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Ref:
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Mikaela Meggetto
Coroner's Registrar
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

Dear Ms Meggetto,

REPORT FOR THE CORONER – MEDICAL FITNESS FOR DRIVE

Over 2016, 2017 and 2018, Coroners Jamieson and Byrne made several recommendations regarding the introduction of mandatory reporting by physicians, in circumstances where a driver or motorcyclist has a medical condition(s) likely to impact on their fitness to drive.

At the request of the Coroners, Transport for Victoria (TfV) has considered these recommendations. To advance this work, TfV and VicRoads established a Fitness to Drive Action Group, with representation from a wide range of stakeholders. The work of the Action Group is documented in the attached *Report for the Coroner – Medical Fitness to Drive*, prepared by VicRoads.

As part of this investigation, the Action Group commissioned the Monash University Accident Research Centre to undertake a review of the available literature regarding mandatory reporting. The outcomes of the systematic literature review are included in the *Report for the Coroner*.

There is some evidence to suggest that mandatory medical reporting laws are associated with an improvement in medical and other health practitioners' knowledge regarding how to report patients to licensing authorities. However, there is inconclusive evidence regarding whether such laws:

1. Increase the reporting of drivers with medical and other fitness to drive relevant conditions to licensing authorities, or
2. Reduce the crash risk of these drivers.

There is also evidence that mandatory medical reporting adversely affects the physician-patient relationship, including verbal and physical abuse directed towards medical and other health practitioners. In addition, medical and other health practitioners reported that patients may also avoid medical treatment due to their fear of being reported to licensing authorities, which may further jeopardise their health.

In the light of the review's findings, and the clear lack of stakeholder support for a mandatory reporting scheme, VicRoads and TfV have developed a program of non-regulatory activities intended to raise medical practitioner's awareness of the importance of reporting at-risk drivers to VicRoads, and to help drivers themselves better understand the medical review process. This work has the support of the peak health bodies that participated in the Action Group.

VicRoads will continue to monitor Fitness to Drive referrals to assess whether this non-regulatory approach is effective and make adjustments as necessary. The Action Group members have agreed to continue their involvement as an advisory group.

If you require further information, please contact Paul Salter, Director - Regulation, Road Safety and Evaluation of the Department of Economic Development, Jobs, Transport and Resources on telephone (03) 8392 6447.

Yours sincerely



Corey Hannett
Acting Head Transport for Victoria

CC: Dominic Minghella
Coroner's Registrar
Coroners Court of Victoria

Monique Balassone
Court Administration Officer
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Acting Secretary DEDJTR

Date: 12/12/18.

Report to the Coroners Court Medical Fitness to Drive

November, 2018

Acknowledgements

VicRoads and Transport for Victoria gratefully acknowledge the following members of the Coroner Fitness to Drive Action Group who also contributed to this report:

Coroner Fitness to Drive Action Group

- Dr Michael Levick – (General Practitioner) Australian Medical Association (AMA)
- A/Prof Stephen Macfarlane – Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Dr Bruce Hocking (Occupational Physician) – Royal Australasian College of Physicians (RACP)
- Dr David van der Straaten – Royal Australian and New Zealand College of Ophthalmologists (RANCO)
- A/Prof Morris Odell (Forensic Physician) – Victorian Institute of Forensic Medicine
- Dr Joanne Katsoris, Executive Office, Medical – Australian Health Practitioner Regulation Agency (AHPRA)
- Fiona Landgren – Consultant, Project Health
- Dr Marilyn Di Stefano – Senior Policy and Project Officer VicRoads
- Bettina Cruise – Manager, Licensing Mobility and Active Transport team VicRoads
- Serge Zandegu, Tim Umbers and Fiona Morris – VicRoads Medical Review representatives
- Michael Kyriakakis, Virginia Whalen – VicRoads Legal team
- Chris Brennan/Mark Russell – Road Safety Planning, Transport for Victoria

Project Consultant

Fiona Landgren from Project Health has had a long-standing involvement in the development and implementation of the national guidelines, *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers*. In providing consulting support to this project, Fiona and her team at Project Health have guided the consultation and communication activities resulting in this report.

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1. Executive summary

VicRoads and Transport for Victoria (TfV) were asked to respond to recommendations made by Coroner Jamieson and Coroner Byrne in relation to several reports of findings into deaths without inquest involving drivers¹ with medical conditions likely to impact on their medical fitness to drive.

Responding to six separate incidents in the last 22 months, the presiding Coroner concluded that the current referral system (which applies to all Victorian drivers with long term health conditions or disabilities that may impair driving) is not meeting community needs². In several Findings, the Coroner recommended strengthening legal obligations including the introduction of mandatory medical reporting for health professionals to report medically unfit drivers.

Due to the absence of strong evidence to support the introduction of a mandatory reporting arrangement, TfV and VicRoads considered opportunities to improve the knowledge and skills of health professionals in relation to the existing self and community referral system into VicRoads Medical Review. This would serve to increase voluntary compliance with the existing system and should be utilised before consideration of a mandatory reporting model. To this end, VicRoads committed to undertake several tasks.

This document reports on the progress and outcomes in relation to these tasks, being to:

- seek assistance from health professional bodies and other stakeholders to understand barriers/facilitators in relation to driver self-reporting and the role of health professionals in facilitating this
- seek assistance from health professional bodies and other consumer stakeholders to understand barriers/facilitators in relation to compliance with the current reporting system and how this can be supported/facilitated
- develop and implement a medical practitioner and relevant health professional communication strategy, drawing on existing resources where available and sharing the Coroners' findings
- undertake targeted distribution of "fitness to drive" health practitioner materials
- seek the views of medical practitioners regarding impacts of mandatory medical reporting related to driving
- support disability advocacy groups to deliver fitness to drive education materials and improve fitness to drive communication resources for older drivers, their families and friends.

The work has been overseen by a group representing medical and licensing stakeholders, and has been informed by relevant experts and academic research.

While the work has been limited in scope and timeframes, there are complex factors contributing to the success or otherwise of the current self-reporting system, and many opportunities at a system level to positively influence the processes and outcomes.

The project has confirmed the important role of health professionals in understanding the impacts of health conditions on fitness to drive and advising patients accordingly as an integral part of routine clinical care. This has and will continue to be an ongoing focus for improvement efforts, including collaboration with peak bodies, education, communication and system development.

The project was unable to secure evidence of the beneficial impact of current mandatory reporting systems in South Australia and the Northern Territory. Findings of the systematic research literature review undertaken by the Monash University Accident Research Centre also did not provide evidence in favour of mandatory reporting in terms of impact on road safety.

As a result of this project, VicRoads has strengthened relationships with peak medical bodies and has developed a broader understanding of factors impacting on health practitioner awareness, knowledge and skills relating to managing fitness to drive issues of drivers with long term medical and disability issues.

VicRoads and the representatives from relevant medical groups have valued the opportunity to discuss, evaluate and strengthen aspects of the system which impact on Victoria's fitness to drive and Medical Review process and

¹ In Victorian legislation "driver" is taken to include the rider of a motorcycle and this approach has been adopted in this report.

² Since finalising this report, VicRoads and TfV were advised of a further Finding into a death without Inquest (Stanislaw Gliszczynski COR 2016 001910) which reflects similar circumstances relevant to VicRoads Medical Review issues to those identified in these six incidents.

propose to continue this collaboration to ensure ongoing implementation of strategies to address the identified barriers.

The specific actions initiated during 2018 and described in this report include:

- engagement with health professional bodies and other stakeholders to understand barriers and facilitators in relation to driver self-reporting and the role of health professionals in facilitating this
- engagement with health professional bodies and other consumer stakeholders to understand barriers and facilitators in relation to compliance with the current reporting system and how this can be supported/facilitated
- development of a health professional webpage and other information resources to support communication with health professionals regarding fitness to drive
- implementation of a short-term medical practitioner and relevant health professional communication strategy, drawing on existing and new resources aimed at increasing awareness and understanding of the VicRoads Medical Review process
- enhanced communication with and support for disability advocacy groups to deliver fitness to drive education materials, and improve fitness to drive communication resources for older drivers, their families and friends
- implementation of VicRoads processes to encourage and facilitate regular interaction between medical practitioners and their patients related to fitness to drive, including, as of mid-September 2018, the addition of information to all Medical Review licensing decision letters to remind drivers to share the outcomes of their medical review process with their treating doctors and health professionals
- provision of ongoing support for education and information sharing with external stakeholders and support groups (e.g. Older Road User Coordination Group, Older Road User Stakeholder Reference Group, etc.).

VicRoads will continue to enhance fitness to drive procedures in a systematic way to address the barriers identified and strengthen enabling processes. These activities will include:

- extension of the Coroner Fitness to Drive Action Group during 2019 to continue to advise on activities initiated in 2018
- development of communication tools to support patient conversations about driving
- ongoing development of content for the VicRoads health professional website, including new factsheets and education
- ongoing implementation of the health professional communication plan
- engagement with the Primary Health Networks (PHN) to ensure the current *Health Pathways* links connect to the VicRoads information resources, and to collaborate in the ongoing development of the pathways and accompanying education available on the PHN websites. The current project has made initial steps in engaging with the PHNs
- engagement with the medical practice software industry to explore opportunities for integration of fitness to drive resources and functionality
- engagement with the National Transport Commission and Austroads to explore opportunities for improving national implementation efforts for *Assessing Fitness to Drive*
- introduction of a Medical Review on-line medical report form for the completion and submission of medical fitness to drive reports by medical practitioners to VicRoads. The new on-line form will deliver benefits to medical practitioners, including easy links for specific medical conditions to the relevant chapters in the national *Assessing Fitness to Drive* guidelines
- improve communication with and between health professionals regarding patients' driving status;
- work with health professionals in hospitals to routinely address fitness to drive. This presents a further opportunity for early-career education for doctors, and some presentations have been conducted already as part of this project in the form of Grand Rounds (refer [Section 6](#))
- strengthen relationships with disability peak bodies to exchange information, needs and resources relating to fitness to drive.

2. Introduction

2.1 Background

VicRoads and Transport for Victoria (TfV) were asked to respond to recommendations made by Coroner Jamieson and Coroner Byrne in relation to several reports of findings into deaths without inquest involving drivers with medical conditions likely to impact their medical fitness to drive.

Responding to six separate incidents in the last 22 months, the presiding Coroner concluded that the current referral system (which applies to all Victorian drivers with long term health conditions or disabilities that may impair driving) is not meeting community needs³. In several reports, the Coroner recommended strengthening legal obligations including the introduction of mandatory medical reporting for health professionals to report medically unfit drivers.

In five of the cases, the impaired driver was not known to the VicRoads Medical Review system. The driver/rider had not notified the licensing authority of any chronic medical condition as required under the Road Safety Act. Additionally, it was apparent that some drivers had continued driving despite medical advice to the contrary, and in some cases health professionals had knowledge of their patient's continued driving and did not notify VicRoads directly.

A sixth finding into a death without inquest involving a driver with medical review issues was directed to VicRoads and TfV over the period covered in this report. In her findings, Coroner Jamieson noted that the driver was known to VicRoads Medical Review. The Coroner recommended that VicRoads and TfV consider a mechanism for providing feedback to reporting medical practitioners within the activities to improve the existing notification system to Medical Review. This specific issue is addressed in [Section 4](#).

Coroner Jamieson and Coroner Byrne recommended that consideration be given to adopting a framework requiring mandatory reporting to VicRoads by medical practitioners when they form an opinion that a person with a permanent or long-term injury or illness, is not, or may not be, medically fit to drive.

VicRoads noted that the potential class of duty holders (medical practitioners) would welcome an opportunity to respond to such a recommendation, particularly given the potential adverse impacts, such as professional regulator censure or civil suits, even if no penalty is attached to breach of such a duty.

TfV and VicRoads considered there were opportunities to improve the knowledge and skills of health professionals in relation to the existing referral system. This would serve to increase voluntary compliance with the existing system and should be explored before consideration of a mandatory reporting model (particularly in the absence of evidence of enhanced safety outcomes from jurisdictions which do have mandatory medical reporting). To this end, VicRoads committed to undertake several tasks.

In its response to the Coroners recommendations regarding the deaths of Mr Hylla and Mrs Elsdon, VicRoads signalled its intention to work closely with the Coroners Prevention Unit (CPU). The CPU subsequently advised that involvement in a review of this type fell outside its remit and, on that basis, VicRoads has undertaken this review independently of the CPU.

2.2 Project aims and objectives

The aim of the project has been to set in place a strategy to improve voluntary compliance with the existing medical review system and inform ongoing work in this regard.

Specifically, VicRoads has fulfilled the following objectives:

- seek assistance from health professional bodies and other stakeholders to understand barriers and facilitators in relation to driver self-reporting and the role of health professionals in facilitating this
- seek assistance from health professional bodies and other consumer stakeholders to understand barriers and facilitators in relation to compliance with the current reporting system and how this can be supported/facilitated

³ Since finalising this report, VicRoads and TfV were advised of a further Finding into a death without Inquest (Stanislaw Glisz 001910) which reflects similar circumstances to those identified in these six incidents.

- develop and implement a medical and other relevant health professional communication strategy, drawing on existing resources where available and sharing the Coroners' findings
- undertake targeted distribution of "fitness to drive" health practitioner materials
- seek the views of medical practitioners regarding impacts of mandatory medical reporting related to driving
- support disability advocacy groups to deliver fitness to drive education materials and improve fitness to drive communication resources for older drivers, their families and friends.

A program of activity has been undertaken during 2018 and is the subject of this report. The report also outlines ongoing activities and evaluation to address the Coroners' concerns.

Specifically, this report:

- provides an overview of the current VicRoads Medical Review process ([Section 3](#))
- describes the findings of consultation with stakeholders in terms of the barriers and enablers for the current self and community referral system for driver medical review, and discusses these in terms of the Coroners' reports ([Section 4](#))
- describes the nature of mandatory reporting models for medical fitness to drive and the findings of a systematic research literature review conducted by the Monash University of Accident Research (MUARC) into the impact of these models on road safety ([Section 5](#))
- describes the resources developed by VicRoads to support ongoing communication with health professionals regarding fitness to drive ([Section 6](#))
- describes a short-term medical practitioner and other relevant health professional communication strategy aimed at increasing awareness and understanding of the VicRoads Medical Review process ([Section 6](#))
- describes interfacing activities that will further support road safety associated with medical fitness to drive ([Section 7](#))
- provides conclusions and outlines next steps for ongoing action to address the concerns of the Coroner ([Section 8](#)).

2.3 Project governance and stakeholder engagement

VicRoads and TVV have led, and are responsible for, project outcomes and reporting to the Coroner. In fulfilling this responsibility, they have also actively engaged with stakeholder groups, particularly those representing health professionals. The Coroner Fitness to Drive Action Group (the Action Group) was created to inform and facilitate project activities, and has worked with relevant stakeholders to share information and gather health professional perspectives. Representation is shown in Table 1 and the Terms of Reference are included in [Appendix 1](#).

A representative from the Royal Australian College of General Practitioners (RACGP) was not available to participate in the group, however the project team has engaged with the College throughout the project to identify communication and education opportunities, and has provided meeting minutes and activity outcomes. A general practice (GP) perspective was provided by the AMA representative, Dr Michael Levick, who is a general practitioner.

Other specialists/professionals were invited by the chair/Action Group to attend meetings/workshops to inform the group's work (e.g. academic from MUARC).

An expert health professional consultant with experience in developing and implementing the national standards, *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers (Assessing Fitness to Drive)* [1] was employed by VicRoads to support the activities of the Action Group as described in this report.

Table 1. Representation on the Coroner Fitness to Drive Action Group

Stakeholder organisation	Representative
Transport and licensing stakeholders	
Transport for Victoria, Road Safety Planning	Chris Brennan (Manager, Road Safety Planning) / Mark Russell (Principle Policy Officer, Road Safety Planning)
VicRoads, Licensing, Mobility and Active Transport	Bettina Cruise (Manager)
VicRoads, Licensing, Mobility and Active Transport	Marilyn Di Stefano (Senior Policy and Project Officer)
VicRoads, Medical Review	Serge Zandegu (Manager) Tim Umbers / Fiona Morris (Medical Case Managers)
VicRoads, Legal	Virginia Whalen (Senior Lawyer) /Michael Kyriakakis (Principal Lawyer)
Medical stakeholders	
Australian Medical Association (AMA)	Dr Michael Levick (General Practitioner)
Royal Australian and New Zealand College of Psychiatrists (RANZCP)	A/Prof Stephen Macfarlane
Royal Australasian College of Physicians (RACP)	Dr Bruce Hocking (Occupational Physician)
Royal Australian and New Zealand College of Ophthalmologists (RANCO)	Dr David van der Straaten
Victorian Institute of Forensic Medicine	A/Prof Morris Odell (Forensic Physician and medical advisor to VicRoads)
Australian Health Practitioner Regulation Agency (AHPRA)	Dr Joanne Katsoris (Executive Office, Medical)
Project consultant	
Project Health, External Consultant	Fiona Landgren

The Action Group had an agreed initial lifespan of approximately 12 months (over 2018), with four meetings (March, May, July and October). The key issues and activities addressed by the group during this period are shown in

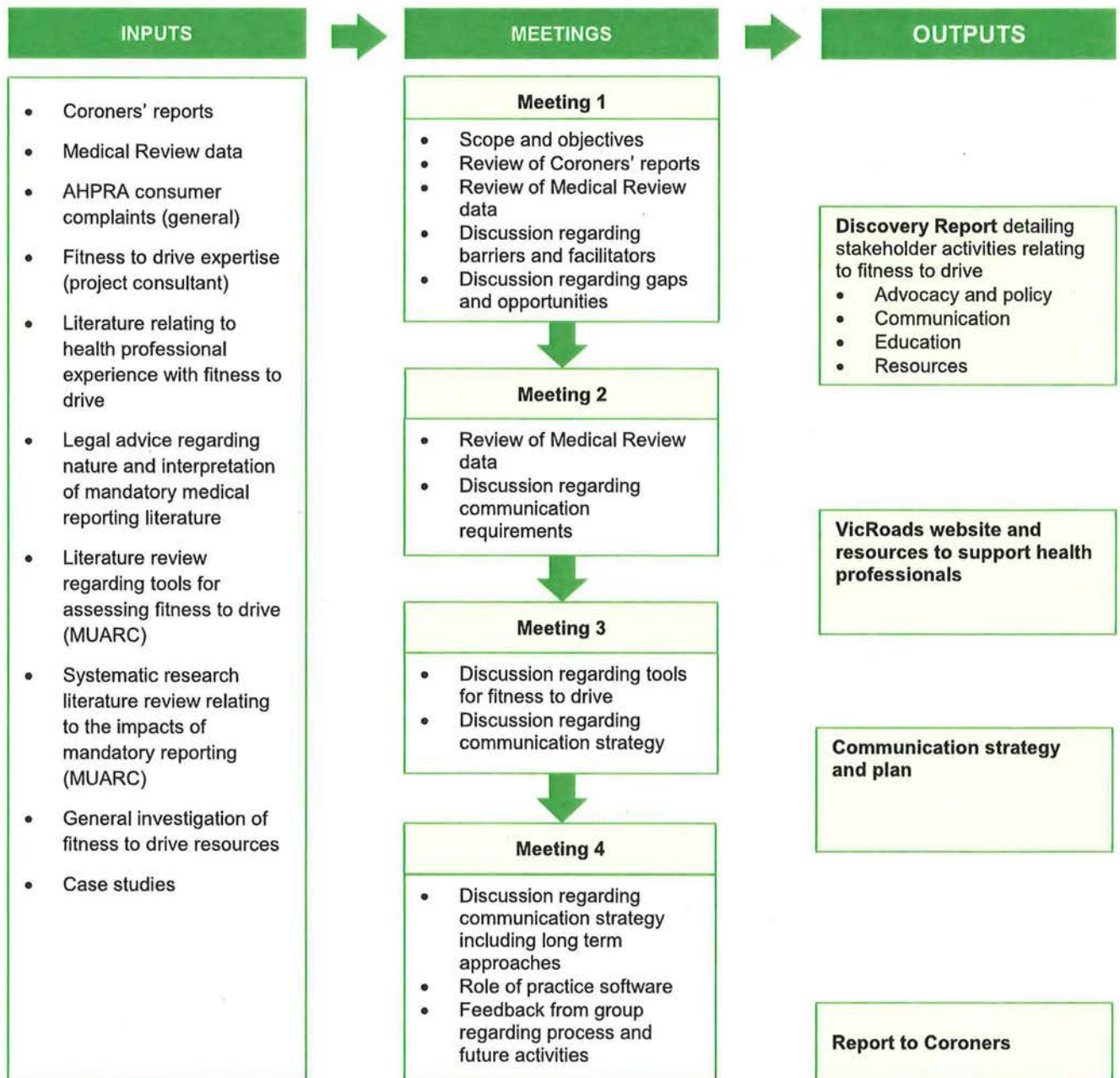
Figure 1. A reflection activity undertaken at the final meeting confirmed the value of the group and the need for ongoing stakeholder engagement to address the complex issue of fitness to drive education and awareness.

