Queensland's Older Driver Safety Review

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Abstract

It is projected that the number of older Australians aged 75 years and over will increase to 11.4% of the population by 2031, up from 6.2% in 2007. This will result in an increase in the number of older drivers, who will either seek to maintain the mobility provided by the car, or need to make decisions about giving up driving and moving to other transport modes. It is therefore expected that older drivers will make up an increasing proportion of the road toll in the future. The Queensland Government convened an expert panel, the Older Driver Safety Advisory Committee, to provide input to the development of appropriate policies and initiatives to improve older driver safety in Queensland. To assist the Committee, the Centre for Accident Research and Road Safety – Queensland (CARRS-Q) was engaged to provide a research report on older driver safety, including: a detailed literature review; comparison of policies in other jurisdictions; a review of Queensland crash statistics; and identification of potential evidence-based initiatives for improving older driver safety in Queensland. The Committee reviewed the research report and agreed upon 26 recommendations relating to all aspects of the Safe System model. These recommendations, along with the research report, were released for public consultation. This paper summarises the key results of the work of the Older Driver Safety Advisory Committee and public consultation process, with a focus on issues identified as being important factors in any decision making process regarding older driver safety policy development.

Introduction

It is projected that the number of older Australians aged 75 years and over will increase to 11.4% of the population by 2031, up from 6.2% in 2007 (an 83.9% increase) (ABS, 2008). A similar pattern is projected for Queensland. This will result in an increase in the number of older drivers, who will either seek to maintain the mobility provided by the car, or need to make decisions about giving up driving and moving to other transport modes. There will also be a greater number of older pedestrians who will need a safe road environment and access to transport options. It is therefore expected that older drivers will make up an increasing proportion of the road toll in the future. Accordingly, there will be an increasing need to focus attention on reducing the crash involvement risk of older road users.

Based on analysis of Queensland crash statistics over the five year period from 1 July 2004 to 30 June 2009, the following is evident:

- Older driver crash risk begins to increase from age 75-79;
- Actual numbers of crash-involved drivers aged 75 years and over are relatively small (around 2%); and
- Older driver crashes tend to be more severe, more likely to occur in speed zones of less than 100 km/h, during the day, and are less likely to involve factors such as alcohol/drug use, speed or fatigue.

While older drivers may have long years of experience and good track records of being safe drivers, some will inevitably experience problems and difficulties as they continue to age, which will impact on their ability to drive safely. For example, diminished eyesight can affect a driver's decision-making ability, especially gap judgement and awareness of traffic travelling at different speeds in different lanes. Intersections place additional demands on decision-making and attention, and

declining visual ability and visual problems mean that signs and signals are more difficult to see, read and understand.

Other impacts can relate to deteriorating hearing, reduced physical strength and flexibility, the onset of age-related diseases such as arthritis, changes in thinking and perception of events (slower reaction times), and side effects of taking medications. Older people are also generally more physically fragile than younger drivers, and this fact, in association with other medical conditions they may be suffering related to ageing, may result in greater risk of fatality or serious injury from a crash. Further, the recovery period can be longer for an older person, and injuries can have a more lasting effect on their ongoing quality of life. However, there are considerable individual differences in the ageing experience and impact on driving, so it is not appropriate to adopt a 'one size fits all' approach.

Many older drivers continue to drive safely by adopting self-regulatory or compensatory behaviours to limit their exposure to any increased crash risk. For example, driving fewer kilometres per year, making shorter trips, making fewer trips by linking trips, limiting peak hour and night driving, taking more frequent breaks and restricting driving to familiar and well lit roads. Similarly, drivers of any age suffering medical conditions do not necessarily have a higher crash involvement. A given condition may affect drivers' 'fitness to drive' in different ways and to different degrees. For the same condition, some individuals may need to cease or restrict their driving while others may be able to continue driving without additional risk. Therefore, any decisions made regarding an individual's licence based solely on age or on general medical grounds is not recommended.

