

The Alternative Older Driver Licensing System for Tasmania

Final Report

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1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

- The Registrar of Motor Vehicles (RMV) has reviewed the Tasmanian older driver licensing system to develop a package of reforms to replace it.
- The review arose out of a report by the Tasmanian Anti-Discrimination Commissioner that found the mandatory annual on-road assessment for drivers aged 85 years or more to be direct discrimination on the basis of age.
- The current system requires drivers aged:-
 - 75 years or more to undertake a mandatory annual medical assessment and
 - 85 years or more to undertake a mandatory annual on-road assessment.
- The review was to provide evidence-based recommendations that:-
 - are consistent with anti-discrimination principles
 - enable older drivers to remain mobile and keep their licence for as long as possible, provided they are safe
 - any on-road and medical mandatory assessments deliver road safety benefits and
 - do not create an administrative burden.

1.2 METHODOLOGY

- Following researching and gathering of evidence in respect of older drivers, the "Discussion Paper - Review of the Older Driver Licensing System for Tasmania" (Discussion Paper) was developed, containing a range of options which could be read together or separately. Members of the public were invited to make a submission and comment on each option outlined in it, between 20 September 2010 and 18 October 2010.
- Fifty-one submissions were received from members of the Tasmanian public along with 10 submissions received from external stakeholders consulted prior to the public consultation stage.

1.3 CONCLUSION

- The review recognised that it is important for older drivers to be treated the same as all other drivers and undertake assessments for the same reasons that other drivers must undertake them.
- The review did not find any evidence to support the retention of the mandatory annual on-road and medical assessments on the basis of age alone. It found:-
 - research concludes that older drivers are safe
 - no evidence that older drivers are more likely to cause a crash and
 - older drivers are under-represented in crash statistics.

- To retain these assessments would be discriminatory on the basis of age, and contrary to the *Anti-Discrimination Act 1998*. Mandatory assessments may also be counter-productive to mobility as it may result in the premature cessation of driving.
- The review found that an older driver licensing system should:-
 - be a self assessment based approach
 - not be age specific
 - focus on mobility, rather than physical or cognitive decline
 - encourage drivers to be responsible and self-assess their skills by making appropriate and sensible decisions
 - assist drivers to self-assess by distributing communication materials (eg a revised Older Driver Handbook, information on the internet site) that contains information on self-assessment
 - ensure that the communication material produced can have a shared benefit so that drivers' family members can use this information to help drivers self-assess and
 - be supported by an enhanced third party notification system where a third party can notify the RMV when drivers may be unsafe and/or have failed to self-assess appropriately.
- The review found that a:-
 - Medical Advisory Board
 - requirement to undertake an occupational therapist driving assessment and
 - mandatory requirement for health professionals to notify

were not currently cost effective for the benefits they would deliver.

1.4 RECOMMENDATIONS

Recommendation	Implement-ation time	Description
One Cease mandatory on-road assessments for drivers aged 85 years or more	October 2011	Cease mandatory on-road assessments for drivers aged 85 years or more
Two Improve educational materials	October 2011	Develop and implement educational materials and information (including an Older Driver Handbook, brochure and changes to the internet site)
Three Improve process for notifying the RMV for drivers who may be unsafe (due to a medical condition)	March 2012	Increase notifications for "at risk" drivers by building on existing relationships with Tasmania Police, community groups, and the health and medical profession
Four Cease mandatory medical assessments for drivers aged 75 years or more	October 2014	Cease mandatory medical assessments for drivers aged 75 years or more

- The mandatory medical assessments will not cease immediately. Three years is needed to enable the notification and communications improvements to be made and their benefits realised.

- Between now and 2014 further research will be undertaken to establish the nexus between certain medical conditions and their impact on driving, along with keeping abreast of any national older driver reforms.
- If a national older driver strategy/reform is recommended before 2014, the recommendation to cease the mandatory medical assessment should be reviewed in line with that national strategy/reform.

2 OLDER DRIVER LICENSING REVIEW

2.1 BACKGROUND OF THE REVIEW

- The RMV has reviewed the older driver licensing system which currently requires drivers aged:-
 - 75 years or more to undertake a mandatory annual medical assessment and
 - 85 years or more to undertake a mandatory annual on-road assessment.
- The *Vehicle and Traffic Act 1999* does not mandate the annual medical and on-road assessment, rather these assessments are required as a result of a discretionary provision in section 56. This section empowers the RMV to require any driver to undergo a:-
 - medical assessment to assess their physical and mental fitness and/or
 - on-road assessment to assess their competence at driving.

Discrimination

- In March 2008, the Anti-Discrimination Commissioner, in response to complaints about mandatory on-road assessments, issued a *Report: Annual Driving Assessments for drivers aged 85 years and over*.
- The report states that section 14(2) of the *Anti-Discrimination Act* provides that direct discrimination occurs when a person treats another person on the basis of a prescribed attribute less favourably than a person without that attribute. Under section 16(b) of that Act, "age" is a prescribed attribute.
- The mandatory on-road assessment is considered to be direct discrimination. By contrast, examples of non-discriminatory assessment requirements are where a driver is required to undergo an assessment when they need to demonstrate their driving competence to hold a different type or class of driver licence (eg from "L1" to "L2", "P1 or P2", or higher class of heavy vehicle licence, overseas licence transfers), or there is evidence they are no longer safe or competent at driving (eg a third party notification, driver has not driven for more than 5 years).
- As the requirement to undertake the mandatory on-road assessment is a discretionary provision, the Commissioner had no power to investigate the complaint even though she considered the mandatory on-road assessment as being prima facie discriminatory.
- As the complaints related to the mandatory on-road assessment, no findings were made in respect of the mandatory annual medical assessment. However, it is apparent that section 14(2) and 16(b) of the *Anti-Discrimination Act* applies equally to the mandatory annual medical assessment when the driver does not have a medical condition.

- The report recommended that:-
 - the Tasmanian Government undertakes further research regarding the crash risk of older drivers
 - the Tasmanian Government gives priority to implementing an alternative older driver licensing system in a timely manner, such as the proposed Austroads system (Appendix 3, page 34)
 - consideration be given to whether mandatory reporting by medical practitioners should be a feature of any alternative system, and that this involve consultation with the medical profession and
 - any alternative older driver licensing system should not feature mandatory driver licensing radius restrictions.
- In response to this report, this review was undertaken.
- The Department of Infrastructure, Energy and Resources (DIER) and the RMV is committed to ensuring that its laws, policies, processes and procedures fully comply with the *Anti-Discrimination Act*. The fact that the Anti-Discrimination Commissioner has no jurisdiction in relation to a business rule made under a discretionary provision does not detract from the fact that the current requirements are prima facie discriminatory. The approach taken is that if the on-road/medical assessments are discriminatory then they should cease unless there is a road safety risk to the driver, other road users or the general public.
- The review did not consider mandatory driver licensing radius restrictions.

Licensing Processes

- As part of the review it was important to consider existing driver licensing processes and determine whether they could be used or adapted instead of mandatory assessments (based on age alone) that met the review's objectives (under 2.2 on page 8).
- In addition to the mandatory annual on-road assessment for drivers aged 85 years or more, the RMV requires an on-road assessment when the driver needs to demonstrate their driving competence at driving as:-
 - they want to hold a different type or class of licence (eg from a "L2" licence to "P1" licence)
 - they are transferring their licence from a non-recognised country
 - there is some uncertainty that the driver remains competent at driving (eg they have not held a licence in 5 years) or
 - there is some evidence that they are no longer fit to drive (eg third party notification).
- Over and above the mandatory annual medical assessment for drivers aged 75 years or more, the RMV requires a medical assessment when the driver needs to demonstrate that they are medically fit to hold a driver licence as:-

- they have notified the RMV in accordance with the:-
 - (a) statutory requirement to notify on the development or change to a medical condition or
 - (b) business rule requirement to notify on the development or change to a medical condition on renewing their licence or
 - there is some evidence that they are not medically fit (eg a third party notification).
- When a driver fails a medical or on-road assessment, the RMV makes an administrative decision to:-
 - allow them to keep driving but they must undertake another on-road assessment within a specified time
 - allow them to keep driving but subject to conditions to restrict their driving (eg must be accompanied by a supervisory driver, day-light hours)
 - suspend their driver licence so they are unable to legally drive until they satisfactorily pass another applicable assessment or
 - cancel their driver licence so they are unable to legally drive (eg after decision has been made that the failure can not be remedied by passing another assessment such as severe dementia).
 - When a driver has a medical condition, the RMV may require periodic medical assessments (eg every 6 months, 12 months or two years). Periodic assessments identify any change to the medical condition. The RMV may also require the driver to undertake a specialist medical assessment or an occupational therapist driving assessment.
 - The RMV makes an administrative decision based on administrative law and natural justice principles. The driver has the opportunity to:-
 - provide evidence within a reasonable period of time that supports their eligibility to drive
 - request a statement of reasons relating to the administrative decision
 - apply for an internal review of the decision, carried out by a delegate for the Secretary of the Department of Infrastructure, Energy and Resources, who may uphold or overturn in full or in part the RMV's decision or
 - apply for an external review, carried out by the Magistrate's Court, who may uphold or overturn in full or in part the delegate for the Secretary's decision.

Older Drivers and Mobility

- As a matter of policy, the review also considered that it was important that older drivers remain mobile for as long as possible, provided that they were safe.

