

Austroads

Research Report
AP-R675-22



Assessing Fitness to Drive: Implementation Strategy 2022

Assessing Fitness to Drive: Implementation Strategy 2022

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Publisher

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Abstract

This report describes the proposed Strategy for implementation of Assessing Fitness to Drive for consideration by the Austrroads Board.

It has been developed based on the Implementation Framework endorsed by the Austrroads Board in 2021, together with stakeholder inputs and expert consideration of the identified barriers and opportunities. Strategy development has also been undertaken in parallel with the design and development of launch activities for the new edition of the standards.

Stakeholders have shown support for the Implementation Framework, which highlights health professional and consumer information/education as priorities for implementation, together with platforms and systems that facilitate these activities and the effective conduct of fitness to drive assessments and reporting.

Stakeholders consulted to date are engaged with the issue and enthusiastic to partner to achieve the desired outcomes. They see the value of structures to support continued engagement and coordination efforts nationally.

The Strategy therefore proposes an initial 2-year focus on:

- Establishing structures to enable ongoing engagement with stakeholders
- Establishing an Austrroads resource to manage stakeholder partnerships and communications, including the new web content and outreach communication
- Progressing collaborative initiatives to deliver appropriate education and information for health professionals and consumers.

Keywords

Fitness to drive, implementation.

ISBN 978-1-922700-50-6

Austrroads Project No. SRL6312

Austrroads Publication No. AP-R675-22

Publication date July 2022

Pages 38

About Austrroads

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- Department of State Growth Tasmania
- Department of Infrastructure, Planning and Logistics Northern Territory
- Transport Canberra and City Services Directorate, Australian Capital Territory
- Department of Infrastructure, Transport, Regional Development, Communications and the Arts
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Acknowledgements

We would like to thank the members of the Assessing Fitness to Drive Implementation Advisory Group who contributed to this project by participating in the consultation, workshop and review process.

- Jonathan Davey, National Transport Commission
- Megan Girdler, National Transport Commission
- Elaena Gardner, Austrroads
- Emily Hicks, Office of Road Safety
- Mark Ellis, Office of Road Safety
- Stephen Mackrow, Department of Infrastructure, Planning and Logistics, NT
- Rebecca Wilson, Access Canberra, ACT
- Derise Cubin, Access Canberra, ACT
- Adam Cameron, Department for Infrastructure and Transport, SA

-
- Scott Swain, Department for Infrastructure and Transport, SA
 - Amie Buisman, Department of Transport, WA
 - Karen Webb, Department of State Growth, TAS
 - Fiona Morris, Department of Transport, VIC
 - Dr Marilyn Di Stefano, Department of Transport, VIC
 - Lee Cheetham, Transport for NSW
 - Simon Brodie, Transport for NSW
 - Kate Timbs, Transport for NSW
 - Steven Patch, Transport and Main Roads, QLD
 - Eliane Yuille, Transport and Main Roads, QLD
 - Associate Professor Sjaan Koppel, Monash University Accident Research Centre
 - Dr Bruce Hocking, Royal Australasian College of Physicians
 - Andreas Blahous, National Heavy Vehicle Regulator
 - Dr Natasha Cook, Austin Health
 - Dr Sanjeev Gaya, Victorian Institute of Forensic Medicine
 - Prof. Ernest Somerville, Australian and New Zealand Association of Neurologists
 - Jude Czerenkowski, Stroke Foundation
 - Jenny Johnson, Australian College of Rural and Remote Medicine
 - Luke Arundel, Optometry Australia
 - Prof. Nigel Stocks, Royal Australian College of General Practitioners
 - Michelle Grybaitis, Australian Medical Association
 - Leanne Boase, Australian College of Nurse Practitioners
 - Naomi Frauenfelder, Healthy Heads in Trucks and Sheds
 - Melissa Weller, Healthy Heads in Trucks and Sheds
 - Celina Day, Dementia Australia
 - Emilio Salve, Disabled Motorists Australia
 - Abby Allen, Australian and New Zealand Society for Vascular Surgery
 - Dr Mark Jackson, Australian and New Zealand Society for Vascular Surgery
 - Dr Paul Beaumont, Royal Australian & New Zealand College of Ophthalmologists
-

This report has been prepared for Austroads as part of its work to promote improved Australian and New Zealand transport outcomes by providing expert technical input on road and road transport issues.

Individual road agencies will determine their response to this report following consideration of their legislative or administrative arrangements, available funding, as well as local circumstances and priorities.

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Summary

Medical fitness to drive is an important consideration for road safety and is underpinned by the national *Assessing Fitness to Drive* standards developed by the National Transport Commission (NTC) and published by Austroads.

An Implementation Framework endorsed by Austroads in February 2021 has formed the basis of stakeholder consultation in the second half of 2021 towards development of a medium to long-term Implementation Strategy for standards aimed at ensuring widespread, consistent and appropriate application of *Assessing Fitness to Drive* nationally.

Based on feedback regarding the Implementation Framework and other inputs from stakeholders to date, the following priorities have been identified for the next two years:

- Establishing structures to enable ongoing stakeholder engagement, knowledge sharing and coordination of activities
- Committing resources for key project building/management tasks such as project management and governance, website development and maintenance, general communication, and ongoing stakeholder engagement
- Establishing mechanisms for ongoing health professional education, including partnering to deliver a national education approach for GPs
- Informing the next *Assessing Fitness to Drive* review, including linking in with NTC review processes.

Developing a further 3-year strategy for the period 2025-2028, including integrating the short-term promotion of the next edition.

The table below summarises the objectives and actions proposed for the initial Strategy.

| Objective | Activities |
|---|---|
| Project management and resourcing | |
| Structures Establish structures to inform, support and govern the implementation of <i>Assessing Fitness to Drive</i> . | <ul style="list-style-type: none"> • Establish a national 'community of practice' for <i>Assessing Fitness to Drive</i> through: <ul style="list-style-type: none"> – DLA Working Group (meeting 3-4 times per year) – Implementation Advisory Group (meeting 2-3 times per year) • Ensure accountability and oversight through reporting to R&L Taskforce and Austroads Board. • Ensure issues that need to be resolved through changes to the Standards are logged and provided to the NTC. • Establish additional project working groups as required to address particular issues or support particular activities. |
| Resourcing Resource <i>Assessing Fitness to Drive</i> implementation as an ongoing activity for Austroads. | <ul style="list-style-type: none"> • Establish an internal project management role to support communication, stakeholder engagement, governance and manage specific initiatives. • Secure appropriate topic expertise to support implementation initiatives and ensure an evidence-based approach. |