However, a small proportion of older (and other) drivers do have diminished driving skills which result in them representing an unacceptable crash risk. These drivers are mainly restricted to certain sub-groups of older people. For example, older drivers suffering medical conditions such as dementia are less likely to be aware of the deficits in their driving ability and take precautionary or compensatory actions. It is generally agreed that these unsafe drivers need to be identified through a more strategic and targeted approach, focussing on older (and other) drivers who have shown evidence of having an elevated crash risk. The challenge is to identify these 'at risk' drivers and assist them with strategies to enable them to continue driving safely for as long as possible, and then to assist them to access alternative transport options once they are no longer able to drive safely in any conditions.

In addition to issues relating to road users, other areas of risk (road environment, speed and vehicle safety) will also be important contributors to an improvement in older driver road safety outcomes. The key difference between strategies and initiatives around these areas and those relating to the older driver is that they will also benefit the whole driving population, and not just older drivers.

Vision

The Queensland Government undertook a program of work to inform older driver policy development. The 'vision' of this work was to identify evidence based options designed to assist older people to continue to use the road network safely for as long as possible.

Action

The action taken to achieve the vision of improving older driver safety was a program of work involving a number of stages:

1. Review of recent older driver research and statistics
2. Development of evidence-based options designed to improve older driver safety
3. Consultation with experts in older driver safety, road safety generally, and representatives of organisations advocating for older people

4. Community consultation
5. Implementation
6. Evaluation and monitoring

This paper will focus on stages 1 to 4.

In stage 1, the Centre for Accident Research and Road Safety – Queensland (CARRS-Q) was engaged to provide a detailed research report on older driver safety, including: a detailed literature review; current Queensland policy compared with approaches in other jurisdictions; and a review of Queensland crash statistics for the five year period 1 July 2004 – 30 June 2009. CARRS-Q also completed stage 2, as they identified a number of potential initiatives for improving older driver safety in Queensland. These initiatives were grouped by Safe System pillars.

CARRS-Q's report (King, Soole, Watson & Schramm, 2011) was considered by the Older Driver Safety Advisory Committee (the Committee), which was convened by Government in July 2011 to review the research report and provide its own recommendations to Government (stage 3). Represented on the Committee were Queensland Health, General Practice Queensland, Older People Speak Out, Council on the Ageing, the Royal Automobile Club of Queensland, Queensland Police Service and CARRS-Q. Transport and Main Roads (TMR) provided a secretariat function for the Committee. The Committee met twice to discuss the research report and proposed initiatives while it was being developed, and distributed the final report within their organisations in late 2011. The Committee met again for a full-day workshop in February 2012 to discuss the final report, their positions on issues and formulate a set of recommendations for Government.

The result of the Committee's work was a report that provided a perspective on older driver safety with 26 recommendations for new initiatives to better enable older drivers to continue to drive safely for as long as possible, and to appropriately plan for the time when driving is no longer an option. Both the CARRS-Q and Committee reports were released publicly via the Queensland Government's *Get Involved* website on 9 October 2012 for a one month consultation period (stage 4). The general public were invited to review the reports and complete an online survey to indicate whether they supported or did not support each of the recommendations, with an option of providing comments to explain their responses throughout. It was possible for respondents to skip questions if they did not wish to answer. No demographic data was collected from respondents.

Surveys were also provided in hard copy format for interested parties without internet access. Relevant material provided via other means, such as departmental correspondence, during the consultation period was also considered. In total, 234 survey responses were received (231 online, 3 in hard copy). In addition, 69 relevant pieces of departmental correspondence were received during the consultation period.

TMR also received written submissions through a mailbox created for the consultation process. These submissions varied in the range of initiatives addressed, from a focus on specific initiatives outlined in the report to a comprehensive review of all recommendations. A total of 21 written submissions were received through the mailbox, of which five were formal submissions by relevant stakeholder organisations or groups. The remaining 16 were submissions to the mailbox made by members of the community.

As the correspondence and written submissions did not always explicitly state support (or non-support) of recommendations, it was not considered appropriate to attempt to 'code' these for data analysis. Rather, only survey responses were included in figures in this paper displaying support for recommendations. As no new issues or concerns were raised in these submissions, they were not included in the analysis of comments accompanying the survey responses. However, comments in

these submissions were considered when determining the most common reasons for support or non-support of each recommendation.