- In Tasmania, driving a car is a very important part of many older drivers' daily lives. It enables them to participate in society through social events (eg volunteering, caring for grandchildren) and travelling to shops, doctors etc. Driving is their link to the community and quality of life.
- Maintaining mobility in later life helps to delay the physical and mental decline associated with ageing. When older drivers stop driving their transport options are reduced which results in significant life-style changes that may necessitate moving house.¹
- As baby-boomers reach old age, they will expect to drive for longer. Baby boomers: are more mobile/active; travel more frequently and over greater distances; have had access to cars and been dependent on them for most of their adult lives; and most hold a driver licence.²
- The Council of the Ageing (National) position is that over the next 30 years a greater number of those aged 65 years and older will have driven all their adult lives and will see their dependence on cars as an integral part of their lifestyle. In "our" private car orientated society driving is an important mobility option for many older people (often the most convenient, secure and comfortable mode of transport) and there are considerable benefits to enable them to keep driving when they are safe.
- Improvements in technology and vehicle safety features should enable them to drive safer for longer.

Older Driver Mandatory Assessments and Crash Risk

- The review also considered that any mandatory assessment on the basis of age could only be justifiable if it is demonstrated that older drivers are at an increased crash risk.
- The review found that older drivers are not at an increased crash risk.
- The only factor that puts older drivers at any increased risk is physical fragility or vulnerability. This means they are more likely to suffer injuries or death as a result of a crash. This factor is not the cause of a crash but rather affects the severity of the injury. It is due to a reduction in bone strength and fracture tolerance, and the body's ability to cope with injury changes as a person ages.³ This factor applies across all transport modes eg pedestrian, passenger in car, bus, train etc. Older drivers will suffer more severe injuries or death than younger drivers.

"Fragility is of over-riding importance in explaining the increased fatality risk per travelled km in older persons Young drivers die because of their excessive crash involvement, older drivers die because they are fragile."⁴

¹ "Can older drivers be nudged? How the public and private sectors can influence older drivers' self-regulation", Craig Berry (2011) p v

² Department of Premier and Cabinet – Community Development Division, partial response to the public consultation citing NRMA response to the Road Transport Authority, "Older Driver Licensing Discussion Paper", p 10

³ Ibid "Assessing and Managing Older Drivers' Crash Risk Using Safe System Principles

⁴ Ibid "Older Drivers: A Challenge or an Opportunity"

- There are 3 human factors which contribute to any crash:-
 - risk taking behaviour and attitudes
 - experience and competence at driving and
 - medical conditions.
- Older drivers' crash risk is mitigated by older drivers self-assessing their driving skills and then making behaviour change. They reduce their exposure to risk by: driving less; making shorter trips; driving in low traffic volumes; driving in good driving conditions and low speed zones; and choosing less hazardous roads etc. They also drive less distance and often.⁵
- As older drivers generally don't work and have less commitments they have a greater opportunity to choose when they drive (eg choose to drive during non-busy times).
- Older drivers self-assess and choose to give up driving because of health reasons owing to difficulties in driving.

2.2 AIM AND OBJECTIVES

- The review was to provide evidence-based recommendations with regard to a package of reforms that will become Tasmania's older driver licensing system which best addresses Tasmania's current and future needs.
- The review was to provide evidence-based recommendations that:-
 - are consistent with anti-discrimination principles
 - enable older drivers to remain mobile and keep their licence for as long as possible, provided they are safe
 - any on-road and medical mandatory assessments deliver road safety benefits and
 - do not create an administrative burden.

3 METHODOLOGY

3.1 UNDERTAKING RESEARCH, INCLUDING THE DEVELOPMENT OF A RANGE OF OPTIONS AND DEVELOPING THE DISCUSSION PAPER

- The Review gathered statistics from DIER's Motor Registry System, Driver Testing Booking System and Crash Database along with researching contemporary findings in respect of older driver safety.
- The "Discussion Paper - Review of the Older Driver Licensing System for Tasmania" (Discussion Paper) was developed.
- It contained research, findings and options in respect of older driver licensing. It also took into account the views of 14 external stakeholders who were identified

⁵ European Road Safety Conservatorium

as having an interest in older driver safety. These stakeholders were given a version of the Discussion Paper and were given the opportunity to provide verbal or written comments.

- Due to the diverse volume and range of views, it was not possible to include all comments. Any issues raised that were not evidence based were excluded.
- A copy of this Discussion Paper is available on request by emailing old.licreview@dier.tas.gov.au.

3.2 PUBLIC CONSULTATION

- The review's intention was to be transparent and genuine. It was critical that recommendations were likely to be supported by the Tasmanian public.
- The Discussion Paper sought feedback from the Tasmanian public to ensure that any alternative older driver licensing system best suited Tasmania's current and future needs. Members of the public were invited to make a submission and comment on each option between 20 September 2010 and 18 October 2010. They could make a submission by writing to the RMV or by sending an email to old.licreview@dier.tas.gov.au.
- To ensure that the public was aware of the review, a communication strategy was developed which comprised:-
 - the insertion of two public notices in each regional paper on 18 September 2010
 - a media release to media outlets
 - the Minister for Infrastructure announcing it in Parliament on 30 September 2010 and
 - information being placed on the DIER website.
- The communication strategy resulted in each of the regional papers covering the review.
- Fifty-one submissions were received from members of the Tasmanian public along with 10 submissions received from external stakeholders consulted prior to the public consultation stage. Most submissions were received via email.
- The sixty-one submissions overwhelmingly supported the review. There were few submissions desiring the retention, or tightening, of the existing older driver licensing system. There were no submissions that provided substantiated evidence that older drivers were more unsafe than other drivers. The review considered all submissions.
- Appendix 4, page 34, outlines some of the responses which were received.
- Appendix 5, page 36 contains a table which describes the differences between the options contained in the Discussion Paper and this Final Report.

4 DISCUSSION

Option 1.(a) Cease mandatory on-road assessments for drivers aged 85 years or more

- The purpose of any on-road assessment is to assess a driver's driving competence (ie their vehicle management skills). It can also provide an opportunity for a driver assessor to provide feedback to a driver about their driving strengths and weaknesses, and an opportunity for the assessor to explain the road rules.
- The annual mandatory on-road assessment for drivers aged 85 years or more is similar to assessments undertaken when a driver is subject to a third party notification.
- Most Australian jurisdictions do not mandate on-road assessments on the basis of chronological age:-

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Mandatory on-road assessment	Annually from age 85 years	None	None	Annually from age 85 years	None	Annually from age 85	None	None

Case For	<ul style="list-style-type: none"> • No other age group is required to undertake an on-road assessment because of age alone. It is prima facie discriminatory and contrary to the <i>Anti-Discrimination Act</i> and as such satisfies the Anti-Discrimination Commissioner's recommendations • Older drivers are treated the same as all other drivers so are only required to undertake an on-road assessment when they have a medical condition, the RMV has some evidence that they may be unsafe or at risk or are applying for a different type/class of licence • Allows older drivers to remain mobile as they do not prematurely surrender their driver licence on the basis they may fail the assessment • It is supported by research that:- <ul style="list-style-type: none"> - driving skills do not deteriorate because of chronological age alone (any deterioration is due to an underlying physical or functional medical condition such as dementia, stroke, Parkinsonism)⁶ - older drivers are under-represented in crash statistics because as a group, they are generally:- <ol style="list-style-type: none"> a) more experienced drivers so are equally if not more competent than younger drivers (because they have driven for longer). This is demonstrated by the older driver on-road assessment pass mark which is 89% compared to the third party notification pass mark which is 67% and the provisional pass mark which is 59%⁷. This increased experience means they have improved ability to anticipate other drivers' behaviour, and insight into hazardous situations which in turn improves their competence b) a very small percentage of older drivers have their licence cancelled because they don't meet the minimum driving standard for the older driver on-road assessment c) safe and cautious, they drive at lower speeds, leave more cautious gaps and leave longer headway⁸ d) don't tend to engage in risk-taking behaviour "The diminishing desire for excitement and sensation when getting older possibly plays a role. In keeping with this, older people, on average, less often drink drive than younger adults and generally obey traffic rules more frequently"⁹and
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⁶ "On Road Driving Evaluations: A Potential Rule for Helping Older Adults Drive Safely Longer, Journal of Safety Research (2003)

⁷ The Driver Test Booking System, DIER. The older driver and call-in notification assessments are very different from the new novice assessments that have different assessment criteria. The Tasmanian provisional driving assessment pass rate (between 1 December 2009 and 1 December 2010) is around 59%.