| Objective | Activities |
|--|---|
| Implementation domains | |
| Platforms Establish the Austroads website as a preferred access point for the standards and supporting information. | <ul style="list-style-type: none"> Establish a plan for website development to follow from the initial launch. Establish links to consumer and health professional facing fitness to drive information and resources. |
| Communication & promotion Achieve proactive and systematic communication to health professionals, consumers and other stakeholder to support the implementation goals. | <ul style="list-style-type: none"> Engage with stakeholders to develop and implement an Austroads Communication Strategy for <i>Assessing Fitness to Drive</i>. Establish measures and reporting processes for the Strategy to inform annual plan review. |
| Education Facilitate systematic educational approaches for health professionals. Equip health professionals to provide relevant information/education to consumers. | <ul style="list-style-type: none"> Establish a plan for health professional education in consultation with stakeholders, taking into consideration education needs and preferred learning formats and considering CPD requirements including the new CPD requirements for medical practitioners effective from 2023. Partner with stakeholders to develop and deliver online GP education nationally, (opportunities currently being explored include partnerships with AMA, RACGP and ANZSOM). Partner with stakeholders to address education needs for other health professionals. Partner with stakeholders to connect health professionals with relevant information/education for consumers that will support their conversations about driving. |
| Systems and tools Facilitate use of systems and tools to address barriers and improve management of fitness to drive. | <ul style="list-style-type: none"> Work with stakeholders and share knowledge to enable implementation of systems and tools for assessing fitness to drive. |
| Collaboration Establish collaborations to support the implementation goals. | <ul style="list-style-type: none"> Develop a stakeholder engagement plan to ensure engagement and involvement of all relevant stakeholders. |
| Monitoring and feedback Establish measures and monitoring systems to demonstrate the success of implementation strategies and feed into the continuous improvement cycle for <i>Assessing Fitness to Drive</i> . | <ul style="list-style-type: none"> Establish an evaluation framework to enable monitoring of implementation progress and ongoing identification of barriers. Feedback data and implementation progress to DLAs, stakeholders Ensure issues that need to be resolved through changes to the Standards are logged and provided to the NTC. |
| Ongoing planning | |
| Implementation Strategy (FY 24/25-27/28) Develop a further 3-year strategy based on progress and outcomes. | <ul style="list-style-type: none"> Report to stakeholders and Austroads regarding progress against the initial strategy. Consult with stakeholders to develop the 2024/25-2027/28 Implementation Strategy. Coordinate strategy implementation with the development and release of new AFTD editions. |

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1. Introduction

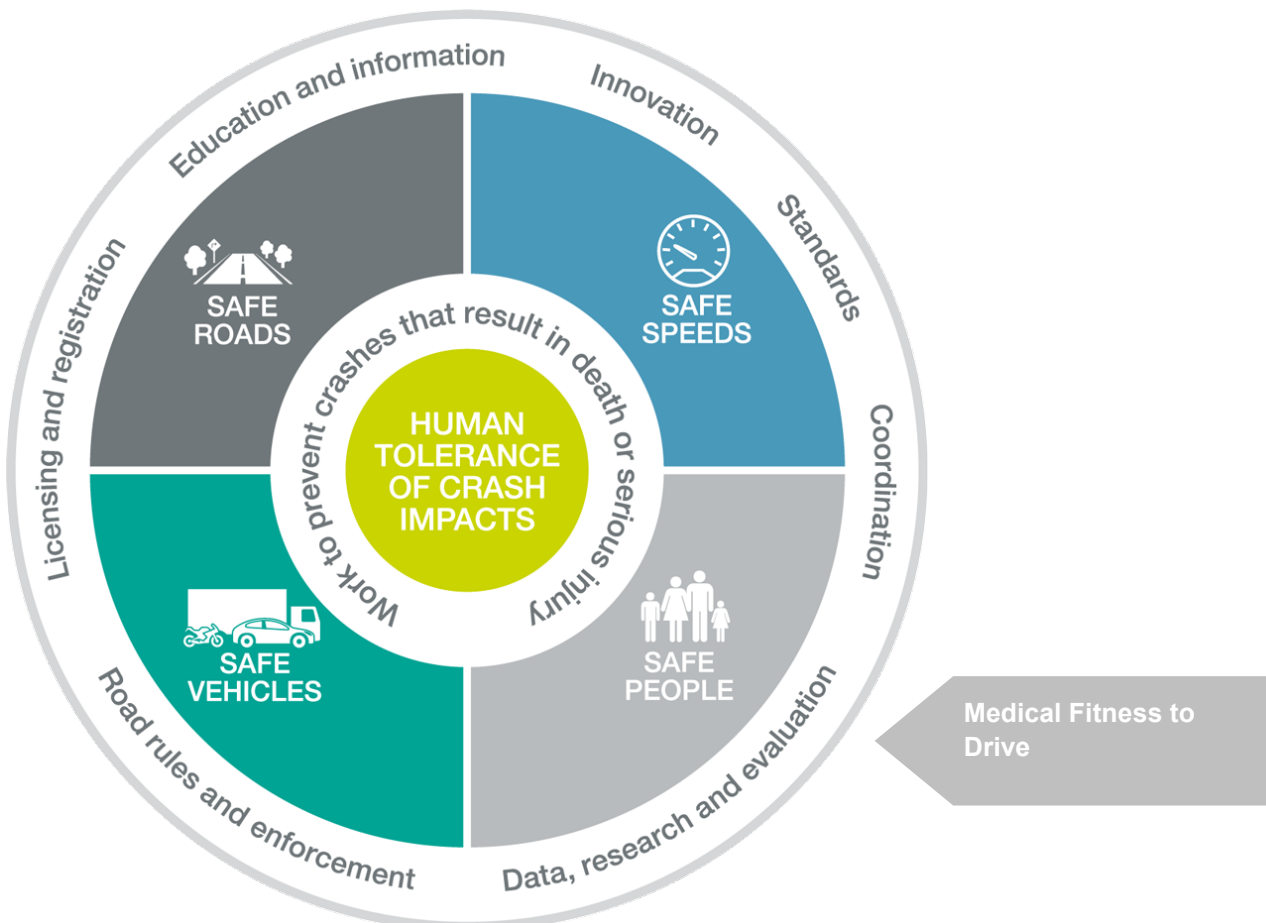
1.1 Purpose

Assessing Fitness to Drive contains the national medical standards for driver licensing in Australia and has been in place in its current form since 2003. The standards are well accepted among health and road safety stakeholders but many have identified the need to improve understanding and application of the standards.

Up until recently, the focus at a national level for implementation of the standards has been on short term promotion at the time of release of a new edition. Longer term implementation efforts have been mainly at the discretion of Driver Licensing Authorities (DLA) and other stakeholders and have therefore been variable, have tended to lack coordination and have foregone opportunities at a national level.^{1 2}

Acknowledging this situation, Austroads endorsed an Implementation Framework³ in 2021. The framework positions implementation of *Assessing Fitness to Drive* in relation to the National Road Safety Strategy (Safe People) (refer Figure 1.1).

