (which was inconclusive).

Whilst the epidemiological evidence relating to hearing loss and accidents is not clear cut, there are various aspects of truck operation which are safety critical such as leaks in air systems, tyre blowouts and air coupling (MUARC p12). The detection of warning signals and emergency vehicle sirens is also important. In light of these inputs it was concluded that the present standard for commercial vehicle drivers should remain (40dB averaged hearing in better ear). It is unlikely persons with noise-induced hearing loss will be affected by the 40dB standard.

It was also concluded that requirements for testing of hearing should remain unchanged, requiring an initial clinical assessment and audiogram only if substantial hearing loss revealed. It was agreed that routine audiological testing would impose unreasonable demands on drivers, as only some GPs have the equipment and therefore a visit to an audiometrist would be required which may be difficult in rural areas and would add additional cost to the process. Thus, assessment shall in the first place, be by simple clinical assessment.

The standard implies a substantial loss of hearing which is likely to be recognised by patient and doctor. When there appears to be a loss, an audiogram should be conducted to confirm if the criteria are met or not.

It was also concluded that provisions for conditional licences for those who do not meet the hearing criteria should be extended. At present a conditional licence may be provided if the hearing criteria are met by correction (eg. hearing aid). However, attention was drawn by the Deafness Forum and MUARC to the usefulness of visual devices to compensate for hearing loss. These include lights on the instrument panel which display if air pressures, etc fail, or if an emergency vehicle with siren is approaching. In addition, on-road or simulator assessments may be useful. The standards have therefore been amended to address such engineering developments.

The provisions included in the revised standard will provide drivers with a severe hearing disability with a well-defined assessment path for considering the medical aspects of applications for a commercial vehicle licence.

The matter of having adequate hearing to converse with passengers, eg. when collecting fares in a bus, is considered to be an employment issue, not relevant to the safe driving of a vehicle.

It is noted that a number of examples raised in submissions related to the drivers of private vehicles, which would not be bound by the commercial vehicle driver standards. These included the drivers of certain mini-buses that are excluded by definition from the commercial standards. The rewritten definition of commercial vehicle driver licence will assist in achieving a clearer understanding in this regard.

3.2.6 HIV/AIDS

The section on HIV/AIDS has been amended to reflect the advances in treatment for this condition.

In the previous edition of MECVD, HIV positive drivers did not meet the criteria, and hence required notification to licensing authorities but could drive with a conditional licence. This was because the human immunodeficiency virus (HIV) is highly neurotropic and may cause neurological effects.

However the advent in recent years of highly active antiretroviral therapy (HAART) for patients has had a substantial impact on their prognosis and well-being. There has been a substantial reduction in neurological sequelae particularly AIDS dementia and progressive multifocal leukoencephalopathy (PML) so the risks when driving are greatly reduced.. This has lead to a change of the medical standards as follows:

- Drivers who are HIV positive or have AIDS and are under treatment may drive all types of vehicles for which they are licensed without notification to the licensing authorities or requiring a conditional licence, providing they meet the criteria set out in this booklet for end organ damage which may arise as a complication of the disease, such as on vision.
- Where notification of a complication which affects driving is required, the requirements of the Privacy act should be observed as for any other condition.

3.2.7 Musculoskeletal Disorders

This section has been subject to extensive editing and revision. The main emphasis is on functional capacity rather than diagnosis.

3.2.8 Older Drivers

Mobility and safety of older persons is an issue of growing concern as the population ages, and driver fitness is just one of many considerations in this regard. Older drivers account for an estimated 80% of driver assessments and are therefore an important group to be considered in the current review.

Evidence indicates that doctors find it difficult to manage the driving status of their older patients

A recent study conducted by Dr Lipski, Senior Lecturer in geriatric Medicine at Newcastle University, surveyed 173 GPs in NSW and found that:

- Only 41% of doctors felt that they were adequately trained to conduct medical driver assessments.
- 55% believed there should be an alternative body established to oversee all medical driver assessments rather than a GP.
- 22% routinely perform mini-mental examinations as part of their driver medical assessment.
- 3% use the IQCODE (informant questionnaire for cognitive decline of the elderly) as part of their routine driver assessment.
- 61% would allow a patient with minor Alzheimer's Disease to drive.
- One in 5 would allow an older person who was unfit to drive to have a restricted licence if there was no public transport nearby.
- 75% of doctors were worried about making a recommendation to cancel an older patients licence.
- 54% are worried about losing their patient and a further 23% worried about a formal complaint.

The content of the Older Drivers chapter in the draft Assessing Fitness to Drive is based on the 2001 edition and outlines general considerations for assessing older drivers, with appropriate cross references to other chapters. Whilst the management principles remain largely unchanged, clearly there is scope to assist GPs in assessing and managing their older patients with respect to driver licensing.

The Victorian Government's Road Safety Committee is holding an inquiry into older drivers. This and a range of work currently being undertaken in this area is likely to have a significant impact on future reviews of the standards and certainly on the implementation of the standards.

The review supports awareness of the excellent State-based resources available to educate and assist older drivers and their families. It is proposed that such resources be promoted in conjunction with the new standards, including via the web-based resource.

It is likely that over the next five years various tools will be developed and tested for assessment of older drivers. For example, the "DriveABLE" tool which uses a video to simulate hazardous driving situations and assess responses, is used in parts of Canada and is being trailed in NZ. However, it is only commercially available and would require drivers to attend assessment centres. This usefulness of this tool should be appraised in the next review (2007).

3.2.9 Psychiatric Disorders

The area of psychiatric illness is often difficult to define in terms of impact on driving ability. The criteria are intended to reflect functionality rather than diagnosis.

3.2.10 Renal

This section has been extensively revised. Clear guidance is now given regarding persons with end-stage renal disease. A useful discussion on renal stones is also provided.

3.2.11 Respiratory

This section has been revised to provide clear criteria for persons with respiratory failure and those using oxygen.

3.2.12 Sleep Disorders

Fatigue and sleepiness are well recognised as major factors in road accidents. This section has been extensively revised and the health questionnaire now includes the Epworth Sleepiness Scale as a screening tool. This questionnaire must be used precisely in order to retain its validity and should not be abridged.

Concerns have been raised about the truthfulness with which the ESS will be filled in. The questionnaire has been extensively and reproducibly used previously. In addition, the person must sign the questionnaire as having been answered truthfully.

3.2.13 Syncope

This section has been revised to provide guidance to practitioners seeking to syncope resulting from a variety of causes, including cardiac or neurogenic. Related sections in the booklet have been cross-referenced. This is a complex and difficult area which involves several disciplines. It is recommended than an email workshop be held as part of the next review to discuss and clarify matters.

3.2.14 Vision

The effect of red-deficient vision on driving safely is contentious. A standard was set for commercial drivers in the previous edition of MECVD, but has since been criticised for both medical reasons and administrative practicality. For this reason the issue was reviewed for this edition by inviting commentaries from various expert groups.

These were:

- Mr Soames Job (Sydney University, Department of Psychology) who criticised the existing criteria;
- Professor B Cole and Mr A Vingrys (Melbourne University, Department of Optometry), who are advocates of a criteria;
- The Optometrical Association of Australia's submission which favours a criteria;
- The Royal ANZ College of Ophthalmologists submission which did not favour a standard for colour vision.

These papers effectively survey the world literature (refer Bibliography, Appendix 7). Whilst there is laboratory evidence that red-deficient persons have difficulty perceiving and reacting to red lights, there is no unequivocal evidence that they have more road accidents. It is possible they are careful drivers because they are aware of their deficiency and/or driving safely is context dependent and provides compensatory cues.