⁸ "Older Driver Research: Simulator Study", Monash Research Centre (2009)

⁹ "Compensatory Potential in Elderly Drivers", Brower et al in "Road User Behaviour: Theory and Research", T Rothengatter & R de Bruin (1988) p 296

	<p>e) are very good at self-assessment as they know and have the means to choose when and where to drive, within their limits, and cease when they are no longer safe ¹⁰</p> <ul style="list-style-type: none"> • There are weaknesses with mandatory on-road assessments:- <ul style="list-style-type: none"> - there is no on-road assessment to validly assess an older driver's competency at driving and they may not be sufficiently predictive of the future crash involvement¹¹ - countries with and without mandatory assessments have the same crash rates for older drivers (comparison between Finland and Sweden) ¹² - there are few countries that mandate on-road assessments for older drivers (in the USA, only Illinois and New Hampshire mandate them whilst the European Union and New Zealand do not) with Tasmania being only one of three Australian jurisdictions to mandate them (the majority of jurisdictions do not) - in Victoria where there is no mandatory assessments, its crash rates for older drivers is no worse than jurisdictions with mandatory licence assessments¹³ - an assessment is only indicative about how an older driver performs at a particular point in time without it being a good indicator about how the older driver would drive in another situation¹⁴ and - other factors interfere with older drivers failing the on-road assessment such as nerves and driver concerns about failure¹⁵ • Removes the time and inconvenience impost for older drivers being required to undertake an annual mandatory on-road assessment when there is no evidence that they may be an unsafe driver • Builds on the premise that the majority of older drivers are safe, responsible, and make appropriate decisions (which is consistent with our society's view to value older people's life experience, judgement and knowledge, and to make appropriate decisions) • Consistent with any driver's responsibility to make appropriate decisions about their driving (eg the maximum speed limit is set however the driver is responsible to adjust their car's speed in accordance with road and weather conditions, their driving skills etc) • Government driver assessor and associated administrative resources reallocated towards assessing and administering evidence-based at-risk drivers eg learner drivers • The review could find no evidence to justify mandatory on-road assessments on the basis of age alone
Case Against	<ul style="list-style-type: none"> • Older drivers' driving skills are not re-assessed against DIER competency standards to ensure they remain competent drivers • Fails to meet the perception felt by some in the community that older drivers are unsafe so need to be reassessed • Removes an incentive for older drivers to immediately self-assess and surrender their driver licence before they take their mandatory assessment on the basis of age alone • Removes an opportunity for driver assessors to provide feedback on their driving performance and update their road rule knowledge
Consultation	<p>Comments, supporting:-</p> <ul style="list-style-type: none"> • "The OADC (Office of the Anti-Discrimination Commissioner supports the recommendation that mandatory annual on-road assessment from the age of 85 years should cease." (Office of Anti-Discrimination Commissioner) • "The existing compulsory on-road assessment does not recognise the experience, competence and safety record of older drivers and pre-supposes that the driving skills of older drivers have diminished to an unacceptable level." (Anon) • "For many "oldies" this so-called assessment is a traumatic and demeaning experience and they talk about it for weeks in advance. They may become increasingly nervous as the dreaded day comes closer. The possibility of losing their licence is a threat to their freedom . . . I noticed quite a number who handed their licence in, most people act very responsibly." (Anon) • "Most States and Territories have some form of mandatory re-testing for driver licences, linked to age or medical assessment. Yet there is no evidence to support the assumption that mandatory testing should result in better road safety for older drivers. In fact a growing body of research shows no safety or mobility benefits for age based mandatory testing. In addition, there is no evidence to show that age is an effective basis for predicting ability to drive. These re-assessment procedures are a daunting and stressful experience for older drivers with research showing many

¹⁰ European Road Safety Convention

¹¹ "For Many Older Drivers Mobility May be More Important than Safety", Jim Langford

¹² "Older Drivers a Challenge or an Opportunity", Liisa Hackamies-Blomqvist, Oslo (2006)

¹³ "Licence re-testing of Older Drivers", Road Traffic Authority

¹⁴ "Road Safety For Older Drivers", Victorian Parliamentary Inquiry, p 112

¹⁵ Road Safety For Older Drivers", Victorian Parliamentary Inquiry, p 112

	<p>drivers, especially women, choosing to stop driving rather than undertake reassessment. These systems may unnecessarily compromise the mobility of those who may not need to stop driving." (RACT)</p> <ul style="list-style-type: none"> • "After discussion and consultation with our members which total over 500 in Northern Tasmania we recommend the following:- On Road Assessment on notification." (Association of Independent Retirees, Northern Tasmanian Branch) • " . . . supports options: ceasing mandatory on-road assessments for drivers aged 85 years or older and only require them to undergo an assessment for the same reasons that any other driver would be assessed." (Seniors Bureau, DPAC) • "It is not fair to have to put myself to a test when I know in my own mind that I am a safe driver." (Anon) • " . . . older people should be left alone, unless their doctor recommends they cease driving." (Anon) • " . . . in support of the cessation of the mandatory on road assessment from age 85." (Anon) • "Mandatory assessments should cease . . . older drivers know when it is time to hand in their licence, they don't need to be forced to do so." (Anon) • "England has a population of over 65 million and over 4.5 million motor cars, however they do not have driving tests for older drivers." (Anon) • "I feel that the compulsory driver testing after the age of 85 should no longer continue." (Anon) • "I write in support of the cessation of the mandatory on-road assessment from age 85 . . . the existing compulsory on-road assessment does not recognise the experience, competence and safety record of older drivers and pre-supposes that the driving skills of older drivers have diminished to an unacceptable level." (Anon) <p>Comments, not supporting:-</p> <ul style="list-style-type: none"> • "Onus is not left entirely to GPs and family members to monitor someone's ability to drive." (Anon) • "If people can learn one or two 'tips' to improve their driving from the on-road assessments then how can this be a 'bad' thing; maybe if testing officers could provide feedback and suggest one or two areas for people to work on to make them safer drivers. It seems it should be viewed as a good investment." (Health professional) • "I am strongly not in favour of completely ceasing mandatory testing of 85 year olds . . . I do not believe the drivers over the age of 85 are discriminated against." (Anon)
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Option 2.(a) Cease mandatory medical assessments for drivers aged 75 years or more

- The purpose of a medical assessment is to identify any medical condition and the condition's impact on a driver's fitness to drive. It is generally carried out by the driver's treating medical practitioner, but can be carried out by a health care professional or in some cases a medical specialist. The assessment is conducted in accordance with the medical standards in the National Guidelines "Assessing Fitness to Drive - Commercial and Private Vehicle Drivers" (September 2003) (Standards), as approved by Austroads.
- These Standards have a chapter dedicated to older drivers along with chapters dealing with a range of medical conditions affecting older drivers. It sets out the assessment tools that should be used (such as vision, reaction times, hearing, limb movement along with mental assessments such as concentration, attention, insight, judgement etc). The Standards do not define an "older driver" as age associated driving medical conditions may begin to affect a driver from as low as 40 years of age but others at a far more advanced age.¹⁶
- When a health care professional is assessing a driver's fitness to drive they:-
 - may identify a medical condition and then need to consider its impact on the driver's ability to drive and
 - have an important role in advising the driver about the effect of the medical condition and any prescriptive drugs on driving.

In most cases the health professional has knowledge about the driver's condition they can more readily make an assessment about the driver's fitness to drive or alternatively propose any licence conditions that may offset the consequences of the medical condition (eg when a driver has diminished vision at night, propose a condition they drive "during daylight hours only").

- Any deterioration of driving skills is due to a functional or cognitive loss arising out of a medical condition rather than chronological age. Normal ageing is associated with the onset of medical conditions, many of which may have safety implications. However, such medical conditions are not necessarily age-specific and apply across all age-groups.
- The percentage of older people with varying levels of sensory, cognitive or motor disabilities increases with age.¹⁷ There is a range of medical conditions and some motor functions that become more prevalent with age that may reduce the capacity to drive safely.¹⁸ These include - muscle strength and finely tuned coordination and the ability to adapt to a sudden bodily position, severe sensory perceptual and cognitive limitations, eye disorders (like cataract, macular degeneration, glaucoma, static visual acuity) and diseases like dementia, stroke, Parkinsonism, cardiovascular, neurological and diabetes (hypoglycaemia).

"As a group, older drivers have poorer visual acuity, reduced night time vision, poorer depth perception, and greater sensitivity to glare, they have reduced muscle

¹⁶ "Assessing Fitness To Drive", Austroads (1993) p 76

¹⁷ "Aging and Transport: Mobility Needs and Safety Issues", OECD

¹⁸ Ibid "Assessing Fitness to Drive"

strength, decreased flexibility of the neck and trunk, and slower reaction times; they are also less able to divide their attention amongst tasks, filter out unimportant stimuli, and make quick judgements.”¹⁹

- Some medical conditions do become more prevalent with age.
- The cost of a medical assessment is borne by the older driver, which may or may not be fully offset by Medicare.
- Most Australian jurisdictions continue to mandate medical assessments on the basis of chronological age:-

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Mandatory aged-based medical	Annually from age 75 years	None	From age 75 years and then required to carry a medical certificate when driving	At ages 75, 78, 80 and annually thereafter	Annually from age 70	Annually from age 75	Annually from age 75	None

- Internationally, countries which require mandatory medical assessments on the basis of chronological age are:-
 - in Europe, only three countries (the Netherlands, Finland and Sweden) mandate them with the UK requiring a compulsory medical questionnaire after age 70 years of age and
 - in the USA, only five of the fifty-one states mandate them.
- The option to cease mandatory medical assessments for drivers aged 75 years or more was deliberately excluded from the Discussion Paper. Although this requirement was potentially discriminatory, it was felt that it was justifiable not to include it as:-
 - there is a correlation between ageing and the possible onset of medical conditions due to ageing and
 - it was considered the public would not accept both the abolition of the mandatory on-road and medical assessments.
- However, this was clearly an incorrect assumption as one in five respondents submitted that ceasing the mandatory medical assessment on the basis of age should not only be included in the Discussion Paper but be part of Tasmania’s older driver licensing system. (It is unknown that if this option had been included, whether it would have received more or less support).