The Terms of Reference of the Action Group are included in [Appendix 1](#).

2.4 Project interfaces

The project work undertaken in collaboration with the Action Group has interfaced with several other activities VicRoads is delivering. These are described throughout this report and have been referred to in previous responses to the Coroner. Consumer input into medical fitness to drive issues has been specifically sought via two VicRoads hosted groups: (a) the Older Road User Coordination Group which involves Victoria's road safety partners, and (b) a newly established consumer orientated group, the Older Road User Stakeholder Reference Group, which will meet regularly and includes representatives from the Council of the Ageing and disability advocacy groups.

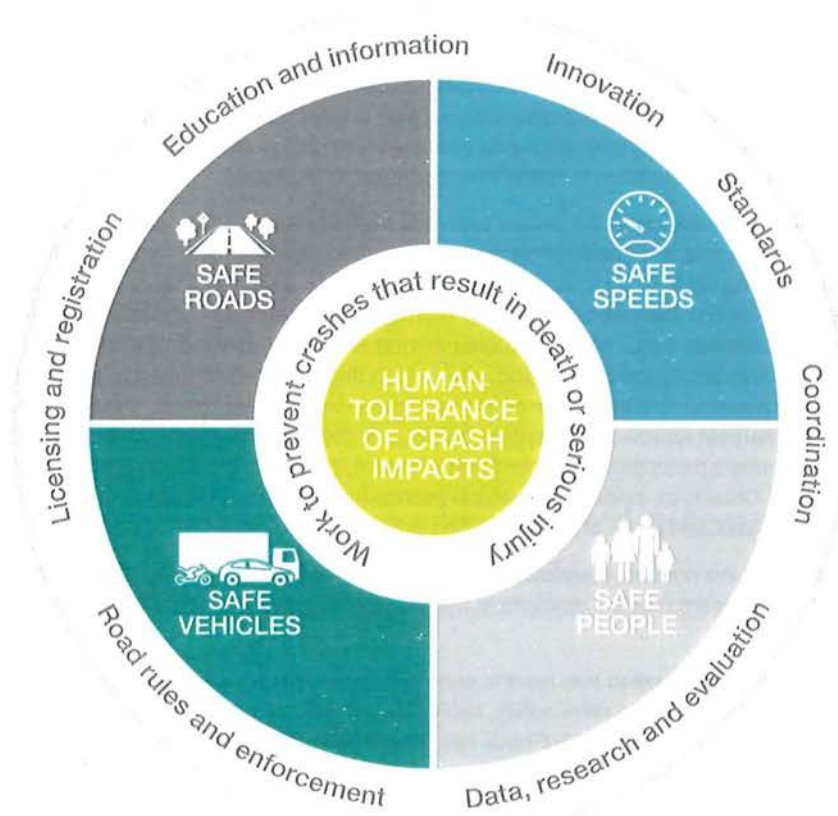
Figure 1: Overview of the Coroner Fitness to Drive Action Group process and outputs (2018)



3. Victorian (VicRoads) Medical Review

As one of the road safety partners in Victoria, VicRoads' role is to create a safe system of roads, vehicles, and drivers that supports safe movement of our community. This work is underpinned by the National Road Safety Strategy 2013-2022 [2], which is based on the Safe System approach to improving road safety (Figure 2).

Figure 2. Safe System approach, guiding the National Road Safety Strategy (2013-2022)



This systematic approach is also reflected in the objectives of the Transport Integration Act, which include an objective with two parts relating to social and economic inclusion (Objective 8):

The transport system should provide a means by which persons can access social and economic opportunities to support individual and community wellbeing including by—

- (a) minimising barriers to access the transport system so that it is available to as many persons who wish to use it
- (b) providing tailored infrastructure, services and support for persons who find it difficult to use the transport system.

VicRoads' role includes supporting licensed drivers to drive at any age, so long as they are medically fit to do so, and have the necessary skills to drive safely. The *Road Safety Act 1986* [3] allows VicRoads to ask any driver licence/learner permit holder—including those with the authority to drive on an interstate driver licence/learner permit or overseas driver licence—to provide medical and/or other reports and, if required, to undertake tests of their driving skills.

This section of the report provides an overview of the VicRoads Medical Review process and describes the functions of the VicRoads Medical Review Team.

3.1 The Medical Review process

The key focus of the VicRoads Medical Review process is to improve community road safety outcomes, whereby drivers identified with medical conditions and impairments are required to undergo medical “fitness to drive” reviews or assessments to confirm their fitness to drive status and/or ability to safely operate a vehicle.

It is important for the Medical Review assessment process to be rigorous and fair. The assessment process is therefore aligned to the national medical standards for driver licensing, set out in *Assessing Fitness to Drive* [1]. These standards provide criteria for health professionals and licensing authorities to assess long term or permanent medical conditions and impairments, with criteria for determining a driver’s eligibility for an ‘unconditional’ (unrestricted) licence or a ‘conditional’ licence.

For the range of medical conditions covered by the guidelines, criteria identify when a driver is not eligible to hold an unconditional licence. These criteria serve as the initial trigger for a health professional to start thinking about the impact of the person’s medical condition on their fitness to drive (e.g. the person has had a seizure, is diagnosed with angina, is diagnosed with MS or dementia, has a visual impairment etc.). If the driver is not eligible for an unconditional licence as a result of their diagnosis or impairment, this is also a trigger for the health professional to advise the driver about their obligation to report their condition to VicRoads.

A secondary set of criteria determine the patient’s/driver’s eligibility for a conditional drivers licence. A conditional licence provides a mechanism for optimising driver and public safety while maintaining driver independence when a driver has a long-term or progressive health condition or disability that impacts driving ability. A conditional licence identifies the need for medical management, vehicle modifications and/or driving restrictions (e.g. corrective lenses, radius restricted driving area, zero BAC) that would enable the person to drive safely. It may also specify a review period, after which the person is required to undergo medical or on-road competency reviews to establish their continued fitness to drive. VicRoads Medical Review manages the recalls for periodic medical review as described below. It is the VicRoads Medical Review process that will determine if a driver meets the criteria for a conditional licence, based on the doctor’s medical report and other information available. Criteria for commercial vehicle licence holders are more stringent due to the nature and duration of the driving task and types of vehicles being driven.

In addition to consulting the national standards and considering reports from health professionals, VicRoads also refers to external independent medical advisors at the Victorian Institute of Forensic Medicine for advice on complex cases.

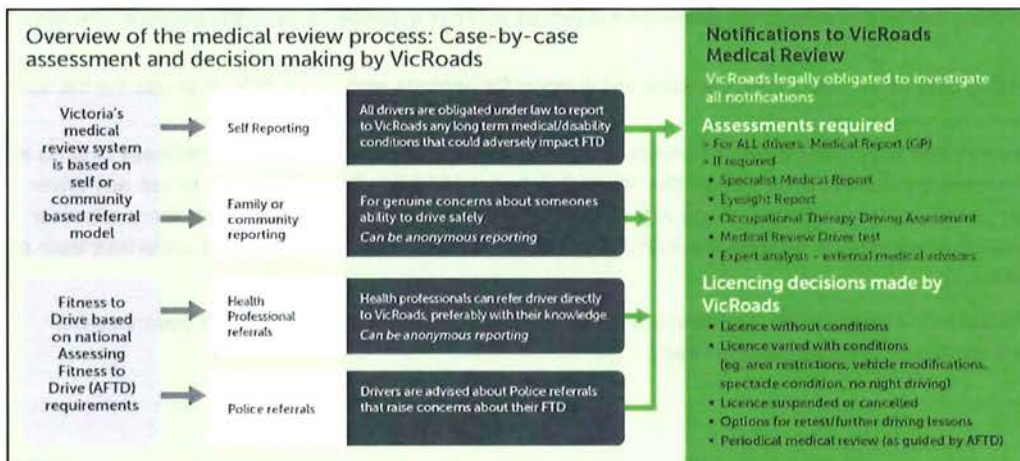
When VicRoads receives information (i.e. reports or notifications) about a driver’s medical condition or disability that raises concerns about their ability to drive safely, VicRoads will ask the driver to participate in the Medical Review process to assess their fitness to drive. VicRoads has a legal obligation to investigate any concerns received about driving safety under the *Road Safety Act 1986* [3].

There are three main stages in the medical review process:

- Stage 1: reporting of information to VicRoads
- Stage 2: driver provides medical reports as requested and undertakes testing (if required)
- Stage 3: the Medical Review case-by-case decision making and outcome

These stages are described below and summarised in Figure 3.

Figure 3: Overview of the VicRoads Medical Review process



Reporting of information to VicRoads

VicRoads receives reports from various sources, including driver self-reporting (e.g. licence application or renewal form self-declaration), Victoria Police, health professionals, family, friends, and members of the public (i.e. the self or community-based reporting model).

VicRoads encourages drivers with medical conditions to speak with their doctor to understand their health conditions and the potential impact on their driving. Drivers are obligated under law (*Road Safety (Drivers) Regulations 2009*) [4] to report to VicRoads any medical conditions that could adversely impact their ability to drive.

Doctors, community members, family and friends can also anonymously report their concerns about a driver's medical condition or disability and its effect on the driver's ability to drive safely. People who make a report in good faith are protected from legal action, and VicRoads will not release their identity without their consent, unless it is compelled by law [4].

Driver provides medical reports as requested and undertakes testing (if required)

When VicRoads receives a report about a driver's medical condition or disability that could affect their ability to drive safely, the risk assessment process is triggered via a triage system which allocates the driver's case file to different risk-based work queues. The work queues are then allocated to trained Medical Review staff. The driver's case file risk assessment continues at different points along the Medical Review process, informed by *Assessing Fitness to Drive*.

VicRoads will ask the driver for specific information to help assess their fitness to drive. The requested information routinely includes general practitioner medical reports and may also include specialist medical reports and competency tests, such as an occupational therapy driving assessment. VicRoads will write to the driver asking for the specific information needed and the date it is required. If the driver fails to provide the requested information by the due date, their licence may be suspended.

The Medical Review outcome

The driver's Medical Review outcome is based on the medical reports provided and any medical review driving test or occupational therapy driving assessment conducted.

If the Medical Review assessment process shows the driver meets the criteria for an unconditional licence as set out in *Assessing Fitness to Drive*, they will be able to keep driving with no restriction and often without follow up by the Medical Review process. If the driver's medical condition is such that they do not meet the unconditional licensing criteria, but their condition and/or their driving requirements can be managed to ensure road safety, they will be issued with a licence that is conditional on certain requirements, which are likely to include ongoing periodic review to ensure these conditions remain appropriate. The conditions or restrictions associated with the conditional licence are then added to the driver's licence as a variation (e.g. regular/periodic medical reviews, only driving a vehicle with modified controls, only driving during daylight hours or only in certain areas) and a driver who fails to observe his or her licence conditions is liable to charges under the Road Safety (Drivers) Regulations. Breaches are enforced by Victoria Police.

If the assessment shows the driver does not meet the criteria for a conditional licence, they will not be able to continue to hold a licence. The driver's licence will be suspended or cancelled. This decision can be reviewed if new information is available. VicRoads will write to the driver advising of the Medical Review outcome.

VicRoads Medical Review is responsible for final licensing decisions considering all information from the driver, other notification sources, medical and health professional sources and from police and the courts. If VicRoads elects to vary, suspend or cancel the driver's licence, the driver has a right of appeal of the Medical Review outcome decision, either to VicRoads (independent internal review) or the Magistrates Court.

The Medical Review outcome is communicated with the licence holder

VicRoads writes to the licence holder to advise of the final Medical Review licensing decision. In most cases, the licence holder will be assessed as requiring a periodic review (e.g. annual, every 2 years) or subject to licence conditions (e.g. automatic transmission only, radius restriction, no night driving), and these are set out in detail in the letter together with an explanation linked back to the national fitness to drive guidelines (e.g. vision criteria not met, recommendation from an on-road assessment to apply an area restriction condition with the km radius stipulated). Correspondence may also be accompanied by information factsheets (e.g. *Dementia and driving*, *Diabetes and driving*, *Getting around without a car*).

The majority of people referred to medical review for assessment retain their licence, some with conditions (e.g. periodical review); and approximately 12% are assessed as not fit to drive and have their licence suspended or cancelled.

3.2 The VicRoads Medical Review Team

The VicRoads Medical Review Team consists of approximately 30 trained staff engaged primarily in managing the case-by-case, risk prioritised medical review process. The team is broken up into segregated functional roles that include:

- Officers processing all incoming notifications, medical reports and correspondence sent to the Medical Review Team via mail, email and fax, and uploading into the case management platform. The case management platform has been built with business rules and categorises cases based on risk. The driver cases are routed to risk and complexity-based queues depending on the issues raised in the correspondence. This system directs cases to the appropriate work queues and optimises rapid handling of those considered to be high risk cases.
- Officers responsible for reviewing and assessing case files for fitness to drive, in line with *Assessing Fitness to Drive* and policies / procedures. They are allocated to work queues each day and action driver cases within the queue. Where they have complex driver cases, they escalate these to a Medical Case Manager for review.
- Medical Case Managers are qualified health professionals (i.e. registered nurses) providing case management support for more complex case escalations, customer resolutions, and liaison with external health professionals and VicRoads independent medical advisors.
- Where VicRoads is unable to make a fitness to drive assessment due to the complexity of a driver's medical circumstances, the driver's case is referred to VicRoads independent medical advisors [Victorian Institute of Forensic Medicine (VIFM)]. Examples include drivers with diagnoses including seizures, cardiac or vision conditions, and/or who hold commercial licences and may be operating trucks or passenger vehicles such as buses. The VIFM medical advisors comprise forensic physicians specialising in traffic medicine. VicRoads submits on average approximately 3,000 cases per annum for specialist advice.
- The most complex cases are referred to a VIFM Specialist Medical Committee (a panel of experts) for a group discussion and consensus recommendation on the driver's fitness to drive. The committee meets four or five times a year and comprises VIFM medical advisors, VicRoads representatives and medical specialists who offer their time pro-bono (several senior neurologists and ophthalmologists and a cardiologist). Approximately 80-100 cases are discussed per year.

On-road competency: driving tests

There are two types of on-road competency driving tests: an Occupational Therapy Driving Evaluation and a Medical Review Driving Test. VicRoads determines which test is required on the basis of the customer's medical report(s) and any other information submitted about the driver (e.g. police report about a crash). If it appears that the driver has significant medical or disability issues which may impact driving ability, VicRoads will require the driver to undertake an Occupational Therapy Driving Evaluation. Such assessments are conducted by independent health practitioners who are not employed by VicRoads.

If there are no relevant health or disability issues identified, the driver may be required to undertake a Medical Review Driving Test. The Medical Review Driving Test is designed to test the driving ability of experienced drivers when concern has been raised about their ability to drive safely. These tests are for skills-based concerns and not intended to assess the impact of a medical condition on driving. Medical Review staff process the outcomes of both types of on-road competency tests and consider results in the overall fitness to drive decision making process.

Services to external stakeholders

While the Medical Review Team focuses primarily on day-to-day operational tasks managing VicRoads customers with fitness to drive issues, they also contribute to internal policy and program work related to Medical Review. In addition, they also develop external stakeholder materials (e.g. by developing/reviewing webpage or factsheets on fitness to drive topics) and, upon request, provide education and raise awareness about the Medical Review processes for drivers, support organisations (e.g. Diabetes Victoria) and health professionals via consultation forums (e.g. Hospital Grand Rounds, nursing conferences, seminars involving occupational therapy driving assessors).

3.3 Data trends

As at 30 June 2018, of the approximate 4.665 million Victorian driver licence / permit holders, VicRoads records indicate around 120,000 drivers (3%) with active Medical Review files under management (this excludes previously closed files).

Over the 4-year period to June 2018, the total licence/permit holder growth was 8%, and the growth in active Medical Review driver files was 10%.

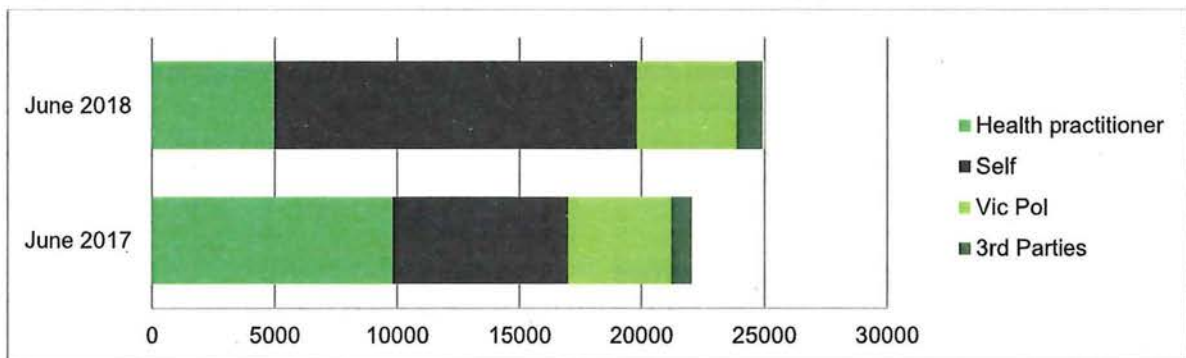
In 2017, 1 in 4 drivers (25%) were over 60 years old, with around 7% having a VicRoads medical review case file. By 2030, it is estimated that 1 in 3 drivers (33%) will be over the age of 60.

The number of new reports received by VicRoads grew by 13% between 2017 and 2018 (22,064 and 24,926 reports respectively). Over this period, self-reporting by drivers more than doubled (from 7,209 to 14,864), and accounted for 33% of reports in 2017 and 60% of reports in 2018. This is a positive trend for the self-reporting system. At the same time reports by health professionals decreased by half, from 9,805 in 2017 to 4,958, accounting for 44% of reports in 2017 and 20% in 2018 (refer Figure 4).

Over the last 5 years, the most common medical conditions, representing about 80% of the driver medical conditions advised to VicRoads were:

- diabetes
- cardiovascular conditions
- vision and eye disorders
- neurological conditions (includes epilepsy, dementia, MS, Parkinson's disease, acquired brain injury including strokes).

Figure 4: Medical Review reports – new reports to VicRoads for financial years 2017 and 2018



Note that annual data is a snapshot of medical conditions at a point in time for active Medical Review driver files with licence status of current or suspended, and a medical condition will be counted separately if a driver has multiple medical conditions.

It is expected that the number of driver medical reviews and assessments will steadily increase into the foreseeable future. The number of case files managed by VicRoads per year is expected to increase by 35% by 2030.

4. Barriers and enablers associated with the current Medical Review system

In seeking to understand the barriers and enablers associated with the current self and community referral system, the Coroner Fitness to Drive Action Group and VicRoads personnel undertook several activities. These included:

- examining the Coroners' reports
- investigating existing levels of communication and education around fitness to drive
- engaging with relevant health professionals, including general practitioners and medical specialists
- engaging with road safety experts and advocates
- engaging with system-level stakeholders including the medical practice software industry.

The findings of these activities are summarised in Table 2 and Figure 5.

Table 2 provides a summary of the circumstances of the Coroners' cases, and highlights the common behaviours in relation to reporting and managing fitness to drive, notably:

- in all but one case the drivers were not known to VicRoads Medical Review
- drivers had not notified VicRoads of their chronic medical condition as required under the *Road Safety Act*
- some drivers had continued to drive despite medical advice to the contrary, and in some cases with the knowledge of the treating health professional(s)
- some health professionals (e.g. occupational therapists) had not provided copies of their driver assessment outcomes back to the treating general practitioner
- some health professionals had not discussed fitness to drive at all with their patients.

Figure 5 represents a situational analysis of the barriers associated with the current self and community report system. The diagram highlights behaviours and contributing factors at a health professional and consumer level that contribute to crashes involving medically unfit drivers. It then links these factors to a range of system level factors. While the identification and analysis processes were not exhaustive, given the scope and duration of this project, the analysis highlights the complexity of the issues around fitness to drive and managing people with medical conditions that may impact their driving.