In addition to the medical/road safety evidence, there are further important considerations:

- Discrimination - there have been two court cases involving pilots which found refusal of a licence for colour-blindness to be discriminatory.
- International experience – neither New Zealand nor the United Kingdom have standards for colour vision for commercial vehicles drivers.
- Engineering solutions - importantly there has been much attention to engineering solutions for colour blindness over the last 20 years including the enhancement of intensity of certain hues of red lights, and the positioning of red filter lights at top of lights so positional cues are given, etc.

Based on the absence of road safety evidence and the above considerations it has been agreed by the Steering Committee that the standard for colour vision be omitted.

3.2.15 Further Research

Medical Causes of Crashes
There is an overall lack of information regarding the contribution of medical conditions to serious crashes. Future research in this area would be valuable.

Coding of Medical Data
Any further research into the risks of medical conditions and the value of conditional licences, will be greatly helped if there is uniform coding of the medical condition on the NRTC (Nindis) database. The use of an internationally recognised code for diagnosis, such as the numeric International Classification of Disease (ICD) would be helpful to any researcher. Conversion of free text into numeric ICD code can now be achieved with software commercially available. It is recommended this coding tool be explored on behalf of all licensing authorities.

Sleep disorders
It is recommended that further investigative work between subjective measurements of sleepiness, objective measurements of sleepiness, and actual real-world performance by drivers in relation to accidents and falling asleep is required.

Colour Vision
The effect of red colour blindness on driving is a contentious issues and with potentially considerable personal and administrative implications. Whilst there is laboratory evidence that red-deficient persons have difficulty perceiving and reacting to red lights, there is no unequivocal evidence that they have more accidents. Therefore more epidemiological research is to be encouraged.

Hearing
Research into the following areas is recommended :

- modification of vehicles to compensate for hearing loss;
- levels of hearing which are safety critical to driving.

Older Drivers.
The matter of proper assessment and management of the older driver requires more attention in future. This difficult matter has been raised by several doctors and the Lipski report (see above) has highlighted some issues. There is much research in hand such as a computer simulator trial in NZ. It would be useful to hold a one-day workshop on this topic to cover matters such as:

- Definition of older drivers and discrimination issues
- Means of assessment (computers, OT, etc.)
- Frequency of assessment
- Conditional licences – practical issues
- Alternatives to driving if licence lost.

Syncope
This is a complex and difficult area which involves several disciplines. An email workshop to discuss and clarify matters should be held prior to the next edition of the standards.

3.3 Forms

The forms used by doctors are central to the process of assessing and reporting on fitness to drive, thus the review of the current forms has been an important aspect of the project.

The following commentary and recommendations are the result of consideration of:

- the recommendations of the Single Certificate Project (July 2001) (Refer 4.1, page Single Certificate Project)
- legal input from NRTC legal department
- review of the current forms in use and the opinions of the licensing authorities
- the Report on Administrative Guidelines for Application of Medical Standards (September 1998)
- consultation with expert groups and general practitioners

The recommendations are also reflected in the draft document "Assessing Fitness to Drive" (Appendix 6).

Four forms have been reviewed as part of this project. They include the 3 forms included in the original MECVD document (***Model Medical Certificate, Patient Questionnaire, Clinical Examination Proforma***) and the template for reporting included in the AFTD 2001 (***Medical Condition Notification Form***).

3.3.1 Privacy

The Commonwealth and State Privacy Acts have implications for both doctors and the licensing authorities when handling medical data. The issue of privacy is therefore one of the main considerations behind the consultants' recommendations regarding the forms used in assessing fitness to drive.

- ***"Need to Know"***
  Whilst the specific requirements of the Federal and State legislation vary, an overriding principle is that ***only relevant information should be disclosed by the doctor to the licensing authorities. The test of "need to know" should be applied***. In the case of a doctor or other health professional reporting to a licensing authority, this means that details of the patient's medical history and health status are only relevant if they impact on their ability to drive. Thus the inclusion of results of the full medical examination and patient questionnaire in the report to the licensing authority would be considered unnecessary and a breach of privacy.

  The Patient Questionnaire and Clinical Examination Pro-forma (discussed more specifically below 3.3.3, 3.3.4) are intended as tools for the examining doctor and should not be provided to the licensing authority. The instructions on the certificate and forms should clearly explain the privacy considerations. Such instructions are also be included in the draft standards document Assessing Fitness to Drive (refer Appendix 7).

- ***Purpose of Information Collection***
  The licensing authority can use the information only for the "primary purpose" for which the information is collected, unless legislation provides otherwise or unless the patient provides specific consent. It is required that the primary purpose be clearly stated on the form (in this case the ***Medical Certificate,*** e.g. "This examination is being conducted for the purposes of assessing your fitness to drive and thus ensuring public safety".)

- ***Consent***
  The forms completed by the examining health professional are usually returned to the Driver Licensing Authority via the patient. In such circumstances, consent does not relate to the initial communication of information to the Driver Licensing Authority. The need for consent does however arise when the Driver Licensing Authority wishes to contact the examining doctor for further information. The proposed model medical certificate allows for such consent to be obtained from the patient.

- ***Medical Records***
  It is important for the health professional to retain copies of all forms used during the consultation, both for legal reasons and in case further information is required by the licensing authority. Guidance to this effect is included in the revised Assessing Fitness to Drive publication. It is also suggested that it be included on the various forms themselves, including the Medical Certificate.

  The doctor's usual Privacy procedures should be applied to the patient's records, including access by the driver to the record. The health questionnaire should be filled in and signed by the driver as a true statement for legal purposes. This is strongly supported by GPs and jurisdictions as a means of reducing false reporting by patients.

- ***Licensing authority obligations***
  The licensing authority must take steps to protect information it holds from misuse or loss or unauthorised access. The licensing authority must also take reasonable steps to ensure information it collects on the driver is complete and up to date.

  Each licensing authority must have a policy regarding Privacy. The policy should address the issue of driver access to the medical report.

In brief, the principles of the Privacy Act apply to the ***Medical Certificate, Patient Questionnaire*** and ***Clinical Examination Proforma*** and ***the Medical Condition Notification Form***, including their use by the doctor and by the licensing authority. The proposed form design and the content of the revised standards document reflect these requirements.

3.3.2 Model Medical Certificate

The ***Medical Certificate*** is the key administrative form and central to communication between the doctor and licensing authority. It is the crucial page to be signed by the doctor and sent to the licensing authority. It's purpose is to certify a driver as meeting the criteria or not, and if not, whether a conditional licence is recommended.

The certificate has been reviewed as part of the current project and this has been undertaken in conjunction with the Single Certificate Project (refer).

Recommendations with respect to the Model Medical Certificate relate to the following areas:

3.3.2.1 Content

Based on the feedback from jurisdictions, the input of the Single Certificate Project and dialogue with GPs, the fundamental information requirements for the "Medical Certificate" includes:

- the licensing authority, a contact name and number, address and/or fax for return
- personal identification data for driver
- purpose for which the examination is being conducted
- fields for the doctor to state:
  - whether the person meets or does not meet the criteria for licensing
  - what specific criteria are not met and what treatment or management is proposed

  - whether a conditional licence is recommended and if so what restrictions and review periods are recommended

- doctor's name, signature, date, provider number, practice address.
- appropriate instructions for both the doctor and the patient should also be included (on reverse) eg fees, length of consultation, responsibilities etc.