Case For	<ul style="list-style-type: none"> • No other age group is required to undertake a medical assessment because of chronological age alone so it is prima facie discriminatory and contrary to the <i>Anti-Discrimination Act</i> • Older drivers are treated the same as all other drivers so may only be required to undertake a medical assessment when they have a medical condition or the RMV has some evidence they may be unsafe or at risk • A licensed driver, of any age, may develop a medical condition or sustain an injury which affects their medical fitness to drive. Age associated driving medical conditions may begin to affect some drivers from as low as 40 years of age but others at a far more advanced age²⁰
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¹⁹ ‘On-Road Driving Evaluations: A Potential Rule for Helping Older Adults Drive Safely Longer’, Journal of Safety Research (2003)

²⁰ Ibid Assessing Fitness To Drive

	<ul style="list-style-type: none"> • It is supported by research that:- <ul style="list-style-type: none"> - driving skills do not deteriorate because of chronological age alone (any deterioration is due to an underlying physical or functional medical condition such as dementia, stroke, Parkinsonism)²¹ , (note some of these conditions become more prevalent with age) - older drivers are under-represented in crash statistics because as a group, they generally:- <ul style="list-style-type: none"> a) are safe and cautious, they drive at lower speeds, leave more cautious gaps and leave longer headway²² b) don't tend to engage in risk-taking behaviour such as speeding and drink driving ²³ c) are very good at self-assessment as they know and have the means to choose when and where to drive, within their limits and cease when they are no longer safe ²⁴ - some medical conditions have a very gradual impact on a driver's driving so they are able to concurrently adjust their driving behaviour - countries with and without mandatory assessments have the same crash rates for older drivers ²⁵ - Victoria (Australia) where there is no mandatory assessments, its crash rates for older drivers is no worse than other jurisdictions with mandatory licence assessments²⁶ • The weakness with mandatory medical assessments is that they are unlikely to correspond with the on-set or change to a medical condition. This means the driver may rely on the annual/biennial assessment to notify the RMV of an on-set or change to their medical condition • Older drivers, the medical profession, Tasmania Police and the community do notify the RMV when a driver has a medical condition that affects their fitness to drive • Removes the need for older drivers to undertake a medical assessment which has an inconvenience and time, and potential travel, impost on them • Not all drivers aged 75 year or more have a medical condition that affects their fitness to drive • DIER administrative resources reallocated towards assessing and administering evidence-based at-risk drivers eg learner drivers • With an ageing population, the number of medical assessments will continue to increase and create an extra cost for older drivers, the medical system and Government • The policy ignores that drivers under 75 years of age can have medical conditions affecting their driving • Builds on the premise that the majority of older drivers are safe, responsible, and make appropriate decisions (which is consistent with our society's view to value older people's life experience, judgement and knowledge, and to make appropriate decisions) • Consistent with any driver's responsibility to make appropriate decisions about their driving (eg the maximum speed limit is set however the driver is responsible to adjust their car's speed in accordance with road and weather conditions, their driving skills etc)
Case Against	<ul style="list-style-type: none"> • Older drivers' driving skills are not re-assessed against the Standards to ensure they remain medically fit to drive • Fails to meet the perception held by some in the community that older drivers are unsafe so need to be reassessed • Removes an incentive for older drivers to self-assess and surrender their driver licence if they don't believe they should be driving • As a person ages the more likely they will develop a medical condition that may impact on their ability to drive
Consultation	<p>Comments, supporting:-</p> <ul style="list-style-type: none"> • "As demonstrated through its own research and as found by the Seniors Bureau, there is significant international and interstate research and policies to support the cessation of mandatory . . . and annual medical assessments for drivers over 65 (sic) years." (Seniors Bureau, Department of Premier and Cabinet) • "The OADC (Office of Anti-Discrimination Commission) supports the cessation of mandatory annual medical assessments for drivers aged 75 year and over In relation to the options for the "Medical Assessment Process", the OADC does not support . . . mandatory annual medical assessments or mandatory biennial medical assessments on the basis that both are potentially discriminatory on the basis of age." (The Anti-Discrimination Commissioner) • "COTA is concerned that DIER is not also considering ceasing the mandatory annual medical assessment . . . Based on evidence outlined in DIER's own discussion paper "that there is no

²¹ Ibid "On Road Driving Evaluations"

²² Ibid "Older Driver Research"

²³ Ibid "Older Driver Research: Simulator Study"

²⁴ European Road Safety Convention

²⁵ Ibid "Older Drivers a Challenge or an Opportunity"

²⁶ Ibid "Licence Re-testing of Older Drivers"

	<p>evidence that older drivers are more likely to cause a crash” and the fact that mandating medical assessments based on age is age discriminatory, COTA is opposed to mandatory age based medical assessments.” (COTA)</p> <ul style="list-style-type: none"> • “Mandatory medical assessment at age 75 years is age discriminatory as it is based purely on age and no other factor.” (COTA) • “It is also unfair to have to see your doctor with a sheet of questions which my doctor has covered by my normal visits. My doctor of all people would be the best judge of my health which would control my ability to drive. Then and only then should I be subjected to official tests.” (Anon) • “The mental capacity of older people differs from person to person. Most older drivers know when it is time to hand in their licence, they don’t need to be forced to do so.” (Anon) • “There does not need to be a compulsory medical screening process.” (Anon) • “Mandatory assessments should cease . . . Most older drivers know when it is time to hand in their licence, they don’t need to be forced to do so.” (Anon) • “ I also feel that the mandated annual medical checks from the age of 75 should cease . . .” (Anon) • “No other age-related cohorts have to undergo a mandatory, annual medical examination to determine their fitness to hold a driver licence. As a bald policy process, without any checks and balances, this fails the test of anti-discrimination.” (Anon) • “Mandatory medical assessment at age 75 years is age discriminatory as it is based purely on age and no other factor.” (COTA) • The Office of Anti-Discrimination Commissioner is pleased that DIER is also reviewing mandatory annual medical assessments from the age of 75 years, as this is also a potentially discriminatory practice.” (Anti-Discrimination Commissioner) <p>Comments, not supporting:-</p> <ul style="list-style-type: none"> • “The cost and time disadvantage is fallacious. By age 75, most of us should be having some form of medical check up at least as often as annually.”
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Option 2.(b) Retain mandatory medical assessments for drivers aged 75 years or more but the assessments are on a biennial basis

Case For	<ul style="list-style-type: none"> • Older drivers’ should be re-assessed every two years against the Standards to ensure they remain medically fit to drive, even if they do not have a medical condition • Meets the perception held by some in the community that older drivers are unsafe so need to be medically reassessed • Provides an incentive for older drivers to self-assess and surrender their driver licence if they don’t believe they should be driving • Provides a compromise between ceasing the mandatory medical assessment and keeping the mandatory annual medical assessment • Is supported by research in so far as that:- <ul style="list-style-type: none"> - any deterioration to older drivers’ driving skills is due to an underlying physical or functional medical condition such as dementia, stroke, Parkinsonism)²⁷ - as people age the more likely they will develop a medical condition that impacts on their medical fitness to drive²⁸ - those older drivers who do not have a medical condition, biennial assessments reduce the time and cost impact on them to undertake an assessment
Case Against	<ul style="list-style-type: none"> • Despite the strong consultation support and a safety net that older drivers have not developed a medical condition affecting their fitness to drive, it is prima facie discriminatory. No other age group is required to undertake an on-road assessment because of age alone. It is prima facie discriminatory and contrary to the <i>Anti-Discrimination Act</i> (on the basis that it is direct discrimination on the basis of age) • It is unfair . . . No other age group is required to undertake a medical assessment based on chronological age alone or when there is no evidence that they may have a medical condition or their driving may be unsafe or at-risk • Contrary to road safety research that shows:- <ul style="list-style-type: none"> - older drivers are at a lower risk of crash than other age groups - older drivers are at a lower crash risk as they don’t tend to engage in risk-taking behaviour such as speeding and drink driving which increases the risk of a crash²⁹ - older drivers are very good at self-assessment as they know and have the means to choose when

²⁷ Ibid “On-Road Driving Evaluations”

²⁸ Ibid “Assessing Fitness to Drive”

²⁹ Ibid “Older Driver Research”