Results

The CARRS-Q research report and recommendations of the Committee were based on the four elements of the internationally recognised 'Safe System' approach to road safety: safer road users (in this case, primarily driver licensing and medical assessment issues); safer roads and roadsides; safer speeds; and safer vehicles. This paper will adopt a similar structure in discussing the program of work associated with the Older Driver Safety Review. Within each pillar, a brief summary of the current situation in Queensland will be provided, followed by a summary of the research reviewed in the CARRS-Q report. The recommendations of the Committee and proportion of respondents to the community consultation survey who indicated support of the recommendation will also be provided. At the end of this section, a summary of the guiding principles of the Committee's discussions, including concerns associated with any changes to older driver policy, are discussed.

Safer road users

Topics assessed under this pillar included the age at which older driver requirements (including medical certificates) are imposed, in-person driver licence renewal, frequency of driver licence renewal, vision testing at in-person driver licence renewal, the range of professionals who can report to TMR with legal protection (triggering a follow-up review), restricted licences, on-road retesting of selected drivers and family involvement.

At present in Queensland, drivers aged 75 and over must carry a current medical certificate and comply with any conditions on that certificate whilst driving. A medical certificate may be valid for up to five years. Individuals can choose to renew their licence for one to five years, but are not permitted to drive unless they are carrying and driving in accordance with a current medical certificate. Vision testing is no longer conducted by TMR staff at licence application or renewal in Queensland, although a physician must conduct eyesight testing as part of the medical certificate process.

Health professionals are encouraged to refer to the national *Assessing Fitness to Drive* (AFTD) publication when determining a patient's fitness to drive. Medical certificates are normally completed by General Practitioners, who may seek advice from other specialist health professionals. Health professionals may recommend driving restrictions as part of the medical certificate process. The AFTD publication recommends on-road retesting of drivers as an option for individuals of any age with certain medical conditions who present a potential safety risk. There is currently no formally recognised role for family members in older driver licensing, although where they have concerns about a relatives fitness to drive, they are encouraged to discuss their concerns with the person's treating health professional. Any individual can report concerns to TMR. Queensland legislation protects many health professionals from liability, either civilly or under an administrative process, for giving information in good faith to TMR about a person's medical fitness to hold, or continue to hold, a Queensland driver licence.

There is evidence that in-person driver licence renewal from age 85 is associated with reduced fatal crash risk, and shorter licence periods (i.e., fewer years between renewal) are associated with lower older driver crash rates. Vision tests such as "useful field of view" and contrast sensitivity can predict crash risk. Some driving restrictions such as daylight-only, location, speed and vehicle adaptations have been found to reduce crash risk for older drivers. On-road retesting of drivers has poor predictive validity, but the threat of being retested as part of a random system was associated with lower crash rates. Family members may have better knowledge of an older person's driving ability than could be identified in a medical assessment.

The Committee considered the research and discussed a number of potential initiatives proposed by CARRS-Q. The Committee were reluctant to recommend a change in the age at which older driver requirements (including medical certificates) are imposed without any compelling evidence to justify such a change. However, they were concerned that some medical certificates were issued for the life of the licence (i.e., up to five years), which would not capture changes in medical circumstances that could occur during that period and potentially have an impact upon their driving. The Committee felt regular medical attention would be of benefit to older drivers, and that introducing a system where physicians could send medical certificates directly to TMR would be efficient and may prevent 'doctor shopping'. If recommendation 2 (see Table 1 below) was adopted, the Committee saw no reason to recommend in-person licence renewal or increase the frequency of renewal of driver licences for older drivers, which would result in a greater expense (per year) for older people.

The Committee generally supported the idea of regular eye testing of older drivers, however preferred that this occurs during regular medical check-ups (ideally, annually), with general practitioners. The Committee suggested professional development and improved information and education to assist medical practitioners to better understand the impact of various eye conditions on driving would be useful. They suggested this be standardised and implemented state wide. The Committee wanted to see further investigation to identify the best (i.e. most predictive) vision tests, as well as consideration of the most appropriate means of linking these tests to the licensing system. In this regard, the view of the Committee was that as vision problems can affect drivers of any age, any policies for mandatory vision testing in the future should not be age-based but rather apply to all drivers.