Figure 1.1: Medical fitness to drive – supporting the domain of Safe People in the National Road Safety Strategy



¹ National Transport Commission, Stakeholder consultation and discovery for the 2020/21 Review of Assessing Fitness to Drive

² VicRoads, 2018. Report to the Coroners Court – Medical Fitness to Drive

³ Austroads, 2021. Assessing Fitness to Drive Implementation Framework

The Board also approved a project to develop a detailed medium to long-term strategy for implementation of *Assessing Fitness to Drive*. The project has involved extensive stakeholder consultation towards understanding the priorities for implementation and the opportunities for collaboration on implementation initiatives.

The purpose of this report is to put forward the resulting Implementation Strategy for *Assessing Fitness to Drive* that will support the goals articulated in the Framework and address the priorities and opportunities identified by stakeholders.

1.2 Scope

This report sets out the findings of the project and outlines a strategy for consideration by Austroads. Based on the Implementation Framework, the Strategy sets out objectives and activities for a two-year period commencing June 2022. It also envisages a longer-term strategy for the following 3 years, in which the implementation of *Assessing Fitness to Drive* becomes embedded in Austroads programming.

1.3 Methodology

The project to develop the Implementation Strategy involved extensive stakeholder engagement to secure feedback regarding the Austroads Implementation Framework and input towards understanding:

- the barriers to implementation that would be addressed by the Strategy
- the nature and extent of current implementation efforts by stakeholders
- the opportunities for implementation initiatives
- the opportunities for stakeholder collaboration.

Stakeholders representing the National Transport Commission (NTC), DLAs, health professionals, drivers and the transport industry were identified and engaged through:

- Involvement in the Austroads Registration and Licensing Taskforce, which met to consider the Implementation Framework and the Strategy project on 21 September 2021.
- Involvement in an Implementation Advisory Group (IAG), which met on 24 November 2021 (refer Terms of Reference, Appendix A).
- Involvement in a dedicated DLA Working Group, which met on two occasions (7 October and 7 December 2021) to discuss both short and longer term implementation.
- Direct discussions with the project team, comprising Austroads personnel, An Rendell and Elaena Gardner, and consultant Fiona Landgren.

Appendix B sets out the stakeholders and representatives and their involvement to this point.

Following internal review, the draft Strategy will be sent to the IAG and DLAs in January 2022.

1.4 Implementation Framework

As the foundation of the Implementation Strategy, the Framework sets out the context and goals of implementation as well as the implementation partners, target audiences, domains of activity and governance (Figure 1.2).

Figure 1.2: Framework for Assessing Fitness to Drive Implementation

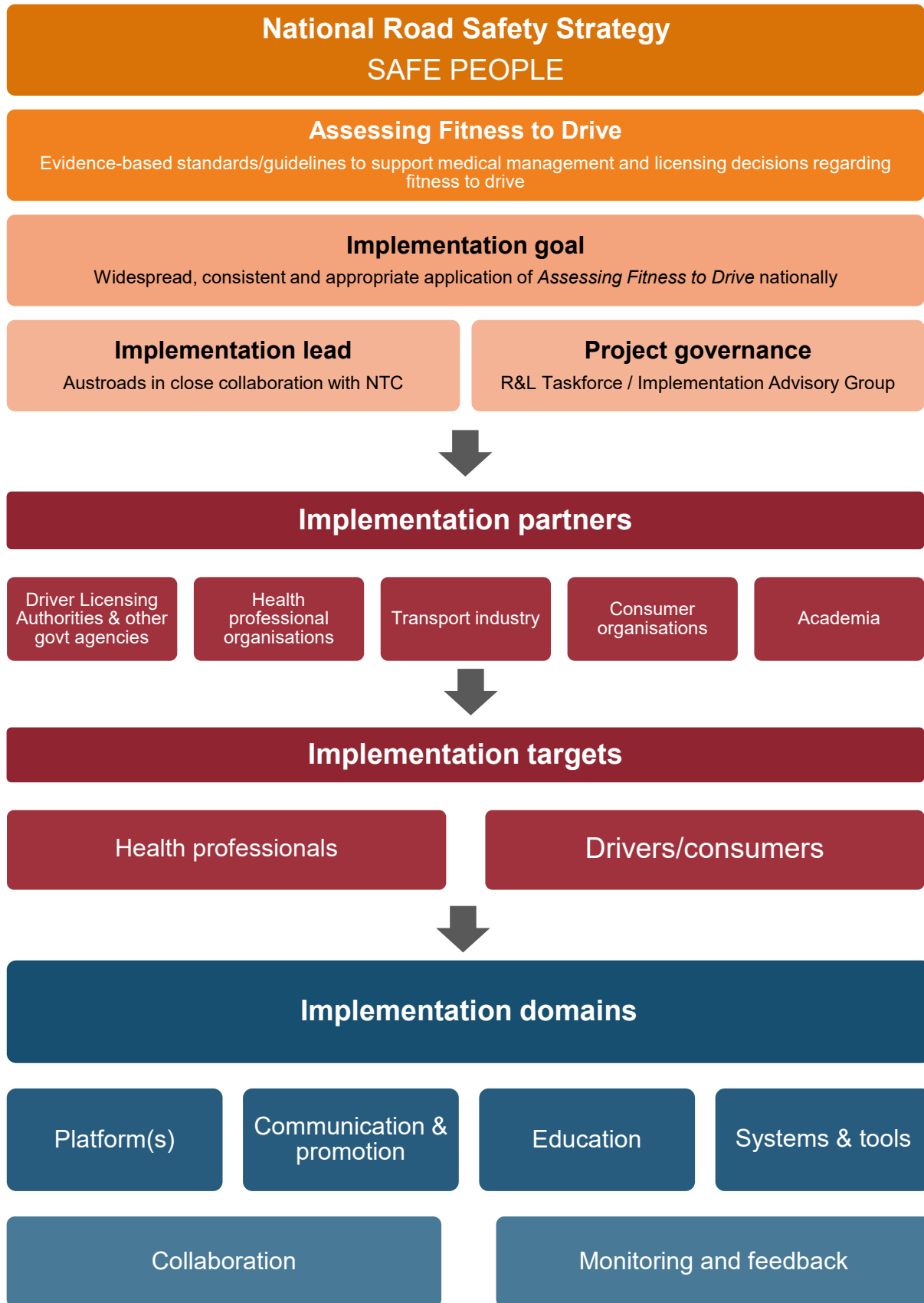
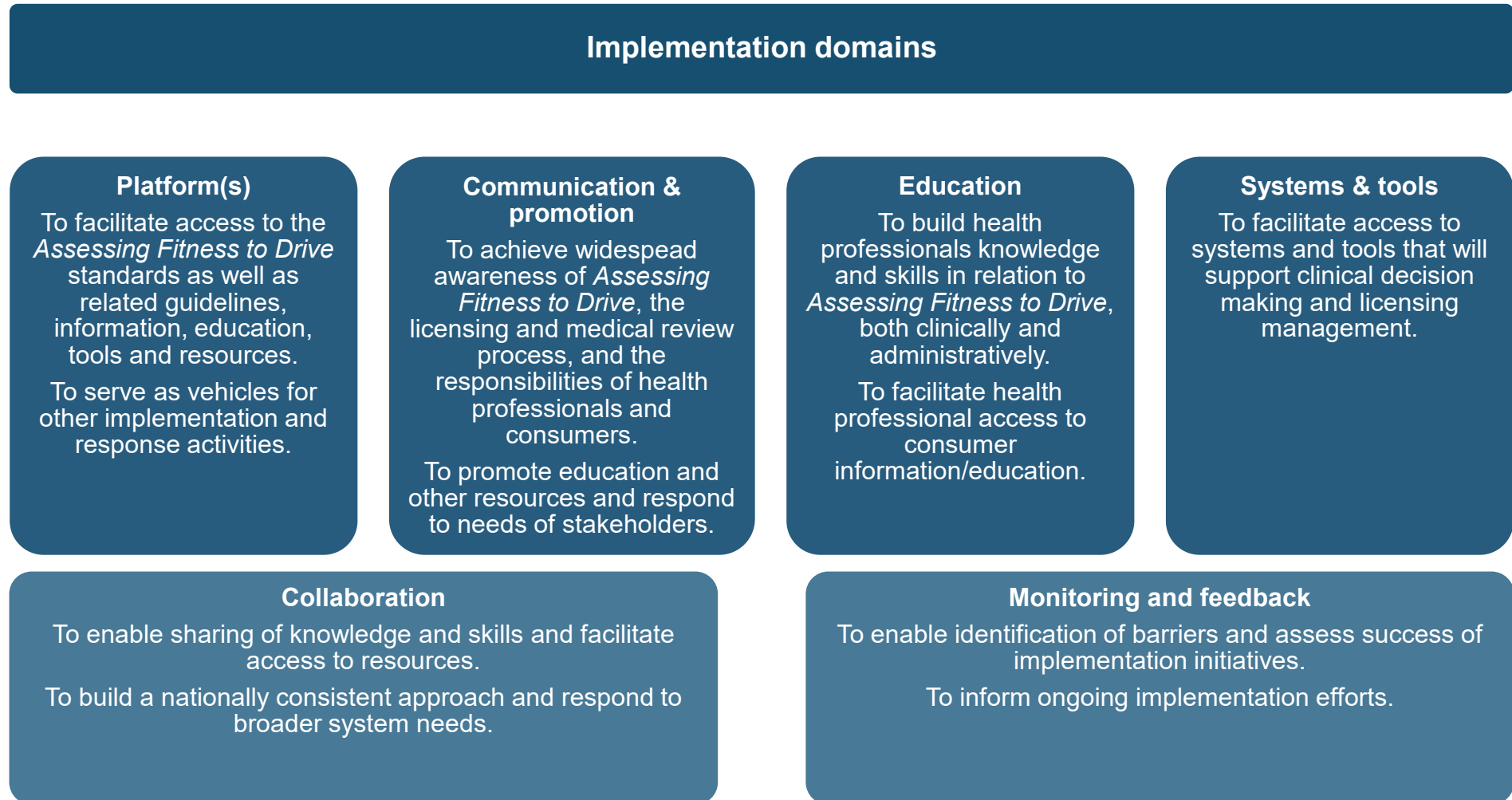