	<p>and where to drive, within their limits, which reduces their crash risk ³⁰</p> <ul style="list-style-type: none"> - countries with and without mandatory assessments have the same crash rates for older drivers - in Victoria where there is no mandatory assessments, its crash rates for older drivers is no worse than other jurisdictions with mandatory licence assessments³¹ <ul style="list-style-type: none"> • Not all drivers aged 75 years or more have a medical condition that affects their medical fitness. Drivers without a medical condition are inconvenienced as they undertake a medical assessment which has a time, and potential travel, impost on them • Given not all drivers aged 75 years or more have a medical condition DIER administrative resources allocated to administering mandatory medical assessments could be better utilised by administering evidence-based at-risk drivers eg drivers who are known to have a medical condition • With an ageing population, the number of medical assessments will continue to increase and create an extra cost for older drivers, the medical system and Government • It is unlikely that the on-set of the medical condition which affects an older driver's fitness to drive coincides with the medical assessment required as part of a mandatory medical assessment, which can mean that the driver continues to drive when they are unfit • The policy ignores that drivers under 75 years of age can have medical conditions affecting their driving
Consultation	<p>Comments, supporting:-</p> <ul style="list-style-type: none"> • ". . . mandatory annual medical assessments from the age of 75 years, . . . is also a potentially discriminatory practice." (Anti-Discrimination Commissioner) • "Medical conditions are major causes of the loss of driving capability. Medical assessment of mental and physical capacity to drive is sufficient to ensure that drivers who do not meet the prescribed standard do not continue to drive. In addition the majority of aged persons follow a regular regime of health assessments which identify problems which could inhibit their driving capability. The initiation of appropriate action by medical practitioners would follow. I do not oppose the requirement of a medical examination but consider that desirably it should be from age 80 and required every two years." (Anon) • "System needs to be developed, that healthy aged drivers need to be assessed without stress, on at least a bi-annual basis." (Anon) • "The RACT accepts the medical testing regime helps identify medical or functional impairments, and supports this element of the system. This is based on research concluding that self-regulation can be inadequate in areas amongst some older drivers, and that certain medical conditions do result in statistically significant elevated crash risks. A medical test is also seen as an important element of adequate self-regulation by older drivers, themselves. The majority of participants in two Australian studies of current and former older drivers conducted by Monash University Accident Research Centre indicated that health related issues would be the primary factors that would make them think about stopping driving. On this basis RACT would support the status quo or medical assessment every two years." (RACT) • "We also support . . . requiring drivers aged 75 years and over to undertake mandatory medical assessments every two years in lieu of the present yearly requirement. We support the need for more frequent medical assessments where a person develops or has a change in any medical condition." (Anon) • The best way to ensure everyone's safety is self-regulation assisted by a biennial application by the driver and have medical examinations every two years." (Anon) • "I do find medical check-ups are helpful and reassuring but I think they could start at 80 and be biennial and voluntary to avoid discrimination." (Anon) • "I do not oppose the requirement of a medical examination but consider that desirably it should be from age 80 years and required every two years." (Anon) • "After discussion and consultation with our members, which total over 500 in Northern Tasmania we recommend the following:- Requiring a medical assessment every two years." (Anon-Association of Independent Retirees, Northern Tasmanian Branch) • "System needs to be developed, that healthy aged drivers need to be assessed without stress, on at least a bi-annual program." (Anon)
	<p>Comments, not supporting:-</p> <ul style="list-style-type: none"> • "This Option does not change from the status quo except for the change from one to two years for the testing period. It is discriminatory." (Anon) • ". . . mandatory annual medical assessments from the age of 75 years, . . . is also a potentially discriminatory practice." (Anti-Discrimination Commissioner)

³⁰ Ibid "European Road Safety Convention"

³¹ Ibid "Licence Retesting of Older Drivers"

Option 2.(c) Introduce mandatory reporting by health professionals

- Mandatory reporting creates the legal obligation for a health professional to notify the RMV when their patient has a medical condition and they are unfit to drive in accordance with the Standards.
- Health professionals have an ethical and legal duty to maintain patient confidentiality. The patient/professional relationship is built on trust.

“Although confidentiality is an essential component of the patient-professional relationship, there are, on (very few) occasions, ethically and/or legally justifiable reasons for breaching confidentiality. With respect to assessing fitness to drive, the duty to maintain confidentiality is qualified in certain circumstances in order to protect public safety”³²

- When a Tasmanian health professional notifies the RMV in good faith, without their patient’s consent they are protected from liability³³. The RMV receives notifications from health professionals with and without their patient’s consent.

Case For	<ul style="list-style-type: none"> • Specifically targets “at risk” drivers with a medical condition • Maximises the possible number of notifications received from health professionals for all drivers, regardless of age
Case Against	<ul style="list-style-type: none"> • Some health professionals may not have full knowledge of their patients’ medical condition (especially historical conditions) as the patient “shops around” • Health professionals do not support this proposal and they do not see themselves as regulators • Criticism from health professionals that they are legally required to notify the RMV without there being a formal advisory or expert Medical Advisory Board (see Option 2.(d), page 19)
Consultation	<p>Comments, not supporting:-</p> <ul style="list-style-type: none"> • The option is not supported by any of the medical associations consulted. • “The concept of mandatory reporting should be rejected. Whilst superficially attractive, there are numerous problems with the mandatory reporting approach. Not the least is the expectation that GPs have full knowledge of the patient’s condition. We do not have patient responsibility in this country, and patients can, and some do, shop around to find someone who knows less about them, whilst the regular GP is unaware that they intend to keep driving. Education aimed at ensuring GPs are aware of the national guidelines would be more effective.” (Anon)

Option 2.(d) Establish a Medical Advisory Board to provide advice to health professionals about assessing fitness to drive

- The purpose of a Medical Advisory Board is to:-
 - assist health professionals determine whether they should notify the RMV about their patient’s medical condition
 - act as a review board for medical decisions about fitness to drive and
 - provide advice to medical and other health professionals.
- The Medical Advisory Board consists of health professionals.

³² Ibid “Assessing Fitness to Drive”

³³ Section 63(2) of the *Vehicle and Traffic Act*

Case For	<ul style="list-style-type: none"> • Provides expert advice to medical practitioners who are assessing a driver with a medical condition, and the potential impact of that condition on their driving • An opportunity for a driver who disagrees with a decision made by their medical practitioner to be reviewed by specialist medical practitioners • Can be accessed by health professionals undertaking an assessment for fitness to drive, not only older driver medical assessments
Case Against	<ul style="list-style-type: none"> • Difficult to establish membership as there are few specialist medical practitioners with expertise in driving and driving behaviour, particularly in Tasmania • Unable to set up without a significant budget allocation with an ongoing financial arrangement as the members would need to be reimbursed for their expertise and expenses incurred along with an administrative resource • Difficult for the Medical Advisory Board to convene quickly without it being regionalised (this would lead to longer periods to make decisions relating to the assessment process and appeals) • Limited opportunity for a specialist to review the decision of another specialist
Consultation	<p>Comments, supporting:-</p> <ul style="list-style-type: none"> • "I firmly believe that, if the system of licensing is heavily based on medical fitness, then it demands introduction of a medical review panel within DIER. I also believe that if it is mandated, then the OTDA should be provided at cost to Govt, not the individual, via DIER, & that the OTDA reports to the Medical Review Panel so the panel carries the burden of decisions. The OTDA could be supported professionally via DHHS." (Health professional)
	<p>Comments, not supporting:-</p> <ul style="list-style-type: none"> • "Good in theory but difficult to implement in practise. Could the resources of another driving authority's medical advisory board be utilized?" (Health professional) • "Limited number of assessment tools available to doctors." (AMA) • "It would of necessity, have quite marked regional variation and likely to introduce unacceptable delays to the assessment process. There is no reason that an assessment cannot be done by the appropriate specialist, or those GPs who choose according to the guidelines. There are likely to be conditions that are quite clear-cut, and GPs who feel quite able to undertake the assessment, so that option should be retained. Referral to a specialist is obviously an option where the condition is less well-defined, or where the GP is not happy to do the check." (The General Practice Tasmanian Network)

Option 2.(e) Introduce mandatory assessment by an Occupational Therapist Driving Assessor (OTDA) when drivers have a medical condition that may impact on their fitness to drive

- The purpose of an occupational therapist driving assessment is to assess the impact of a medical condition on driving skills such as judgement, decision-making skills, observation and vehicle handling. It may include evaluation of the driver's functional status (including cognitive function, physical strength and skills, reaction times), their understanding and application of road law, and the need for specialist equipment or vehicle modifications. The off-road component provides additional information on the individual's visual, physical and cognitive level of function and how that might impact on driving ability.
- An OTDA is an occupational therapist trained in road safety and driving assessments. An OTDA is trained to recognise how a medical condition/disability may impact on an individual's ability to drive safely and legally, and to determine if someone has the ability to respond to remediation. Currently, in Tasmania, there is only one public funded OTDA and three private OTDAs. A private OTDA charges around \$350.00 for an assessment.
- It is standard practice for the RMV to require an older driver to undergo an occupational therapist driving assessment, if their medical practitioner recommends it. This practice varies across Australia.

- Under this option, it is proposed that when drivers have a medical condition that may impact on their ability to drive, and may not meet the national standards, then they must undertake an occupational therapist driving assessment.

Case For	<ul style="list-style-type: none"> • OTDAs are trained and skilled in identifying the implications of a medical condition on a person's driving skills • OTDAs can provide older drivers with expert advice specific to their individual needs (including any modification to the vehicle, use of steering knobs) which would enable the older driver to keep their driver licence for a longer period • A Government driver assessor is only skilled at determining driving competence at a point in time. They are unable to make any judgement about how a medical condition may impact on a person's driving
Case Against	<ul style="list-style-type: none"> • In the absence of any further public funded OTDA, the costs of an OTDA are \$350.00 (no Medicare rebate) per session • Alternatively, the Government fund two OTDAs at a cost of in excess of \$250,0000 per annum
Consultation	<p>Comments, not supporting:-</p> <ul style="list-style-type: none"> • "Certainly the cost of an OTDA is an issue – as mentioned previously, the cost can act as a tool whereby individuals really do question their driving ability and if they can reach that decision themselves then that is the best option. OTDAs are trained to recognise how a medical condition/disability may impact on an individual's ability to drive safely and legally and to determine if someone has the ability to respond to remediation. The off road component provides additional information into the individual's visual, physical and cognitive level of function and how that might impact on someone's driving ability." (Health Professional)

Option 3.(a) Improve process for notifying the RMV for drivers who may be unsafe (medical and on-road assessments)

