# **Minutes**



## **Assessing Fitness to Drive – Advisory Group Meeting**

Date: 15 April 2021

Time: 14:00 - 16:00 AEDT

**Location: Online via Microsoft Teams** 

#### Attendees:

uicine s47F - personal privac **Australian Trucking Association** s47F - personal privacy Australian College of Rural and Remote Medicine **Austroads** s22(1)(a)(ii) - irrelevant materia **Austroads Austroads** Austroads/Project Health Department for Infrastructure and Transport Department for Infrastructure and Transport Department of State Growth Department of Transport s22(1)(a)(ii) - irrelevant material Department of Transport and Main Roads Monash University Accident Research Centre s22(1)(a)(ii) - irrelevant r National Heavy Vehicle Regulator **National Transport Commission National Transport Commission National Transport Commission** Royal Australian College of General Practitioners Transport for NSW Transport for NSW VicRoads VicRoads Victorian Institute of Forensic Medicine

## **Apologies:**

**Road Safety Commission** Access Canberra

- 1. Welcome
  - s22(1)(a)(ii) irrelevant materia (Chair) welcomed the group and opened the meeting.
- 2. Assessing fitness to drive review overview
  - The NTC updated the Advisory Group on the project progress and overall time line.
  - The NTC provided an overview on purpose of AFTD, the purpose and of the review, and outlined how issues are considered and progressed in the review.
- 3. Medical review outcomes and proposed AFTD changes
  - The NTC outlined the outcomes and proposed major changes to for the medical standards and licensing criteria.
  - Members of the advisory group raised a number of concerns with the proposed changes to the Blackout standards related to blackouts causing a motor vehicle accident. Members were unsure whether the changes could be implemented effectively without unintentionally capturing a large number of drivers who initially explain that a blackout caused an accident to avoid being found at-fault. There were also concerns that law enforcement records of blackout at the site of the accident will trigger an extensive review process as the cause will not be able to be medically determined at the site.
  - The NTC informed the advisory group that the expert input provided by provisional and under consideration for endorsement by the Cardiac Society of Australia and New Zealand.
  - The NTC outlined changes to the standards on implantable cardioverter defibrillators (ICD) and asked the Advisory Group to consider these changes. Members of the advisory group noted that it is preferable to provide the clarity and include these as conditional licensing standards.
  - The ATA requested that a more stringent standard for diabetes be considered for the commercial diabetes medical standard which would include HbA1C blood testing. The NTC noted the ATA's position.
  - The NTC discussed recent findings on the motor vehicle crash and road safety risk for hearing loss. The NTC asked the group to consider the status of the hearing medical standard. Members discussed the implications of the body of evidence and the gap that could be created for occupational driving. The Advisory Group discussed the evidence base for the hearing standards, including whether to remove the standards if they were no longer supported. The group discussed some of the limitations of existing studies with views that it was important to maintain the standards for commercial licensing.
  - The NTC outlined changes to the Seizures and Epilepsy standards including a specific provision on unreliable clinical histories and asked the Advisory Group to consider this provision. The Advisory Group noted these criteria. The NTC outlined new criteria for pseudo non-epileptic seizures and asked the advisory group to consider the rationale for including specific standards given the paucity of underlying road safety evidence. Members noted that it was suitable to include this guidance.
  - The NTC outlined changes to the Psychiatric disorders standards including changes to the periodic review requirements under the commercial standards. The Advisory group noted that General Practitioners are well placed to undertake the reviews after initial psychiatrist assessment.
  - The NTC outlined changes to the Sleep disorders standards noting requests for changes to the private standards that would require periodic review to be performed by a specialist. Members of the advisory group noted that this could create unreasonable access issues and emphasised that GPs are well placed to perform the ongoing review.
  - The ATA requested that more stringent criteria for the commercial sleep disorder medical standards be developed. The ATA outlined its view on the use of the Epworth Sleep Scale and position that the commercial standards do not adequately identify and manage the road safety risk from sleep apnoea. The ATA emphasised that the commercial standards should require mandatory screening for sleep apnoea for drivers with certain clinical features. They requested that AFTD adopt the assessment process that is outlined in the National Standard for Health Assessment of Rail Safety Workers. The NTC noted the ATA's position.

- The NTC outlined changes to the substance misuse standards including changes to the periodic review requirements under the commercial standards. The Advisory group discussed the difficulty in accessing addiction medicine specialists and psychiatrists and supported the change to allow ongoing review by the individual's regular GP after initial assessment.
- The representative from VIFM noted that the emphasis on hair testing for determining biological remission failed to explain some of the drawbacks from this method given the prominence in the draft guidance. The NTC agreed to follow-up with the representative to ensure the guidance is suitably balanced for hair testing.
- The NTC outlined changes to the vision chapter including changes to the minimum visual field standard for binocular and monocular driving under the commercial standards. The Advisory group requested the NTC further review the visual field change with the Royal Australian and New Zealand College of Ophthalmologists and consider maintaining the existing standards.
- The NTC outlined the additional guidance for considering exceptional cases to the visual field standards. The Advisory group noted this information.
- The NTC discussed the request for changing the definition of a health professional who can perform a vision test and fitness to drive vision assessment. The Advisory Group noted that there are few access issues to existing health practitioners (optometrists/ophthalmologists) and that named professionals are detailed in some state and territory's legislation.
- The NTC discussed the request for visual standards for use of telescopic lenses (bioptics) to meet the minimum visual acuity standards under the private standards. The Advisory Group noted the differing views regarding the use of these devices.
- The NTC outlined the outcomes and proposed major changes to for the general and explanatory information in AFTD (Part A).
- The ATA requested that the content in Part A, section 3.3.4. Dealing with individuals who are not regular patients, account for circumstances where an employer contracts a health professional to assess an employee's fitness to drive. These health professionals are unlikely to be the person's regular GP and the individual should not be considered to be "doctor shopping". The NTC will examine this request.
- The ATA requested that Part A, section 5.2 Medical forms include reference to the use of forms for accreditation or other non-licensing purposes that use AFTD as the basis of a medical assessment. The NTC will examine this request.
- The NTC noted the issues it had received and classified as being out of scope of the review
- The ATA recommended that a process be established to allow recognition of medical assessments for driving fitness based off AFTD but performed for other purposes or assessments performed to higher standard. The NTC noted this recommendation.

## 4. Public consultation round

- The NTC advised the group that the public consultation round would begin on Monday 3 May 2021 and submissions would be received until COB Friday 11 June 2021.
- 5. Other business
  - No other matters were raised.
- 6. Next meeting
  - The next meeting scheduled for 30 June 2021 (TBC)