Figure 1.2 shows:

- The positioning of medical fitness to drive under the pillar ‘Safe People’ of the National Road Safety Strategy
- The implementation goal of achieving widespread, consistent and appropriate application of *Assessing Fitness to Drive* nationally
- The lead agency for implementation – Austroads (working closely with NTC to ensure a continuum through the development work)
- The importance of governance in ensuring project oversight and encouraging ongoing input from key stakeholders
- The main partners who will be engaged with implementation initiatives
- The main target audiences for implementation are health professionals and drivers/consumers
- The domains of implementation activity based on knowledge about barriers to date. These are shown in further detail in Figure 1.3 and include:
 - **Platforms** to facilitate access to *Assessing Fitness to Drive* and supporting resources. This mainly relates to the Austroads website where the current html version of the standards sits, but it may include DLA websites that would support local information while linking to the Austroads website.
 - **Communication and promotion** to secure widespread awareness among health professionals and consumers of the *Assessing Fitness to Drive* standards, the licensing and medical review process and health professional and consumer responsibilities. This will also include promotion of education, other resources and interfacing programs.
 - **Education** to equip health professionals with the knowledge and skills to apply the standards and support their patients to drive as long as it is safe to do so. Consumer education/information will also be a consideration, linked to the communication strategy and to stakeholder initiatives.
 - **Systems and tools** to support and improve implementation of the standards, including clinical tools and systems such as online reporting.
 - **Collaboration:** given the wide variety of stakeholders involved and the complexity of the implementation task, collaboration will be essential to enable sharing of knowledge and resources, and coordination of implementation efforts. It is therefore identified as a separate domain, even though it relates to all activities.
 - **Measurement and feedback:** this will be essential for identification of gaps and issues and demonstrating improvement and success. Current measures include website analytics for the Austroads website.

The Framework also positions the implementation of *Assessing Fitness to Drive* as part of a continuous cycle in which review and development of the standards is informed by the outcomes of the implementation process.

Figure 1.3: Implementation domains



2. Consultation Findings

This section provides an overview of the consultation findings to date and concludes the priorities for implementation.

Consultation with stakeholders has guided the development of the Strategy described in this document. The findings are summarised in this section. More detail is evident in the presentations made by stakeholders at the IAG meeting.⁴

2.1 Support for the Austroads approach (Implementation Framework)

Stakeholders engaged to date expressed support for a nationally facilitated approach to implementation of *Assessing Fitness to Drive* and for the overall goal of achieving widespread, consistent and appropriate application of the standards nationally. Stakeholders also agreed with the partnerships, target audiences and implementation domains outlined in the Implementation Framework.

Recognising the value of a national approach and the need for ongoing efforts to improve implementation of *Assessing Fitness to Drive*, stakeholders are enthusiastic about contributing to the work and to taking an active role in delivering interventions relevant to their constituents. There is however acknowledgement of the complexity of the issues, the numerous interfacing programs and projects (refer Section 2.4), the varying processes across states and territories and the challenges of reaching the large and diverse target audiences of health professionals and drivers.