The Model Medical Certificate included in Appendix 2.1 of the draft Assessing Fitness to Drive (refer Appendix 6) is based on these agreed information requirements. ***Note that the proposed certificate is a model form only. It is recognized that Licensing Authorities may require the inclusion of additional administrative information or a slightly different format, in order to match their specific administrative processes.***

3.3.2.2 Patient responsibilities

A particular concern of examining health professionals is that patients be made aware by the Licensing Authority of their legal responsibilities regarding reporting of medical conditions which are likely to effect their driving ability. The Medical Certificate itself provides an opportunity to highlight this information. It is also recommended that a brochure to this effect be made available to examining professionals to support their advice in this regard. (refer Implementation page).

3.3.2.3 Commercial and Private Drivers

With the combination of the commercial and private standards into a single document, it is logical to consider the use of a single certificate for both commercial and private drivers. This approach is supported by the majority of contributors to the Single Certificate Project. Indeed many jurisdictions already utilise the one certificate for this purpose . The Model Medical Certificate is proposed for use in examinations of both commercial and private drivers (refer Appendix 2.1 of the draft Assessing Fitness to Drive document, Appendix 7).

3.3.2.4 Single page format

Given the limited amount of information required (indeed allowed due to privacy reasons) on the certificate, it is very feasible to utilise a single page format as required by many jurisdictions. All instructions to the patient and doctor may be included on the reverse of the form.

3.3.2.5 Conditional licence information

Feedback from jurisdictions points to the need for more space for the recording of conditional license details and monitoring requirements. In drafting the certificate this requirement has been considered. It may need to be made clearer to health professionals that a conditional licence will not be issued without sufficient information being provided as to the nature of the conditions .

3.3.2.6 Electronic administration

Whilst some forms are available on Licensing Authority web sites as PDF files, electronic *administration* of the certificate is not widely feasible at this stage. Tasmania have set up a facility in this regard but it is not well used by medical practitioners. Electronic availability (in PDF format) of the patient questionnaire and the medical examination proforma is feasible and desirable, and will be addressed in conjunction with the electronic availability of the entire standards document.

3.3.2.7 Closing the loop – communication to doctors

In the event of a driver self-notifying a condition to the authority (as a result of prompting by the treating doctor), doctors have indicated that it would be helpful if the authority were to communicate receipt of information to the originating doctor to close the notification loop and thus support ongoing patient management. There is not support for this amongst the licensing Authorities, owing to concerns regarding privacy and administrative load.

3.3.2.8 Records

As recommended by the Single Certificate Project the original Medical Certificate should be given to the driver to return to the Licensing Authority. The health professional should also keep a copy for their own records.

Authorities may wish to consider the value of the certificate in triplicate to ensure retention of copies by parties as appropriate. This was a recommendation to come out of the GP focus groups (refer Appendix 4).

3.3.3 Patient Questionnaire and Clinical Examination Proforma

The Patient Questionnaire and Clinical Examination Proforma are companion forms which were originally developed as part of the MECVD to guide health professionals in adopting a standard and consistent approach to assessing patients' fitness to drive. The forms have been used by many (not all) of the jurisdictions as part of the process of commercial vehicle driver assessment in order to facilitate a consistent standard of assessment.

The Patient Questionnaire is a series of carefully phrased questions and is intended as a screening instrument for various conditions. The doctor uses the responses to the questionnaire to guide the medical examination and may ask additional questions as he/she sees fit.

The Clinical Examination Proforma guides the doctor through the medical examination and addresses the main body systems covered by the medical standards.

Both the Patient Questionnaire and the Clinical Examination Proforma contain medical information which the doctor should distill onto the "Medical Certificate" – as discussed above.

Recommendations with respect to the Patient Questionnaire and Clinical Examination Proforma relate to the following areas:

3.3.3.1 Privacy

As discussed in 3.3.1 the inclusion of results of the full medical examination and patient questionnaire in the report to the licensing authority would be considered unnecessary and a breach of privacy. Instructions to this effect should be incorporated on both the questionnaire and examination form if provided by the licensing authority to ensure that these forms are not returned to the authority but are retained by the examining doctor. Instructions to this effect are included in the draft Assessing Fitness to Drive, (Appendix 7).

3.3.3.2 Form content

The Patient Questionnaire and Medical Examination Proforma have been designed to reflect the revised medical standards. Assuming a national approach to the medical standards for licensing is maintained, it is important that these forms not be altered without consultation with the medical specialists concerned. It is also important that the forms be used in their entirety if they are to retain their usefulness and their relevance to the standards. For example, the series of questions relating to sleep are the Epworth Sleepiness Scale (ESS), a validated questionnaire. Alteration of the ESS will invalidate this series of questions.

3.3.3.3 Commercial and Private vehicle drivers

The Patient Questionnaire and Clinical Examination Proforma are currently used in the examination of commercial vehicle drivers. They are included in the MECVD and amongst the forms issued by some jurisdictions. Both tools are equally applicable and relevant to examinations of private drivers. Indeed, promotion of the use of these tools for all driver assessments may help to ensure consistency of examination.

The tools are included as appendices in the revised standards document and will be accessible electronically. It will remain for Licensing Authorities to decide which forms they provide directly to examining doctors for which medical examinations. If the authority provides the Patient Questionnaire and Clinical Examination proforma to the doctor, the forms should state clearly that they are not to be returned to the licensing authority.

3.3.3.4 Languages

Input from general practitioners points to the need for availability of the Patient Questionnaire in different languages and to the need to alert health professionals to the patients' need for assistance in completing the form.

3.3.4 Medical Condition Notification Form

A further form is provided within the original Assessing Fitness to Drive 2001 book, being a reporting template for doctors to complete when notifying a patient's lack of fitness to drive in the course of general patient treatment (ie NOT at the request of the licensing authority). This form is now referred to as the ***Medical Condition Notification Form.***

The key issue in reviewing this form has been to ensure that adequate instructions and space has been allowed for conditional licences.

The revised form is included in Appendix 2.4 of the draft Assessing Fitness to Drive (Appendix 6), together with instructions for use and a sample completed form. The latter were recommended by GPs involved in the consultation process.

As for the Medical Certificate, the Medical Condition Notification Form should only contain medical information on a "need to know" basis for reasons of privacy .

3.4 Implementation Issues

The project to review and combine the medical standards for the drivers of private and commercial vehicles will result in a number of benefits with respect to the implementation of the standards:

- Health professionals will be able to access the standards from a single document;
- There will be a clear differentiation between private and commercial requirements;
- There will be clear statements of the criteria for unconditional licences and for conditional licences.
- The revised book will provide a clearer statement of the assessment process including the roles and responsibilities of health professionals, patients and licensing authorities; the application of private and commercial standards the difference between authority initiated examinations and opportunistic assessment, the use of forms, etc.

Despite these improvements in the publication itself, successful implementation of the standards will be dependent on:

- Achieving widespread awareness of the book's availability amongst users and stakeholders.
- Achieving effective national distribution and /or access to users and stakeholders.
- Achieving awareness and understanding of the changes in the standards and addressing the implications for practice.
- Ensuring health professionals have the appropriate knowledge and skills to conduct the medical examinations.
- Ensuring the availability of appropriate support to assist health professionals in managing difficult or borderline cases.
- Ensuring appropriate education for the public (including commercial vehicle drivers) with respect to their responsibilities in reporting medical conditions likely to impact on their driving ability.

The following pages describe an integrated publication, distribution, promotion and education strategy aimed ultimately at helping to enhance the quality and efficiency of assessments of fitness to drive**. The success of the strategy relies on ongoing consultation and cooperation with peak bodies to support ownership and professional dialogue.** It is anticipated that the proposed approach will not only support the implementation of the revised standards but also facilitate future review processes.

3.4.1 Publication

Over the past ten years much has changed in the way general practitioners and other health professionals conduct their clinical practice and access medical information.

