

## **Older road user safety – identifying needs and gaps in health professionals' communications with older patients about fitness to drive**

Anne Harris<sup>a</sup>, Nina Pereira<sup>b</sup> and Emma Clarkson<sup>b</sup>

<sup>a</sup> Anne Harris Consulting, <sup>b</sup> VicRoads

### **Abstract**

Health professionals have an important role to play in assessing and advising their patients about fitness to drive. This is important for all drivers, but especially older drivers.

The aims of this exploratory research were to:

- determine what health professionals currently know about older drivers' fitness to drive and road safety;
- identify any gaps in health professionals' knowledge;
- determine the most effective ways of informing or educating health professionals about fitness to drive and how to provide the best advice to their older patients.

A range of consultations, focus groups and qualitative surveys were undertaken with Victorian GPs, optometrists, occupational therapists and other health professionals.

The research showed that the take up of existing training or education opportunities was generally low, especially among GPs. Raising the awareness among health professionals about their key responsibilities, the main conditions that can affect driving and how to assess fitness to drive were identified as key needs. Several recommendations to improve the communication with health professionals were identified, including easy to use resources, plus improved education and professional development.

### **Introduction**

The ageing population means that more older people will be driving than ever before. As ageing can be associated with a range of health declines and disorders, the extent and nature of communications from health professionals with older people about fitness to drive is important.

Ensuring that health professionals have appropriate information, knowledge and motivation to engage with older road users about their fitness to drive is likely to impact on the road safety outcomes of ageing road users.

VicRoads undertook a project to explore the information needs of health professionals and the best methods of effectively communicating with them. The overall aim of the project was to determine how to assist and support health professionals to evaluate fitness to drive and communicate key messages to older patients.

The key research questions addressed were:

- a) Who are the key health professionals to be targeted through the proposed strategy?
- b) What road safety information and knowledge is needed by each target group?
- c) What information do the target groups currently use or access and how useful is this information?

- d) What communication mechanisms and approaches would be most used by the target groups?
- e) What key messages will be the most appropriate and effective?

## **Methodology**

Data for this project was collected via consultations, in depth interviews, two qualitative surveys and a small focus group.

### ***Consultation with health professional representative groups***

Consultations with a number of health professional representative groups were conducted. The aim of the consultations was to learn from each representative group about their members:

- level of knowledge
- how they access information
- issues faced in completing medical and eyesight assessments
- what communication mechanisms and tools would be most effective
- how to efficiently deliver information
- what key messages are likely to be most effective/useful.

To achieve this, meetings were held with the peak representative bodies for the most relevant health professional groups. Consultations were held with the Victorian chapters or branches of the following organisations:

- Royal Australian College of General Practitioners (RACGP)
- Australia and New Zealand Society of Geriatric Medicine (ANZSGM)
- Optometry Association of Australia (OAA)
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Occupational Therapy Australia (OTA)
- Royal Australian College of Surgeons (RACS)
- Networking Health Victoria
- Practice Nurse Association
- Victorian Institute of Forensic Medicine (VIFM)

In addition, consultations were held with some organisations that support individuals who have diseases that can impair driving. These organisations included:

- Alzheimer's Australia Victoria
- Diabetes Australia Victoria
- Australian Diabetes Educators Association
- Heart Foundation Victoria

### ***Interviews and discussions with health professionals***

With the assistance of the peak bodies, some further information was gathered from practising health professionals to gain a broader range of views and feedback on the key research questions.

Consultations with five general practitioners (GPs) were undertaken. Two in depth interviews were conducted with experienced GPs working in rural Victoria who were also board members of

RACGP. In addition, a small discussion group involving three GPs working in the metropolitan area was conducted.

An online survey of optometrists was conducted in October 2014, with the assistance of the Optometry Association of Victoria. A total of 21 survey responses was received. An online survey of occupational therapists was undertaken with the assistance of Occupational Therapy Australia Victoria. A total of 16 responses was received.