As a key stakeholder group, DLAs value the opportunity for knowledge sharing and issues resolution provided by regular meetings of personnel directly involved in medical review. Based on the experience to date, such opportunities have the potential to support consistent implementation of the standards across the states and territories. Collective engagement, such as through the IAG, has also enabled DLAs to understand the issues for various health and consumer stakeholders.

Health professional stakeholders also welcomed the opportunity to share and address implementation challenges, including those related to particular conditions affecting driving (e.g. epilepsy, dementia) and growing groups such as older drivers.

2.2 Implementation barriers

Stakeholders agreed with the main barriers outlined in the Implementation Framework (Figure 2.1), identifying that health professional and consumer awareness and education should be prioritised and that the national approach would enable messaging to be delivered more consistently. The need for positive messaging around the medical review process was particularly highlighted to build engagement among health professionals and consumers.

Many of the barriers are particularly evident in rural and remote areas where there is greater reliance on private vehicle transport and health professionals feel under pressure to advocate for patients' independence. Strategies should therefore be tailored for this group.

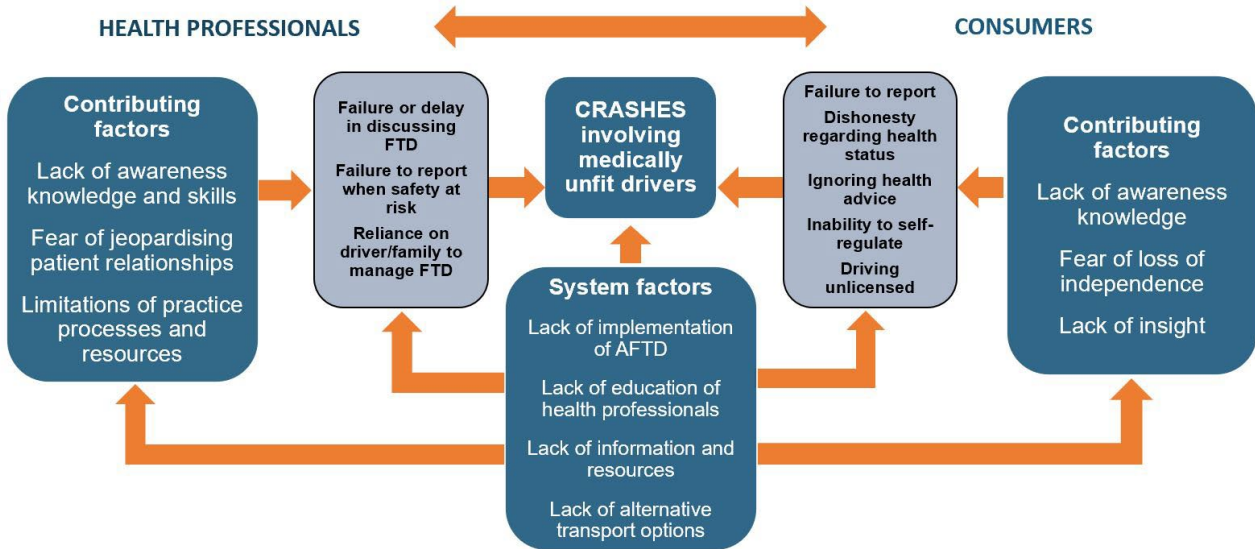
Lack of early and empathetic management of the driving issue by health professionals was also raised as an issue, which should be addressed through education.

⁴ Assessing Fitness to Drive Implementation Advisory Group. Meeting presentations 24 November 2021

General community awareness (in addition to driver awareness) was also highlighted as important to enable families and carers to better manage individuals who they are concerned about in terms of safety on the road.

The work proposed in this Strategy will continue to support understanding of the barriers to implementation and inform the development of specific initiatives.

Figure 2.1: Barriers to effective application of *Assessing Fitness to Drive*



2.3 Current implementation initiatives/channels

The IAG meeting and other stakeholder consultation provided an opportunity to better understand the nature of implementation activities currently underway.

Some DLAs have undertaken specific projects relating to health professional and consumer information/education, such as the work conducted by VicRoads in response to the Victorian Coroner’s recommendations regarding mandatory reporting, and a project regarding vision and older drivers. Their Medical Fitness to Drive Working Group is ongoing and will provide a valuable link for the Austroads project. A similar group has been established in Queensland. Broader sharing of these activities is proposed as part of ongoing collaboration with DLAs.

Various health organisations are addressing fitness to drive in their health professional and consumer facing initiatives, including for stroke, dementia and eye conditions. Some initiatives are state/territory based and may be suitable for expanding into other states. These initiatives will usefully integrate with the Austroads communication, including the new website to ensure widespread awareness. Additional opportunities will be able to be explored with ongoing stakeholder engagement.

The rapid rise in digital services and communication over the last few years will provide opportunities for Austroads to enhance their communication reach. For example, systems for curating health information for GPs and other health professionals to deliver directly to their patients/clients is likely to facilitate fitness to drive messaging.

2.4 Interfacing programs and projects

As alluded to above, a wide range of programs and projects interface with the development and implementation of *Assessing Fitness to Drive*. These include programs and projects at a national and state/territory level, as well as at a sector level, including the health and transport sectors. Various examples have been presented and discussed at the IAG meeting.⁵ These and other interfaces will be a matter for ongoing consideration.

2.5 Implementation priorities

Based on feedback regarding the Implementation Framework and the other inputs from stakeholders to date, the following priorities have been identified for the next two years:

- Establishing structures to enable ongoing stakeholder engagement, knowledge sharing and coordination and governance of implementation activities (e.g. establishing a community of practice⁶)
- Committing resources for key project building/management tasks such as project management and governance, website development and maintenance, communication, and ongoing stakeholder engagement
- Establishing a communication strategy that will enable consistent messaging to address barriers among health professionals and consumers, and support other implementation initiatives
- Establishing sustainable mechanisms for health professional education, including partnering to deliver a national education approach for GPs that take into account the new Medical Board requirements for continuing professional development coming into effect from January 2023⁷
- Informing the next *Assessing Fitness to Drive* review, including linking in with NTC review processes
- Developing a further 3-year strategy including integrating the short-term promotion of the next edition.

⁵ Assessing Fitness to Drive Implementation Advisory Group. Meeting presentations 24 November 2021.

⁶ A community of practice was a term first coined by Etienne Wenger, an education practitioner and academic, who described CoP as "Groups of people who share a passion for something that they know how to do and who interact regularly to learn how to do it better"

⁷ Medical Board AHPRA. Registration standard: continuing professional development. Effective from January 2023. Available from <https://www.ahpra.gov.au/documents/default.aspx?record=WD21%2f31046&dbid=AP&checksum=TqPI98CYQYIlvPkGwiAz%2fw%3d%3d>

3. Proposed Strategy (FY 22/23 – 23/24)

This section describes the objectives and corresponding activities for the first 2 years of the Strategy.