The Committee believed that improved education and awareness of the existing legislative provisions around medical certification and fitness to drive reporting is necessary. This should target general practitioners and the wide range of allied health professionals who advise about older driver safety, as well as TMR Customer Service Centre staff. Ensuring clarity around current policy and the respective roles and responsibilities of each stakeholder group is essential to ensuring the policy objectives can be achieved. The Committee was of the view that an individual's general practitioner is best placed to advise on their continued ability to drive safely, after drawing on specialist advice of allied health professionals or driving assessors as necessary. The Committee noted that the Austroads *Assessing Fitness to Drive* publication includes a list of referral specialists for advice in relation to various medical concerns. The Committee noted that while this list may be more detailed than reflected on the current medical certificate form, there are practical limitations relating to form design and the amount of information able to be included. The Committee supported a review, and enhanced professional development opportunities, to ensure that general practitioners can access optimal guidance in this area.

The Committee was supportive of enhanced tools which make it easier for medical practitioners to understand the link between medical conditions and the driving task, to be able to more effectively identify driving restrictions which will mitigate risks while still enabling mobility to be maintained. For example, it was suggested that desktop tools for general practitioners would be particularly useful. The Committee also noted that any restrictions imposed by medical practitioners need to be easily understood and remembered by drivers, so it is important that medical practitioners take into account such issues when having discussions with their patients. Also considered important was that medical practitioners are cognisant of the practicalities of an older person's living situation and the impacts of any driving restrictions imposed.

The Committee was opposed to the idea of a performance based policy initiative that would artificially bias impact towards older drivers, on the grounds of discrimination. However, the Committee was supportive of the concept of practical testing services being available at an affordable cost to all drivers, on a voluntary basis, as it considers that all drivers could benefit from

a refresher/checking of their skills from time to time to ensure they meet current standards. The Committee was of the view that, over time, Government policy should shift towards a more risk-based approach to driver safety. In the meantime, all drivers should be encouraged to undertake voluntary hazard perception testing or other types of self-administered perception/assessment tests to improve their safety. Thus, the Committee supported the ongoing monitoring of best practice fitness to drive assessments with a view to reassessing options at a later date should a system be identified which has proven predictive validity.

The Committee acknowledged and valued the role of family members in supporting older drivers to drive safely for as long as possible, and then in transitioning to the use of safe, alternative transport options. Therefore, the development of educational strategies to assist family members to engage in effective, positive conversations about safe driving was recommended, with a view to encouraging respectful conversations with older family members about safe driving issues becoming the social norm. The Committee identified that driving cessation is a particularly difficult and stressful experience for older drivers, especially for those living in more rural and remote locations where alternative transport services are not readily available. However, even for those living in South-East Queensland where public transport options are greater, there are still access issues for older people who may need to traverse hilly or uneven terrain to reach local bus stops, etc. Therefore, initiatives to assist older people to more positively transition from driving (including educating older people to more accurately understand the relative costs/benefits of transport options such as taxis compared with the costs of running their motor vehicle), and to increase the availability of safe, alternative transport options for older people are recommended.

Table 1 shows the 17 recommendations the Committee made regarding safer road users and the proportion of respondents to the consultation survey that supported each recommendation.

Table 1. Safer road users recommendations and results of community consultation

Recommendation	Support
Age at which older driver requirements (including medical certificates) are imposed:	
1. Maintain the current requirement for drivers aged 75 years and over to carry a current medical certificate and drive to any conditions imposed by their medical practitioner.	83.48%
2. Introduce a new maximum life for medical certificates issued to older drivers (aged 75 years and over) of 12 months.	59.65%
3. Investigate the feasibility and benefits of requiring general practitioners to automatically send medical certificates to TMR for registration on the licensing database.	54.63%
Frequency of driver licence renewal:	
4. Maintain the current five year driver licence option for older drivers, as the validity of the licence is dependent upon the driver having a current medical certificate.	79.46%
5. Maintain the current automatic reminder system for licence renewals.	96.41%
Reinstatement of vision testing at in-person driver licence renewal:	
6. Encourage routine eyesight testing as part of general practitioners' assessment of drivers aged 75 years and over for provision of medical certificate, with referral of patients to optometrists/ophthalmologists for further advice if necessary.	89.33%
7. Encourage optometrists to routinely undertake all tests relevant for determining safe driving ability when patients of any age present for annual check-ups.	79.91%
8. Provide additional professional development opportunities to medical practitioners (general practitioners, optometrists and ophthalmologists) to support their ability to better understand the impact on driving of various eye conditions and be able to respond appropriately.	75.57%
9. Encourage/monitor the investigation of best practice in predictive vision tests, and consideration of the most appropriate means of linking these tests to the licensing system.	68.92%