## **Key Findings**

### ***a. Health professional groups to target***

The primary groups of health professionals involved in the process of assessing and reporting on a person's fitness to drive are GPs. In addition, optometrists are often required to complete eyesight report forms, as are ophthalmologists, who primarily care for patients with eye diseases. All practising GPs, ophthalmologists and optometrists are regularly required to undertake these assessments and complete reports for people wishing to hold a driver licence, as well as those needing assessments for special licences such as heavy vehicle and taxi licences. These groups of health professionals were regarded as the key groups to target.

Some specialists physicians are also involved in assessing fitness to drive, but to a lesser extent. One group of specialists is geriatricians, who usual work in hospitals and may see older patients who require additional care for ongoing or complex health conditions. Surgeons are also required to advise patients about fitness to drive, especially after surgery. Neurologists are usually involved in the care of people with dementia, stroke or epilepsy. Endocrinologists care for people with diabetes and cardiologists care for people who experience heart related diseases or conditions. All of these conditions can affect a person's fitness to drive so health professionals working in these fields should also be targeted.

Occupational therapists also play a large role. Many occupational therapists (OTs) work in aged care and may be involved in caring for older patients who have a range of conditions that may impact on their driving. While OTs who are not specifically trained to undertake driving assessments do not have a formal role in completing driving assessments or medical reports, they often play a role in advising patients and their families about fitness to drive, and can work with other health professionals if they are concerned that a person is not fit to drive.

A range of allied health professionals currently play a role in discussing driving safety with patients and may potentially increase this role if some additional resources and training were provided. Practice nurses who work in medical practices were regarded as a group who could potentially play a larger role in the future, especially in providing information and support to patients who may need to make the transition from driving to non-driving. In addition, diabetes educators, community nurses and those people conducting cardiac and stroke rehabilitation may also potentially play an important communication role with older drivers in the future.

### ***b. Information needs of health professional groups***

There were some similarities in the information needed by varying health professional groups. In general, information about how the medical review process works, the responsibilities of health professionals and how to assist patients who need to stop driving were consistent themes across all health professional groups. Most health professionals were aware of the Assessing Fitness to Drive (AFTD) Guidelines (Austroads and National Transport Commission, 2012). However, beyond this, very little other education, training or resources were utilised by any of the health professional

groups consulted, with the exception of occupational therapists, who were generally quite engaged and informed about fitness to drive.

### *GPs, geriatricians and specialists*

Overall, GPs as well as geriatricians and other medical specialists need to know about:

- the key conditions that can impair safe driving
- how to advise someone about their future driving safety
- what their legal and ethical obligations are
- how to assess patients who require medical reports
- to use the AFTD guidelines (the latest version) when assessing patients
- to consider a patient's fitness to drive at every diagnosis and monitor and discuss driving safety regularly with patients
- to warn patients if they have a progressive condition that may mean they will need to stop driving in the future
- what to advise patients about driving after significant health events (such as stroke or heart conditions), surgery and diagnosis of a "reportable" condition (such as dementia or diabetes).

All of the GPs consulted completed medical driving assessments for patients on a semi-regular basis. Most were aware to some extent of the AFTD guidelines, but were not necessarily using the latest version. In general the AFTD guidelines were regarded as difficult to use by GPs and time-consuming to navigate. There is a risk that these difficulties may lead to the guidelines not being used correctly.

Beyond being aware of the need to discuss driving with patients who had experienced a significant health event (such as a stroke or heart attack) or had a recent diagnosis (such as epilepsy, diabetes or dementia), most GPs were not proactive in discussing fitness to drive with their patients. Nor did many GPs seem to be willing to report a person who might be unfit to drive to VicRoads.

None of the specialists or GPs consulted for this project had undertaken any training, attended any seminars or undertaken any further reading or research on the area of fitness to drive, with the exception of one GP who had attended a VicRoads seminar approximately 10 years ago.

Most learnt about fitness to drive from other professionals, from reading the AFTD guidelines and possibly when they were a GP registrar.