An initial 2-year strategy is proposed in which the focus will be on addressing the implementation priorities identified, towards achieving the long-term goal of widespread, consistent and appropriate application of Assessing Fitness to Drive nationally.

The objectives and proposed activities are set out in Table 3.1 below.

Table 3.1: Objectives and activities for initial 2-year Implementation Strategy for Assessing Fitness to Drive

| Objective | Activities |
|--|--|
| Project management and resourcing | |
| Structures Establish structures to inform, support and govern the implementation of <i>Assessing Fitness to Drive</i> . | <ul style="list-style-type: none"> Establish a national 'community of practice' for Assessing Fitness to Drive through: <ul style="list-style-type: none"> DLA Working Group (meeting 3-4 times per year) Implementation Advisory Group (meeting 2-3 times per year) Ensure accountability and oversight through reporting to R&L Taskforce and Austroads Board. Ensure issues that need to be resolved through changes to the Standards are logged and provided to the NTC. Establish additional project working groups as required to address particular issues or support particular activities. |
| Resourcing Resource <i>Assessing Fitness to Drive</i> implementation as an ongoing activity for Austroads. | <ul style="list-style-type: none"> Establish an internal project management role to support communication, stakeholder engagement, governance and manage specific initiatives. Secure appropriate topic expertise to support implementation initiatives and ensure an evidence-based approach. |
| Implementation domains | |
| Platforms Establish the Austroads website as a preferred access point for the standards and supporting information. | <ul style="list-style-type: none"> Establish a plan for website development to follow from the initial launch. Establish links to consumer and health professional facing fitness to drive information and resources. |
| Communication & promotion Achieve proactive and systematic communication to health professionals, consumers and other stakeholder to support the implementation goals. | <ul style="list-style-type: none"> Engage with stakeholders to develop and implement an Austroads Communication Strategy for <i>Assessing Fitness to Drive</i>. Establish measures and reporting processes for the Strategy to inform annual plan review. |
| Education Facilitate systematic educational approaches for health professionals. Equip health professionals to provide relevant information/education to consumers. | <ul style="list-style-type: none"> Establish a plan for health professional education in consultation with stakeholders, taking into consideration education needs and preferred learning formats and considering CPD requirements including the new CPD requirements for medical practitioners effective from 2023. |

| Objective | Activities |
|---|--|
| | <ul style="list-style-type: none"> Partner with stakeholders to develop and deliver online GP education nationally, (opportunities currently being explored include partnerships with AMA, RACGP and ANZSOM). Partner with stakeholders to address education needs for other health professionals. Partner with stakeholders to connect health professionals with relevant information/education for consumers that will support their conversations about driving. |
| <p>Systems and tools Facilitate use of systems and tools to address barriers and improve management of fitness to drive.</p> | <ul style="list-style-type: none"> Work with stakeholders and share knowledge to enable implementation of systems and tools for assessing fitness to drive. |
| <p>Collaboration Establish collaborations to support the implementation goals.</p> | <ul style="list-style-type: none"> Develop a stakeholder engagement plan to ensure engagement and involvement of all relevant stakeholders. |
| <p>Monitoring and feedback Establish measures and monitoring systems to demonstrate the success of implementation strategies and feed into the continuous improvement cycle for <i>Assessing Fitness to Drive</i>.</p> | <ul style="list-style-type: none"> Establish an evaluation framework to enable monitoring of implementation progress and ongoing identification of barriers. Feedback data and implementation progress to DLAs, stakeholders Ensure issues that need to be resolved through changes to the Standards are logged and provided to the NTC. |
| <p>Ongoing planning</p> | |
| <p>Implementation Strategy (FY 24/25-27/28) Develop a further 3-year strategy based on progress and outcomes.</p> | <ul style="list-style-type: none"> Report to stakeholders and Austroads regarding progress against the initial strategy. Consult with stakeholders to develop the 2024/25-2027/28 Implementation Strategy. Coordinate strategy implementation with the development and release of the next edition. |

4. Roles and Responsibilities

This section describes the proposed roles and responsibilities of major stakeholders in the delivery of the Assessing Fitness to Drive Implementation Strategy.

The Implementation Framework includes an analysis of the current roles and responsibilities of various stakeholders and proposed opportunities for how these stakeholders might participate and contribute to ongoing implementation. Consultation has largely confirmed these proposed roles, which will be further developed/refined as the implementation progresses. Refer summary in Table 4.1 below.

Other potential stakeholders include law enforcement, such as areas involved in major incident management, as well as state Coroners, who examine and make recommendations in relation to individual cases.

Table 4.1: Roles and responsibilities in relation to the *Assessing Fitness to Drive* standards

| Organisation | Current roles & responsibilities | Role in implementation |
|--|--|---|
| National Transport Commission | <ul style="list-style-type: none"> Develop/review technical content including engagement with stakeholders. | <ul style="list-style-type: none"> Integrate implementation considerations into future review processes. Participate in activities that support a continuum between implementation and development work. |
| Austrroads | <ul style="list-style-type: none"> Publish <i>Assessing Fitness to Drive</i> document. Develop and maintain online version. Develop and maintain supporting information e.g. generic brochures. Develop and deliver of short-term promotional campaigns following release of a new edition. High level oversight of <i>Assessing Fitness to Drive</i> issues by Registration and Licensing Taskforce. | <ul style="list-style-type: none"> Take a leading role in facilitating national implementation. Develop appropriate capacity and expertise in implementation. |
| Driver Licensing Authorities | <ul style="list-style-type: none"> Support/drive local implementation including informing consumers, managing systems for fitness to drive and licensing. Liaise with local stakeholders including health professional groups. Involvement in the Registration and Licensing Taskforce. | <ul style="list-style-type: none"> Participate in national implementation efforts including sharing experience and expertise. Identify and define roles and responsibilities for implementation at a DLA level. Support consistency in communication to key stakeholders including health professionals and consumers. |
| Industry bodies (unions, industry associations, transport companies) | <ul style="list-style-type: none"> Involvement in review process. Local involvement in implementation including through accreditation programs, supporting assessments associated with licensing for commercial and public passenger vehicle drivers, employee education/information. Involvement in research to determine health issues for commercial vehicle drivers and inform strategy development. | <ul style="list-style-type: none"> Participate in national implementation efforts including sharing experience and expertise. Identify and define roles and responsibilities for implementation. Collaborate in developing and implementing strategies to support driver health and management of chronic conditions. |