The following sections provide a more detailed discussion of the health professional and consumer level factors and how these can and are being addressed through system-level interventions.

4.1 Health professional level barriers

VicRoads acknowledges and supports the integral role that health professionals play in the driver medical review process and in applying the *Assessing Fitness to Drive* guidelines.

At a health professional level, a number of barriers are apparent. These have been categorised broadly as relating to:

- awareness, knowledge and skills
- concern about patient relationships
- practice processes and resources.

Awareness, knowledge and skills

The lack of awareness, knowledge and skills in relation to fitness to drive were acknowledged by the Action Group as important factors, which also reflects findings in the literature. At a system level, this reflects the lack of medical and health professional education at entry and specialist level, as well as a lack of continuing professional development in regard to fitness to drive. For example, there are increasing numbers of overseas trained doctors in Australia, many of whom work as general practitioners. It is unknown if they receive any training in Victorian fitness to drive requirements as part of their practice orientation. Work undertaken by the Action Group ([Appendix 4](#)) revealed that awareness and education efforts were largely concentrated during the time of release of a new edition of *Assessing Fitness to Drive*, usually every 4 years. The scope, penetration and effectiveness of the current education on fitness to drive can be improved.

Figure 5: Situational analysis – examples of factors contributing to lack of compliance with the current system of self and community reporting to VicRoads Medical Review

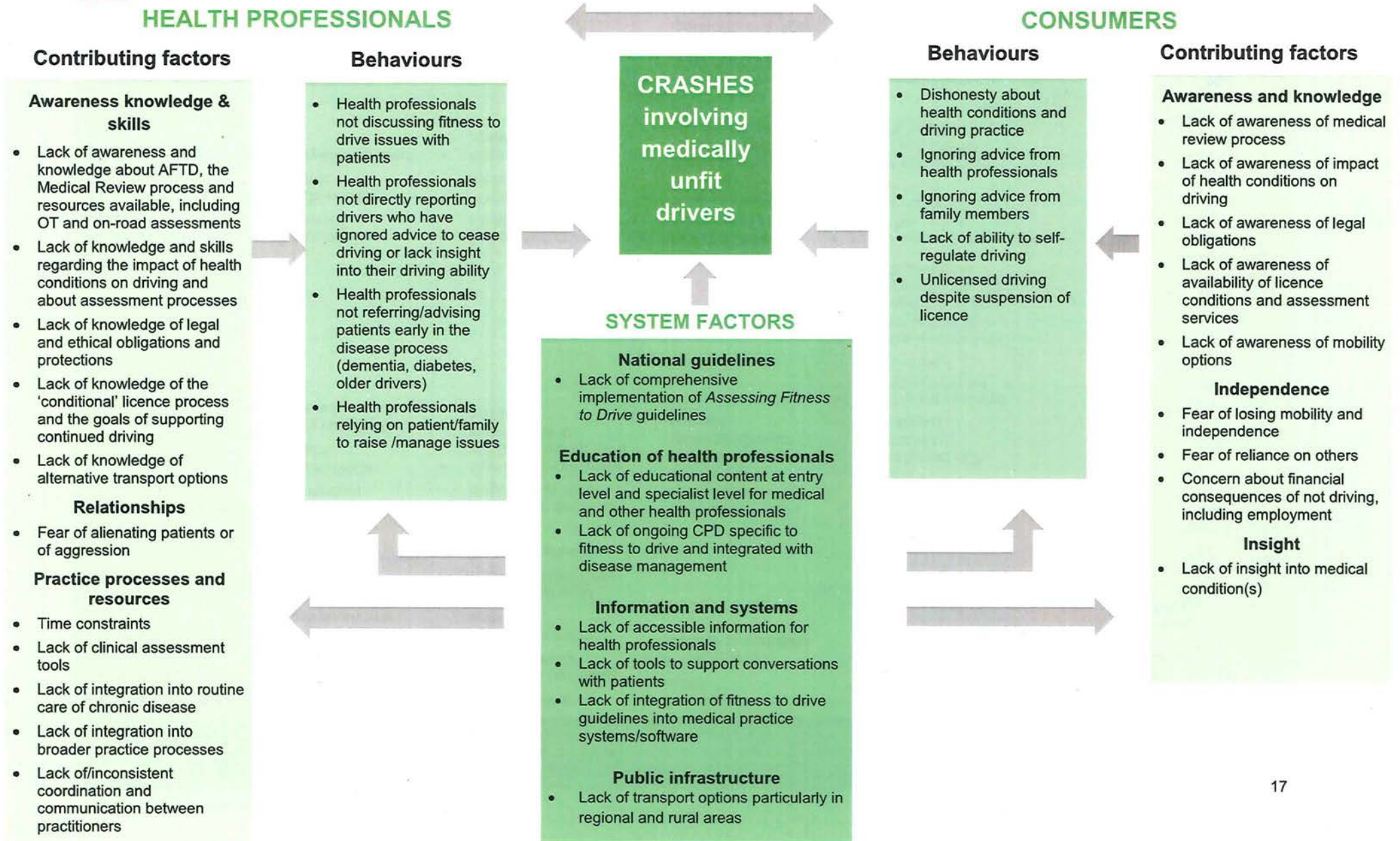


Table 2. Summary of relevant Coroners' cases

Findings of death without inquest (2016 – 2017)	General circumstances	Health status of driver	Other factors / circumstances	Doctor raised FTD issues with patient?	Patient reported to VicRoads	Doctor reported to VicRoads	Known to VicRoads Medical Review?
<p>Nicholas Carr (36yo) Death: 23/08/2015 Coronial finding: 28/11/2016</p>	<ul style="list-style-type: none"> Motor bike rider was the deceased Single vehicle incident Possible seizure Positive toxicology (cannabis, methylamphetamine) 	<ul style="list-style-type: none"> History of seizures Neurologist reported 2 seizures weekly Noncompliant with medication Non-attendance at medical appointments Substance abuse issues 	<ul style="list-style-type: none"> Parents spoke to police Father reported seizures to workplace 	<ul style="list-style-type: none"> Yes, advised the driver correctly to not drive unless seizure-free for 6 months 	No	No Despite evidence of non-compliance with advice	No
<p>Pamela Elsdon (85yo) Death: 22/11/2016 Coronial finding: 7/09/2017</p>	<ul style="list-style-type: none"> Driver was husband of deceased Single vehicle incident Likely cognitively impaired 	<ul style="list-style-type: none"> Established dementia diagnosed in 2012 Significant impairment of ADLs noted up to 18 months prior to accident 	<ul style="list-style-type: none"> Continuity of care a factor between various health professionals and within the general practice 	<ul style="list-style-type: none"> No, despite many consults with several medical professionals (GP, psychiatrist, neurologist) Psychiatrist assumed not driving; GP felt OK to drive Driving appeared not to be a feature of management plans for dementia despite AFTD guidelines 	No	No	No
<p>Frederick Hylla (87yo) Death: 24/08/2016 Coronial finding: 28/08/2017</p>	<ul style="list-style-type: none"> Driver was the deceased Single vehicle incident Likely cardiac event 	<ul style="list-style-type: none"> Established extensive cardiac disease History of IHD & bypass grafts Recent MI & hospitalisation 	<ul style="list-style-type: none"> Daughter asked father not to drive Family approached doctor to discuss driving but did not report to VicRoads and did not follow up with Dr 	<ul style="list-style-type: none"> Yes, Dr advised not to drive after recent hospitalisation (2 months prior) Patient advised family that Dr had said he was OK to drive 	No	No	No
<p>Eric Fiesley (68yo) Death: 5/06/2017 Coronial finding: 5/12/2017</p>	<ul style="list-style-type: none"> Deceased was riding a motorbike when a car driven by an 80 	<ul style="list-style-type: none"> Poor vision in left eye (3/60) Right eye history of herpetic corneal 	<ul style="list-style-type: none"> Coroner also considered the age of the driver and possibility of a lapse in concentration 	<ul style="list-style-type: none"> Not known/reported in findings Had seen ophthalmologist earlier 	No	No	No

Findings of death without inquest (2016 – 2017)	General circumstances	Health status of driver	Other factors / circumstances	Doctor raised FTD issues with patient?	Patient reported to VicRoads	Doctor reported to VicRoads	Known to VicRoads Medical Review?
	<p>yo driver turned in front of him</p> <ul style="list-style-type: none"> The motorbike rider struck the passenger side of the car Possibly associated with driver's impaired vision Driver not related to deceased 	<p>ulcers/Herpetic keratitis</p> <ul style="list-style-type: none"> Right eye episodes of corneal oedema leading to almost complete loss of eyesight Right eye acuity resolved with treatment - visual acuity 6/12 in affected eye 3 months prior and 6/9 3 months after the crash which falls within AFTD standard 	<ul style="list-style-type: none"> Exemplary driving record to that point 	<p>same day of the crash but no eye test results documented for that day in the Coroner's report</p>			
<p>Edward Czubyj (89yo) Death: 17/04/2018 Coronial finding: 22/02/2018</p>	<ul style="list-style-type: none"> Driver was the deceased Struck by another vehicle when attempting right hand turn Possible visual impairment 	<ul style="list-style-type: none"> Macular degeneration diagnosed in 2009 (acuity 6/38) Under treatment in one eye 	<ul style="list-style-type: none"> Daughters had had conversations about driving, suggesting he not drive far or at night One daughter would not travel in the car with him driving Usually restricted driving to the shops No communication between GP and ophthalmologist 	<ul style="list-style-type: none"> Yes, ophthalmologist advised not to drive Also reported that he knew the driver was continuing to drive despite this advice 	No	No, despite knowing that driver continued to drive	No
<p>June Dangerfield (88yo) Death: 22/11/2016 Coronial finding: 30/07/2018</p>	<ul style="list-style-type: none"> Driver was the deceased Single vehicle incident Incident took place at night despite licence restriction for no night driving 	<ul style="list-style-type: none"> Multiple medical conditions including congestive cardiac failure, osteoporosis and recent episode of confusion due to sepsis. 	<ul style="list-style-type: none"> Under care of GP. Completed several occupational therapy on-road assessments and permitted to drive within local area, automatic transmission & no night driving 	<ul style="list-style-type: none"> Yes, GP had initially requested an assessment following a bout of pneumonia GP was not provided with copies of occupational therapy on-road assessments so was unaware of on-road test outcomes 	Yes	Yes, requested OT assessment	Yes

Findings of death without inquest (2016 – 2017)	General circumstances	Health status of driver	Other factors / circumstances	Doctor raised FTD issues with patient?	Patient reported to VicRoads	Doctor reported to VicRoads	Known to VicRoads Medical Review?
	<ul style="list-style-type: none"> Noticed driving erratically prior to the incident 		<ul style="list-style-type: none"> restrictions with annual review Incident took place at night despite licence restriction for no night driving 	and recommendations to VicRoads			

Poor understanding by health professionals of the need to consider fitness to drive as an integral part of clinical management, as well as poor understanding of the specific requirements for VicRoads Medical Review were evident in several Coroner's cases. For example, in the case of the driver with dementia (Mr Elsdon), the legal requirement for him to report to the licensing authority at the time of initial diagnosis of dementia appears not to have been understood by any of the numerous health professionals involved in his care. This requirement reflects best clinical practice in which routine empathetic discussion about driving is integral to the management of progressive conditions such as dementia, where the transition to non-driving is inevitable and is ideally planned early and managed through conditional licensing and regular review, including practical driver assessments. All these licensing interventions are facilitated through the VicRoads Medical Review system.

The requirements in relation to dementia were specifically changed in the 2012 edition of *Assessing Fitness to Drive* to support improved long-term management of these drivers, and while this change was broadly communicated at the time of the release of the new edition, specific education regarding the application and benefits of the change was not implemented. Over several editions of the *Assessing Fitness to Drive* guidelines, there has been limited implementation beyond short term initial awareness raising about changes to the guidelines.

Poor understanding of the role of 'conditional' licences generally was also acknowledged by the Action Group and again reflects a significant education and implementation gap. From 2002, *Assessing Fitness to Drive* introduced the concept of *unconditional* and *conditional* licensing (in place of the terminology 'fit' or 'unfit' to drive) to better support the management of drivers with medical conditions and to provide a clearer point for referral to Medical Review, as described in [Section 3.1](#).

Clearly, patients rely heavily on health professionals to be familiar with the relevant *Assessing Fitness to Drive* criteria for their medical conditions, to advise them about how medical conditions, disabilities and treatments might affect driving and about their legal reporting obligations as drivers. For drivers with long term chronic health conditions or disabilities, health professionals should routinely enquire about how health conditions or disabilities are impacting daily living activities including general mobility and driving. Patients also rely on health professionals to advise them about their self-reporting requirements, as well as how the Medical Review process can help them maintain their driving for as long as possible and enable them to return to driving if applicable. As discussed elsewhere in this report, patients also seek the input of doctors to complete medical fitness to drive reports which are a compulsory component of the Medical Review process.

Unfortunately, health professionals appear ill-equipped to have conversations about driving and to provide the assistance required. Improvement at a system level in terms of education, and access to information and tools is necessary to address this.

Relationships

While knowledge and skills in relation to *Assessing Fitness to Drive* and the Medical Review process are essential, an important additional barrier for health professionals is their concern regarding the impact on patient-professional relationships, which may result in the patient no longer attending the practice, attending other practices for certain conditions resulting in fragmentation of care, and in extreme cases may take the form of aggression or violence especially in the drug affected or acquired brain injury patient. These concerns are understandable given patient concerns about independence and possibly their livelihood.

The Action Group considered that appropriate education and tools could help overcome this barrier by equipping health professionals to have empathetic conversations early in the disease process (if possible) and communicating the benefits of the Medical Review process in maintaining, not curtailing patient independence. Specific knowledge of the protections available to health professionals who make reports to VicRoads was also considered an enabler in this regard.

Practice processes and resources

Lack of coordination of care and communication between health professionals as well as between VicRoads and health professionals was also identified as a barrier to effective implementation of the current system. This was apparent in a number of the Coroners' cases, including in the case of June Dangerfield (Ref: Cor 2016 005539), where outcomes of occupational therapy driver assessments were not communicated to the treating general practitioner and, despite reporting the driver to VicRoads, the treating general practitioner was not made aware of VicRoads' licensing decision or ongoing medical review requirements.

The main recommendation from the Dangerfield case was that VicRoads and TfV consider mechanisms for providing feedback to reporting general practitioners about Medical Review outcomes.

The Action Group strongly supported the usefulness of providing a mechanism for sharing detailed fitness to drive patient information with both the usual general practitioner and the referring practitioner. VicRoads also supports information sharing with health professionals within the requirements of the privacy, health records and other relevant legislation. VicRoads staff routinely either initiate, or respond to, phone, email or written contact with medical and other health professionals to clarify the Medical Review process, fitness to drive criteria, licensing provisions and to provide medical clearance to proceed with on-road competency tests.

As mentioned above, Medical Review outcome decision letters to customers include an explanation linked back to the national fitness to drive guidelines (e.g. medical criteria not met, outcome/recommendations arising from an on-road assessment). It should be noted that medical practitioners, occupational therapists and VicRoads Medical Review Driving Testers provide copies of assessment outcomes to the driver.

In relation to the communication between health professionals, it is standard health professional practice to directly advise the other treating practitioners involved in a driver's care of the outcomes of assessments or interventions. For example, specialists provide summary reports back to general practitioners to assist with driver management and in recognition of the general practitioners' important overall patient's health co-ordination role. Similarly, occupational therapy driver assessors provide summary reports of their driver assessment and rehabilitation outcomes to general practitioners. This is documented in the competency standards which apply to these professionals [5] and has been confirmed with the Occupational Therapy Association (Victoria) Driving Special Interest Group [6].

Acknowledging potential gaps in some cases, VicRoads has taken steps to strengthen the sharing of medical fitness to drive information across health practitioners, particularly for those patients with complex or advanced medical conditions or disabilities who may be at higher road safety risk. VicRoads has:

- (a) included a reminder in our new fitness to drive factsheets for health practitioners to share information with a patient's general practitioner
- (b) reinforced to occupational therapy driver assessors the need to share results of on-road competency tests with their patients' general practitioners
- (c) added a line to the VicRoads occupational therapy driver evaluation report declaration which seeks confirmation from the signing health professional that a copy of the patient's on-road competency test has been sent to the general practitioner.

VicRoads has also sought to facilitate regular interaction between medical practitioners and their patients related to fitness to drive. Information was added to all Medical Review licensing decision letters from mid-September 2018 to remind drivers to share the outcomes of their medical review process with their treating doctors to facilitate optimal medical condition and disability management.

VicRoads' current operational systems, processes and resourcing do not allow for the automatic sharing with general practitioners of detailed licensing decisions or all the information gathered during a Medical Review process.

As outlined in [Section 7.3](#), VicRoads has been working to improve the fitness to drive Medical Review assessment and submission process via the development of an online medical report form. This process will enable general practitioners to electronically complete, submit, retain a pdf copy and receive acknowledgement of submitted fitness to drive medical report forms. At present, there is no provision within the designed online medical report form platform for licensing outcomes to be sent back to the general practitioner. Nor is there provision to share driver information received by VicRoads from medical specialists, optometrists or occupational therapy driving assessors.

In the absence of a current technology-based system to facilitate an efficient and effective mechanism for sharing detailed fitness to drive patient information with driver nominated health professionals, VicRoads believes the sharing of medical and health professional information is best undertaken directly across health professionals involved in patient care, aligned to standard health professional practice.

Lack of time for discussions about driving is another common issue for treating doctors, as conversations about driving are typically sensitive and require a counselling approach in relation to attitudes and options. The consultation and discovery work conducted as part of this project ([Appendix 4](#)) revealed a number of opportunities to address this. In particular, the opportunity to involve other practice staff in early and routine discussions and communication about driving was apparent. For example, practice nurses conducting the Medical Benefits Scheme

(MBS) funded "75yo plus Health Assessments" (annual health checks funded for patients aged 75 and over) are in a position to discuss driving as a routine issue and thus encourage patients and families to consider this as a long-term planning issue, particularly for chronic conditions or general functional decline in the elderly. Similarly, driving should be addressed as a routine issue in diabetes and arthritis education, and cardiac rehabilitation. The integrated whole of practice approach is one that can be encouraged through general communication to health professionals as well as through specific engagement with practice nurses and practice managers, and through education. This may also support improved coordination of care, both within practices and between treating health professionals, which was an issue identified in some of the Coroners' cases.

In terms of specific resources to support primary healthcare professionals, the *Health Pathways* available through Primary Health Networks (PHNs) appear to be a valuable starting point for collaboration in improving the current self-and community referral system of reporting.

Primary Health Networks work directly with General Practitioners, other primary health care providers, secondary care providers, hospitals and the broader community to ensure improved outcomes for patients. *Health Pathways* are online tools designed to help healthcare professionals assess, treat, and manage patients, and provide information on how to refer to local services and specialists that support coordination of care to ensure patients receive the right care, in the right place, at the right time.

There are six PHNs in Victoria covering the major geographical areas. Five of these use *Health Pathways* and each of these has some form of pathway addressing fitness to drive—for example:

- Driver assessment of older persons (Gippsland PHN, North Western Melbourne /Eastern Melbourne PHNs)
- Fitness to drive – Cancer related (Murray Health PHN / North Western Melbourne /Eastern Melbourne PHNs)
- Occupational Therapy Driving Assessment Gippsland PHN, Murray Health PHN, North Western Melbourne / Eastern Melbourne PHNs)
- Driving and Neurological Conditions (Murray Health PHN)
- Mandatory Driving Stand-downs for Neurological conditions (North Western Melbourne /Eastern Melbourne PHNs)

There is scope to work with the PHNs to ensure the current *Health Pathways* link to the VicRoads information resources and to collaborate in the ongoing development of the pathways and accompanying educations available on the PHN websites. The current project has made initial steps in engaging with the PHNs.

A further potential enabler for supporting routine management of patients with respect to their fitness to drive is through the incorporation of a fitness to drive function, tool or data field into patient management software. This opportunity was highlighted by the Action Group but requires more in-depth exploration in terms of the specific features and tools that would be most feasible and effective. It was also noted that the new Austroads website (available since August 2018) now presents the *Assessing Fitness to Drive* guidelines in an html format, which may facilitate linkages with other software and general improved accessibility to the guidelines (refer <https://austroads.com.au/publications/assessing-fitness-to-drive/ap-q56/about-this-publication>).