In planning the approach to publishing and distributing Assessing Fitness to Drive, recent trends in computer usage and data access by general practitioners (and other health professionals) are worth considering:

- The majority (estimated 70% in October 2000) of Australia's general practitioners are now believed to be using a computer to support their clinical practice. This compares to only 15% in 1997.
- Usage of the Internet to access information to support clinical decision-making is also increasing though time constraints remain an issue for many GPs.

- With the growing emphasis on evidence-based medicine and the difficulties presented by "information overload" there is recognition of the need to support clinical decision making through accessible, evidence-based tools.
- GPs currently have access to many text-based guidelines through the Internet or CD-ROMs, but use of these resources may be limited during general practice consultations because of time constraints. Thus, whilst internet-based guideline information is valuable in promoting quality of care, such tools are best integrated with the computer-based prescribing tools.
- Computer-based decision support systems have been shown to improve process of care and increase physician compliance with guidelines for various disease management areas and in preventive care.

Given these trends, there is a great opportunity to facilitate and enhance use of the Assessing Fitness to Drive Standards through appropriate presentation and access on the Internet and through integration with electronic prescribing packages. GPs and other health professionals are increasingly utilising electronic formats in their day to day practice, thus it is timely to place a greater emphasis on the electronic format of the book with a view to achieving greater use via this mechanism in the future and therefore achieving future cost savings on printing and distribution. With appropriate development and of the electronic version we would also be aiming to achieve greater compliance with the standards.

It is also recognised however that we are in a transition period in terms of electronic usage thus the continued production of a paper version is necessary, and our goals in terms of electronic usage will need to be realistic and gradual.

It is therefore proposed that paper-based and electronic versions of the standards be developed in parallel. This approach is supported by all stakeholders.

3.4.1.1 Hard Copy Publication

Based on input from users and stakeholders, the following recommendations are made with respect to paper-based publication of the book.

- It is recommended that the revised document to be based on the current Assessing Fitness to Drive book, as there are benefits in retaining and building on a foundation of awareness rather than establishing a new identity.
- It is recommended that the general concept for the cover design/ visual identity be retained and that design elements reflecting the inclusion of the commercial standards be incorporated. It is proposed that the colour be retained as the book is commonly referred to as "the purple book."
- It is recommended that the cover clearly signify the new edition and the new scope of the publication (commercial and private).
- There is a need for clear differentiation between commercial and private standards. The two columned table format is favoured.
- The increased size of the book and the proposed inclusion of model forms are suited to an A4 format.
- The increased thickness of the book will also suit a different style of binding (eg perfect binding rather than stapled).
- Use of colour is recommended to highlight the differences between the commercial and private standards. Two colour is the most cost efficient choice and is therefore preferred over a three colour process. Use of black plus one colour adds approximately 10% to the printing cost when compared to black only. 2 colour plus black (3 colour printing) is uneconomical as it adds an estimated 50% to the printing cost.

- Print-runs of various sizes have been investigated and there is considerable flexibility in this regard. An initial print-run of 55,000 is proposed. This represents an increase in print-run size over previous books. This is justified on the basis of incomplete distribution across all States for previous books. The increased print-run also provides for wider distribution to specialists who have an important role in driver assessment and an expanded role in advising re conditional licences for commercial vehicle drivers. Recommended print quantity is based on the numbers outlined in Table , page…..

3.4.1.2 Electronic publication

There is great scope to reduce costs in the medium to longer term by promoting use of an electronic version of the standards. An electronic version also presents educational opportunities. Useability and accessibility of the electronic version are essential in this regard. The following recommendations are made with respect to the electronic version of the standards:

- ***Staged development***. It is proposed that the development of the electronic version occur in a number of stages and that it be linked closely to the production of the paper version, the promotion of the standards and to educational initiatives for health professionals.
- ***Pdf version***. It is proposed initially, that a pdf version be produced (with search function and hyperlink functions) and this be developed in parallel with the paper-based version. The pdf can then be hosted on the Austroads site and on Licensing Authority sites and may be made available at the same time as distribution of the paper version**..**
- ***Promotion of access***. Whilst content and design are vital to the useability of the electronic document, ready access to the document and high awareness of the document's location are also important. In order to optimise access and awareness amongst GPs, medical specialists and other relevant health professionals, it is suggested that:
    - The document feature very clearly on the main host site and other Licensing Authority sites.
    - The document URL address be very clearly promoted on requests for examinations by licensing authorities and within the book itself.
    - The major sites utilised by GPs be approached to provide appropriate permanent links to the document, (eg RACGP national and State Branches, AMA, GP Divisions, various medical information sites eg Clinician' Health Channel etc). Some approached have already been made in this regard and there is likely to be numerous opportunities).
    - The organisations representing medical specialists and other relevant health professionals (physiotherapists, occupational therapists) be encouraged to include appropriate links to the document on their web sites.
    - The initiation of such links corresponds with parallel promotion to GPs and specialists regarding the availability of the new guidelines (refer Promotion, page).
    - Consideration be given to producing an attractive "icon" representing the guidelines which might be used on linking sites.

- ***On-line training package***. In the medium term it is proposed that an electronic training package for health professionals be considered as a means of improving examination skills and providing assistance to examining doctors (refer Health Professional Education, page) . This could be developed in conjunction with an HTML version of the standards. Partnerships for developing such a package are currently being investigated. Such a package may also ultimately be linked to functions for electronic submission of examination forms and possibly to prescribing packages such as Medical Director

- ***Association with medical prescribing packages***. In the future there may be scope for integration of the medical standards into prescribing packages such as Medical Director. This should be explored for future reviews.

- ***Electronic form submission.*** There is support for electronic form submission (from GPs to licensing authority) refer also Forms. Whilst this is not likely to be achieved in the immediate future it should be addressed in future reviews.

3.4.2 Distribution (hard copy)

The following general recommendations are made with respect to the distribution of the revised Assessing Fitness to Drive document:

- Previous hard copy editions of AFTD and MECVD have been distributed at no cost to users. Given the significant changes in the standards it is proposed that this practice be retained for this edition. Future uptake of the proposed electronic version should be monitored to gauge when it might be timely to provide hard copies on an "ordered" basis only in the future.
- A consistent national approach to distribution is proposed to ensure appropriate distribution to the target audience, particularly to practising health professionals. It proposed that the initial distribution be coordinated by Austroads with costs taken up by the licensing authorities. Ongoing distribution would be the responsibility of the relevant licensing authorities.
- As discussed below, distribution is closely linked to the promotional strategy for the publication.
- It is proposed that the public information brochures will be included in the mailouts to health professionals (refer Public Education, page).

3.4.2.1 Distribution to General Practitioners

The key users of the standards are general practitioners of which there are over 24,000 practising in Australia.

In order to reach this audience consistently throughout Australia it is proposed that direct mail be organised via the Australian Medical Publishing Company (AMPCo) which holds the most up-to-date mailing lists of medical practitioners.

The timing of distribution would be such as to coordinate with publicity and promotion (refer) in order to ensure awareness and anticipation of the mailout.

A covering letter will need to be devised to highlight the key changes to the document, the availability of the document on the Internet and where to go for more information.

3.4.2.2 Specialists and other health professionals

Medical specialists are also an important target group, particularly in light of their more specified role in recommending conditional licences for commercial drivers. Optometrists and Occupational Therapists are also key target groups.

It is proposed that distribution of the publication to these groups be conducted via their specialist societies. In this way we can combine distribution and promotion efforts and achieve ownership amongst the members. It is also a mechanism for acknowledging the involvement of these societies in the development of the book.