| Organisation | Current roles & responsibilities | Role in implementation |
|--|---|--|
| Health professionals and health professional organisations | <ul style="list-style-type: none"> • Involvement in review process. • Respond to requests for promotion of new editions. • Deliver education. • Deliver systems to support clinical practice (e.g. HealthPathways). • Advocate for members in relation to reporting responsibilities. • Some develop additional information to support members in conducting fitness to drive assessments. • Develop consumer information. | <ul style="list-style-type: none"> • Participate in national implementation efforts including sharing experience and expertise. • Identify and define roles and responsibilities for implementation. • Collaborate in developing and implementing strategies to support health professional knowledge and skills. • Collaborate in developing consumer information about fitness to drive. |
| Consumers and consumer organisations | <ul style="list-style-type: none"> • Some involvement in review process. • Respond to requests for promotion of new editions and regarding particular messages. • Deliver information and education for consumers. • Advocate for their consumer members. | <ul style="list-style-type: none"> • Participate in national implementation efforts including sharing experience and expertise. • Identify and define roles and responsibilities for implementation. • Collaborate in developing and implementing strategies to support fitness to drive messaging including transitioning to non-driving. |
| Academia | <ul style="list-style-type: none"> • Involvement in research to support evidence base for assessing fitness to drive. • Some involvement in local DLA projects. | <ul style="list-style-type: none"> • Participate in national implementation efforts including investigating issues relevant to implementation and developing and testing tools. |

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Appendix A Austroads Implementation Framework

A.1 Introduction

A.1.1 Rationale

Up until now, the focus at a national level for implementation of the national fitness to drive standards, *Assessing Fitness to Drive* (AFTD) has been on short term promotion at the time of release of a new edition. Longer term implementation efforts have been mainly at the discretion of Driver Licensing Authorities (DLAs) and other stakeholders and are therefore variable, lack coordination and forego opportunities at a national level.^{8 9}

There is evidence of the need to improve understanding and application of the standards, including evidence from recent Coroner reports in Victoria and Queensland.^{10 11} It is proposed that a nationally driven long term approach to implementation will ensure ongoing engagement of key stakeholders towards consistent application of the standards and a common goal of improved road safety.

As the national body representing DLAs, and the publisher of AFTD, Austroads is the logical organisation to drive and coordinate implementation efforts.

A.1.2 Purpose

In late 2020, a project was initiated to inform implementation of AFTD across the short, medium and long term.

Specifically, it aimed to define the requirements for national implementation of AFTD, helping to:

- establish appropriate governance for implementation efforts
- establish a national collaborative approach
- encourage ongoing engagement with stakeholders to support and contribute to implementation
- realise opportunities for system integration to support fitness to drive assessments and reporting
- ensure sustainability and continuous improvement for AFTD implementation.

A.1.3 Scope

This document sets out the rationale and approach for establishing long term implementation of AFTD as a role for Austroads. It outlines the expected scope of an implementation strategy and proposes a framework to guide strategy development and delivery. It describes two initial phases of activity:

⁸ National Transport Commission, Stakeholder consultation and discovery for the 2020/21 Review of Assessing Fitness to Drive

⁹ VicRoads, 2018. Report to the Coroners Court – Medical Fitness to Drive

¹⁰ VicRoads, 2018. Report to the Coroners Court – Medical Fitness to Drive

¹¹ Coroners Report into the deaths of Nicole Nyolt and Margaret Clarke 2020

https://www.courts.qld.gov.au/data/assets/pdf_file/0004/653242/cif-nyholtandclark-ravenshoe-20200626.pdf

- **Phase 1** - the initial publication and communication requirements for the next edition of AFTD.
- **Phase 2** – the development of a detailed strategy and implementation plan based on stakeholder engagement and discovery work.

This document describes:

- **Roles and responsibilities**
 - Current roles and responsibilities in relation to the implementation of the standards are described and analysed in terms of limitations and opportunities.
- **Implementation framework**
 - Based on implementation science and the specific context of AFTD, a framework is described to guide strategy development.
- **Phased approach to implementation**
 - The framework is applied to phased approach comprising three phases including Phase 1 – publication and short-term promotion of for the new edition of AFTD, Phase 2 – development of a medium and long term strategy, and Phase 3 – implementation of the strategy.

A.2 Background – Guideline Implementation

It was not enough to produce satisfactory soap, it was also necessary to induce people to wash.

Joseph Schumpeter, 1939

In all fields of endeavour, standards and guidelines are fundamental to establishing consistent best practice behaviours to achieve desired outcomes.

In the case of AFTD, the document aims to set out up-to-date knowledge and evidence about the impacts of health conditions on driving and how these can be assessed and managed with respect to licensing to reduce the road safety risks, while optimising community mobility.

However, guideline knowledge must be implemented before it can be expected to achieve the desired outcomes, and this involves applying strategies, systems and tools to sustainably operationalise the knowledge and evidence into practice.

Implementation experts generally recommend that implementation (and evaluation) is integrated as part of the standard/guideline development and review.¹²

A large volume of literature addresses the issue of implementation (also known as knowledge translation) in clinical settings and an equally large body of literature addresses implementation of policy and standards more broadly. It is beyond the scope of this document to review and report on that literature, but some key sources have been referred to.

In relation to clinical practice guidelines, implementation researchers commonly conclude that ‘interventions selected and tailored to address identified barriers are more likely to improve professional practice compared with either no intervention or the dissemination alone of the guidelines’.¹³ Thus, an important first step is to gain an understanding of the barriers to the application or uptake of the guidelines.