The Action Group identified that health professionals in hospitals do not routinely address fitness to drive, even though a large proportion of patients would likely have fitness to drive issues. This presents a further opportunity for early-career education for doctors, and some presentations have been conducted already as part of this project in the form of grand rounds (refer [Section 6](#)).

4.2 Consumer level barriers

At a consumer level, the barriers identified relate mainly to fear of losing independence as well as a lack of awareness about processes and obligations relating to fitness to drive. In particular, there appears to be lack of awareness of:

- the medical review process and the value of that process in maintaining driving for as long as possible, including the role of conditional licenses and driving restrictions
- the impact of health conditions on driving
- a driver's legal obligations to report to VicRoads and to not drive if they are impaired
- alternative transport options.

This highlights the importance of health professional advice in relation to these issues and the value of early conversations about the transition to non-driving and the supports available as discussed above. It also highlights the value of broader community education for older drivers and other specific groups, as described in [Section 7.3](#).

Lack of insight and lack of willingness to accept and adhere to health professional advice is a particular risk to road safety and one that health professionals must be acutely alert to. The Coroners' cases highlight this.

5. Mandatory reporting of medical conditions

As part of the Action Group's deliberations, they sought to gain a better understanding of the mandatory reporting legislation and to understand the impact of mandatory reporting where it has been implemented in other jurisdictions. They were particularly concerned to establish clarity around the definitions and the practical implications of these for health professional reporting.

They also sought to establish health professionals' attitudes towards mandatory reporting. During the Action Group meetings, specific consideration was given to the findings of a survey of Victoria general practitioners published in 2012. The survey of 1,027 practitioners from two rural and two metropolitan Divisions of General Practice secured 217 responses (21%). While the survey did not specifically seek feedback about mandatory reporting, it did canvas opinions about the impact of reporting to VicRoads, including:

- 79% reported that reporting a patient who I consider an unsafe driver to the driver licensing authority negatively impacts on the doctor-patient relationship
- 46% reported they had been unduly pressured by a patient to reconsider their decision to report
- 23% reported that patients had left their practice as a result of reporting.

5.1 Legislation and definitions

Mandatory reporting legislation is currently in place in South Australia and the Northern Territory. The laws have been in place for about 20 years in both jurisdictions, however information is not available as to whether there were specific events that prompted these legislative moves. The legislation is summarised in [Appendix 3](#) together with the legislation in other states and territories that do not have mandatory reporting requirements. Key features and implications of the legislation are described below. The legislation relating to driver reporting obligations is also relevant and is summarised in [Appendix 2](#).

Definition of health professional

The legislation in both the Northern Territory and South Australia define 'health professionals' as including legally qualified medical practitioners, registered optometrists and registered physiotherapists. Northern Territory legislation also applies to registered occupational therapists.

Persons and circumstances to which the legislation applies

The legislation describes to whom mandatory reporting applies (see [Appendix 3](#) for references to legislations):

South Australia:

'Where a legally qualified medical practitioner, a registered optician, or a registered physiotherapist has reasonable cause to believe that a person whom they have examined holds a driver licence or a learner permit and that person is suffering from a physical or mental illness, disability or deficiency such that, if the person drove a motor vehicle, they would be likely to endanger the public, then the medical practitioner, registered optician or registered physiotherapist is under a duty to inform the Registrar in writing of the name and address of that person, and of the nature of the illness, disability or deficiency from which the person is believed to be suffering.

Where a medical practitioner, registered optician or registered physiotherapist furnishes such information to the Registrar, they must notify the person to whom the information relates of that fact and of the nature of the information furnished.

No civil or criminal liability is incurred in carrying out the duty imposed.'

Northern Territory:

'If a registered person reasonably believes that a person they have examined is licensed to drive a motor vehicle and is physically or mentally incapable of driving a motor vehicle with safety to the public or is physically or mentally unfit to be licensed, the registered person must notify the Registrar in writing of the person's name and address and the nature of the incapacity or unfitness.'

This means that mandatory reporting applies in circumstances where the driver's current health situation presents a likely risk to public safety. Importantly, the mandatory reporting legislation in South Australia and the Northern Territory does not compel a health professional to report a driver who has not met their obligations to report to the driver licensing authority, unless the health professional considers that they are likely to be a risk to public safety.

This interpretation is important in relation to the national guidelines contained in *Assessing Fitness to Drive*, which took their current form in 2003, sometime after the introduction of the legislation in South Australia and the Northern Territory. As outlined in the previous section of this report, from 2003, *Assessing Fitness to Drive* introduced the concept of *unconditional* and *conditional* licensing (rather than the terminology 'fit to drive') in order to better support the management of drivers with medical conditions and to provide a clearer point for reporting to the driver licensing authority.

Through the use of the above terminology and associated criteria, *Assessing Fitness to Drive* identifies when a driver is not eligible to hold an unconditional licence as a result of a diagnosis or impairment. With guidance from their health professional, this is the point at which the driver should report to VicRoads. This report triggers the Medical Review process by which the driver is assessed against the conditional licensing criteria.

To provide a practical example, the current criteria for dementia contained within *Assessing Fitness to Drive* require that all patients diagnosed with dementia (at any stage of the disease) are not eligible to hold an unconditional licence. In all states and territories, they are required to self-report to the driver licensing authority, triggering the Medical Review process to determine whether they are fit to hold a conditional licence and to establish regular review timeframes as a condition of their continued driving. This approach aims to ensure regular review of drivers with a progressive illness and to support their transition to non-driving, if appropriate. This is achieved via the application of licence conditions to permit driving in circumstances which suit their capabilities as relevant to disease progression and functional abilities.

If a driver who is diagnosed with dementia is still fit to drive but does not report their condition to the driver licensing authority, they are not fulfilling their legal obligations. However, the health professional is not legally obliged under mandatory reporting to report them to the driver licensing authority *unless* they feel they currently pose a risk while driving.

These nuances have arisen due to the ongoing refinements in *Assessing Fitness to Drive* to support better management of drivers with medical conditions. It is understandable therefore that health professionals and drivers may be unclear about when they should report to the driver licensing authority.

Penalties associated with the legislation

For health professionals who do not report drivers under mandatory reporting legislation, there are no penalties stated—however, it is feasible that a failure to report may give rise to a civil liability or professional disciplinary action. The legislation in South Australia expressly states that a person incurs no criminal or civil liability in carrying out the duty. No express indemnity is provided in the Northern Territory. Professional disciplinary action would be possible, but information is not available regarding the extent of this.

Impact of mandatory reporting policy

The project team spoke to licensing authorities in both South Australia and the Northern Territory at the outset of the project and again at the time of writing of this report to gain an understanding of the impact of the mandatory reporting legislation and future intentions. South Australia has not changed the mandatory medical reporting process and is not currently keeping statistics or formally evaluating this system. Limitations in data availability continue to impact the extent to which mandatory medical reporting can be evaluated in the Northern Territory.

5.2 Evidence of impact of mandatory reporting (summary of MUARC systematic research literature review)

VicRoads commissioned academic staff at (MUARC) to complete a systematic research literature review related to the impacts of mandatory medical reporting of unfit drivers to a licensing authority.

The specific research questions posed in the literature review process addressed:

- 1) effectiveness of mandatory medical reporting for increasing reporting of drivers with medical and other fitness to drive conditions to licensing authorities
- 2) effectiveness of mandatory medical reporting for reducing crash risk for drivers with medical and other fitness to drive conditions
- 3) public health implications associated with mandatory medical reporting.

A systematic search of databases from the disciplines of public health, psychology and transport safety was conducted on 28 May 2018. Studies were included in the systematic review according to the following a priori criteria:

- i. original research in a peer-reviewed journal
- ii. full-text available
- iii. published in English language and human studies
- iv. used quantitative and/or qualitative methods for data collection and analysis
- v. examined mandatory medical reporting of medical conditions or disabilities to licensing authorities by medical or other health practitioners, including studies that examined:
 - frequency of referrals of drivers with medical and other fitness to drive relevant conditions to licensing authorities
 - crash risk for drivers with medical and other fitness to drive relevant conditions where motor vehicle crash risk was assessed by the frequency of crashes or near-crashes involving motor vehicles that resulted in an injury or fatality, as identified by self-report or official crash records
 - public health and other implications for drivers with medical and other fitness to drive relevant conditions including mortality/morbidity, mobility, isolation, contact with medical and other health practitioners, and psychological and social health. Other implications included those relating to the parties with the obligations to report (i.e., health practitioners) and others (e.g. carers, family members, police, community, state governments, etc.).

For the purposes of the systematic review, mandatory medical reporting was defined as mandatory reporting of driver's medical conditions or disabilities to licensing authorities by medical (e.g. general practitioners, geriatricians, neurologists, etc.) and other health practitioners (e.g. optometrists, occupational therapists). Reporting was within the context of drivers who are unfit/unsafe to drive or suspected of being unfit/unsafe to drive. The criteria and guidelines used to report medically unfit/unsafe drivers varied between jurisdictions. The key question when assessing medical fitness to drive was whether there is a likelihood the individual will be able to control the vehicle and respond appropriately to the driving environment in a safe, consistent and timely manner. Medical conditions were usually long-term medical conditions which are associated with functional impairments (e.g., sensory, cognitive, physical, or psychomotor functions) that may affect the skills required for safe driving. It did not apply to reporting of all drivers with all types of medical conditions. Examples of medical conditions that may cause impairments to driving ability included: neurological conditions (e.g. dementia, epilepsy, stroke, multiple sclerosis), psychiatric conditions, alcohol abuse and dependence.

Studies were excluded from the systematic review according to the following a priori criteria:

- i) commentary manuscripts
- ii) literature reviews
- iii) dissertations
- iv) studies which did not investigate mandatory medical reporting of medical conditions or disabilities to licensing authorities by medical or other health practitioners.

The systematic review process is summarised in Figure 6: Summary of MUARC systematic literature review process and outcomes

The combined searches identified 3,436 studies and 27 duplicates were then removed. Following title and abstract screening, 166 studies were identified for full-text review and 123 studies were excluded for the following reasons: 52 were identified as the wrong publication type (reports, dissertations, commentaries or reviews), eight studies assessed the wrong outcomes, four were not available in the English language, seven were duplicates, and 52 did

no not have a full text available. Altogether, 43 studies met the inclusion criteria. A review of the gold set studies⁴ yielded seven additional studies. Fifty studies published between 1992 and 2018 met the inclusion criteria. These included 45 applying primarily quantitative and five applying qualitative research methods.

Studies included a diverse range of participant populations, including: drivers with different health conditions and receiving various warnings (n=16), attendees of the Australian College of Legal Medicine (n=1), law enforcement officers or licensing authorities (n=1) and medical and other health practitioners, including medical specialists (n=30). Studies were also conducted in various countries including the U.S. (n=19), Canada (n=11), Australia (n=10), U.K. (n=4), Switzerland (n=2), Ireland (n=2), Sweden (n=1), and Saudi Arabia (n=1).

Based on the results of identified studies, the following summary conclusions can be stated. There is some evidence to suggest that mandatory medical reporting laws are associated with an improvement in medical and other health practitioners' knowledge regarding how to report patients to licensing authorities. However, there is inconclusive evidence regarding whether these laws:

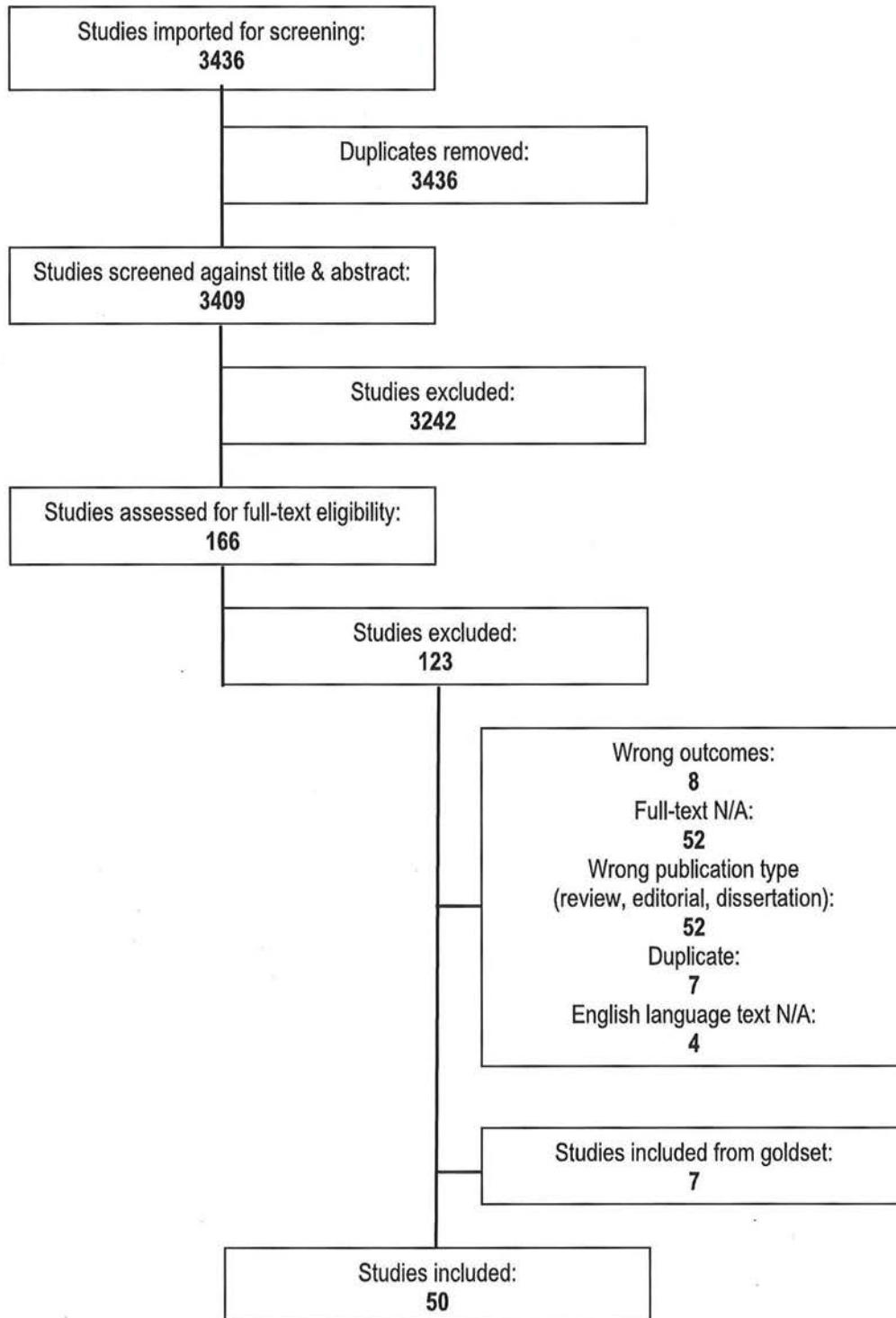
- 1) increase the reporting of drivers with medical and other fitness to drive relevant conditions to licensing authorities, or
- 2) reduce the crash risk of these drivers.

There was evidence that mandatory medical reporting adversely affects the physician-patient relationship, including verbal and physical abuse directed towards medical and other health practitioners. In addition, medical and other health practitioners reported that patients may also avoid medical treatment, due to their fear of being reported to licensing authorities, which may further jeopardise their health.

It should be noted that the identified studies were conducted in numerous licensing jurisdictions, with different mandatory medical reporting laws and other relicensing requirements, and across a diverse range of participant populations, which may limit the generalisability of the findings.

⁴ A sample set of references that are relevant to the search topic. The gold set is useful for identifying terms used in the literature, and for testing the effectiveness of the search in retrieving references known to be relevant. <https://guides.lib.monash.edu/systematic-review/Glossary>

Figure 6: Summary of MUARC systematic literature review process and outcomes



6. Communication strategy

Addressing the specific commitment to the Coroner, the Action Group developed a communication strategy aimed at improving awareness, knowledge and skills in relation to the current fitness to drive reporting process. The strategy aims to fulfil short term requirements as well as develop a foundation for ongoing engagement with health professionals regarding fitness to drive.

This section of the report explains the strategic approach behind the chosen communication channels and articulates the timelines and deliverables of the activities via these channels. The strategy is designed to be flexible and sustainable, relying primarily on VicRoads owned channels and other peak stakeholder channels.

The strategy was developed with input from the VicRoads Strategic Communications team.

6.1 Communication objectives

The communication objectives for the Coroner project were defined as follows:

- raise awareness of relevant health professionals' roles and responsibilities in assessing fitness to drive and in contributing to the Medical Review process
- provide information and resources to support assessing fitness to drive and communication with patients, and direct health professionals to these resources
- begin to address barriers to effective use of the Medical Review system through ongoing engagement with health professionals (acknowledging this requires a longer-term strategy).

6.2 Target audience

The target audiences are summarised in Table 3. The focus is on Victorian general practitioners, who undertake most of the assessments for medical fitness to drive. In addition to directly targeting general practitioners, the strategy promotes a whole of practice response to medical fitness to drive by also targeting practice nurses and practice managers, as these groups will likely support the general practitioner in implementing review processes. Practice nurses are also involved in conducting routine health checks such as the 75yo plus Health Assessment, which may present an untapped opportunity for initiating conversations about fitness to drive and alerting the general practitioner to potential issues. Practice nurses are also involved in chronic disease management, which is likely to be relevant.

Eyecare professionals including ophthalmologists and optometrists also feature highly, as eye conditions make up a significant proportion of medical review cases.

Mental health conditions, including substance misuse and addictions, are among the fastest growing reasons for medical review, although they present a relatively low proportion of cases overall. They do however present particular challenges in terms of compliance with medical review and driving restrictions associated with lack of insight into the impact of their medical condition on road safety.

Occupational therapists are also an important target audience. While specialist driving occupational therapists are very familiar with the medical review process, generalists may not be as well informed.

6.3 Communications strategy

The strategy comprises (Table 3):

- creation of a primary VicRoads web page that enables access to resources and tools for health professionals (including the e-form when it becomes available) and forms the basis of ongoing engagement and education of health professionals
- implementation of targeted short-term communication that:
 - directs health professionals to the website to access the resources and the e-form
 - addresses the main concerns and knowledge gaps of health professionals in relation to the medical review process.

Table 3. Summary of target audiences of the communication strategy

Audience	Details / rationale	Associated professional organisations
General practitioners (GPs)	<ul style="list-style-type: none"> The majority of fitness to drive assessments are conducted by general practitioners thus they are a key target audience 	RACGP AMA PHNs
Eye care professionals: Ophthalmologists, optometrists	<ul style="list-style-type: none"> Eye conditions commonly require assessment in terms of fitness to drive thus both these professional groups are key targets 	RANZCO Optometry Australia College of Optometry
Mental health professionals: Psychiatrists, psychologists, addiction specialists	<ul style="list-style-type: none"> Mental health conditions and substance misuse present particular challenges when assessing fitness to drive; they have therefore been identified as a particular focus for communications 	RANZCP RACP Faculty of Addiction Medicine Australian Psychology Society
Occupational therapists	<ul style="list-style-type: none"> Occupational therapists, both generalists and specialist driving OTs, are closely involved in assessing fitness to drive Lack of awareness and access to OT fitness to drive assessments has been identified as a barrier for other health professionals in managing fitness to drive The Dangerfield case provides a specific rationale for addressing communication and feedback for this target audience 	OT Australia
Other specialist physicians	<ul style="list-style-type: none"> A number of health conditions with implications for fitness to drive are treated by specialist physicians. These conditions include diabetes, epilepsy, other neurological conditions, cardiac conditions etc. Various specialist physicians will therefore be targeted by the communications strategy 	RACP and corresponding societies
Forensic physicians	<ul style="list-style-type: none"> These specialist physicians staff specialised fitness to drive clinics in Victoria and other jurisdictions 	Faculty of Clinical Forensic Medicine RACPA
Practice nurses (mainly in general practice but possibly in other specialist practice)	<ul style="list-style-type: none"> Time management has been identified as a barrier for medical practitioners in managing fitness to drive Practice nurses are likely to have opportunities to discuss fitness to drive as part of their role in chronic disease screening and management Practice nurses therefore represent an opportunity to promote an integrated approach to fitness to drive within medical practices 	Primary Health Care Nurses Association of Australia Australian Nursing and Midwifery Federation (Victoria)
Practice managers	<ul style="list-style-type: none"> Practice managers are responsible for managing systems and processes within medical and allied health practices Their awareness of the Medical Review process may enable an integrated and consistent approach to fitness to drive management 	Australian Association of Practice Managers

The strategy relies primarily on VicRoads owned channels and other peak stakeholder channels.