Recommendation	Support
Widen the range of professionals who can report to TMR with legal protection, triggering follow-up review:	
10. Develop improved education and awareness of the existing legislative provisions around medical certification and fitness to drive reporting, targeting both general practitioners and the wide range of allied health professionals who advise about older driver safety, as well as TMR Customer Service Centre staff.	76.34%
11. Review the current list of specialists to whom drivers can be referred to determine whether additional professions should be included, e.g. audiologists, psychologists.	62.44%
Restricted licences:	
12. Develop improved guidelines to enable medical practitioners to more effectively identify driving restrictions on medical certificates which will mitigate risks while still enabling mobility to be maintained.	77.83%
On-road retesting for selected drivers:	
13. Investigate options for ensuring that older drivers have the opportunity to explore the extent of their driving skills and strategies for continued safe driving in a non-threatening but professional environment, and promote the use of these options among all drivers as well as among older drivers.	79.28%
14. CARRS-Q to monitor best practice systems for interactions between older drivers and licensing authorities in relation to fitness to drive with a view to providing advice to TMR on options for on-road retesting should a program be identified which has proven success in distinguishing between older drivers with future increased crash risk and older drivers who will continue to drive without increased risk.	61.06%
Encourage family involvement:	
15. Develop educational strategies to assist family members to engage in effective, positive conversations about safe driving with their older family members.	69.68%
16. Develop initiatives to assist older people to increase their awareness of driver safety issues and self-assessment tools to enable them to plan a more positive transition from driving.	80.63%
17. Increase the availability of safe, alternative transport options for older people, and look at ways to improve the provision of information to older people about the community and public transport options available to them.	85.39%

Safer roads and roadsides

Austroads recognised the need to consider older drivers in the future design of roads. In 1997, Austroads commissioned research to undertake a two staged project to review the suitability of current road design requirements for older drivers and to develop a handbook and training workshop to assist road designers and traffic engineers to design safe road environments for older drivers. The *Road Environment and Design for Older Drivers Handbook* is available on the Austroads website. Also, Queensland's *Manual of Uniform Traffic Control Devices* (MUTCD) contains specifications for signs and line marking, but these are not specifically based on the needs of older drivers.

According to the research reviewed by CARRS-Q, older drivers as a group have more difficulty dealing with complex traffic situations, especially negotiating uncontrolled intersections and roundabouts, merging, and gap selection when turning. They also have more difficulty detecting and reading road signs in daylight, and much more so at night. Road environment interventions have the potential to reduce crash risks and extend the mobility of older drivers. Benefits from good road design flow on to all road users.

The Committee proposed the following safer roads and roadsides recommendations:

Table 2. Safer roads and roadsides recommendations and results of community consultation

Recommendation	Support
18. Undertake a systematic implementation of the Austroads guidelines on road environment design for older road users in Queensland.	60.77%
19. Review Queensland's Manual of Uniform Traffic Control Devices to ensure that its standards take age-related change into account, in accordance with the Austroads guidelines.	66.67%

Safer speeds

There have been a number of campaigns targeting speeding attitudes and behaviour in Queensland, but none that specifically target older drivers. Where there are high proportions of older adults, for example where an older adult's residential complex is located, local governments take this into account in setting speed limits. However, this focuses on pedestrian activity, and overall demographic change with respect to drivers is not considered.