- The RMV is responsible for ensuring that drivers are fit to hold a driver licence.
- In Tasmania, the RMV requires a medical assessment, and sometimes an on-road assessment, when he has some evidence that a driver may be unsafe as a result of a third party notification due to a:-
 - crash that Tasmania Police believe may have been caused or partly caused as a result of a medical condition
 - belief held by a relative, friend, neighbour (or community member) that the driver has a medical condition or may be unsafe or
 - medical opinion held by a health professional (including a specialist, GP, hospital, psychologist, psychiatrist, rehabilitation facility or geriatrician) advising that the holder has a medical condition and requires further assessment.
- This notification process and the building of relationships with Tasmania Police and health professionals have proved to be effective in identifying unsafe drivers.
- Third parties incur no civil or criminal liability for reporting to the RMV, in good faith that another person may be unfit to drive.³⁴
- Annually, the RMV receives a large number of third party notifications. In 2009, there were around 200 third party notifications compared to around 290 in 2010 in respect of older drivers (these numbers exclude notifications by a health professional).
- There are existing processes to deal with vexatious notifications. There have been less than 5 notifications considered vexatious in the past 5 years. A vexatious complaint results in the driver's eligibility to hold a driver licence not being reviewed.
- Under this option, the notification process (eg for a family member to notify the RMV) would be enhanced to ensure its effectiveness is further improved and understood across the community and stakeholders. This enhancement is necessary when the mandatory assessments are removed and without mandatory reporting by health professionals as there would be no safety net to catch unsafe older drivers.
- This option can be supported by giving more information to all licence holders about the need to notify the RMV on the onset of a medical condition which may impact on driving.

³⁴ Section 63 of the *Vehicle and Traffic Act*

Case For	<ul style="list-style-type: none"> • Only when there is evidence that drivers are unsafe will they be required to undertake an assessment which will apply regardless of age • Increase awareness by health and medical professionals of the impact on medical conditions on driving, generally • An opportunity for members of the public, health professionals and police to advise the RMV if someone they know is a potentially unsafe driver • Public awareness about the need to notify the RMV about any unsafe driver, regardless of age, and when the driver fails to self-assess correctly
Case Against	<ul style="list-style-type: none"> • Administrative resources are required to assess each notification and take appropriate action against the holder which may exceed the number of resources required for administering and undertaking mandatory assessments
Consultation	<p>Comments, supporting:-</p> <ul style="list-style-type: none"> • Most submissions acknowledged the benefits of this option • General support that it is the GP who knows the patient's history, has the medical knowledge and should initiate and refer to the RMV • "The issue with notification is two fold – (1) – the driver must know when to notify (so the communications could be improved) and – (2)- whether the driver has sufficient insight into the possible impact on their condition/disability on driving." (COTA) • " . . . supports options: . . . increasing notifications for "at risk" drivers by building on existing relationships with Tasmania Police, community groups and the medical profession. This is also to include more information for all licence holders about the need to notify the Registrar of Motor Vehicles of the on-set of medical conditions which may impact on driving." (Seniors Bureau, DPAC)

Option 3.(b) Introduce an educational training course

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

Case For	<ul style="list-style-type: none"> • Provides personal information to older drivers about driving and to make appropriate decisions about their suitability to drive • Consistent with evidence that older drivers want to self-assess and they are the best equipped to make the correct and appropriate decision • Keeps drivers mobile for longer as they don't prematurely surrender their driver licence
Case Against	<ul style="list-style-type: none"> • There is little evidence that training courses reduce crash involvement
Consultation	<p>Comments, supporting:-</p> <ul style="list-style-type: none"> • "There is a strong need for driver refresher courses that would include elements of defensive driving, as well as information on new safety features in cars which may encourage older drivers to up-grade from their old vehicle. Ideally this course should be financially supported by State Governments. Alternatively, the creation of an on-line interactive programme by DIER which refreshes driver knowledge, to be accessible from the "On-line Access Centre" in all Tasmanian regional centres, complemented in hard copy without access." (National Seniors Australia) • "Education programs have been available through DIER based on the Older Driver's Safety Handbook, developed by DIER over 10 years ago. This handbook was complemented by an information session to older people on driver safety, delivered by older people as peer educators. COTA would welcome the reintroduction of this initiative. COTA has trained peer educators who deliver presentations to older people's groups on a range of health and wellbeing issues and could easily be trained to include presentations on driving." (COTA) • "We believe that the Ontario and European ideas of training and educational training sessions once each year is far better than a ten or fifteen minute drive around the block." (Anon) • "The Tasmanian Government should invest new funding to expand the provision of education programs for older drivers to support them in the ageing/driving process. This could be a road rules refresher course, which could be run in concert with events like "Seniors Week" and delivered by other partners such as RACT; or a publication such as a "Road Rules Update" or "Top Ten Most Troublesome Road Rules Explained." (RACT)

Option 3.(c) Improve educational materials

- In most cases, older drivers want to be responsible and it is appropriate for older drivers to self-assess, and to assist them, information about self-assessment should be provided.
- The responsibility to start self-assessing should not start when the driver has become unsafe but before there is any signs of deterioration. This will enable the older driver to begin to plan for the reduction and restriction on their driving and forward-plan so when it is time to cease driving, some of the overwhelming feelings are removed without the sudden change in lifestyle.
- The development and implementation of educational material and information to assist older drivers tailored especially for their needs to include (but not limited to):-
 - identify when and where they drive
 - how to self-assess when/where they should drive
 - how to plan for the future when driving is not an option
 - how to assess when it is time to stop driving
 - medical conditions and impact of medications on driving
 - the licensing processes including obligations to notify
 - vehicle maintenance and purchase
 - road rule changes and
 - alternative transport options.

- This material and information can also be used by older drivers' family members, neighbours, friends and community organisations to: raise the subject of driving; how and when to discuss alternatives to driving; how to deal with an older driver with dementia; and to assist them self-assess.
- The information packages should include, but not be limited to, the update of the Older Driver Handbook, brochures and more information on the DIER website. The DIER website could include updates on road rules changes especially targeted to older drivers.

Case For	<ul style="list-style-type: none"> • Provides targeted information to older drivers about driving and how to make appropriate decisions about their suitability to drive. This will help them to self-assess so that they remain mobile for as long as possible • Research clearly shows that older drivers are good at self-assessment and want to self-assess to ensure they remain safe. However, they can self-assess inappropriately which can lead to the early surrender of their driver licence when they are safe or keep driving when they are not • It would not be age specific so a driver of any age can use it • Greater education and awareness will assist family, friends, community organisations and medical practitioners to help older drivers with those decisions • Consistent with evidence that in most cases older drivers want to self-assess and they are best equipped to make that decision • Will empower older drivers to make safe decisions regarding their driving • It will provide information on the notification process to inform drivers about how and when they need to notify the RMV
Case Against	<ul style="list-style-type: none"> • There is little evidence that handbooks result in fewer crashes.
Consultation	<p>Comments, supporting:-</p> <ul style="list-style-type: none"> • "DIER should produce materials with information on alternative transport options for older drivers who are going through the transition of giving up their licence. Such information should include contacts for Community Transport, Service Tasmania, Metro bus timetables and costs of bus services, transport discounts available to seniors etc." (COTA)

4.2 ASSESSMENT OF OPTIONS

The options outlined above (section 4) have been assessed against the objectives in section 2.2: -

	Is consistent with the <i>Anti-Discrimination Act</i> and its principles?	Enables older drivers to remain mobile and keep their licence for as long as possible, provided that they are safe?	Evidence that any mandatory assessment has an evidence based road safety benefit and is not an administrative hurdle?	Consultation Support
1.(a) Cease mandatory on-road assessments for drivers aged 85 years or more	Yes	Yes	N/A	69% (support) 8% (don't support)
2.(a) Cease mandatory medical assessments for drivers aged 75 years or more	Yes	Yes	N/A	20% (support) 16% (don't support)
2.(b) Retain mandatory medical assessments for drivers aged 75 years or more but the assessment is on a biennial basis	No	No	No	21%
2.(c) Introduce mandatory reporting by health professionals	Yes	Yes	Does not apply to any option, as none of these options relate to mandatory assessments on the basis of age alone	7%
2.(d) Establish a Medical Advisory Board to provide advice to health professionals about fitness to drive	Yes	N/A		7%
2.(e) Introduce mandatory assessment by an OTDA when drivers have a medical condition that may impact on their fitness to drive	Yes	Yes		7%
3.(a) Improve process for notifying the RMV drivers who may be unsafe (medical and on-road assessments)	Yes	Yes		38% (on-road assessment) 13% (medical)
3.(b) Introduce an educational training course	Yes	Yes		20%
3.(c) Improve educational materials	Yes	Yes	28%	

5 CONCLUSION AND RECOMMENDATIONS

- It is important that older drivers:-
 - are treated the same as all other drivers and only undertake assessments for the same reasons that other drivers are required to undertake them and
 - keep mobile for as long as possible provided they drive safely. Whilst they are mobile they can continue to contribute to society and it delays the onset of physical and/or cognitive decline. Research shows that older drivers are safe drivers and there is no evidence that they are more likely to cause a crash.
- As these “aged” assessments are prima facie discriminatory, contrary to the *Anti-Discrimination Act*, and there is no road safety benefit in maintaining them, they can not be justified and as such need to cease.