Not all specialties warrant direct mail of the publication thus only those most likely to be involved in assessing fitness to drive are proposed for receiving the book in this way. These are noted in the table overleaf and include: endocrinologists, cardiologists, psychiatrists, ophthalmologists, general

physicians, rehabilitation specialists, rheumatologists, neurologists, occupational physicians, optometrists and occupational therapists.

Specialist societies have expressed an interest in assisting with distribution to their members and in cooperating to produce suitable covering letters of support and explanation.. Financial support would be required to assist distribution but most societies will distribute with their regular mailout.

Specialist groups who are less likely to use the standards will be made aware of the publication via the promotion/publicity strategy (refer page)and referred to the internet site and to their local licensing authority for a free copy.

3.4.2.3 Institutional distribution

Various institutions should also be included in the initial distribution process. These include:

- Public hospitals (in particular Emergency Departments, Rehabilitation Units, Cardiology Departments etc),
- Medical/health teaching institutions (to capture undergraduates) and
- Government departments, including Drug and Alcohol Services etc.

It is proposed that an information pack be forwarded to such institutions (refer Promotion, page) with reference to the website and to the local licensing authority.

Table : Distribution Strategy

	TOTAL	DISTRIBUTION
General Practitioners	24,238	Distribution to all practising GPs via AMPCo, including packaging, postage. Excluding covering letter.
Medical Specialists		Distribution to relevant specialist groups only – see below.
Alcohol & Drug Specialists		Distribution via the Professional Society on Alcohol and Other Drugs
Anaesthetists	2,748	No direct distribution of books. Promotion of availability via the Australian and New Zealand College of Anaesthetists.
Cancer Specialists	305	Distribution via the Medical Oncology Group of Australia
Cardiologists	648	Distribution via the Cardiac Society of Australia and New Zealand
Clinical Pharmacologists	47	No direct distribution. Promotion via the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists
Endocrinologists including Diabetes Specialists	286	Distribution via the Diabetes Society &/or the Endocrine Society of Australia
ENT specialists	367	Distribution via the Australian Society of Otolaryngology, Head and Neck Surgery
Gastroenterologists	492	Distribution via the Gastroenterological Society of Australia
General Physicians		
Geriatric Specialists	264	Distribution via the Australian Society of Geriatric Medicine

Infectious diseases	125	No direct distribution of books. Promotion of availability and changed HIV/AIDS standard via the Australian Society of Infectious Diseases and the Australasian Society of HIV medicine..
Neurologists	357	Distribution via the Australian Association of Neurologists & ? Epilepsy Society
Obstetrics & Gynaecology	1,244	No direct distribution of books. Promotion of availability via the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
Occupational Physicians	257	Distribution via the Australasian Faculty of Occupational Medicine
Ophthalmologists	879	Distribution via the Royal Australian College of Ophthalmologists
Psychiatrists	2,735	Distribution via the Royal Australian & New Zealand College of Psychiatry
Renal Medicine	208	Distribution via the Australian and New Zealand Society of Nephology
Respiratory Medicine	335	Distribution via the Thoracic Society of Australia and New Zealand
Rheumatology	270	Distribution via the Australian Rheumatology Association
Rehabilitation Specialists	229	Distribution via the Australasian Faculty of Rehabilitation Medicine
Sleep Specialists	289	Distribution via the Thoracic Society of Australia and New Zealand

Other Health professionals	**TOTAL**	**DISTRIBUTION**
Occupational Therapists	5,526	Distribution via the Australian Association of Occupational Therapists
Optometrists	3,689	Distribution via the Optometrists Association of Australia
Orthoptists	887	No direct distribution. Promotion via the Orthoptic Association of Australia
Pharmacists	19,636	No direct distribution. Promotion via the Pharmaceutical Society of Australia
Physiotherapists	16,243	No direct distribution. Promotion via the Australian Physiotherapy Association
Audiologists		No direct distribution. Promotion via the Audiological Society of Australia.

Public Hospitals	624	
Rehabilitation Units/ Hospitals		
Teaching Institutions	23	

3.4.3 Promotion

The proposed strategy for promotion in the lead up to the release of the book and shortly afterwards is described below and is closely linked to the distribution process. It focuses on the short-term promotional efforts during the first 4-6 months. Long-term promotion of the publications availability is addressed under Publication and Distribution and remains the ongoing responsibility of the licensing authorities (refer page).

The objectives of promotion during the first 4-6 months are:

- To achieve widespread awareness of the revised standards amongst users (medical practitioners and other health professionals) and other stakeholders;
- To ensure particular awareness of changes to the standards and implications for examining professionals and drivers.
- To promote access to the standards via the web.

A public focus is not proposed at this stage as it is important that health professionals have a chance to become familiar with the standards.

3.4.3.1 Target audiences and messages

Promotion to ***health professionals*** will be linked closely to the distribution process and will target (refer table, page):

- General Practitioners
- Medical Specialists (in particular those concerned with the key areas affecting driving eg Diabetes, Epilepsy, Neurologists, Cardiologists, Occupational Physicians etc)
- Medical students / medical faculties
- Optometrists
- Occupational Therapists
- Physiotherapists
- Other examining health professionals as identified by stakeholders

For these groups the ***key messages*** will be that:

- New standards for assessing fitness to drive are now available.
- The revised publication includes the standards for private and commercial vehicles drivers and replaces the previous 2 publications (MECVD and AFTD).
- Changes have occurred to the standards in a number of areas (the communications will detail the changes and the implications as appropriate).
- The standards are available free of charge to health professionals involved in assessing fitness to drive and will be distributed free to GPs.
- The standards are also available on the web (address).
- The new standards provide clear guidance for assessing fitness to drive whilst also providing increased scope for the recommendation of conditional licences.
- The communication may also highlight the updating of forms to assist professionals in undertaking examinations and reporting to licensing authorities as required, as well as meeting record keeping requirements and privacy considerations.
- The communication will highlight the availability of patient information brochures containing details of patient responsibilities with respect to notification of conditions likely to affect driving ability.

Other stakeholders include:

- Industry groups, employers and drivers.
- Transport organisations, both government and non-government.
- Consumer groups including consumer health organisations.

For these groups the ***key messages*** will be that:

- New standards for assessing fitness to drive are now available.
- The revised publication includes the standards for private and commercial vehicles drivers and replaces the previous 2 publications (MECVD and AFTD).
- Changes have occurred to the standards in a number of areas (the communications will detail the changes and the implications).
- The standards are also available on the web (address).

Additional messages may also be identified for particular groups.

3.4.3.2 Public Relations approach

It is proposed that a strategy based largely on a low-cost public relations approach be adopted for promotion of the publication's availability.

A number of factors support this approach:

- The publication is being made available free of charge to users as an initiative to support road safety.
- The publication has been developed with significant involvement of users and other stakeholders who are therefore already committed to the project outcomes, including widespread awareness.
- There are a number of topical issues and developments coming out of the review which will be of interest to health professionals and to other stakeholders (and to the media).

For our ***primary target audience of health professionals*** we would propose achieving:

- Announcements, articles and editorial in peer-reviewed journals (including the Medical Journal of Australia, Australian Family Physician)
- Announcements and articles in member newsletters and magazines, including Divisions of General Practice, RACGP and other professional organizations.
- Announcements on member on-line services (professional organisation web pages)
- Announcements via email services.

The exact nature of the communication will depend on dialogue with the organizations representing the professionals but a number of initiatives are well underway.

Initiation of announcements of availability will take place shortly before distribution in order to create anticipation of the books arrival.