The research indicates that older drivers generally do not represent a speeding risk. Some older drivers drive more slowly than other drivers, however moderating travel speed according to the conditions is an effective way of reducing risk and allowing more time for decision making. Problems arise when other drivers who might consider the speed limit to be a minimum rather than a maximum, become frustrated at slower drivers. This can manifest in road rage and intimidating driving behaviours. There does not appear to be research evidence on ways of addressing this problem in relation to older drivers. There is clear research evidence of the benefits of realistic and well-enforced speed limits; however the speed limits do not take specific account of older road users. This will become a more important consideration with demographic change.

The Committee cautioned against public communication campaigns which focus unduly on older drivers, due to the risks of strengthening existing held prejudices/misconceptions about the safety of older drivers, including those held by older drivers themselves. The Committee noted that there are other groups within the driving population that may drive slower than other drivers, such as novice drivers and moped riders. The Committee's preference was for public communication strategies not to target any single road user group, but rather to focus on the road safety behaviours to be generally encouraged. For example, messages targeting speeding behaviours would ideally encourage all drivers to comply with posted speed limits, emphasising that they are maximum limits. Further, messages should emphasise the need for tolerance as driving at reasonable, lower speeds is not only lawful but can result in improved road safety outcomes for the benefit of all road users. The Committee was supportive of ongoing assessment of speed limit setting criteria being undertaken as a matter of course by road owners and TMR, which will over time take into account improved planning decisions around risk issues associated with an ageing Queensland population.

The Committee proposed the following safer speeds recommendations:

Table 3. Safer speeds recommendations and results of community consultation

Recommendation	Support
Attitudes towards speeding behaviour:	
20. Develop communication strategies emphasising to all road users that posted speed limits are the maximum safe speed in optimum driving conditions. Driving below the speed limit is to be encouraged if conditions warrant it.	82.81%
21. Develop communication strategies that encourage tolerance and respect of the judgement of other drivers of any age or road user group that choose to travel at speeds below the posted speed limit.	76.82%

Recommendation	Support
Review speed limit criteria:	
22. Review speed limit criteria to ensure they adequately take account of the ageing driver population.	44.50%

Safer vehicles

Some motoring organisations and government agencies provide information on vehicle safety for older drivers. The Australasian New Car Assessment Program (ANCAP) and Used Car Safety Rating (UCSR) system provide ratings of vehicle occupant safety by awarding a "star rating". However, these ratings are not specifically oriented towards older vehicle occupants. Research shows that while older drivers are less likely to be involved in a crash (on a population basis), they are much more likely to be killed or seriously injured when a crash occurs, due to their higher level of fragility. Older drivers are more likely to be involved in crashes with other vehicles (rather than single vehicle collisions with fixed objects). Due to the types of crashes they are involved in, research indicates that improved occupant protection should be of benefit in reducing the severity of injuries resulting from side impact collisions, in addition to front or rear end collisions. More evaluation is needed of the available technologies to ensure that in-vehicle devices do increase, rather than reduce the safety of older drivers through distraction and/or increasing the cognitive and attention demands required to perform the driving task. Research suggests that effort should be devoted to encouraging the purchase of safer vehicles by older adults to compensate for their greater fragility, and that this approach could be supported by a vehicle rating system.

The Committee noted that increased vehicle occupant protection is especially important for older drivers and passengers, due to fragility related risks. The Committee supported the provision of increased information to older drivers on safety features to look for when purchasing a vehicle, and the importance of related safer driving behaviours, as well as the promotion of vehicles with superior occupant protection ratings. However, in terms of public education strategies, the Committee preferred that promotion of the benefits of vehicle safety features target the broader driving and vehicle passenger population, rather than focussing on the needs of older people.

The Committee was interested in considering a specialised version of the ANCAP/UCSR star rating systems which is specifically targeted to older drivers in consultation with ANCAP and its stakeholders. Although, the Committee was also concerned that multiple star rating systems may cause confusion and reduce their effectiveness for the general buying public. Therefore, the Committee wanted to see further research undertaken in the area of vehicle safety, to specifically investigate the vehicle safety features of most benefit to older drivers and passengers. These features should include primary safety features which prevent crashes from occurring, as well as secondary safety features which protect vehicle occupants in the event of a crash. Also, the Committee noted that some 'in car' devices can have a distractive effect on some older drivers, so a consideration of the relative costs and benefits in terms of risk would be important.