Implementation has required support and involvement from the following VicRoads teams and external stakeholders:

- Communication and Stakeholder engagement unit
- Medical Review team
- Coroner Fitness to Drive Action Group

- Digital Communications and Web Services teams
- Licensing Mobility and Active Transport team

VicRoads webpage

The VicRoads website has undergone significant redevelopment to create a comprehensive health professional webpage, providing ready access to information about the Medical Review process as well as tools and resources to support health professionals in fulfilling their roles and responsibilities. This is a key activity for ensuring ongoing engagement with health professionals.

- An overview of the architecture is shown in Figure 7. The web page features a number of new health professional fact sheets that describe the key features of the Medical Review process. These include fact sheets for:
 - mental health/addiction professionals (released August 2018)
 - general practitioners and medical specialists
 - eye health professionals
 - occupational therapist generalists.

The website also enables ready access to information tools to support conversations with drivers about fitness to drive. This includes the following factsheets:

- Medical Review Assessing Fitness to Drive (last updated May 2018)
- Dementia and driving (last updated December 2017)
- Diabetes and driving (last updated December 2017)
- Glaucoma and driving (last updated November 2017)
- Sleep apnoea and driving (Updated May 2018)
- Seizures and driving (last updated Feb 2018)
- Getting around without a car (last updated December 2017)
- Occupational therapy driver assessment information (last updated May 2018)
- Medical Review Driving Test (last updated September 2016)
- General eye conditions (in progress Oct 2018).

Over time, other educational content will be added.

Figure 7: Architecture for the VicRoads “Information for Health Professionals”



Communication channels

Health professionals are, in general, an audience whose primary engagement is with other health professional peers, groups and publications. Therefore, the strategy is largely based around the use of existing industry channels and peak industry bodies. This is facilitated through existing relationships with peak bodies, including through the engagement with the Coroner Fitness to Drive Action Group.

The key channels have therefore included:

- Member communication channels for professional societies (e-newsletters, magazines etc). At the time of the publishing of this report, articles had been published or scheduled for publishing as follows:
 - RACGP Victorian Branch news (published 16 October 2018)
 - Australian Medical Association (VicDoc, Victorian Branch printed newsletter, published October 2018, reach 17,000)
 - Australian Medical Association (follow up brief article 22 October 2018)
 - Rural Doctors Association of Victoria (published 25 October 2018)
 - Epilepsy Society (scheduled for November 2018)
 - OT Australia (scheduled for December 2018).
- Communication channels of other health registration and system organisations such as Australian Health Professional Registration Agency (AHPRA), the Primary Health Networks (PHNs), Department of Health and Human Services, Department of Veterans' Affairs etc (e-newsletters, websites and social media networks). At the time of publishing of this report articles had been published or schedule as follows:
 - Medical Board communique (scheduled for November 2018, reach to all registered medical practitioners nationally)
 - Victorian Institute of Forensic Medicine communique (scheduled for 2019)
 - Department of Health and Human Services Victoria (scheduled for December 2018)
 - Transport Accident Commission (scheduled for December 2018).
- Presentations and information dissemination at professional conferences. At the time of publishing of this report, presentations had been made or scheduled as follows:
 - Presentation to Australian Nursing and Midwifery Federation conference, (Fiona Morris, VicRoads) September 2018
 - Presentation to Dealing with Addiction conference (GPADD18) (Morris Odell April 2018)
 - Presentation to National Road Safety Partnership Program – Drink and Drug Driving Seminar (Morris Odell September 2018)
 - Hospital Grand Round presentations various (Morris Odell).

The activity plan detailing all the proposed communications as of October 2018 is included in [Appendix 5](#). This is a living document and will be amended as channels are confirmed and implemented.

Key Messages

The key messages relevant to the communications project are as follows:

- Health professionals have an important role in providing advice to patients about the impact of health conditions on driving and assessing their ability to drive safely.
- All drivers have a legal responsibility to self-notify VicRoads of significant long-term health conditions or disabilities that may affect driving safety. Health professionals can assist patients to be aware of this responsibility and to understand the Medical Review process.
- The VicRoads Medical Review process provides a case-by-case, risk-based mechanism for assessment and decision making about licensing, and for facilitating ongoing review if required. In doing so it aims to optimise driver mobility and capacity to drive for as long as they are safe to do so in conditions that suit their capabilities.

- Having a medical condition does not mean a person is ineligible to hold a licence and in most cases, VicRoads Medical Review does not result in licence cancellation. It may result in driving restrictions or medical monitoring to ensure ongoing fitness to drive.
- Health professionals are not legally mandated to notify directly to VicRoads. Their prime responsibility is to their patient but they are ethically obliged to also act in the interests of public safety if they are aware a patient is continuing to drive despite advice to the contrary. Health professionals making such reports to VicRoads are indemnified under Victorian Road Safety law.
- Health professionals who have concerns that patients lack insight, are ignoring advice about self-reporting and pose a risk to themselves or the community can report to VicRoads anonymously.
- If health professionals (or any member of the public) believe the driver poses an immediate risk to public safety, reports should be made directly to Victoria Police.
- VicRoads has developed new factsheets and resources on fitness to drive and the Medical Review process to guide health professionals when providing advice to patients around health and driving. These tools can be found in one central location under the 'Health and Driving' page on the VicRoads website.

Other communication tools

The Action Group identified that, in addition to communication via generic factsheets for patients, there was an opportunity to tailor information specific to each patient and to 'prescribe' actions including reporting to VicRoads and making follow up appointments. This approach has been initiated for patients with eye conditions, with an initial draft being developed in consultation with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO). This is to be trialled in 2019 and application to other patient groups considered.

Table 4: Key communication milestones

Date	Milestone
27 July 2018	Draft communications strategy to be developed and presented at the CFDAG for validation of content and channels
3rd August 2018	Completion of 'Information for health professionals' web page update
August/September 2018	Completion and uploading to website of Medical Review factsheets for health professionals
August 2018	Confirmation of short-term communication strategy by stakeholders
August to December 2018	Implementation of short term communications strategy Establish contacts for ongoing communications activity and engagement
1 December 2018	Report on communications strategy, implemented activities and future actions for VicRoads report to the Coroner

6.4 Evaluation

The communication strategy will be monitored and evaluated to ensure appropriate reach and engagement with the target audiences. Measures will include:

- publication of article requests (number and target audience)
- conference presentations
- other speaking engagements
- visits and downloads for new health professional pages of VicRoads website for health professionals ('information for health professionals') and consumer ('health and driving') sections of website
- notifications to Medical Review and comparison with previous trend data
- feedback from health professionals.

This data will be used to inform ongoing communication and education activities and ongoing engagement with health professionals.

7. Other strategies and activities

7.1 Support for disability advocacy groups

VicRoads has established a new consultation group called the Older Road User Stakeholder Reference Group. The group includes representatives from many disability, older people and road user advocacy organisations. Group terms of reference include objectives related to enhancing the ability of disability advocacy groups to support road safety, community mobility independence and medical fitness to drive. The group also aims to improve VicRoads' engagement and cooperation with the wider community of older road users, and enhancement of communication via access to existing communication channels and support networks. Invitations have been extended to:

- Council on the Ageing (COTA)
- Disabled Motorists Australia
- Leading Age Services Australia
- Carers Victoria
- Australian Federation of Disability Organisations
- Municipal Association Victoria (MAV)
- Occupational Therapy Australia Victoria
- Dr Natasha Cook (Renal Physician and medical fitness to drive champion)
- Traveller's Aid
- Royal Australian College of General Practitioners (RACGP)
- Australian Medical Association Victoria (AMA)
- Dementia Australia
- Diabetes Australia
- Vision Australia
- Epilepsy Australia
- Ulysses Motorcycle Club (members are 50+ year old motor cycle riders)
- Darebin Bicycle User Group.

The group will provide an opportunity for regular exchange, engagement and dialogue. Peak bodies will be able to share ideas or issues, hear about road safety research and initiatives, contribute to policy review processes, as well as disseminate road safety related information from/to members. VicRoads will benefit from accessing a range of perspectives to enhance our understanding of key concerns and the role we can play to support older road users.

The inaugural meeting was held on 18 October 2018 at the "TAC Toward Zero" exhibition at Melbourne Museum. Eleven agencies were represented. Guest speakers discussed medical review processes and resources, the "safe system" framework for road safety, road safety community programs and funding opportunities as well as road safety governance. During the workshop activities, participants raised concerns that affect the older road users they represent, and agreed on action priorities, the group terms of reference and frequency of ongoing meetings. VicRoads website resources for health professionals and road users were also shared.

7.2 Communication resources for older drivers and their families and friends

VicRoads has commenced implementation of the objective to improve communication resources for older drivers and their families and friends. New materials to support older road users regarding their fitness to drive have been developed. The new materials have been produced with the support of a communications consultant with health promotion skills specific to older audiences. The information needs of older road users were researched via focus groups including older road users based in both urban and rural locations. Focus group feedback informed the development of a suite of new factsheets.

These factsheets address identified information needs of older road users including information about warning signs, tools to support self-assessment, information regarding the obligation to self-report and advice on how to select safe vehicles. The factsheets will be distributed through the VicRoads website, and where agreed the websites of other road safety and advocacy organisations and the VicRoads online book shop. VicRoads will also seek opportunities to distribute the factsheets through road safety related programs and through disability advocacy and professional health groups on an ongoing basis. Uptake and use of the factsheets will be monitored and

evaluated to assess the effectiveness of the messages and formatting for the audience. The factsheets are expected to be available via the VicRoads website by the end of 2018.

7.3 Medical Review Process Improvements

VicRoads is undertaking a project to reform the Medical Review fitness to drive case management system in order to improve road safety outcomes, risk management and processing/operating efficiency and effectiveness. The new case management system is called *OneView* and the specific on-line medical report to support fitness to drive component of this project was included in the *Victorian Government's Towards Zero 2016/2020 Road Safety Strategy and Action Plan* [7].

The Medical review on-line medical report form project represents a major reform in the completion and submission of medical fitness to drive reports by medical practitioners to VicRoads. The new on-line form will deliver benefits to medical practitioners, including easy links for specific medical conditions to the national *Assessing Fitness to Drive* guidelines and provide a rich source of fitness to drive data to VicRoads.

The smart electronic form (e-form) will improve the ease, quality and timeliness of the fitness to drive assessment reporting process in accordance with the national medical standards for driver licensing included in the *Austroads Assessing Fitness to Drive Guidelines* ([1]). The e-form will be accessed via the VicRoads website and will support fitness to drive decision making, reducing processing time and re-work requirements.

The project development and implementation process is supported by:

- a) the overall OneView Project Authority group (including VicRoads and TAC staff)
- b) an internal stakeholder working group (including VicRoads and TAC staff), and
- c) an ad-hoc group of medical/health practitioners and their professional advocacy agencies who are assisting (as required) with form content, e-form usability testing and promotion.

7.4 Older Road User Coordination Group

VicRoads has for several years hosted the Older Road User Coordination Group. The Older Road User Coordination Group is a partnership between key Victorian agencies with road safety as part of their core business. The group meets quarterly with secretariat support offered by VicRoads. The primary aim of the group is to improve road safety outcomes for older road users in Victoria through the delivery of initiatives that support safe mobility as people get older. The group terms of reference also articulate that the group:

- works collaboratively to ensure a coordinated, streamlined and strategic approach to older road user initiatives in Victoria
- applies an evidence-based approach, drawn from the safe system framework, to improve road safety outcomes for older road users by consideration of:
 - **safer people:** maximising the quality of communications/programs/initiatives with older road users, their family and friends, and health professionals in the area of road safety and medical fitness to drive, resulting in the adoption of safer behaviours when using roads and road-related environments
 - **safer road environments:** improving road and road-related infrastructure design for older road users, which includes roads, footpaths, shared and bicycle paths
 - **safer speeds:** supporting consideration of speed in different road user environments and acknowledging the impacts this has on safety, confidence and road trauma
 - **safer vehicles:** encouraging the purchase of safer vehicles by older people and conducting more research in this area. Also, consideration of other devices used by older people to enhance mobility such as motorised mobility devices.

Membership includes representatives from:

- Transport for Victoria
- Active Transport Victoria
- Department of Health and Human Services
- Department of Justice and Regulation
- Royal Automobile Association of Victoria
- Transport Accident Commission

- Victoria Police
- VicRoads (Chair – Bettina Cruise, Licensing Mobility and Active Transport Team Leader).

Other specialists/professionals may be invited by the Chair to attend meetings to support the group's work.

This group routinely addresses medical fitness to drive, retirement from driving, older road user issues including annual trauma statistics, resources and education programs. The group supports initiatives such as the development of the new Older Road User Stakeholder Reference Group and older road user fact sheets.

7.5 Input regarding fitness to drive considerations into Drink and Drug driving behaviour change program

Over recent years, VicRoads has reviewed and upgraded the previously offered drink-driving and drug-driving group interventions required for some drink and drug driving offenders. From 30 April 2018, a Behaviour Change Program must be completed by all drink and or drug driving offenders convicted of offences in Victoria. The Behaviour Change Program is designed to assist drivers to:

- identify the underlying reasons for drink and/or drug driving behaviours and offences,
- identify ways to separate drinking or drug use from driving
- reduce the risk of re-offending.

Programs provide an opportunity to explore the consequences of offending, not only on the offenders but on others, and to identify the benefits of not re-offending. The program enables participants to develop an action plan to assist them to avoid reoffending. There are three programs available including an intensive drink and drug driver program for those drivers with multiple and/or more serious offences. Programs require a 6 to 10-hour commitment in a group of 8 to 12 participants. The intensive program includes a compulsory one on one counselling session and completion of the 2-hour Pre-Interlock Removal Program for participants who have an interlock condition. This is another behaviour change intervention specifically addressing strategies for managing driving without an interlock and it provides a further opportunity for alcohol dependency screening.

The Behaviour Change Program requires active participation including:

- contributing to group discussion
- participating in all activities
- completing a participant handbook
- completing the alcohol use/drug use questionnaire to determine if participants require further support.

The facilitator may provide drivers with a referral for further support to assist them with any alcohol or drug concerns. The facilitator also follows up with the group participant to check that the referral option has been followed up.

If participants complete all program requirements, they receive a Certificate of Completion. This certificate indicates if drivers have/haven't been provided with a referral for additional support to help separate alcohol and/or other drug use from driving in preparation for getting relicensed.

The handbooks for participants, facilitators and supervisors contain information regarding medical fitness to drive processes, resources, legal and reporting obligations, as well as information about services available for seeking treatment for mental health or addiction concerns. The supervisor handbook highlights that health professionals have an ethical obligation to support public safety. Such obligations may need to be applied if a health professional believes a program participant:

- lacks insight/judgement
- is not heeding advice to consult with their general practitioner and/or other treating medical professional and/or fails to self-report
- presents with medical/addiction conditions that cause concern regarding their ability to drive safely upon any future relicensing.

See the [VicRoads website](#) for an outline of the new drink and drug driving behaviour change program.

8. Conclusions and next steps

As a result of this project VicRoads has strengthened relationships with peak medical bodies and has developed a broader understanding of factors impacting on health practitioner awareness, knowledge and skills relating to managing fitness to drive issues of drivers with long term medical and disability issues.

VicRoads and the representatives from the peak medical groups have valued the opportunity to discuss, evaluate and strengthen aspects of the system which impact on Victoria's fitness to drive and Medical Review process and propose to continue this collaboration to ensure ongoing implementation of strategies to address the identified barriers.

The specific actions initiated during 2018 and described in this report include:

- engagement with health professional bodies and other stakeholders to understand barriers and facilitators in relation to driver self-reporting and the role of health professionals in facilitating this
- engagement with health professional bodies and other consumer stakeholders to understand barriers and facilitators in relation to compliance with the current reporting system and how this can be supported/facilitated
- development of a health professional webpage and other information resources to support ongoing communication with health professionals regarding fitness to drive
- implementation of a short-term medical practitioner and relevant health professional communication strategy, drawing on existing and new resources aimed at increasing awareness and understanding of the VicRoads Medical Review process
- provision of support for disability advocacy groups to deliver fitness to drive education materials, and improve fitness to drive communication resources for older drivers, their families and friends
- implementation of VicRoads processes to encourage and facilitate regular interaction between medical practitioners and their patients related to fitness to drive, including the addition of information to all Medical Review licensing decision letters from mid-September 2018, to remind drivers to share the outcomes of their Medical Review process with their treating doctors, to facilitate optimal medical condition and disability management
- provision of ongoing support for education and information sharing with external stakeholders and support groups (e.g. Older Road User Coordination Group, Older Road User Stakeholder Reference Group etc.).

VicRoads plans to continue to address fitness to drive in a systematic way to continue to address the barriers identified and strengthen enabling processes. These activities will include:

- extension of the Coroner Fitness to Drive Action Group during 2019 to continue to advise on activities initiated in 2018
- development of communication tools to support patient conversations about driving
- ongoing development of content for the VicRoads health professional website, including factsheets and education
- ongoing implementation of the health professional communication plan
- engagement with the Primary Health Networks (PHNs) to ensure the current *Health Pathways* link to the VicRoads information resources and to collaborate in the ongoing development of the pathways and accompanying education available on the PHN websites. The current project has made initial steps in engaging with the PHNs
- engagement with the medical practice software industry to explore opportunities for integration of fitness to drive resources and functionality
- engagement with the National Transport Commission and Austroads to explore opportunities for improving national implementation efforts for *Assessing Fitness to Drive*
- introduction of a Medical Review on-line medical report form for the completion and submission of medical fitness to drive reports by medical practitioners to VicRoads. The new online form will deliver benefits to medical practitioners, including links to information on specific medical conditions contained in *Assessing Fitness to Drive*

- work with health professionals in hospitals to routinely address fitness to drive. A further opportunity for early-career education for doctors, and some presentations have been conducted already as part of this project in the form of grand rounds (refer [Section 6](#)). Strengthen relationships with disability peak bodies to exchange information, needs and resources relating to fitness to drive.

9. References

1. Austroads and National Transport Commission, *Assessing Fitness to Drive 2016: for commercial and private vehicle drivers*. 2016, Austroads Ltd: Sydney.
2. Victorian State Government, *Towards Zero 2016-2020: Victoria's Road Safety Strategy & Action Plan*.
3. *Road Safety Act 1986*. Victorian Legislation and Parliamentary Documents.
4. *Road Safety (Vehicles) Regulations 2009* Victorian Legislation and Parliamentary Documents.
5. OT Australia Victoria, *Competency Standards for Occupational Therapy Driver Assessors*. 1998, OT Australia Victoria: Melbourne.
6. *Personal communication with OT Australia - Vic Driving Special Interest Group Convenors and attendees at 10th of August 2018 meeting held at VicHealth, Carlton, Melbourne*.
7. Review of hospital safety and quality assurance in Victoria, *Targeting zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care*. 2016, Department of Health and Human Services: Melbourne.

Appendices

Appendix 1 – Action Group Terms of Reference

Coroner Fitness to Drive Action Group TERMS OF REFERENCE

Background

Four recent coronial reports have made recommendations for changes to the rules relating to notification of medically unfit drivers to VicRoads. The incidents involved drivers who were potentially medically unfit to drive. (For example, see Finding 555416 Pamela Louise Elsdon available at <http://www.coronerscourt.vic.gov.au/home/coroners+written+findings/findings+-+555416+pamela+louise+elsdon>). The common recommendation flowing from these reports is that the current rules, whereby the obligation falls to the driver to report their medical condition, are inadequate and that mandatory reporting by health professionals to VicRoads should be introduced.

In light of this recommendation, VicRoads and Transport for Victoria are committed to informing the position regarding mandatory reporting by gaining an understanding of the factors affecting medical condition reporting under the current rules, and seeking to address these factors in conjunction with relevant stakeholders. As a starting point, VicRoads and TfV consider that there are opportunities to improve knowledge and skills in relation to the current reporting processes.

Specifically, VicRoads has committed to the Coroner to:

- seek assistance from health professional bodies and other stakeholders to understand barriers/facilitators in relation to driver self-reporting and the role of health professionals in facilitating this,
- seek assistance from health professional bodies and other consumer stakeholders to understand barriers/facilitators in relation to compliance with the current reporting system and how this can be supported/facilitated,
- develop and implement a medical practitioner/health professional communication strategy, drawing on existing resources where available and sharing the Coroners' findings,
- undertake targeted distribution of "fitness to drive" health practitioner materials,
- seek the views of medical practitioners regarding impacts of mandatory medical reporting related to driving,
- support disability advocacy groups to deliver fitness to drive education materials, and improve fitness to drive communication resources for older drivers, their families and friends.