The New Older Driver Licensing System

- It is proposed that the new older driver licensing system will focus on promoting mobility rather than on the possible physical and cognitive decline that may arise with age. It will build on the premise that the majority of older drivers are safe, they are responsible, and make appropriate and sensible decisions. This is consistent with our society's view to value older people's life experience, judgement and knowledge, and to make appropriate decisions.
- It will not be age-specific so there will be no older driver licensing system as such.
- A regulatory framework will not be created. The RMV will not intervene unless he has evidence that a driver may be unsafe.

Self-Assessment

- It will build on the premise that the majority of older drivers want to self-assess, be safe and responsible, and make appropriate and sensible decisions. This is consistent with our society's view to value older people's life experience, judgement and knowledge, and to make appropriate decisions. It will encourage all drivers to self-assess their driving. This is designed to produce safer drivers (regardless of age) who drive in accordance with their skills (eg avoid certain road/traffic conditions).

“Self-Regulation is, it seems, the only viable option for producing safer, older drivers without undermining mobility and well-being . . .”³⁵

“Older people have an inherent understanding of their declining safety as drivers . . . which provides an automatic incentive to self-regulate.”³⁶

- This self-assessment task is not easy and it is important that older drivers do so effectively in a positive environment. Otherwise, they may self-assess too harshly

³⁵ Ibid “Can Older Drivers Be Nudged?”

³⁶ Ibid “Can Older Drivers Be Nudged?”

and cease driving, or too softly and create a road safety risk. To assist them with this task, communication materials and tools will be made available.

Communication Materials

- This communication material will include:-
 - a brochure for drivers to remind, and assist, them to self-assess and make an informed decision about their driving and when to cease driving
 - a review of the Older Driver Handbook and
 - an update to the internet site to include information about self-assessment, and other generic issues affecting older drivers to assist them remain mobile for as long as possible.
- The new system recognises that families are often the first and most important form of support for older drivers. Coughlin et al (2004)³⁷ found that older drivers prefer their family to lead interventions regarding their driving, reporting that they felt most comfortable talking to their relatives, and that their family would have more knowledge about their driving ability, with the preferred person being the spouse. Older drivers more likely to take into account advice by people who have their interests at heart.
- Families too, need the tools so that they can enter into conversations with their spouse/partner/parent/sibling about driving. The brochure and Older Driver Handbook will have a shared benefit as it can be used by family members and friends of older drivers and the broader community to enter into discussions with older drivers.

Third Party Notifications

- The self-assessment process does need to be fully supported by an improved notification system. By enhancing the existing notification system and building on existing relationships to encourage medical practitioners, police and the community to notify the RMV that a driver may be unsafe, it will overcome those cases in which the older driver fails to self-assess correctly or at all.
- Unfortunately, there will be some situations (eg cognitive loss which results in poor decision making, or failing to act responsibly and make appropriate decisions), when an older driver may fail to self-assess appropriately or at all.
- The RMV will then use the existing processes to require such a driver to undertake a medical assessment and/or on-road assessment (and in some cases an OTDA) to determine whether they are fit to drive and hold a driver licence or need to have licence conditions added to their licence to restrict their driving.
- Time is needed for the notification and communications enhancements and improvements to be made so the mandatory medical assessment for drivers aged 75 years or more will continue until 2014. It is proposed that the mandatory on-road assessment will cease in 2011 as there is no evidence that driving skills deteriorate because of age alone.

³⁷ Ibid "Can Older Drivers Be Nudged?"

- Between now and 2014 further research will be undertaken to establish the nexus between certain medical conditions and their impact on driving along with keeping abreast of any national older driver reforms.
- If a national older driver strategy/reform is recommended before 2014, the recommendation to cease the mandatory medical assessment should be reviewed in line with that national strategy/reform.
- There are some benefits with introducing mandatory reporting, a Medical Advisory Board and the requirement that drivers with a medical condition undertake an OTDA. However, the risks and costs would not achieve the same benefits as the improved communication and notification systems. This being said, they do have value and should be reconsidered over time.

Recommendations:-

Recommendation	Implement-ation time	Description
One Cease mandatory on-road assessments for drivers aged 85 years or more	October 2011	Cease mandatory on-road assessments for drivers aged 85 years or more
Two Improve educational materials	October 2011	Develop and implement educational materials and information (including an Older Driver Handbook, brochure and changes to the internet site)
Three Improve process for notifying the RMV for drivers who may be unsafe (due to a medical condition)	March 2011	Increase notifications for "at risk" drivers by building on existing relationships with Tasmania Police, community groups, and the health and medical profession
Four Cease mandatory medical assessments for drivers aged 75 years or more	October 2014	Cease mandatory medical assessments for drivers aged 75 years or more

Appendix One OLDER TASMANIANS AND LICENSED DRIVERS

OLDER TASMANIANS

- In 2006, the number of Tasmanians aged between 75 and 84 years was 25,148 and the number aged 85 years or more was 8,541³⁸.
- The number of Tasmanians aged 85 years or more is expected to double between 2009 and 2029:-

	Year										
	2009	2011	2013	2015	2017	2019	2021	2023	2025	2027	2029
Aged 85 or more	9704	10557	11166	11770	12340	12819	13362	14262	15344	16,626	18354

Source: - Demographic Change Advisory Council Population Projections Medium Series

- As drivers age, they are less likely to hold driver licences. In Tasmania, as at 1 July 2007, only 35% of the population aged 85 years or more held a driver licence compared to 95% of the population aged 21 to 24 years and 84% of those aged 70-74 years.

OLDER LICENSED DRIVERS

- The number of older drivers with a car driver licence for the past ten years is:-

	2000	2001	2002	2003	2004	2005	2006	2007
Aged 75 -84	12,486	13,468	13,100	1,373	14,263	14,882	15,662	15,890
Aged 85 or more	1,360	1,739	1,467	1,553	1,576	1,780	2,030	2,281

Source: - Motor Registry Systems Report

- In 2006, the proportion of each age group with a car driver licence were:-

26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86+
96%	96%	98%	97%	98%	98%	99%	95%	93%	83%	69%	50%	21%

Source: Derived from the Motor Registry Report and ABS Census (2006) to formulate a percentage

³⁸ ABS Census (2006)

Appendix Two OLDER DRIVERS AND CRASH RISK

1 CRASH RISK

- At a national level, older drivers are under-represented in fatality rates eg the fatality rate for drivers aged 80 years and over is 5.7 while for drivers aged 17 years to 24 years it is 10.7:-

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

Source: - "Older Drivers: What Risk Do They Pose To Other Road Users?" Jim Langford, Monash University Accident Research Centre, 2008 P4

When the fragility factor (see page 8) is removed the fatality rate for older drivers is even lower.

- In Tasmania older drivers are involved in less fatality and serious casualty injury crash rates than any other age group:-

Number of drivers in serious casualty & fatality crashes	Age of drivers														
	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86+
2004	70	63	38	58	32	48	42	29	26	10	12	13	6	7	2
2005	62	63	35	41	49	44	43	26	23	7	12	4	11	5	2
2006	53	55	44	34	42	36	33	30	21	11	8	12	6	8	1
2007	66	38	34	29	36	40	30	25	18	12	14	7	6	2	3
2008	48	47	34	31	33	26	19	29	16	11	12	2	5	11	3
2009	52	51	38	31	33	28	31	30	19	15	9	10	5	7	3
2010	39	36	34	21	34	24	28	18	18	14	5	5	5	4	3

Source: - Tasmanian Crash Database

- The road trauma costs associated with a single fatality is \$2.67 million and \$266,000 for a serious injury. The costs of fatality crashes, for each age group, are:-

Costs to Tasmania for fatality crashes	Age of drivers														
	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86+
2004	29.37	37.38	8.01	21.36	0	18.69	26.70	10.68	18.69	5.34	2.67	5.34	0	0	2.67
2005	16.02	21.36	10.68	21.36	24.03	18.69	18.69	16.02	10.68	5.34	8.01	0	8.01	2.67	2.67
2006	24.03	26.70	26.70	21.36	16.02	21.36	8.01	10.68	8.01	10.68	2.67	8.01	0	5.34	0
2007	18.69	24.03	16.02	16.02	24.03	21.36	0	16.02	10.68	5.34	0	2.67	0	2.67	0
2008	10.68	24.03	21.36	13.35	13.35	21.36	5.34	10.68	2.67	2.67	2.67	0	2.67	2.67	2.67
2009	18.69	24.03	21.36	18.69	16.02	13.35	24.03	21.36	16.02	8.01	5.34	8.01	2.67	2.67	0
2010	13.35	8.01	16.02	5.34	18.69	8.01	13.35	2.67	5.34	2.67	5.34	2.67	0	0	2.67
Total (000,000)	130.83	165.54	120.15	117.48	112.14	122.82	96.12	88.11	72.09	40.05	26.70	18.69	13.35	16.02	10.68

Source: Derived from a Tasmanian Crash Data Base Report

- For older drivers the total fatality road trauma costs are around 10 times less than for drivers aged 17 – 20 years or 12 times less than for the 21 – 25 years age group.

³⁹ The table uses '80 plus' rather than '85 years plus' as the latter statistics were unavailable

- The Motor Accidents Insurance Board (MAIB) advises that drivers aged 20 years or under have the highest number of claims per 1000 licences. These claims are across all categories (includes passengers and pedestrians) and all injuries. The ratio declines progressively to the 61-70 years age group and then increases for the 71 years and over age group. These claims are due to the fragility factor (see page 7) so older people's injuries are more severe and it takes longer for them to recover.