The use of ***"scenarios***" will be a particular feature of the communication. These will serve an awareness and educational purpose and will highlight issues assessed to be of particular interest and concern to examining health professionals. For example:

- Older drivers, multiple disabilities
- The threatening patient
- Confidentiality and reporting
- Undifferentiated illness
- Assessing a person who is not a regular patient
- Etc

A similar approach will be adopted for other target groups including transport organizations, government agencies, consumer groups etc. Such promotion will be closely linked to distribution of the book. Guidance and input from stakeholders will be sought with respect to:

- Announcements, editorial and short articles/scenarios in organization newsletters
- Announcements on member on-line services
- And a range of other promotional opportunities

It is noted that editorials for medical journals have a long lead-time. Submission of editorial material is required at least three months prior to intended publication.

As already noted, long term promotion of the availability of the standards remains the responsibility of the Licensing Authorities. Ongoing awareness of the standards relies on:

- Visible promotion of the web location of the standards on all relevant licensing authority forms, correspondence and web sites;
- Links to the standards website from the key websites of users.

3.4.4 Health Professional Education

Whilst promotion will be designed to raise awareness of the new document and actively promote access, education of users is also important.

The review project revealed considerable gaps in the knowledge and skills of health professionals regarding the standards and their implementation. Indeed a study recently undertaken in NSW revealed that only 41% of GPs felt they were adequately trained to conduct driver medical examinations. The development of the content of the book has endeavoured to address this lack of knowledge but there is a need to provide more formal and ongoing instruction for examining professionals, particularly given the substantial changes in the document.

Recommendations in this regard include:

3.4.4.1 On-line Training Package

It is proposed that there will be an increased focus on the electronic provision of the standards and on optimising GP access and usage of this medium. This presents an opportunity to include on-line training, either as an integral part of the proposed website (tutorial function) or as a stand-alone accredited training package for health professionals.

Medeserve, an organisation specialising in delivery of electronic services to health professionals, has provided a proposal for development of an on-line training package (refer Appendix 7).

The package would be developed in cooperation with the RACGP and would require to be accredited in order to attract Continuing Medical Education (CME) points for participating GPs.

The cost of such a package is estimated to be in the vicinity of $25,000. It may be possible to secure part sponsorship for such a package. Options in this regard are currently under investigation.

3.4.4.2 Conference presentations.

In the shorter term there are a number of options available for health professional education. Presentations at key conferences are proposed to coincide with the release of the book (eg annual conference of the Royal Australian College of GPs, and that of the Royal Australian College of Physicians). Such presentations will serve a useful promotional and educational purpose and will help promote dialogue within the medical profession. Other organisations will also be encouraged to feature presentations at their conferences, though funding would not be offered for such presentations.

Issues that might particularly warrant addressing through this kind of approach include:

- Combination of private and commercial standards
- Areas of substantial change in the standards
- Conditional licenses
- Common conditions affecting driving (diabetes, epilepsy etc)
- Areas of controversy
- Privacy issues, forms etc

Professional conferences also present further benefits including:

- Opportunities to involve experts who have contributed to the review process
- Opportunities to attract media attention (and therefore link with other promotional initiatives)
- Opportunities to include low cost promotional information in conference satchels
- Opportunities to showcase the new book or demonstrate the website at a display stand or similar.

It is proposed that Dr Bruce Hocking present at Royal Australian College of General Practitioners Annual Conference, Perth October 2002 and also at the Royal Australian College of Physicians Annual Scientific Meeting , Hobart May 2003.

3.4.4.3 Published articles

Articles in peer-reviewed medical/health publications are another valuable means of achieving raised awareness and for educating health professionals about the use and implementation of the standards. For optimal benefit, article publication should coincide with promotional initiatives, including press releases (refer Promotion, page).

The Medical Journal of Australia has already accepted an editorial for publication.

The publication of short Scenarios via the Australian Family Physician is also proposed as discussed in Promotion.

3.4.4.3 Ongoing liaison between Licensing Authorities and health professional bodies regarding needs and opportunities with respect to training and accreditation.

The ongoing responsibility for the education of health professionals lies clearly with the Licensing Authorities which in turn relies on ongoing liaison with relevant professional bodies. It is proposed opportunities for ongoing education of GPs and other health professionals may exist in a number of areas, for example:

- The General Practice Divisions are also a popular source of education for GPs.
- The Victorian Medical Postgraduate Foundation (VMPF) runs a country education program for GPs and are open to suggestions for program content. They have already expressed an interest in conducting seminars on the topic of driver examination. Similar organisations are likely to exist in other States.

3.4.4.5 Accreditation of examining medical practitioners.

Concerns about the adequacy of knowledge and skills was flagged by health professionals themselves during the consultation process as well as by industry groups. Health professionals were also concerned about the attitudes of their patients and the risk of patient conflict/aggression particularly in the case of commercial vehicle drivers whose livelihood might be threatened. It is therefore recommended that training and accreditation of examining health professionals be considered as an option for the future, particularly for examinations of commercial vehicle drivers (refer Future Reviews, page).

3.4.5 Support for Health Professionals

Assessment of driver fitness is not always clear cut or definitive. Throughout the consultation process health professionals emphasised that adequate support for examining health professionals was required in order to guide or assist them in making recommendations regarding licensing status. The volume of enquiries to the NRTC alone reflects a need for health professionals to be able to access appropriate medical advice regarding difficult cases.

The project team recommends that enquiries from doctors should be fielded, in the first instance, by the relevant licensing authority. The availability of such advice should be actively promoted in information provided by the licensing authority eg via forms, on the web sites etc.

If licensing authorities do not have medical expertise on staff, or the questions cannot be answered by licensing authority staff, the query may then be referred to a “Help Line” which could be provided on a user-pay basis by the licensing authority.

It is recommended that a Help Line based on such a model be established.

3.4.6 Public Education

Public education is seen as a priority by all stakeholders, particularly medical practitioners and industry groups. All stakeholders are firmly in favour of production of a brochure for distribution to members of the public via licensing authorities, health professionals or other appropriate channels. The content of the brochure should be developed in conjunction with relevant stakeholders and may include:

- Patient responsibilities (and penalties) in terms of notification of medical conditions likely to impact on driving.
- Responsibilities of examining health professionals and the licensing authorities.
- Summary of conditions likely to impact on driving ability.
- Information about driving assessments.

- Where to go for more information.

It is proposed that the brochure be developed as a national initiative. Initial distribution to health professionals is proposed with the book itself.

Subsequent distribution would be via the State and Territory Licensing Authorities, with each being able to tailor the brochure template to suit their particular needs.

A specific brochure may also be appropriate for co Issues & Recommendations - Implementation Issues

3.4.7 Implementation issues for commercial vehicle driver examinations

The review process identified a number of issues for commercial drivers and operators.

3.4.7.1 Management of changes to the medical standards.
Changes to the medical standards themselves will have implications for commercial vehicle drivers and these will need to be addressed both by the Driver Licensing Authorities and by industry. In particular the changes to the red colour vision standard is highlighted. It is recognised that certain systems, such as the colour coding of brake connections, may need to be addressed in light removal of the colour vision standard. The Steering Committee accepts this to be an important issue but recommends that modification of such systems should be pursued in preference to retention of the vision standard. A mixture of cues such as mechanical shape, numbering or usage of colours other than those relying on red vision should be adopted. Industry will need to take the lead in promoting awareness of the changes in the standards and facilitating appropriate management.

3.4.7.2 More stringent standards for particular industry sectors.
It is recognised that certain commercial vehicle drivers will, by the nature of their specific occupational requirements, warrant the application of more stringent standards. Bulk Dangerous Goods drivers for example are required at present to have colour vision in order to be able to recognise relevant placards. The Dangerous Goods licensing authorities may therefore need to identify their own standard for colour vision.