### *Ophthalmologists and optometrists*

Optometrists and ophthalmologists are all quite aware of the required visual standards for driving. Most felt it was very clear, it is written on the back of the eyesight assessment and is easy to measure. The issues that do arise for eye specialists are:

- using the latest version of the AFTD guidelines
- understanding their legal and ethical rights and responsibilities
- understanding whether and under what circumstances they are required to report a driver to VicRoads and if they do report, what legal protections apply to them
- understanding what happens to a person who is reported to VicRoads
- understanding more about conditional licences and whether they can recommend these.

Optometrists expressed some difficulty dealing with patients who are unwilling to accept the advice that their eyesight does not meet the required standard. They also mentioned being concerned about situations where an older patient passes the eyesight test, but appears to have other health problems that should be assessed.

### ***Occupational therapists***

On the whole, occupational therapists (OTs) were the most informed and aware group of health professionals about all issues associated with fitness to drive. The topic of fitness to drive is covered in the OT undergraduate curriculum and the availability and take up of fitness to drive professional development is high among OTs. Gaps in knowledge mostly relate to:

- clarifying the VicRoads medical review process
- information about alternatives to driving if a person needs to stop driving
- information and advice on the “grey areas” or tricky cases and where to get advice if the AFTD guidelines don’t have enough detail.

### ***c. Effective communication mechanisms, approaches and key messages***

#### ***Communication mechanisms***

All groups of health professionals rely on their professional associations or colleges as the primary source of relevant professional information. Each association/college that was consulted had regular communications with their members, via e-newsletters, magazines, journals, seminars, webinars and conferences. The health professional associations seemed to be very aware of the most effective types of communication for their members and were willing to assist in the dissemination of road safety information.

Providing education for health professionals at both the undergraduate and post-graduate level was mostly regarded as being important. Including at least one or two lectures about fitness to drive and forensic medicine as part of undergraduate medical studies would be helpful, as would including this topic in the undergraduate curriculum for optometry students. Similarly, including fitness to drive in the training programs for GPs, as well as for geriatricians and surgeons, would be beneficial.

It is also important that key road safety messages and advice are embedded into the clinical guidelines for managing patients with conditions that might impair their driving. This will require working with the health support organisations that develop these materials (for example, Alzheimer’s Australia, Australian Diabetes Educators Association/Diabetes Australia Victoria).

#### ***Key messages for all health professionals***

The most immediate communication need is to raise awareness among health professionals about their key responsibilities, the main conditions that can affect driving, and how to assess fitness to drive.

In the longer term, initiatives to encourage health professionals to take a more proactive role should be undertaken. Ideally health professionals should monitor a patient’s fitness to drive, discuss this with them regularly and encourage self-regulation or cessation of driving when needed, as well as successful transition to other forms of transport.

In the future, allied health professionals such as practice nurses, diabetes educators, social workers and aged care workers, could be encouraged to become more involved in discussing fitness to drive with patients. These health professionals often have a more educative and supportive role, while GPs and specialists tend to deal more with acute medical issues. As a result they also have more time to give each patient.

### ***Key messages for GPs***

Communicating with GPs is very important as they are the front line for most patients in determining their fitness to drive. However, they are also extremely time-poor and often unable to spend the time to build their knowledge in this area and to spend a lot of time with patients in supporting them if they need to modify or cease driving.

As a result, raising awareness among GPs about fitness to drive needs to be very targeted and could involve:

- providing a short, concise summary (1-2 pages) of the key issues related to managing fitness to drive among patients
- supporting this with ongoing articles and case studies published in relevant journals, magazines and newsletters
- including case studies in the RACGP journal which focuses on professional development for GPs
- including additional information on the “for health professionals” section of the VicRoads website
- offering seminars (1-2 hours long) on the topic of the medico legal aspects of fitness to drive (which seems to be of greatest interest to GPs and other health professionals) at Medicare locals and through the RACGP
- including a lecture on fitness to drive on the program for GP registrars (arranged through the RACGP) as well as at hospital grand rounds
- including this topic or at least a lecture in the undergraduate curriculum for medical students
- targeting seminars or information to internationally trained GPs.