A program of activity will be planned for 2018 involving the above and additional activities identified, with a report due to the Coroner by 1 December 2018. The report will also consider longer term activities and evaluation.

VicRoads and TfV will lead and be responsible for project outcomes and reporting to the Coroner. They acknowledge however that many of the proposed activities will require the cooperation and active involvement of various stakeholder groups, particularly stakeholders representing health professionals.

The work will also interface and integrate with a range of existing VicRoads and other stakeholder work.

With this in mind the **Coroner Fitness to Drive Action Group** has been convened to inform and facilitate project activities.

Purpose

The Action Group will work with relevant stakeholders to facilitate information sharing and gathering of community perspectives, to inform and support initiatives which will address commitments made to the Coroner and any new activities identified and prioritised as a result of consultation to be conducted over 2018.

VicRoads has committed to undertake agreed co-ordinated activities related to fitness to drive over 2018 which will:

- a) improve health practitioner knowledge related to fitness to drive, including understanding of discretionary reporting of patients who are drivers and are likely to pose an imminent threat to public safety,
- b) explore and document the impacts and consequences of a mandatory medical reporting framework,
- c) enhance road safety for road users in Victoria through improved health practitioner / consumer fitness to drive interactions, and
- d) provide clarity regarding discretionary reporting by health professionals to VicRoads of patients who are drivers and are likely to pose an imminent threat to public safety.

VicRoads will report back to the Coroner regarding activities and outcomes by **1 December 2018**.

Action Group membership and term

- a) The Action Group is a partnership between VicRoads, TfV and key Victorian health professional and other agencies with an interest in fitness to drive and road safety.
- b) VicRoads will work in collaboration with TfV but take primary responsibility to co-ordinate the group and report back to the Coroner.
- c) The Action Group has an agreed initial lifespan of approximately 12 months (over 2018), however there may be opportunities to extend this beyond 2018.
- d) Membership will include representation from:
 - VicRoads
 - Transport for Victoria (TfV)
 - Royal Australian College of General Practitioners (RACGP)*
 - Australian Medical Association (AMA)
 - Royal Australasian College of Physicians (RACP)
 - Royal Australian and New Zealand College of Psychiatrists (RANZCP)
 - Royal Australian and New Zealand College of Ophthalmologists
 - Other health professional peak bodies as appropriate (e.g. Australian Practice Nurses Association, Australian Association of Practice Management)
 - Other relevant agencies (e.g., Australian Health Practitioner Regulation Agency)
 - An external expert agency (Project Health represented by Fiona Landgren, Director)

* A representative from RACGP is not available at present but the project team will continue to engage with the College
- e) Other specialists/professionals may be invited by the Chair/group to attend meetings/workshops to support the Group's work (e.g. Australian and New Zealand College of Ophthalmology).
- f) Consumer input will be sought via two VicRoads hosted groups: (a) the Older Road User Coordination Group which involves Victoria's road safety partners, and (b) a newly established consumer orientated group which will meet biannually quarterly and includes representatives from the Council of the Ageing and disability advocacy groups.
- g) Action Group members are required to:
 - commit to attend/contribute to meetings or workshops,
 - complete agreed assigned actions (e.g. initiate consultation with peak body members, review content of fitness to drive communication/educational material),
 - appoint a proxy when not able to attend/contribute to a meeting and provide the proxy with a copy of the agenda and any action items that need to be reported on, and
 - report on the group's activities to their respective organisations.

If an organisation's member can no longer attend meetings, the organisation is to nominate a new representative.

Decision making and task implementation

- a) Decisions of the Action Group are made by consensus whenever possible.
- b) Where a minority do not endorse a decision, this will be noted in the Minutes.
- c) If consensus cannot be reached, reasons for this will be clearly documented and if necessary referred to VicRoads for direction and decision.
- d) Three member agencies shall constitute a quorum.

Confidentiality and media enquiries

- a) Meeting minutes are confidential and must not be circulated for public dissemination.
- b) Any reports, papers or contact details provided by the Action Group are confidential and not for public dissemination, unless approved by the group for this distribution.
- c) Individual members should not speak publicly on behalf of the Action Group, unless nominated by the group as its spokesperson.
- d) Every member has the right to confidentiality within meetings if required.
- e) Enquiries related to the group activities should be directed to VicRoads.

Meetings

- a) The group will meet at agreed intervals for no more than two hours per meeting/workshop.
- b) Additional meetings may be proposed by any group member through the Chair as required.
- c) VicRoads will be responsible for chairing meetings and meeting administration including setting meeting dates, organising venue and preparing agendas and minutes.
- d) The draft agenda will be circulated one week before each meeting.
- e) Minutes will be circulated within two weeks of each meeting.

Appendix 2 - Legislation relating to driver reporting

(Source: *Assessing Fitness to Drive 2016, Appendix 3.1 p. 147*) [1]

JURISDICTION	LEGISLATION	DISCRETIONARY REPORTING
Australian Capital Territory	<i>Road Transport (Driver Licensing) Regulation 2000, s 77 (2), (3)</i>	<p>If a person who is the holder of a driver licence suffers any permanent or long-term illness, injury or incapacity that may impair his or her ability to drive safely, the person must tell the road transport authority as soon as practicable (but within 7 days). Maximum penalty: 20 penalty units.</p> <p>It is a defence to the prosecution of a person for an offence against this section if the person establishes —</p> <p>(a) that the person was unaware that his or her ability to drive safely had been impaired; or</p> <p>(b) that the person had another reasonable excuse for contravening the sub-section.</p>
New South Wales	<i>Road Transport (Driver Licensing) Regulation 2008, c. 117 (5)</i>	The holder of a driver licence must, as soon as practicable, notify the Authority of any permanent or long-term injury or illness that may impair his or her ability to drive safely.
Northern Territory	<i>Motor Vehicles Act 11(3)</i>	If a person who is licensed to drive a motor vehicle is suffering from a physical or mental incapacity that may affect his or her ability to drive a motor vehicle with safety to the public, the person, or his or her personal representative, must notify the Registrar of the nature of the incapacity in terms of unfitness.
Queensland	<p><i>Transport Operations (Road Use Management – Driver Licensing) Regulation 2010, 50, 51</i></p> <p><i>Transport Operations (Passenger Transport) Regulation 2005, 40A</i></p>	<p>A person is not eligible for the grant or renewal of a Queensland driver licence if the chief executive reasonably believes the person has a mental or physical incapacity that is likely to adversely affect the person's ability to drive safely. However, the person is eligible for the grant or renewal of a Queensland driver licence if the chief executive reasonably believes that, by stating conditions on the licence, the person's incapacity is not likely to adversely affect the person's ability to drive safely.</p> <p>The holder of a Queensland driver licence must give notice to the chief executive if they develop any permanent or long-term mental or physical incapacity, or there is any permanent or long term increase in, or other aggravation of, a mental or physical incapacity that is likely to affect the holders' ability to drive safely.</p> <p>More specifically, there is a standard for drivers of public passenger vehicles: An authorised driver must —</p> <p>(a) notify the chief executive if there is a change in the driver's medical condition that makes the driver continuously unfit to safely operate a motor vehicle for more than 1 month; and</p> <p>(b) within 5 years after the issue of the last medical certificate given to the chief executive, give the chief executive a fresh medical certificate.</p>
South Australia	<i>Motor Vehicles Act 1959, 98AAF</i>	The holder of a licence or learner's permit who, during the term of the licence or permit, suffers any illness or injury that may impair his or her competence to drive a motor vehicle without danger to the public must, within a reasonable time after the occurrence of the illness or injury, notify the Registrar in writing of that fact. Maximum penalty: \$750
Tasmania	<i>Vehicle and Traffic (Driver Licensing and Vehicle Registration) Regulations 2010, 36(6), (7)</i>	<p>The holder of a driver licence must, as soon as practicable, notify the Registrar of:</p> <p>(a) any permanent or long-term injury or illness that may impair his or her ability to drive safely; or</p> <p>(b) any deterioration of physical or mental condition (including a deterioration of eyesight) that may impair his or her ability to drive safely; or</p> <p>(c) any other factor related to physical or mental health that may impair his or her ability to drive safely.</p> <p>Penalty: Fine not exceeding 10 penalty units.</p> <p>Unless the Registrar requires written notification, the notification need not be in writing.</p>
Victoria	<i>Road Safety (Drivers) Regulations 2009, reg. 67(2)</i>	The holder of a driver licence or permit or any person exempted from holding a driver licence or permit under section 18(1)(a) of the Act must, as soon as practicable, notify VicRoads and any other relevant agency of any permanent or long-term injury or illness that may impair his or her ability to drive safely.
Western Australia	<i>Road Traffic (Authorisation to Drive) Regulations 2014, s. 64</i>	<p>Duty to reveal things that might impair ability</p> <p>(1) In this regulation —</p>

JURISDICTION	LEGISLATION	DISCRETIONARY REPORTING
		<p>driving impairment of the person means any permanent or long-term mental or physical condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to, impair the person's ability to control a motor vehicle either —</p> <ul style="list-style-type: none"> (a) in all circumstances; or (b) except under certain conditions or subject to certain limitations; or (c) unless measures are taken to overcome the impairment. <p>(2) A person applying for the grant of a learner's permit or a driver's licence, other than by way of renewal must, when applying, inform the CEO of any driving impairment of the person.</p> <p>Penalty: 10 PU. Modified penalty: 1 PU.</p> <p>(3) If a person who holds a learner's permit or a driver's licence becomes affected by any driving impairment of the person of which the person has not already informed the CEO, the person must, as soon as practicable, to inform the CEO in writing of the impairment.</p> <p>Penalty: 10 PU Modified penalty: 1 PU</p> <p>(4) If a person who has informed the CEO of a driving impairment of the person becomes affected by an increase in the extent of the impairment to a degree that is substantially different from that of which the CEO was most recently informed the person must, as soon as practicable, inform the CEO in writing of the development.</p> <p>Penalty: 10 PU Modified penalty: 1 PU</p> <p>(5) If a person who has informed the CEO of a driving impairment of the person later informs the CEO that the person has ceased to be affected by the impairment but subsequently becomes again affected by it the person must, as soon as practicable inform the CEO in writing of the development.</p> <p>Penalty: 10 PU. Modified penalty: 1 PU.</p>

Appendix 3 - Legislation relating to health professional reporting

(Source: *Assessing Fitness to Drive 2016 Appendix 3.2 p. 149*) [1]

LEGISLATION / JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING
<p>Australian Capital Territory Road Transport (General) Act 1999, s. 230 (3) & (4) Road Transport (Driver Licensing) Act 1999, s. 28 Road Transport (Driver Licensing) Regulation 2000, s. 15, 15A, 69, 70 and 78</p>	<p>An individual carrying out a certain test or examination (i.e. medical practitioners, optometrists, occupational therapists, physiotherapists). An individual.</p>	<p>An individual is not civilly or criminally liable for carrying out a test or examination in accordance with the regulation made under the <i>Road Transport (Driver Licensing) Act 1999</i> and expressing to the road transport authority, in good faith, an opinion formed because of having carried out the test or examination.</p> <p>An individual is not civilly or criminally liable for reporting to the road transport authority, in good faith, information that discloses or suggests that someone else is or may be unfit to drive or that it may be dangerous to allow someone else to hold, to be issued or to have renewed, a driver licence or a variation of a driver licence.</p>	<p>There is no mandatory reporting requirement for practitioners.</p>
<p>New South Wales Road Transport Act 2013, s. 275 (3) & (4) Road Transport Act 2013, Schedule 1 Road Transport (Driver Licensing) Regulation 2008, c. 50</p>	<p>An individual carrying out a certain test or examination (i.e. medical practitioners, optometrists, occupational therapists, physiotherapists). An individual.</p>	<p>An individual does not incur civil or criminal liability for carrying out a test or examination in accordance with statutory rules made for the purposes of driver licensing and expressing to the Authority in good faith an opinion formed as a result of having carried out the test or examination.</p> <p>An individual does not incur civil or criminal liability for reporting to the Authority, in good faith, information that discloses or suggests that another person is or may be unfit to drive or that it may be dangerous to allow another person to hold, to be issued or to have renewed, a driver licence or a variation of a driver licence.</p>	<p>There is no mandatory reporting requirement for practitioners.</p>
<p>Northern Territory Motor Vehicles Act 1999, s. 11</p>	<p>A registered person means a medical practitioner, an optometrist, an occupational therapist or a physiotherapist who is registered under the applicable Acts.</p>	<p>Not covered in legislation.</p>	<p>If a registered person reasonably believes that a person they have examined is licensed to drive a motor vehicle and is physically or mentally incapable or driving a motor vehicle with safety to the public or is physically or mentally unfit to be licensed, the registered person must notify the Registrar in writing of the person's name and address and the nature of the incapacity or unfitness.</p> <p>No express indemnity is provided under s.11.</p>
<p>Queensland Transport Operations (Road Use Management) Act 1995, s. 142</p>	<p>A person registered under the Health Practitioner Regulation National Law to practise in the medical</p>	<p>A health professional is not liable, civilly or under an administrative process, for giving information in good faith to the chief executive about a person's medical fitness to hold, or to</p>	<p>There is no mandatory reporting requirement for practitioners.</p>

LEGISLATION / JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING
	profession, other than as a student.	<p>continue to hold, a Queensland driver licence.</p> <p>Without limiting this, in a civil proceeding for defamation, a health professional has a defence of absolute privilege for publishing the information.</p> <p>Additionally, if the health professional would otherwise be required to maintain confidentiality about the information under an Act, oath, rule of law or practice, the health professional does not contravene the Act, oath, rule of law or practice by disclosing the information and is not liable to disciplinary action for disclosing the information.</p>	
<p>South Australia</p> <p>Motor Vehicles Act 1959, s. 148</p>	A legally qualified medical practitioner, a registered optician or a registered physiotherapist.	Not covered in legislation.	<p>Where a legally qualified medical practitioner, a registered optician, or a registered physiotherapist has reasonable cause to believe that a person whom they have examined holds a driver licence or a learner permit and that person is suffering from a physical or mental illness, disability or deficiency such that, if the person drove a motor vehicle, they would be likely to endanger the public, then the medical practitioner, registered optician or registered physiotherapist is under a duty to inform the Registrar in writing of the name and address of that person, and of the nature of the illness, disability or deficiency from which the person is believed to be suffering.</p> <p>Where a medical practitioner, registered optician or registered physiotherapist furnishes such information to the Registrar, they must notify the person to whom the information relates of that fact and of the nature of the information furnished.</p> <p>No civil or criminal liability is incurred in carrying out the duty imposed.</p>
<p>Tasmania</p> <p>Vehicle and Traffic Act 1999, ss. 63 (2) and 56</p> <p>Vehicle and Traffic Act 1999, s. 63 (1)</p>	A person.	<p>A person incurs no civil or criminal liability for reporting to the Registrar, in good faith, the results of a test or examination carried out under the Act or an opinion formed as a result of conducting such a test or examination.</p> <p>Section 56 deals with tests and examinations of drivers.</p> <p>A person incurs no civil or criminal liability for reporting to the Registrar, in good faith, that another person may be unfit to drive a motor vehicle.</p>	There is no mandatory reporting requirement for practitioners.

LEGISLATION / JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING
Victoria Road Safety Act 1986, s. 27 (4) Road Safety (General) Regulations 2009, r. 68	A person carrying out a test under Section 27 (i.e. registered medical practitioners, optometrists, occupational therapists, and other people authorised in writing by VicRoads). A person who expresses an opinion to VicRoads formed as a result of the test.	No action may be taken against a person who carries out a test to determine if a person is unfit to drive or if it is dangerous for that person to drive) and who expresses to VicRoads an opinion formed by that person as a result of the test. No action may be taken against a person who, in good faith, reports to VicRoads any information that discloses or suggests that a person is unfit to drive or that it may be dangerous to allow that person to hold or to be granted a driver licence, a driver licence variation or a learner permit.	There is no mandatory reporting requirement for practitioners.
Western Australia Road Traffic (Administration) Act 2008, ss. 136	A person.	People expressing an opinion to the Director General formed as a result of carrying out a test or examination under the provisions of this Act are protected from liability when acting in good faith. An action in tort does not lie against a person, and a person is not to be prosecuted for an offence, for reporting to the CEO, in good faith, information that discloses or suggests that: <ul style="list-style-type: none"> (a) another person is or may be unfit to drive; or (b) it may be dangerous to <ul style="list-style-type: none"> i. allow another person to hold a driver's licence or learner's permit; or ii. grant a driver's licence or learner's permit to another person; or iii. vary or not to vary, another person's driver's licence or learner's permit. 	There is no mandatory reporting requirement for practitioners.

Appendix 4 – Discovery Work

A key aspect of the first meeting of the Action Group was to gain an understanding of

- (a) the initiatives currently in place to support and inform about managing medical fitness to drive and transition to non-driving,
- (b) the needs of health professionals including any gaps in information and education,
- (c) opportunities available to address these gaps, and
- (d) key messages not currently sufficiently shared with members.

A template was provided to Action Group members to complete (see overleaf).

In addition, the project team investigated a range of other sources of information, including information from the websites of some of the specialist societies of the RACP including:

- Australasian Professional Society on Alcohol and Other Drugs
- Australasian Sleep Association
- Australian and New Zealand Association of Neurologists
- Australian and New Zealand Society for Geriatric Medicine
- Australian and New Zealand Society of Nephrology
- Australian and New Zealand Society of Occupational Medicine
- Australian Diabetes Society
- Australian Rheumatology Association
- Cardiac Society of Australia and New Zealand
- Endocrine Society of Australia
- Epilepsy Society of Australia
- Internal Medicine Society of Australia and New Zealand
- Rehabilitation Medicine Society of Australia and New Zealand

The inputs were summarised and provided an input into discussions regarding the communication and education opportunities.

DISCOVERY WORK template

A key aspect of the first meeting of the Action Group will be to gain an understanding of

- (e) the initiatives currently in place to support and inform about managing medical fitness to drive and transition to non-driving,
- (f) the needs of health professionals including any gaps in information and education,
- (g) opportunities available to address these gaps, and
- (h) key messages not currently sufficiently shared with members. This template has been developed to prompt your thinking in this regard. We do not require you to submit it before the meeting but please bring it along to the meeting and use the interaction at the meeting to further develop your ideas. We will collect the completed forms at the end of the meeting.

NAME:

ORGANISATION:

DOMAIN	CURRENT / RECENT ACTIVITIES	NEEDS & OPPORTUNITIES
1. Policy and advocacy e.g. <ul style="list-style-type: none">• Position statements• Special interest groups• Representation	Please describe any current policies, position statements or other advocacy activities undertaken by your organisation in relation to fitness to drive or transition to non-driving.	Please identify needs and opportunities in this regard for your organisation or for VicRoads. e.g. <ul style="list-style-type: none">• promotion and implementation of current policies / position statements;• development of new policies / position statements;• other advocacy opportunities
2. Awareness raising for members e.g. <ul style="list-style-type: none">• webpage information• fact sheets• conferences• VIFM communique e-newsletters	Please describe any current or recent activities aimed at raising awareness among your members regarding fitness to drive or transition to non-driving.	Please identify areas of need in relation to awareness raising for your members, as well as any opportunities for your organisation or for VicRoads to improve awareness raising. For example: <ul style="list-style-type: none">• What key messages in need to be communicated about the fitness to drive processes through VicRoads?• What other key messages need to be communicated?• What mechanisms of communication are available through your organisation?• What opportunities are there to link with VicRoads or Austroads communication
3. Member education e.g. <ul style="list-style-type: none">• conferences• seminars• online learning• journal articles/items/case-studies	Please describe any current or recent activities aimed at improving knowledge and skills of your members or their practice staff regarding fitness to drive or transition to non driving.	Please identify areas of need in relation to education of your members or practice staff, as well as any opportunities for your organisation or for VicRoads to improve education. For example: <ul style="list-style-type: none">• What particular aspects of managing fitness to drive need to be the focus of education?• Do your members understand the medical condition reporting process and responsibilities?• How can fitness to drive education be integrated into your current education offerings?
4. Resources e.g.	Please describe any resources developed or promoted by your organisation to support members in	Please identify areas of need in relation to resources, as well as any opportunities for your organisation or for VicRoads to improve access to appropriate resources. <ul style="list-style-type: none">• Are members aware of supporting resources available through VicRoads or Austroads?