3.4.7.3 Education of operators and drivers.
Education of operators and drivers regarding the standards, including the responsibilities of the various players, was identified as a priority by the review. It was agreed that brochure should be developed in consultation with industry and distributed at the time of release of the new standards. Industry organisations and the Driver Licensing Authorities should have an ongoing role in ensuring appropriate education of commercial operators and drivers.

3.4.7.4 Communication between operators and the Driver Licensing Authorities (DLAs).
Communication between DLAs and operators has been a key issued raised during the review, there being confusion as to the rights of operators to access information from the DLAs re driver licence status, particularly in light of privacy issues. This is an important area to be addressed by the proposed information brochure (above).

3.4.7.5 Older driver issues.
The issue of older drivers has been identified as an evolving area and one which will be addressed in greater detail in future reviews. It is noted that commercial drivers are tending to continue to drive at an older age, thus the issue warrants particular attention for this group. In particular, the frequency of medical examinations for commercial drivers may need further consideration in this regard.

3.4.7.6 Conditional licences.

Conditional licences have long been a feature of the commercial licensing system and the application of conditional licences remains unchanged in the revised commercial standards. Whilst some concerns have been expressed by industry regarding the insurance implications of conditional licences, it has been emphasised that conditional licences are only able to be offered if the risk approaches that of a "normal" driver. Discrimination is an equally important issue and one which the application of conditional licences aims to address. A particular change to the conditional licensing system for commercial vehicle drivers is the proposed requirement for such licences to be issued only on the recommendation of a treating specialist.

3.4.7.7 Doctor shopping and quality of medical examinations.

Industry concerns also centre around the issues of doctor shopping and the quality of medical examinations. The review recommends an emphasis on education and support for examining doctors as means of addressing these issues. Accreditation of doctors for involvement in commercial driver examinations has also been flagged as a potential initiative and one recommended for attention at the next review.)

3.4.7.8 Support for commercial drivers

Loss of livelihood due to illness is a strong motivator for drivers not to seek medical advice or assessment, or to be untruthful or "doctor shop" for a favourable assessment. There is therefore a need for a financial safety net or income insurance program to assist drivers who are medically disqualified. It is related to the issue of entitlements for disability pensions and rehabilitation.

Industry and regulator groups have also pointed to the need for provision of rehabilitation programs to help drivers safely resume work after accidents or illnesses. Related to this is the availability of drug and alcohol programs (employee assistance programs).

Financial support and rehabilitation are important matters outside the terms of reference of this project and should be discussed at a suitable forum by interested parties.

3.4.7.9 Costs of Medicals

3.4.8 Costs relating to implementation

The estimated costs for the proposed production, distribution, initial promotion and education initiatives are included in the table overleaf. These costs do not include ongoing information/education activity to be undertaken by the State and Territory Licensing Authorities.

The total estimated cost of implementing the introduction of the new medical guidelines (including GST), is $245,000. These costs do not include provision of the Help Line which would be provided on a fee for service basis.

Based on the precedent for the printing and distribution of *Assessing Fitness to Drive 2001*, the costs of book production and distribution ($166,500) and production of the driver information pamphlet ($13,750) could be directly charged to each jurisdiction, according to the number of copies mailed out to medical practitioners in each State or Territory.

1) Production, including • *incorporation of final changes and proof reading* • *index development* • *design and printing supervision* • *design including pdf file development* • *printing(120 pages , A4, 55,000 copies)*	*$3,000* *$ 7,500* *$73,000* **$83,500**
2) Distribution, including • *Direct mail distribution to all practising GPs (24,000) (via AMPCo)(excluding covering letter)* • *Support for distribution to relevant specialists, optometrists and occupational therapists via professional organisations (20,000)* • *Miscellaneous distribution to hospitals, medical faculties etc, including mailing list development*	$48,000 $30,000 $ 5,000 **$ 83,000**
3) Initial promotion & education, including • *Promotion and publicity via professional bodies & trucking industry* • *Conference presentations, articles in peer reviewed journals*	$11,000 $ 5,500 **$16,500**
4) Development of Web-based educational package Note project not fully scoped	**$25,000** (est)
5) Public information/education (Pamphlet) • *Copywriting, liaison with stakeholders, design* • *Initial print-run for distribution to doctors (500,000)*	$2, 750 $11,000 **$13,750**
6) Commercial driver/operator brochure • ***Copywriting, liaison with stakeholders, design*** **** It is proposed that appropriate sponsorship be sought for development and production of the commercial brochure***	$3,500 *
7) On-going Support - (Doctor Help Line)	$200 per hour
Total (excluding Dr Help Line, and excluding commercial driver/operator brochure) **Plus minimum 10% allowance for cost increases**	**$221,750** **$245,000**

3.4.9 Implementation timetable

The draft document included in Appendix 6 has been circulated to State and Territory Licensing Authorities, medical expert societies and industry stakeholders. The final implementation date depends on ATC approval but is expected to be between March and May 2003.

The table overleaf summarises the timeframes for completion of the document, production, distribution and promotion.

	October	November	December	January	February	March	April	May
AFTD Document	- Circulation of final draft - Feedback re final draft - Signoff from medical experts	- Incorporation of final comments - Submission for TACE and NRTC Advisory Group sign-off	- Submission for ATC signoff		- Final proof reading - Design and type setting	- Manuscript at printer	- Printing - PDF on the website	
Distribution	- Distribution methods agreed by stakeholders	- Confirmation of distribution list contacts and liaison with stakeholders (ongoing).					.	- Distribution to all GPs via AMPCo - Distribution to selected specialists & health prof. Via societies - Distribution/promotion to other stakeholders (see promotion).
Publicity & Promotion	- Promotional plan to be agreed by stakeholders. - Liaison with NRTC and Austroads - Liaison with stakeholders and target groups re promotional initiatives. - RACGP conference presentation	- Liaison with stakeholders (ongoing) - Development of promotional initiatives (ongoing) including articles, releases etc	-				- Launch or promotion to GPs and other health professionals (create anticipation of release)- and ongoing	- Launch or promotion to industry
Health Prof. Education								
Industry Brochure		Development of content and liaison with stakeholders Sponsorship secured	-			- Final copy and design	- Printing	- Distribution to commercial operators
Private Driver Brochure		- Development of content and liaison with stakeholders	- Content agreed upon by stakeholders		- Printing			- Distribution to GPs - Distribution to specialists - Availability via DLAs

3.5. Future Reviews

The work of this review has provided a solid basis for future reviews and has taken important steps towards improved national uniformity of standards and administrative procedures.. The following issues are highlighted for particular attention by future reviews.

3.5.1 Steering & Reference Group membership

Membership of the Steering and Reference Groups is vital for ensuring adequate stakeholder input into the review process. It is recommended for future reviews that consideration be given to the inclusion of:

- A traffic engineer. A person with a sound knowledge of road systems and vehicles could contribute much to policy with respect to drivers and disabilities. Information about the accommodation possible for the hearing impaired and red colour blindness have been very useful in developing the new standards and are likely to be so in the future.
- A consumer representative (future reviews will no doubt address the private and commercial standards, thus consumer representation is important)
- Specific expertise with respect to older drivers (older drivers represent a large proportion of drivers assessed by the medical standards).

3.5.2 Nature of Australian Medical Association involvement

Whilst the AMA were represented on the Steering Committee, they have requested that a more formal internal process be initiated for the next review involving their Driving Safety Committee, Public Health Committee and Federal Council. It is recommended that future AMA representatives on the Steering Committee be alert to the need for such a process to be initiated.