2 OLDER DRIVERS AND CRASHES

- Not only is the older drivers' crash risk lower than other age groups, but as they age the less likely their mortality is linked to a car crash.
- For the 75 years or more age group, the number of car-related deaths is too small to register statistically and is only a minute proportion of the total cause of deaths occurring in old persons⁴⁰:-

Age at death	Cause of Death							
	External cause – car drivers only		Other external causes traffic and non-traffic		All other		Total	
	Number	%	Number	%	Number	%	Number	%
15-24	157	12	762	58.2	390	29.8	1309	100
25-34	147	7.3	1078	53.8	780	38.9	2005	100
35-44	87	2.5	1064	31.1	2272	66.4	3423	100
45-54	61	0.9	915	13.8	5633	85.2	6609	100
55-64	46	0.4	645	5.4	1134	94.3	12025	100
65-74	51	0.2	541	2.6	20136	97.1	20728	100
75-84	37	0.1	928	2.2	40496	97.7	41461	100
85+	10	0.0	1265	3.1	40022	96.9	41297	100

Source: - Assessing and Managing Older Drivers' Crash Risk using Safe System Principles", Monash University Accident Research Centre (2006)

3 OLDER DRIVERS AND RISK TAKING BEHAVIOUR

- One factor that causes crashes is risk-taking behaviour. As a group older drivers do not generally engage in risk-taking behaviour. In Tasmania older drivers are under-represented in exceeding the speed limit:-

⁴⁰ "Assessing and Managing Older Drivers' Crash Risk Using Safe System Principles", Monash University Research Centre (2006)

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

Source: report from Land Transport Safety, Department of Infrastructure, Energy and Resources

- Further, between 2002 and 2009, there has been only one drink driving conviction of a driver aged over 85 years out of the 3,500 drink driving and drug driving convictions recorded during that time.

Appendix Three AUSTROADS SYSTEM

- The report issued by the Anti-Discrimination Commissioner recommended that priority is given to implementing an alternative older driver licensing system, such as the proposed Austroads system.
- The Austroads system, developed in 2004, uses a multi-level risk assessment approach so that drivers that are most at risk are targeted.
- It proposed two assessment tools:–
 - Tool 1 - is used by health professionals to identify “at risk” driver so any “at risk” drivers is referred to the licensing authority and
 - Tool 2 - is used by the licensing authority to determine if the “at risk” driver should be further assessed.
- When the driver is required to be further assessed, the licensing authority can refer them to a specialist health professional (eg OTDA or another specialist). When they are medically fit they can be referred for an on-road assessment.
- A key component of this system is that the “at risk” driver is supported by a Case Officer. The Case Officer works closely with referred drivers as well as with the referring agencies and consulting professionals.
- At this stage, this multi-level risk assessment approach has not been demonstrated to be a valid assessment tool. A further five year research plan has been approved. This research will be closely watched by licensing authorities.
- As the assessment tool has not been validated, the Austroads system was not considered. However, if a valid assessment tool is developed, consideration will be given to its implementation.

Appendix Four CONSULTATION FINDINGS

- There were 61 submissions received. A range of comments (not exhaustive) was submitted and have been grouped as follows:-

- (1) General comments
- (2) Mandatory aged-based assessments
- (3) Other comments
- (4) Other options

General comments	<ul style="list-style-type: none"> • “Older drivers don’t pay the same insurance premiums as younger drivers.” (Anon) • “Unsafe drivers may continue to drive because of several factors such as limited community resources, an individual’s capacity to walk the distance to the bus stop and access the bus, unplanned sickness.” (Anon) • “Driving assists self-esteem.” (Anon) • “It is unfortunate that this debate is coloured by some community attitudes and generally-held misconceptions about older drivers and their driving ability. Too often, as one RACT member told us: “cautious road behaviour – driving to the conditions – is mistaken for incompetence”, and there can be much prejudice (unfairly) shown towards older drivers by others.” (RACT)
Mandatory aged-based assessments	<ul style="list-style-type: none"> • “Most States and Territories have some form of mandatory re-testing for driver licences, linked to age or medical assessment. Yet there is no evidence to support the assumption that mandatory testing should result in better road safety for older drivers. In fact a growing body of research shows no safety or mobility benefits for age based mandatory testing. In addition, there is no evidence to show that age is an effective basis for predicting ability to drive. These re-assessment procedures are a daunting and stressful experience for older drivers with research showing many drivers, especially women, choosing to stop driving rather than undertake reassessment. These systems may unnecessarily compromise the mobility of those who may not need to stop driving.” (RACT) • “Lower the age of mandatory assessments and provide more time and opportunity to learn new strategies for accessing community and education on how to be engaged with this.” (Anon) • “Raise the age to 80 years and increase to two years for mandatory medicals.” (Anon) • “Reduce the age of the mandatory medical assessment to 65 years.” (Anon) • “Increase the age of the mandatory on-road assessment to 80 years.” (Anon) • “After discussion and consultation with our members which total over 500 in Northern Tasmania we recommend the following. Combine the three options listed below. <ol style="list-style-type: none"> 1. On Road Assessment on Notification 2. Requiring a medical assessment every two years 3. Development of educational materials.” (Association of Independent Retirees) • “I am sure there are two major points I must consider as I progress through life. <ol style="list-style-type: none"> 1. My health / ability to be able to judge the traffic, roads and concentration. 2. When I no longer can do the above, I should hand my licence in.” (Anon) • “It is not fair to have to put myself to a test when I know in my own mind that I am a safe driver. It is also unfair to have to see your doctor with a sheet of questions which my doctor has covered by my normal visits. My doctor of all people would be the best judge of my health which would control my ability to drive. Then and only then should I be subjected to official tests.” (Anon) • “The mental capacity of older people differs from person to person. Most older drivers know when it is time to hand in their licence, they don’t need to be forced to do so.” (Anon)
Other comments	<ul style="list-style-type: none"> • “Most drivers (regardless of age) are not aware that it is an individual’s responsibility to inform Licensing of any changes in their medical condition. I know of a person that had an accident as a result of a suspected seizure but her licence is still current (she, luckily, has not and will not drive until/if she has been given clearance) but not everyone has this attitude and consideration. Other people have their licence suspended following a relatively minor stroke (for example) there is a definite lack, within the community, as to who is responsible for

	<p>this...most people would not see it as their responsibility to declare a change in their own medical circumstances. Doctors don't always see it as their responsibility it would seem. So linking this back to older drivers, most probably would self regulate, especially when it is related to a physical condition but those drivers who have dementia/cognitive impairment and their insight has been affected are those drivers who are most at risk." (Health professional)</p> <ul style="list-style-type: none"> ● "Whether the state has a mandatory testing system or a voluntary licence surrender system, there have to be alternative transport options, to access the basics of a meaningful life such as health services, retail services as well as maintaining connections to family and friends." (National Seniors Australia) ● "I firmly believe that, if the system of licensing is heavily based on medical fitness, then it demands introduction of a Medical Advisory Board within DIER. I also believe that if it is mandated, then the OTDA should be provided at cost to Govt, not the individual, via DIER, & that the OTDA reports to the Medical Advisory Board so it carries the burden of decisions. The OT could be supported professionally via DHHS." (Health professional)
Other options	<ul style="list-style-type: none"> ● "Introduce "E" plates ("E" for elderly) which are displayed like "L" or "P" plates." (Anon) ● "More funding for community cars." (Anon) ● "Access to metro bus stops." (Anon) ● "More road rules tests." (Anon) ● "Driver forums at a wide number of Tasmanian centres to discuss such things as modern vehicles, new road rules, study local maps and discuss traffic routes. They could be mentored and recommend visiting a doctor." (Anon) ● "Concern that the review is to do with cost-cutting and that the Government should require more people to be tested and use that as revenue raising." (Anon) ● "More frequent eye assessments." (Anon) ● "An effective assessment tool for medical practitioners to identify cognitive impairment as someone who is cognitively impaired can find it difficult to respond to feedback and make the necessary adjustments to driving <ul style="list-style-type: none"> - National Seniors Australia commented that an important omission in the report was adequate alternative public transport options especially for people living away from Hobart and Launceston and it is an important aspect of Tasmania's Social Inclusion Program. If this is not satisfactorily addressed then people will continue to drive unlicensed or suffer isolation and deprivation. - Limited number of assessment tools available to doctors." (AMA)

Appendix Five REFINEMENT OF OPTIONS

As a result of the consultation process, the options in the Discussion Paper do not marry up with the options in this Final Report.

The table below maps the options between each paper:-

Option heading	Discussion Paper (for public consultation)		Final Report
	Options	Reference (No)	Reference (No, alpha)
On-Road Assessments	Retain mandatory annual on-road assessment for drivers aged 85 years or more	1.1	Included in 1(a)
	Cease mandatory on-road for drivers aged 85 years or more	Redescribed	1(a)
	Require on-road assessment on notification only	1.2	3(a)
Medical assessments	Retain mandatory annual medical assessment for drivers aged 75 years or more	2.1	Included in 2(a)
	Cease mandatory medical assessment for drivers aged 75 years or more	Not included	2(a)
	Retain mandatory medical assessment for drivers aged 75 years or more but the assessment is biennial.	2.6	2(b)
	Mandatory reporting	2.3	2(c)
	Medical Board	2.4	2(d)
	Assessment by an OTDA	2.5	2(e)
Education	Notification of at-risk drivers	1.2 & 2.2	3(a)
	Education and training course	3.1	3(b)
	Education and materials	3.2	3(c)