DOMAIN	CURRENT / RECENT ACTIVITIES	NEEDS & OPPORTUNITIES
<ul style="list-style-type: none"> • clinical guidelines • practice resources (e.g. checklists) • patient information • prescribing software • expert advice 	<p>managing fitness to drive and transition to non driving.</p>	<ul style="list-style-type: none"> • Are members aware of resources available through consumer organisations such as Alzheimer's Australia? • Are additional resources required to facilitate / support the fitness to drive process?

Domain 1 – Policy and Advocacy – Action Group input

Organisation	Status	Needs & opportunities
AHPRA	<ul style="list-style-type: none"> Not applicable 	
AMA	<ul style="list-style-type: none"> Position statement – Road Safety January 2018 Position statement - The Role of the Medical Practitioner in Determining Fitness to Drive Motor Vehicles (2008) 	<ul style="list-style-type: none"> No specific opportunities identified however AMA has a long standing interest in this area and is therefore a willing partner in improvement efforts
RACGP (GPs)	<ul style="list-style-type: none"> The College does not have a position statement on fitness to drive The College has been involved in the development of AFTD in various capacities 	<ul style="list-style-type: none"> Continued engagement is important
RACP (Physicians)	<ul style="list-style-type: none"> Position statement for Australian Faculty Rehabilitation Medicine (AFRM) - Equity of Access to Driving Assessment for People with Disability (2014) The RACP also makes submission to consultations relevant to fitness to drive as and when they arise. This process includes consulting with expert members and relevant affiliated Specialty Societies as required. The project team has investigated other professional societies more directly - see below 	<ul style="list-style-type: none"> RACP may have a particular interest in supporting efforts at a hospital level to facilitate early career engagement, including through Grand Rounds
RANZCO (Ophthalmologists)	<ul style="list-style-type: none"> The College does not have a position statement on fitness to drive The College has been involved in the development of AFTD in various capacities 	<ul style="list-style-type: none"> Perhaps consider a random medical review process for all drivers that may make it easier for doctors to feel they can report a potentially aggressive patient. If there is the possibility that a random check has been issued, rather than it being obvious that someone must have made a report, it's possible that doctors will feel more able to make an anonymous report. On this note, it's not clear how anonymous the process can be.
RANZCP (Psychiatrists)	<ul style="list-style-type: none"> RANZCP has no specific position statement or guidelines in this area at present The Faculty of Psychiatry of Old Age (FPOA) within the College is in the process of developing a position statement, but this will not be finalised for around 12 months. 	<ul style="list-style-type: none"> The RANZCP would be happy to circulate and promote any guidelines produced in the course of the current review to its members.

Domain 1 – Policy and Advocacy – Other inputs

Organisation	Resources
Specialist societies of RACP	
Australian and New Zealand Society for Geriatric Medicine (ANZSGM)	<ul style="list-style-type: none"> Position statement - Driving and dementia (2009)
Cardiac Society of Australia	<ul style="list-style-type: none"> AFTD is listed amongst Position Statements for Clinical Practice with a direct link to Austroads site.
Australasian Sleep Association	<ul style="list-style-type: none"> The Sleep Chapter from AFTD is extracted and hosted on the website https://www.sleep.org.au/professional-resources/sleep-documents/fitness-to-drive-guidelines-sleep-disorders-information
Other professional associations	
Epilepsy Society of Australia	<ul style="list-style-type: none"> Sub-committee 'Driving Committee' - http://www.epilepsy-society.org.au/about-us/committee-driving.asp
Occupational Therapy Australia	<ul style="list-style-type: none"> Position paper – Occupational therapy and driver assessment and rehabilitation (2015) Driver Interest Groups around Australia - https://www.otaus.com.au/about/interest-regional-groups/interest-regional-groups
Optometry Australia	<ul style="list-style-type: none"> Optometry Australia (Victoria) refers to AFTD http://www.optometry.org.au/for-optometrists/professional-practice/vision-standards/ Note still refer to SafeDrive Medical for education Optometry Australia (main site) has a section on “reporting” which does not mention reporting to VicRoads http://www.optometry.org.au/for-optometrists/guidelines/optometry-australia/
Consumer groups	
Diabetes Australia	<ul style="list-style-type: none"> Position statement - Diabetes Australia's position on Austroads Assessing Fitness to Drive guidelines (September 2013) Diabetes Australia provided a policy response to the 2016 AFTD revisions.

Domain 2 – Awareness raising for members (Action Group inputs)

Organisation	Status	Needs & opportunities
AHPRA	<ul style="list-style-type: none"> No communication re AFTD in the past 	Medical Board e-newsletter is a potential avenue of communication
AMA	<ul style="list-style-type: none"> News article - Online Fitness to Drive form for doctors and motorists AFTD 2012 guideline - Information sheet for SA Health Professionals Various other news articles on FTD: https://ama.com.au/search/site/fitness%20to%20drive 	A range of opportunities identified as reflected in the Communication Plan
RACGP (GPs)	<ul style="list-style-type: none"> There appears to be limited awareness raising Information would have been published in relation to the release of the 2016 AFTD edition but this is no longer on the website 	There are a range of opportunities for communication including Victorian newsletters
RACP (Physicians)	The RACP, AFOEM, AFRM and AChAM endorsed Austroads's Assessing Fitness to Drive Guidelines 2016 .	The RACP can use a number of communication channels to raise awareness of its members including forwarding information to relevant Committees via email, including relevant items for discussion and for noting at committee meetings and communicating information to members in the RACP's eNewsletters .
RANZCO (Ophthalmologists)	Information limited	<p>Raise awareness regarding the following:</p> <p><i>My priority as medico</i></p> <ul style="list-style-type: none"> help patients to be well enough to drive assist them to do their best to meet guidelines give them the benefit of the doubt when seems reasonable advise them when they are no longer safe civic duty= - keep community safe - drivers & other road users as committee member/RANZCO rep - make it easy for health professionals, drivers and their family, other road users to assist in keeping driving community safe <p><i>Let people drive when they are competent and safe</i></p> <ul style="list-style-type: none"> avoid unnecessary forms and regulation to save time/burden for health professionals and patients <p><i>Advise drivers when they are becoming less competent</i></p> <ul style="list-style-type: none"> advise when have notifiable disease - must tell VicRoads

Organisation	Status	Needs & opportunities
		<p><i>Advise drivers when they cannot drive</i></p> <ul style="list-style-type: none"> - do not meet regulations <p><i>Advise drivers when they must not drive</i></p> <ul style="list-style-type: none"> - mandatory reporting to VicRoads <p>What is also not clear is in which circumstances a restricted licence can be issued, how this is decided upon, whether there is weight given to the referring physician's views and how to make this request.</p> <p>Important to distinguish between 'not meeting driving requirements' and 'not fit to drive, posing a risk to public safety' or similar wording. And to clearly distinguish the processes.</p> <p>Important to provide guidance about what are the options for borderline cases, particularly due to the lack of evidence base in this area of practice.</p>
RANZCP (Psychiatrists)	Coronial findings of interest are circulated to public mental health service Directors via the Office of the Chief Psychiatrist (Vic)	<p><i>Key messages to be communicated:</i></p> <ul style="list-style-type: none"> • Responsibilities of medical practitioners when they suspect that a patient is unfit to drive. • Clarification of whether the standard of care in this respect is higher for psychiatrists than for GPs and other medical specialists. • Avenues available for reporting. • Avenues available to access an on-road driving test; circumstances in which this should be recommended. • Advice on managing the tension between duty of care to the patient/community and the effect that reporting might have on the therapeutic relationship. • Guidelines around 'risk assessment' when considering whether a report should be made. <p><i>Mechanisms of communication:</i></p> <ul style="list-style-type: none"> • Monthly electronic communication via the Psyche-e newsletter • Monthly communications to members via the Vic Branch newsletter <p><i>Opportunities to link with VicRoads or Austroads communication</i></p> <p>RANZCP can potentially include links to relevant resources on its website and in its electronic communications to members.</p>
Victorian Institute of Forensic Medicine	In 2015 a Clinical Communique featured summaries of Coronial cases http://www.vifmcommuniques.org/wp-content/uploads/2015/09/Clinical-Communique-Vol2-Issue-3-September-2015.pdf	Communique provides an ongoing opportunity to communicate about fitness to drive cases.

Domain 2 – Awareness raising for members (other inputs)

Organisation	Resources
Specialist societies of RACP	
Australian Diabetes Society	<ul style="list-style-type: none"> Recommendation and comment on AFTD guidelines 2012: https://diabetessociety.com.au/documents/ADSCommentonAFTDGuidelines-Nov12.pdf Endorsement of AFTD on website: https://diabetessociety.com.au/publications.asp
Australasian Sleep Association	<ul style="list-style-type: none"> Announcement of AFTD release in October 2016
Australian Faculty of Occupational and Environmental Medicine	<ul style="list-style-type: none"> Release of AFTD featured in AFOEM's eNewsletter on 23 September 2016
Epilepsy Society of Australia	<ul style="list-style-type: none"> Information on website http://www.epilepsy-society.org.au/resources/driving-guidelines.asp
Other professional associations	
Australian Diabetes Educators Association (ADEA)	<ul style="list-style-type: none"> Various news articles on AFTD: https://www.adea.com.au/?s=fitness+to+drive Factsheet highlighting changes to AFTD - https://www.adea.com.au/wp-content/uploads/2017/06/FTD_Summary-of-Changes_170605.pdf
Occupational Therapy Australia (OTAUS)	<ul style="list-style-type: none"> Media release – Drivers with Dementia (2013)
Optometry Australia	<ul style="list-style-type: none"> Release of AFTD guidelines on 8 September 2016 and various other news articles
Royal Australasian College of Surgeons	<ul style="list-style-type: none"> Various news articles and media released on FTD (search 'fitness to drive' on website) – e.g. https://www.surgeons.org/media/media-releases/surgeon-warns-australian-drivers-65plus-to-be-aware/
Consumer groups (Under investigation by Project Team)	
Diabetes Australia	<ul style="list-style-type: none"> Release of AFTD guidelines on 30 September 2016.

Domain 3 – Member Education (Action Group inputs)

Organisation	Status	Needs & opportunities
AHPRA	Not applicable – generally not involved in education	Not applicable
AMA	Limited education – mainly communication and advocacy	
RACGP (GPs)	<p><u>RACGP Check Program</u></p> <ul style="list-style-type: none"> Assessing and managing driving competency the role of the GP (July 2011) – appears to be an archived resource <p>Australian Family Physician has publications related to FTD:</p> <ul style="list-style-type: none"> https://www.racgp.org.au/afp/2012/april/fitness-to-drive/ https://www.racgp.org.au/afp/2013/may/older-people-driving-safety/ https://www.racgp.org.au/afp/2012/april/dementia-and-driving/ 	<p>Opportunity to promote FTD at <u>training and education events</u> held throughout the year.</p> <p>Opportunity to develop training to be hosted by RACGP</p> <p>Opportunity to include in the RACGP training curriculum https://www.racgp.org.au/education/curriculum/</p>
RACP (Physicians)	<ul style="list-style-type: none"> There was a <u>presentation on Fitness to Drive</u> at the RACP Congress 2017. AFOEM will hold a session on medical marijuana and its implications for driving and fitness for work at the <u>RACP Congress 2018</u> held in May in Sydney. 	The RACP does not have information available however, we would be happy to facilitate consultation with relevant Committees and lead Fellows should VicRoads wish to investigate this further.
RANZCO (Ophthalmologists)	None identified	As for awareness raising.
RANZCP (Psychiatrists)	None	<p><i>Focus of education:</i></p> <ul style="list-style-type: none"> Risk assessment. Current responsibilities under law <p><i>Do members understand the medical condition reporting process and responsibilities?</i></p> <ul style="list-style-type: none"> I suspect that they do not. <p><i>How can FTD education be integrated to current education offerings?</i></p> <ul style="list-style-type: none"> Ideally, it would be incorporated into registrar training. As the RANZCP is a binational (Aust/NZ) programme, the multiple national/state/territory jurisdictions make this problematic. RANZCP members have to complete a minimum of 50 hours of Professional Development annually. Developing a CPD-accredited training seminar/session would be valuable in maximising uptake.

Domain 3 – Member Education (other organisations / societies)

Organisation	Resources
Specialist societies of RACP	
Australasian Sleep Association	<ul style="list-style-type: none"> Webinars are available online - Driver drowsiness - Clinical assessment and the law
Other professional associations (Under investigation by Project Team)	
Australasian College of Road Safety	<ul style="list-style-type: none"> Victorian branch seminar on Drink and Drug-Driving - http://acrs.org.au/about-us/chapters/victoria/
Australian Nursing & Midwifery Federation (ANMF)	<ul style="list-style-type: none"> Opportunity to promote FTD at the ANMF Vic Conference 2018 - "Health and driving: what nurses need to know"
Australian Diabetes Educators Association (ADEA)	<ul style="list-style-type: none"> ELearning course - Assessment of a person with diabetes and their fitness to drive Factsheet – Changes to Austroads AFTD
Occupational Therapy Australia (OTAUS)	<ul style="list-style-type: none"> CPD Online library, dedicated section on Driving - https://www.otaus.com.au/pdeducationcontentpages/driving Conferences and interest groups on Driving (search 'drive' on website)
Practice Nurses	<ul style="list-style-type: none"> Education on 75+ Health Assessment
Primary Health Networks	<ul style="list-style-type: none"> Online learning and webinars are available to general practitioners, practice managers, practice nurses and other practice staff.
Victorian Institute of Forensic Medicine	<ul style="list-style-type: none"> Expert commentary on cases regarding FTD in Clinical Communique - http://vifmcommuniques.org/volume-2-issue-3-september-2015/

Domain 4 – Resources – professional and consumer - Action Group input

Organisation	Status	Needs & opportunities
AHPRA	Not applicable – do not produce professional resources relating to clinical issues	
AMA	<ul style="list-style-type: none"> Fitness to Drive Self-Assessment forms Online Fitness to Drive form for doctors and motorists 	
RACGP (GPs)	NA	NA
RACP (Physicians)	Refer to Domain 1 responses	The RACP does not have this information available however, we would be happy to facilitate consultation with relevant Committees and lead Fellows should VicRoads wish to investigate this further.
RANZCO (Ophthalmologists)		There is a need for communication tools to assist eyecare professionals in personalising advice about fitness to drive and “prescribing” next steps.
RANZCP (Psychiatrists)	None	<p><i>Are members aware of supporting resources through VicRoads or Austroads?</i></p> <ul style="list-style-type: none"> I suspect they are not. <p><i>Are members aware of resources available through consumer organisations such as Alzheimer’s Australia?</i></p> <p>Old-age psychiatrists within the FPOA would be aware of these resources, but general psychiatrists are likely unaware.</p>

Domain 4 – Resources – professional and consumer (other organisations / societies)

Organisation	Resources
<p><i>NOTE: Resources for professionals denoted by (P) and resources for consumers denoted by (C)</i></p>	
<p>Specialist societies of RACP (Under investigation by Project Health)</p>	
Australian Diabetes Society	<ul style="list-style-type: none"> • Diabetes and driving booklet (August 2011) (C) • Driving and recent severe hypoglycaemia (August 2011) (C) <p><i>Note: ADEA, NDSS, Diabetes Australia and Australian Diabetes Society use common resources</i></p>
<p>Other professional associations (Under investigation by Project Health)</p>	
Australian Diabetes Educators Association (ADEA)	<ul style="list-style-type: none"> • Campaign – Be Above 5 to Drive (2011) (C) • Media release (September 2011) (P) <p><i>Note: ADEA, NDSS, Diabetes Australia and Australian Diabetes Society use common resources</i></p>
Epilepsy Society of Australia	<ul style="list-style-type: none"> • Form for health professionals to fill - Epilepsy & Seizure data form (P)
Occupational Therapy Australia (OTAUS)	<ul style="list-style-type: none"> • Information sheet – Driving assessment and retraining (2015) (C) • Brochure – Is your patient fit to drive (2016) (P)
Primary Health Networks	<ul style="list-style-type: none"> • Healthpathways is a free, web-based portal with relevant and evidence-based information on the assessment and management of common clinical conditions including referral guidance. Below relates to the North West Melbourne Health pathways. Other regions are less developed. (P) URL: http://melbourne.healthpathways.org.au/ Username: <i>connected</i> Password: <i>healthcare</i> Relevant FTD pathways include: <ul style="list-style-type: none"> ○ Mandatory Driving stand-downs for neurological conditions ○ Fitness to Drive -Cancer related ○ Driver Assessment of Older Patients ○ Occupational Therapy Driving Assessment Other relevant pathways with mention of driving: <ul style="list-style-type: none"> ○ Epilepsy in Adults ○ Comprehensive Medical Assessment (CMA) for residential aged care facilities ○ Obstructive sleep apnoea (OSA) in adults ○ Late effects of polio ○ Hypoglycaemia ○ Health assessment for people aged 75 years and older ○ First seizure in adults

Organisation	Resources
	<ul style="list-style-type: none"> o Abdominal aortic aneurysm o Information for patients awaiting blood test results for acute chest pain o Many more – search 'drive' <ul style="list-style-type: none"> • Other resources are available. E.g. Empathy in general practice
Thoracic Society of Australia and New Zealand	<ul style="list-style-type: none"> • Clinical Practice Guideline - Adult Domiciliary Oxygen Therapy (2014) (section on Cognitive Function, Hypoxaemia and Driving) (P)
Consumer groups (Under investigation by Project Health)	
Alzheimers Australia / Dementia Australia	<ul style="list-style-type: none"> • https://vic.fightdementia.org.au/vic/about-dementia-and-memory-loss/dementia-and-driving (C) <ul style="list-style-type: none"> o includes videos explaining issues for carers • Booklet – Dementia and driving in Victoria (2013) (C) • Booklet – Dementia, Driving and Mobility (C)
Diabetes Australia	<ul style="list-style-type: none"> • Booklet - Diabetes and Driving (C) • Flyer – Driving and recent severe hypoglycaemia (August 2011) (C) <p><i>Note: ADEA, NDSS, Diabetes Australia and Australian Diabetes Society use common resources</i></p>
Epilepsy Action Australia	<ul style="list-style-type: none"> • Website information - https://www.epilepsy.org.au/about-epilepsy/living-with-epilepsy/lifestyle-issues/driving/ (C) • Various articles on epilepsy and driving - https://www.epilepsy.org.au/?s=drive (C)
Epilepsy Society of Australia	<ul style="list-style-type: none"> • Website information and links to relevant articles- http://www.epilepsy-society.org.au/resources/driving-guidelines.asp (C) • Information sheet - http://www.epilepsy-society.org.au/downloads/can_i_drive.pdf (C)
NDSS	<ul style="list-style-type: none"> • Consumer section on Driving - https://www.ndss.com.au/driving (C) <p><i>Note: ADEA, NDSS, Diabetes Australia and Australian Diabetes Society use common resources</i></p>
RACV	<ul style="list-style-type: none"> • Website contains various resources including videos, brochures, presentations: https://www.racv.com.au/on-the-road/driving-maintenance/road-safety/older-drivers.html (C)
AAA Foundation for Traffic Safety (US)	<ul style="list-style-type: none"> • Article – Older Adults' Preferences for Communication with Healthcare Providers about Driving: A LongROAD study (P)

Appendix 5 – Communications Plan

Coroner's Fitness to Drive – Short term Communication Activity Plan from September 2018 – March 2019

VICROADS RESOURCE DEVELOPMENT:

Activity	Details and key messages	Deadlines	Status / Comments
Update to VicRoads website → Health and Driving → Information for health professionals	<ul style="list-style-type: none"> • New web architecture to centralise information relevant to health professionals. • New content including information on the medical review process, tools and resources, and links to patient information to support conversations about fitness to drive. 	<p>13 August – new updated page live</p> <p>Revisions to be ongoing as required</p>	<p>Launched</p> <p>https://www.vicroads.vic.gov.au/licences/health-and-driving/information-for-health-professionals/know-your-responsibilities</p>
Health professional fact sheets	<ul style="list-style-type: none"> • Downloadable fact sheets on website for health professionals explaining the medical review process: <ul style="list-style-type: none"> ○ Medical practitioners / health professionals ○ Occupational therapists ○ Mental health / addiction professionals ○ Eye care professionals 	Revisions ongoing	<ul style="list-style-type: none"> • Mental health / addiction – finalised August 2018 • GP and medical specialist – in progress • Eye health professional – in progress • OT generalist – in progress <p>Marilyn to review in light of Dangerfield findings and to check that "insight" sufficiently covered</p>
Consumer facing fact sheets	<ul style="list-style-type: none"> • Downloadable forms and fact sheets for health professionals to provide to patients: <ul style="list-style-type: none"> ○ Medical review Assessing Fitness to Drive ○ Dementia and driving ○ Diabetes and driving ○ Glaucoma and driving ○ Sleep apnoea and driving ○ Seizures and driving ○ Getting around without a car 	Revisions ongoing	<p>On website (October 2018):</p> <ul style="list-style-type: none"> • Medical review Assessing Fitness to Drive (last updated May 2018) • Dementia and driving (last updated December 2017) • Diabetes and driving (last updated December 2017) • Glaucoma and driving (last updated November 2017) • Sleep apnoea and driving (Updated May 2018)