3.5.3 Frequency of reviews

It is recommended that the standards be reviewed every five years in order to ensure currency, in particular through:

- Incorporation of advances in medical knowledge and treatments
- Incorporation of knowledge with respect to accident risks
- Consideration of legal change

Feedback regarding the timing of the next review has also been received from the AMA. Whilst supportive of the more defined criteria for conditional licences for private vehicle drivers, **t**he AMA has requested that the administrative implications of this approach be reviewed 2 years after implementation of the standards. As the main users of the standards, doctors are important stakeholders in the process thus this proposal is supported by the project consultants and the Steering Committee."

3.5.4 Involvement of expert medical groups

Reviews of the medical standards have traditionally sought the involvement of expert groups, including specialist medical societies, on a voluntary basis. Whilst cost-effective for the project this has lead to a number of difficulties, including inconsistent quality of input and time delays. It is recommended that future reviews give consideration to paid contributions by such expert groups and that payment reflect the degree of input required. For example, short chapters such as Anaesthetics or Pregnancy would only warrant a relatively small payment. Extensive chapters such as Cardiac Conditions, Neurology etc require extensive literature reviews and discussion and therefore should attract more significant payment.

Several societies have mentioned the issue of being held legally liable for their contribution and hence open to being sued. This matter needs to be clarified for all parties.

3.5.5 Evidence based medicine

Each expert group was asked to take into account (where possible) the framework of evidence-based medicine established by the National Health and Medical Research Council (NHMRC), in *A Guide to the Development, Implementation and Evaluation of Clinical Practice Guidelines.* This was to ensure a more rigorous process for standard development and enable specific referencing of recommendations. Specifically, each group was asked to indicate whether the standard is based on Level 1, 2 or 3 evidence.

This process was undertaken to varying degrees by the specialist societies (eg in much detail by the Australian Sleep Association but less by others). In some cases there is simply a paucity of data available and expert opinion is the best available. This matter should be pursued at the next review because more studies should be available to provide a better evidence base. Payment of the medical experts may also facilitate improved input in this regard.

3.5.6 Consideration of administrative and medical issues

Whilst focussing largely on the medical issues surrounding review of the standards, the current project has also addressed a number of administrative issues, ranging from definition of a commercial driver to administration of the forms used by the licensing authority. The consultants believe that the resolution of such issues has ensured the quality of the final product and recommend that future reviews incorporate such administrative issues more explicitly.

It should be recognised that the examination processes undertaken by GPs and other health professionals do have important administrative aspects which must be clearly communicated to them through the AFTD book. If the administrative issues are not addressed at the time of the standards review we run the risk of imparting incorrect information to the professionals and hindering them in their role.

3.5.7 Definitions of Commercial Driver

The current review undertook to more clearly define the circumstances in which a commercial licence was required. There remained concern amongst some stakeholders that drivers of light rigid vehicles who were involved in commercial activity were likely to present an increased risk and therefore should be covered by the commercial standards. This issue is flagged for consideration by the next review.

3.5.8 Jurisdictional differences

The review highlighted considerable differences between the jurisdictions particularly with respect to requirements for repeat medical examinations, as well as legislative requirements in relation to reporting by examining health professionals. It is recommended that future reviews continue to work towards consistent national implementation with respect to driver medical examinations.

3.5.9 Education and accreditation of medical practitioners

Medical practitioners consulted during the current review were conscious of their limited skills with respect to assessing fitness to drive and welcomed assistance in the form of education, on-line facilitated examinations and form submission and possibly accreditation of examiners for commercial vehicle drivers. It is recommended that education be a key consideration in the next review of the standards and in the meantime that Austroads and the Driver Licensing Authorities continue to work with professional organizations to enhance the skills of examining health professionals.

3.5.10 Older Drivers

3.5.11 Electronic Form Submission

Medical practitioners involved in the consultation process were supportive of the potential for electronic form submission. It is recommended that this be a key consideration for the next review.

3.5.12 Integration with On-line Prescribing Packages

Potential for integration with on-line prescribing packages is also considered to be a potentially valuable step for future implementation. It is recommended that dialogue with relevant on-line service providers be flagged for the next review.

4. PARALLEL PROJECTS

This report on Medical Standards for Drivers should be read in context with various initiatives of NRTC regarding efficiency and safety of road transport (3 year strategic plan 1999/2000-2001/2002). These initiatives include road and vehicle design, noise and fume emissions, administrative reforms, and various safety matters. Of particular relevance to this report is "Fatigue" and the "Single Certificate" project.

4.1 Single Certificate Project

This is the key NRTC project that interfaces with the present report. The Project is mainly of an administrative nature, whereas the review of medical standards and the forms are mainly of a medical nature, but the two projects clearly integrate. Therefore the issues raised in this present report will need to be considered by the Single Certificate Project, and vice versa.

It is noted the Single Certificate Project has obtained or awaits agreement on the following:

- a single set of medical standards to be used in any examination (presumably to be based in future on the combined commercial and domestic vehicle drivers standards);
- all authorities will accept "certificates" based on these standards;
- times of acceptability of certificates are set out;
- the driver may retain a copy of the certificate for other purposes;
- a new medical certificate may be sought if the authority has reason to believe the driver's medical condition has changed;
- mutual recognition of certification between authorities;
- all organizations adopt a "Model Health Assessment Form". This should be carefully considered in light of the present discussion paper.
- provision of advice on a conditional licence. This has been addressed in this discussion paper.
- revisions to the Model form, including driver to keep a copy. This should be considered in light of present discussion paper.
- renewal procedures.
- review periods. This difficult area is beyond the scope of this review. However, self-reporting should consider including the GP in a feedback loop, so the prime treating doctor is aware that the authority has been notified (as described elsewhere in this discussion paper).

The SC project has yet to resolve the use of one only certificate for both commercial and domestic drivers.

4.2 TruckSafe

The TruckSafe Accreditation Program was established to improve the standard of safety and professionalism in the trucking industry. It has four standards which operators are required to meet in order to become accredited and remain within the program. They are:

- Workplace and Driver Health
- Vehicle Maintenance
- Training
- Management

Operators are audited regularly to ensure that they are meeting the standards. TruckSafe provides a number of benefits to accredited operators. They are: The requirement to establish internal policies and procedures, i.e. `a business system,' which ensures consistency and standardisation throughout the business It allows customers to have confidence that operators are meeting their due diligence and duty of care Responsibilities Preferred treatment from insurers, financial institutions, and enforcement agencies Preference from prime contractors and customers of freight services.

The program was developed by the industry. It is overseen by an independent tribunal - the TruckSafe Industry Accreditation Council (TIAC) - and compliance with the standards is monitored through regular third party audits and a strict sanctions model including random and triggered audits.

Currently there are 350 accredited trucking companies in the program including most of the largest in Australia. TruckSafe is a leading edge program and a forerunner to the development of a number of government initiated alternative compliance programs. TruckSafe is widely recognised in the industry and has received support from both State Governments and the Federal Government.

4.3 Fatigue Management Programs

Fatigue has long been recognised as a major issue for long-distance truck/bus drivers because it disposes to sleepiness and hence risk of accident. It has been subject of numerous reports. The area overlaps with the Medical Standards because medical disorders of sleep will worsen fatigue, although only a fraction of the cause of fatigue is from sleep disorders. In the report by the Fatigue Expert Group “Options for Regulatory Approach to Fatigue in Drivers of Heavy Vehicles in Australia and New Zealand” (NRTC, 2001) the following recommendations were made:

- Provision for minimum sleep periods,
- Take account of the cumulative nature of fatigue and sleep loss
- Take account of effect of night driving
- Take account of duration of working time
- Provision of breaks in working time

The expert group notes the contribution of sleep disorders to the issue of fatigue (p.41). The Medical Standards related to sleep disorders are intended to contribute to overall management of fatigue.