### ***Key messages for other health professionals***

Other health professionals would benefit from this awareness raising, but it needs to be tailored to their roles. For example, surgeons were particularly interested in information about how long to advise a patient to avoid driving after surgery. Cardiologists wanted information about what to advise people about cardiac events or heart conditions and driving. While this information is contained in the AFTD guidelines, it is probably not very easy to find for some specialists, or some may not be aware that the AFTD guidelines include this information.

Overall, health professionals are incredibly time-poor. They have large demands on their time, and need to be able to access the key information they need easily and quickly. Navigating very detailed clinical guidelines (such as the AFTD) is not practical and may not happen, resulting in subjective clinical decisions.

### ***Communications with patients***

In terms of providing written materials to patients, very few health professionals distributed or were even aware of any brochures or information about fitness to drive. Most of the GPs and other

specialists expressed strong preference for one-page downloadable fact sheets on an easy to find section of the VicRoads website. These could then be printed and given to the patient. This was seen as a far more efficient way of providing material than pre-printed brochures. Suggested topics include specific health conditions and driving, transition to non-driving and how to get around without a car.

#### ***d. Implementation considerations***

During consultations with health professionals, some important considerations for how communications are developed and implemented consistently arose.

Information that is included in publications or newsletters should include brief scenarios or case studies as health professionals are accustomed to this type of education. However, most health professionals suggested that any material that is developed needs to be in the voice of a peer, and that seminars or lectures should be delivered by a peer. Most other health support organisations delivered information to health professionals in a “peer to peer” manner.

Ensuring that materials are developed with relevant clinical content, are presented in a manner that is acceptable to the target audiences and using communication methods that are likely to be utilised will require input from health professional themselves.

#### ***Health checks for 75 year olds***

All Australians aged 75 years and older are eligible for a Medicare funded health assessment. These are an in-depth assessment of a patient’s health that is conducted in a structured way. The aim is to identify health issues and conditions that are potentially preventable or treatable, and to identify any factors that influence a person’s physical, psychological and social functioning. At present, driving is not covered in any great detail in the assessment process. However, these assessments could provide a means of encouraging a more preventative and proactive approach to how GPs interpret what a person’s health status means in relation to their fitness to drive. As this is a national program, managed by the Federal Department of Health, a national approach may be needed.

#### ***Dealing with the “soft” health issues***

Many health professionals expressed concern about dealing with patients who needed to stop driving. It was noted that most health professionals, especially GPs, “don’t like being the sheriff”, and some said they felt that they would give their patient the benefit of the doubt given the negative impact not driving would have on their overall well-being. Similar findings have been reported in other studies (Sims et al, 2012). Many health professionals also expressed concerns about a lack of alternatives to driving and helping patients deal with the process of stopping driving.

#### **Conclusions and Recommendations**

Raising awareness among health professionals will require consistent and ongoing efforts. Priority needs to be given to communicating with the health professionals who are responsible for completing medical and eyesight assessments. Fortunately a range of effective communication opportunities or mechanisms exist, primarily through the various health professional associations, peak bodies and colleges, and these need to be utilised. In addition, some key information about fitness to drive should be provided during undergraduate and post-graduate training for health professionals.

Establishing stronger relationships with the health professional associations and convening an advisory group of health professionals to provide advice on communication materials and processes will help to ensure that any materials that are developed are utilised and acceptable by the target audiences.

In the longer term, some challenges exist. Very few health professionals, with the exception of occupational therapists and some geriatricians, seemed to be proactive in discussing patients' fitness to drive with them. A more proactive and preventative health approach to discussing fitness to drive, especially with older patients is needed. Research shows that many older people will take the advice of health professionals when considering whether they are fit to continue to drive (D'Ambrosio, 2007; and Dellinger et al, 2001). Ensuring that health professionals have the knowledge and are willing to raise fitness to drive with their patients is therefore very important.

## References

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