Activity	Details and key messages	Deadlines	Status / Comments
	<ul style="list-style-type: none"> ○ Occupational therapy driver assessment information ○ Medical review driving test. 		<ul style="list-style-type: none"> • Seizures and driving (last updated Feb 2018) • Getting around without a car (last updated December 2017) • Occupational therapy driver assessment information (last updated May 2018) • Medical Review Driving Test (last updated September 2016) • General eye conditions (in progress Oct 2018)

COMMUNICATION WITH STAKEHOLDERS:

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
Medical Practitioners – all					
AMA Victoria <ul style="list-style-type: none"> VicDoc hard copy magazine 	<ul style="list-style-type: none"> 2 monthly hard copy newsletter 600-800 words No cost 	October publication goes to extended audience of 17,000 (AMA members and non-members)	Deadline 2 months before publication	Barry Levinson Editor & Writer: barryl@amavic.com.au Morris Odell author	Submitted: 10/8 for October publication Barry also proposing to support with social media before publication
AMA Victoria <ul style="list-style-type: none"> Check up enews 	<ul style="list-style-type: none"> Fortnightly e-news 100-150 words with links to websites and surveys No cost 	8,000 subscribers (35% GPs)	Deadline 5pm on Tuesday of the week of distribution	Barry Levinson barryl@amavic.com.au	Follow up brief article planned in November based on RACGP newsletter article. Published 22/10: See link: https://amavic.com.au/stethoscope/-32-assessing-fitness-to-drive
AMA National <ul style="list-style-type: none"> Doctor Portal Blogs 	Blog or social media to drive doctors to the website EXAMPLE: https://www.doctorportal.com.au/dont-just-sign-on-the-dotted-line-assessing-fitness-to-drive/ (blog by Dr Genevieve Yates)	35,000 doctors	7 working days before the first day of the month	Ardi Kachru Marketing, Commercial and Membership Strategies T: 02 6270 5402 akachru@ama.com.au editor@doctorportal.com.au	Planned for December issue
Australian Health Practitioner Regulation Agency (AHPRA) <ul style="list-style-type: none"> Newsletter (Medical Board Update) Facebook (21,242 follow) Twitter (7,733 followers) LinkedIn (15,360 followers) 	Medical Board Newsletter. <ul style="list-style-type: none"> Monthly (National) – published last week of the month Limit 150 words No cost 	All registered medical practitioners in Australia (plus other stakeholders)	Flexible. Publish end of November	Sarah.Harper@ahpra.gov.au	Draft for Medical Board newsletter submitted as planned and accepted Publication in the November issue Other newsletters to be investigated as well (e.g. OTs) – see below
Rural Doctors Association of Victoria (RDAV) <ul style="list-style-type: none"> Enews bulletin 	<ul style="list-style-type: none"> Seasonal e-bulletins (4 per year) 	Rural doctors or varying disciplines	2-3 weeks prior	Peta Rutherford (CEO RDAV): rdaa_ceo@rdaa.com.au	Submitted on: 18 th October For publication: 25 th October 2018

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
<ul style="list-style-type: none"> Social media 	<ul style="list-style-type: none"> No cost (but for a special edition: a small fee of \$550) 300 words Issues – transport, access to OT assessments 			02 6239 7730 Dr Jane Neyland, President of the Rural Doctors Association of Victoria (RDAV)	
Victorian Institute of Forensic Medicine (VIFM) <ul style="list-style-type: none"> Communique 	<ul style="list-style-type: none"> Issue to be dedicated to fitness to drive issues/cases 	Doctors and other health professionals	TBA	Morris Odell	Manage – issue for 2019
Department of Health and Human Services <ul style="list-style-type: none"> DHHS Primary News 	<ul style="list-style-type: none"> Monthly newsletter Template provided Word limit (TBA) General messages / 75+ health check assessments 	Primary health care providers	Third Friday of every month	ph.news@dhhs.vic.gov.au	Submission by 16 th November
Department of Veterans' Affairs <ul style="list-style-type: none"> Provider News 	<ul style="list-style-type: none"> Regular web-based news 	DVA providers	Not specific	Dianne McGill Dianne.McGill@dva.gov.au via Daniel Smith Daniel.T.Smith@roads.vic.gov.au	Submission late November
TAC <ul style="list-style-type: none"> E-Newsletter (6 weeks) 	<ul style="list-style-type: none"> 6 weekly newsletter 650 words Align with mission to achieve zero deaths on the roads – editorial aimed at practice managers or any other relevant disciplines 	8,500 health and disability providers		Alicia Semple Manager, Provider and Stakeholder Communications Alicia_Semple@tac.vic.gov.au Tel/ 0439 435 761 Brian Arnell: Brian_Arnell@tac.vic.gov.au	Submitted on: 5th November
General Practitioners (GPs)					
RACGP newsletter (Victoria)	<ul style="list-style-type: none"> Fortnightly? But currently under review 	8,500 GPs	1 week prior	nicoll.healsip@racgp.org.au bobby.henry@racgp.org.au	Booked by VicRoads Comms Dept 13/9/18

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
	<ul style="list-style-type: none"> • Editorial text contribution • 100 word limit with links and logo • Cost \$210 see rate card 				For publication 16/10/18
RACGP Specific Interest (National Networks) <ul style="list-style-type: none"> • Addiction medicine • Aged care • Diabetes 	<ul style="list-style-type: none"> • Quarterly e-news • 100 word limit • Cost \$210 see rate card • Potential to link to website and promote patient fact sheets for these conditions 	GPs with special interest 4000+ members		gpsi@racgp.org.au 1800 090 588	To be considered based on cost
RACGP Rural newsletter (National)	<ul style="list-style-type: none"> • Frequency TBA • 100 word limit • Cost \$250 • General messages • 	Rural GPs 15,500+ members	14 th November	1800 636 764 or email rural@racgp.org.au	To be considered based on cost
Western Vic PHN <ul style="list-style-type: none"> • WestVic news (fortnightly) And potential for links to <ul style="list-style-type: none"> • Facebook content • eDm content 	<ul style="list-style-type: none"> • Fortnightly • No cost • 100 words or less. Incl. image 300 dpi • Promote VicRoads resources/new tools • Reference to Health Pathways if possible 	GPs Other target audiences in primary care	Week prior	communications@westvicphn.com.au Resource promotion request form	For November issue Also general engagement with the PHN to update pathway tools with new VicRoads website links. This has been added in pathway. Also consider PHN pathways on front page of website: https://www.vicroads.vic.gov.au/licences/health-and-driving/information-for-health-professionals
Murray PHN <ul style="list-style-type: none"> • Newsletter (fortnightly) • eDM content • Web content 	<ul style="list-style-type: none"> • Fortnightly newsletter • No cost • 2 formats – one sentence summary or a paragraph. Can incl. links 	2,200 subscribers GPs plus other primary care audiences	Deadline the week before	Jackie: enews@murrayphn.org.au	For November issue Also general engagement with the PHN to update pathway tools with new VicRoads website links. Also consider PHN pathways on front page of website: https://www.vicroads.vic.gov.au/lic

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
	<ul style="list-style-type: none"> General messages Reference to Health Pathways 				ences/health-and-driving/information-for-health-professionals
<p><u>Gippsland PHN</u></p> <ul style="list-style-type: none"> LINK (monthly enews) <p>Also</p> <ul style="list-style-type: none"> Web news (latest news section) Facebook content 	<ul style="list-style-type: none"> Monthly enews Cost (TBA) Heading and short sentence – with link to 'read more' General messages Reference to Health Pathways 	GPs and other primary care audiences		info@gphn.org.au	<p>For November issue</p> <p>Also general engagement with the PHN to update pathway tools with new VicRoads website links. Also consider PHN pathways on front page of website: https://www.vicroads.vic.gov.au/licences/health-and-driving/information-for-health-professionals</p>
<p><u>North Western PHN</u></p> <ul style="list-style-type: none"> Network News PULSE magazine (more info TBA) 	<ul style="list-style-type: none"> Frequency TBA 300 words No cost General messages Reference to Health Pathways 	GPs and other primary care audiences	2 days before publication	Article submission form	<p>For November issue</p> <p>Also general engagement with the PHN to update pathway tools with new VicRoads website links. Also consider PHN pathways on front page of website: https://www.vicroads.vic.gov.au/licences/health-and-driving/information-for-health-professionals</p>
<p><u>Eastern Melbourne PHN</u></p> <ul style="list-style-type: none"> EMPHN news (monthly) 	<ul style="list-style-type: none"> Monthly newsletter <150 words No cost Can include image and link to more information 	GPs and other primary care audiences	Deadline 1 st Friday of each month.	communications@emphn.org.au	<p>For November issue,</p> <p>Also general engagement with the PHN to update pathway tools with new VicRoads website links. Also consider PHN pathways on front page of website: https://www.vicroads.vic.gov.au/licences/health-and-driving/information-for-health-professionals</p>
Eye care professionals					
<p><u>RANZCO publications:</u></p> <ul style="list-style-type: none"> Eye2eye seasonal newsletter 	<ul style="list-style-type: none"> Eye2Eye – Quarterly (seasonal) 	Australian & New Zealand Ophthalmologists,	6 weeks prior – see website	Emma Carr (General Manager Communications - for media enquiries)	For Summer issue published in late January

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
Also blog – previously promoted 2016 issue of AFTD	<ul style="list-style-type: none"> Hard copy and soft copy 52-58 pages Word count 600-700 words 	Practice Managers, Orthoptists and Ophthalmic nurses		ecarr@ranzco.edu	
RANZCO publications: <ul style="list-style-type: none"> E-news (Fortnightly) 	<ul style="list-style-type: none"> Fortnightly ? National Word count 1-2 sentences 	RANZCO members		Same as above	Coincide with Eye2Eye publication
Australian Society of Ophthalmologists <ul style="list-style-type: none"> ASO EyeWatch (e-bulletin, monthly) <p>Also:</p> <ul style="list-style-type: none"> ASO Members Bulletin Hard copy Direct mailouts Website and classifieds and email campaigns 	<ul style="list-style-type: none"> Frequency - monthly Cost - See advertising info Word count up to 600-650 for Bulletin. Bite sized news briefs for Eye Watch 	600 Ophthalmologists and key stakeholders		Sarah Todman: sarah@asoeve.org 0425 883 304 info@ASOeye.org	For January 2019 issue
Australian College of Optometry <ul style="list-style-type: none"> InFocus (seasonal) 	<ul style="list-style-type: none"> Quarterly seasonal Cost TBA Word count TBA 	Optometrists		Chelsey Seamer (03) 93497550 aco@aco.org.au	Submission for review by college For January 2019 issue
Optometry Board of Australia (supported by APHRA) <ul style="list-style-type: none"> Newsletter 	Biannual ; regulatory notifications mainly			Valerie Cheon (Executive Officer for Optometry)	For January 2019 issue
Insight News <ul style="list-style-type: none"> E-newsletter (weekly) Online magazine (monthly) 		Eycare professionals		Mathew Woodley matthew.woodley@insightnews.com.au Ph: 03 96967200	Submission late November 2018

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
Mental health / addiction professionals					
RANZCP <ul style="list-style-type: none"> Monthly Vic Branch newsletter Monthly Psyche-e newsletter – national newsletter 	<ul style="list-style-type: none"> Monthly e- newsletters Cost TBA Word limit TBA 	1,540 psychiatrists Some training professionals	Week before the end of the month	Harriet Empey (Coordinator, Member Communications) 9601 4979 Harriet.Empey@ranzcp.org psychebulletin@ranzcp.org Jennifer.Darman@ranzcp.org Jennifer Darman (Vic Branch Coordinator) VicBranch: 9601 4924	Propose November issue
RACP Faculty of Addiction Medicine	Not clear if they have specific communication				TBA
Australian Psychology Society <ul style="list-style-type: none"> APS Matters (fortnightly) InPsych (monthly) 	Feature article submission authored by a psychologist InPsych (Advertise) – LT getting details in email. Psychologist available to submit article on FTD? (Contribution) 300-400 words	24,000 members nationally		Monique Wiessner M.Wiessner@psychology.org.au <u>u</u>	19/10 – December edition
The Australasian Professional Society on Alcohol and other Drugs <ul style="list-style-type: none"> Bi-monthly APSAD e-newsletter 				exec.officer@apsad.org.au	Issue for 2019
Occupational therapists					
Occupational Therapy Australia <ul style="list-style-type: none"> Connections (E-communications (monthly)) 	<ul style="list-style-type: none"> Monthly 600 words (max) – incl. in the Victoria heading 	1200 OTs		Lauren Jensen National Manager, Marketing info.vic@otaus.com.au 03 9415 2900	Submitted on: 29 th October
AHPRA - Occupational Therapy Board of Australia				Amel Toubani	For December submission

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
				amel.toubani@ahpra.gov.au (03) 8708 9159	
Specialist physicians (excluding ophthalmologists and psychiatrists – see below)					
RACP <ul style="list-style-type: none"> RACP Quarterly magazine RACP Vic brach State E-Bulletin (two monthly) Faculty newsletters <ul style="list-style-type: none"> AFRM (Faculty of Rehabilitation Medicine) eBulletin AFOEM 	<ul style="list-style-type: none"> Editorial submission 300-450 words 	20,000 physicians nationally Faculties of Occupational and Environmental Medicine, Public Health Medicine, Rehabilitation Medicine, and the Chapters of Addiction Medicine, Community Child Health, Palliative Medicine and Sexual Health Medicine.	Deadline for Vic State ebulletin November 2018 publication for state e-bulletin	Pavitra Gurumurthi 992 777 20 pavitra.gurumurthi@racp.edu.au Contact racp@racp.edu.au 2 9256 5444	Submitted on: 30 th October Publication: December 2018 edition
RACP - AFRM (Faculty of Rehabilitation Medicine) eBulletin	<ul style="list-style-type: none"> Frequency 300 words 			Taya Communications@racp.edu.au	TBA
(RACP) Australian Faculty of Occupational and Environmental Medicine (AFOEM) <ul style="list-style-type: none"> Monthly eBulletin (national) 	<ul style="list-style-type: none"> Monthly 300-450 words 	400 members nationally		Taya or Pavitra Gurumurthi 992 777 20 pavitra.gurumurthi@racp.edu.au	TBA
Australian Diabetes Society <ul style="list-style-type: none"> eBulletin 	<ul style="list-style-type: none"> 100-150 words (and picture) 	Specialist physicians and other	Last week of the month	Linda Valenzisi linda@diabetessociety.com.au admin@diabetessociety.com.au 02-9256 5462	For December/January 2019
Australasian Sleep Association <ul style="list-style-type: none"> Fortnightly E-newsletter 	<ul style="list-style-type: none"> fortnightly e-news no word count. 	Sleep specialists	Week prior	Mischka Yates admin@sleep.org.au 02 9920 1968	TBA

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
Also • ASA Biannual newsletter	(Announcement of AFTD release in October 2016)				
Epilepsy Society of Australia • e Newsletters (member only access) • Driving guidelines (Website pg)	• Frequency TBA • No definite word count	Neurologists specialising in epilepsy		Michelle Kiley (Neurologist). Michelle.Kiley@sa.gov.au enquiries@epilepsy-society.org.au 0400 280 811	Submitted on: 25 th October (for review by driving committee 1 st November)
Rehabilitation Medicine Society of Australia and New Zealand • Newsletters (member-only access): <i>Rehab Matters</i>	• Frequency TBA • 600-700 words • Images accepted	450 Rehabilitation specialists, trainees and associates.	For Dec issue – submit by the 30th Nov.	admin@RMSANZ.net CC to rmsanz15@gmail.com Sybil Cumming (Admin officer) Dr Damien Daniel (Editor) 0414 992 324	For submission on 30 th November
Cardiac Society of Australia and New Zealand • On The Pulse (quarterly) • eNews (fortnightly)	• Frequency fortnightly • Word limit TBA	Vic members (Approx 250), Cardiologists, cardiac nurses, allied health.	Flexible	Martha McCall - Exec Officer (back from leave 13/9) info@csanz.edu.au Martha.mccall@csanz.edu.au 02 9226 7900	For submission January 2019
Australian and New Zealand Society for Geriatric Medicine (ANZSGM).		Geriatric medicine specialists		Lynda Donaldson admin@anzsgm.org (02) 9256 5460	For submission January 2019
Other health professionals					
Australian Association of Gerontology • Newsletter • E-alerts		Members include nurses, geriatricians, psychologists, physiotherapists, carers, social workers, policy makers, academics and researchers.		enquiries@aaq.asn.au +61 3 8506 0525	For submission January 2019
Nurses					

Activity	Details	Target audience	Deadlines	Media/stakeholder contact	Status (green = confirmed)
Australian Primary Health Care Nurses Association <ul style="list-style-type: none"> • Newsletter (weekly) • Primary Times (quarterly) • Linkedin (1332 followers) • Facebook (4,032 followers) • Twitter (2,147 followers) 	<ul style="list-style-type: none"> • Media Kit to be sent. Potential to send EDM at State level. 			Lorraine Bangera lorraine.bangera@apna.asn.au Email sent 13/8. Lorraine said to send it through	For submission January 2019
ANMF - Vic <ul style="list-style-type: none"> • On The Record (Monthly) 	No word count Need to approve content before publication			Melissa 03 9275 9333 media@anmfvic.asn.au	For submission January 2019
Australian Diabetes Educators Association <ul style="list-style-type: none"> • ADEA News (Website link) • E-newsletter (fortnightly) • Facebook (2,051 followers) 	Link to FTD info on website: https://www.adea.com.au/resources-2/fitness_to_drive/			Janet Kafadar (Project Manager NDSS) janet.kafadar@adea.com.au	For submission January 2019
Practice managers					
Australian Association of Practice Managers <ul style="list-style-type: none"> • E-news (national) • Webpage • The Practice Manager Journal (quarterly) 	<ul style="list-style-type: none"> • E-news (national) • Webpage 	The PMJ – 2,500		Danielle: marketing@aapm.org.au	For submission January 2019
Other engagement strategies					
Medical Grand Rounds (Hospitals) As relevant staff from VicRoads, VIFM & Dr Natasha Cook	Austin Hospital Austin Hospital Western Hospital	Nephrology staff General medical Care coordinators & allied health	16/7 12/9 30/10		Completed

INTERNAL SOCIAL MEDIA OPPORTUNITIES:

The following schedule of activities and events (community based and educational) provides a guide to reinforce key messages e.g. availability of new AFTD resources through targeted media to Victorian health professionals and consumers/community members.

Channel	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19
VicRoads Website: <ul style="list-style-type: none"> Resources 	Addiction factsheets available											
Social media: <ul style="list-style-type: none"> Facebook (119,435 people follow this) Twitter (7,738 followers) YouTube (10,098 subscribers) LinkedIn (13,114 followers) 	GPADD18 Dealing with Addiction Conference (4 th -5 th) – Morris Odell speaking (FTD & Substance abuse) ACRS Drink & Drug-Driving Seminar (14 th) – Morris Odell speaking	Dementia Awareness Month Stroke Week (3-9) Hospital Grand Round - Austin (12 th) ANMF Conference (13-14) – VicRoads presenting Veteran's Health Week (22 nd -30 th)	International Day of Older Persons (1 st) Victorian Seniors Festival (all October) – VicRoads presence Sleep awareness week (1 st - 7 th) World Sight Day (12 th) Occupational Therapy Week (21 st -27 th)	World Parkinson's Day (4 th) World Diabetes Day (14 th)				Purple Day - Epilepsy Aus. (26 th)		RTSSV <ul style="list-style-type: none"> Melbourne Walk (5th) Turn on your headlights (10th) 	National Diabetes Week "Juleye"	

COMMUNICATION WITH CONSUMERS

Activity	Details and key messages	Target audience	Deadlines	Media / stakeholder contact	Status
Council on the Ageing (COTA)	To be investigated				
Coroners' Prevention Unit community newsletter	Editorial submission – under investigation				