The Committee proposed the following safer vehicles recommendations:

Table 4. Safer vehicles recommendations and results of community consultation

Recommendation	Support
23. Promote the purchase by all consumers (regardless of age) of vehicles with superior occupant protection ratings and in-vehicle systems and devices proven to reduce the risk and severity of crashes.	69.41%
24. Develop information for older drivers on vehicle safety features which provide the most protection for older vehicle occupants, in-vehicle technologies that can assist them to drive and park safely, and how to make the best use of these features and devices.	67.92%

Recommendation	Support
25. Conduct research into patterns of older vehicle occupant injury and review vehicle crash test results to investigate vehicle safety features of most benefit to older drivers and passengers.	64.19%
26. CARRS-Q to monitor research into in-vehicle systems and devices and their use by older drivers with a view to providing advice to TMR on which systems and devices are of greatest net benefit.	59.91%

Summary

When reviewing the research in the CARRS-Q report and considering potential recommendations to Government, the Older Driver Safety Advisory Committee was of the view that any decisions to change current older driver policy should be based on risk, not age. The Committee acknowledged that age can be a practical 'trigger' for monitoring potential age-related issues that can increase risk, however the Committee believed Government should continue working to identify mechanisms which can accurately identify risk and introduce policies around these, rather than implement any 'catch all' initiatives with limited or no proven road safety benefit. Further, the Committee was reluctant to make recommendations which may result in a policy change without clear evidence of road safety benefit. Finally, the Committee was concerned about policy changes which may impact more significantly on certain sub-groups of older drivers. For example, initiatives with a greater impact on older drivers with limited family or social support, and/or those who reside in rural and remote areas. The Committee was keen to ensure that as Government works to develop policy in this area, potential consequences of increased social isolation, reduced access to services, or increased financial burden on older people be taken into account, and balanced with benefits to be achieved by proposed initiatives. Also important to the Committee was that Government consider policy initiatives that will assist older people with the transition from driving in a way that enables them to maintain their mobility and contribution to society.

Having noted these guiding principles and concerns, the Older Driver Safety Advisory Committee made 26 recommendations, which were released publicly along with CARRS-Q's research report to give the public an opportunity to comment. With the exception of recommendation 22 regarding the review of speed limit criteria, the majority of respondents to the community consultation survey supported the recommendations of the Committee. In cases where respondents did not support a recommendation, the comments of survey respondents, and content of correspondence and written submissions received, largely reflect the Committee's concerns. For example, the most common reasons for not supporting recommendations were:

- Age rather than risk based requirements are discriminatory;
- Concerns regarding additional costs for the older driver/taxpayers generally;
- Concerns about access issues, particularly for older drivers in rural and remote areas; and
- Did not see a reason to change a system believed to be working well.

It is unclear whether the views of people who responded to the survey or provided other written submissions are representative of those of the broader road user population in Queensland. It is possible that there may be important differences between people who did and did not participate in the consultation process (self selection bias). Although survey respondents were not required to report their age or circumstances, many provided this information in their comments throughout the survey, or in other written submissions. These showed a mix of age groups. However, it is acknowledged that many respondents felt very strongly about the issues of older driver safety, as older drivers concerned about losing their licences, or increased difficulty associated with proposed requirements for keeping their licence, or other drivers concerned about the possibility of unsafe drivers of any age remaining on the roads.

Next steps

In May 2013 the Queensland Government considered a package of licence reforms, and decided to introduce a new 12 month validity period for medical certificates for drivers aged 75 years and over (in line with recommendation 2). This will be supported by a new package of information and materials to assist older drivers and their families to make safe driving decisions.

TMR is also progressing the implementation of other initiatives included in the older driver report. Some of the recommendations relate to maintaining current policies and processes, and are therefore considered complete, while the implementation of other recommendations is more complex. For example, some recommendations involve further/ongoing consultation with stakeholder groups, the development and distribution of education materials and even legislative amendments. As part of the implementation planning stage, TMR is also considering options for ongoing evaluation and monitoring of any policy changes and initiatives, to ensure that the recommendations are achieving the desired aims (improved safety) in an efficient and effective manner, and to contribute to older driver safety.

References

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