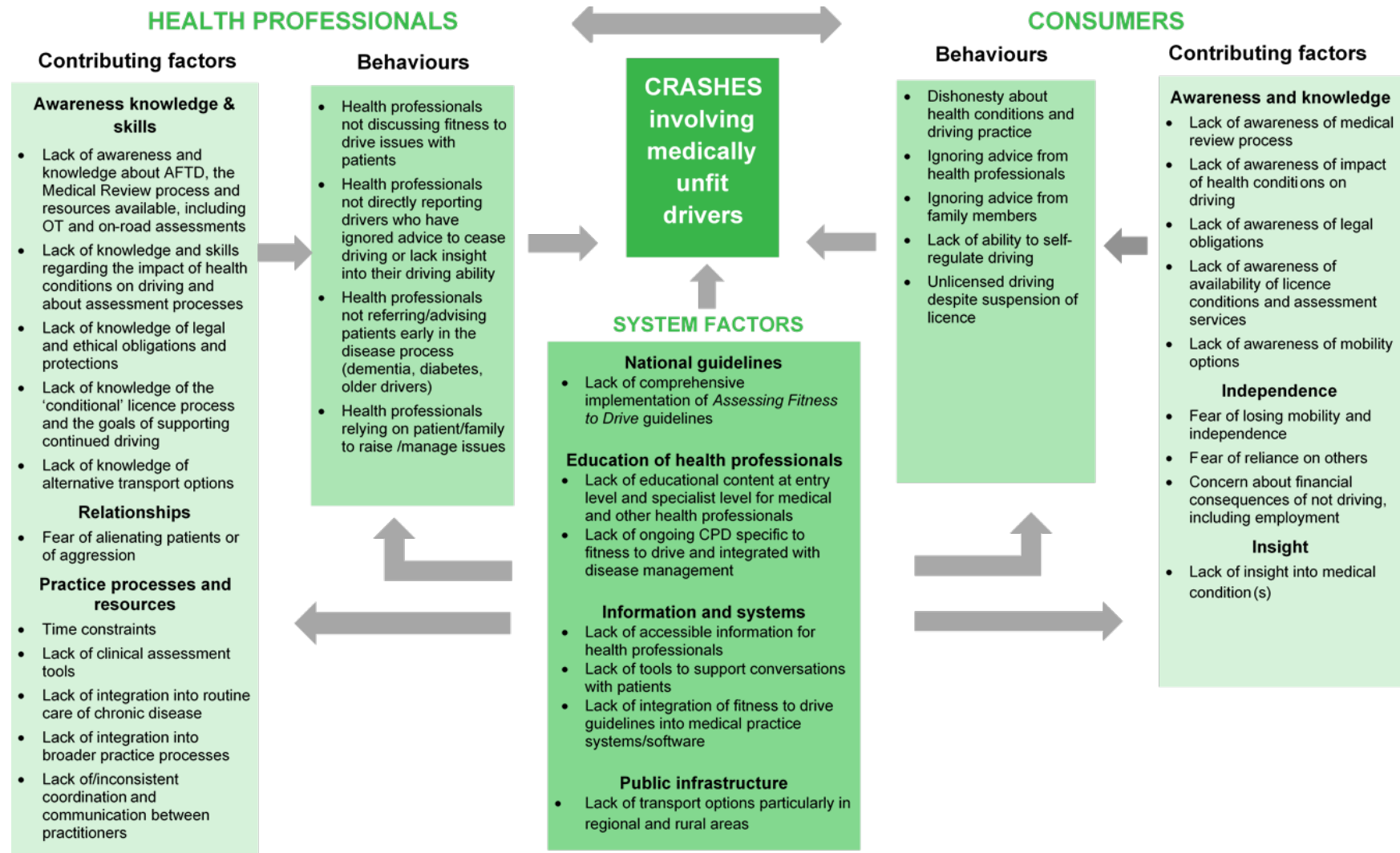
¹² NHMRC. *Guidelines for Guidelines: Implementation Updated September 2019*.
<https://nhmrc.gov.au/guidelinesforguidelines/implement/implementation>

¹³ Gagliardi AR, Alhabib S et al. Trends in guideline implementation: a scoping systematic review. *Implementation Science*, April 2015

Recent work undertaken by VicRoads involved identification of barriers to engagement with the Medical Review self-reporting system (Figure A 1).¹⁴ It provides a relevant example of how analysis of barriers can support understanding of a complex system and inform the development of interventions to support implementation. It identifies barriers relevant to the implementation of AFTD and highlights the complexity of factors influencing consumer and health professional behaviour, and thus the potential complexity of implementation strategies required to address these factors and gaps.

¹⁴ VicRoads, 2018. Report to the Coroners Court – Medical Fitness to Drive

Figure A 1: Factors contributing to the lack of compliance with the current system of self-reporting to VicRoads Medical Review



Source : VicRoads

The design of an implementation strategy for AFTD will therefore need to identify and map barriers at the various levels at which implementation takes place so that strategies can be developed accordingly. These levels or targets for aspects of the strategy might include, for example:

- National Transport Commission / Austroads
- Driver Licensing Authorities
- Health professional organisations and health professionals
- Consumer organisations and consumers
- Industry and commercial vehicle drivers
- Educational institutions

In developing an implementation strategy, it is also helpful to gain an understanding of the range of potential interventions that might be able to be applied. Again, researchers have endeavoured to compile these in various ways to support understanding of the options available, although they generally concede that there is no definitive way of selecting strategies that will successfully address an identified barrier.

Table A 1 shows a list of strategies grouped according to a taxonomy developed by Mazza et al¹⁵. While not all the strategies are likely to be applicable to AFTD, it usefully highlights the main domains (guideline-related, organisational, professional, financial, regulatory, patient and consumer) and examples within them.

Notably, the taxonomy identifies the standard/guideline itself influences its own implementability, reinforcing that considerations for implementation should be embedded in the development and review processes.

Table A 1: Examples of guideline implementation strategies

| Guideline Implementation Strategies |
|---|
| Guideline-related strategies (relating to the guideline itself) |
| <ul style="list-style-type: none"> • Ensure guideline recommendations are implementable. • Utilise point of care tools to facilitate uptake - flow charts, algorithms, checklists, decision aids, summaries for key recommendations/change. • Ensure online accessibility – interactive platform. • Conduct user testing of tools and platforms. |
| Organisational strategies (e.g., Austroads, NTC, DLAs) |
| <ul style="list-style-type: none"> • Define organisational accountability for implementation. • Establish appropriate governance structures to oversee implementation. • Secure appropriate representation in governance structure (e.g including health professionals and consumers). • Enhance organisational capacity and expertise (e.g., through specific resourcing, reallocation of responsibilities). • Create an implementation team. • Establish data systems to secure feedback (health professional, consumer and organisational) and monitor outcomes. |
| Professional strategies (e.g health professionals) |
| <ul style="list-style-type: none"> • Recruit opinion leaders who recommend/endorse implementation. • Achieve consensus that guideline should be implemented. • Distribute guideline material – develop a distribution strategy addressing requirements for different health professional groups. • Promote / advertise guideline material – develop a communication strategy addressing the requirements for different health professional groups. • Educate individuals and groups about guideline intent/benefits. • Provide reminders to individuals/groups about intent/benefits. • Provide alerts when practice deviates (e.g. Coroners reports). |

¹⁵ Mazza D, Bairstow P, Buchan H, Chakraborty SP, Van Hecke O, Grech C et al. refining a taxonomy of guideline implementation. Implementation Science 2013, 8:32

Guideline Implementation Strategies

- Provide feedback on compliance.
- Provide feedback about patients (outcome data, self-report).
- Provide feedback from patients.
- Provide feedback from healthcare professionals.
- Print / digital decision support material (summary, algorithm (flow chart), referral forms.).
- Enable self-audit (training, material).

Patient/consumer

- Education/information.
- Counselling.
- Group interaction (via social media).
- Print material (summary, etc.).
- Reminder.

Financial

- Incentive (financial reward or benefit for compliance).
- Grant or allowance (not tied to compliance).
- Penalty (for non-compliance).
- Change in reimbursement (add/remove/substitute).

Regulatory

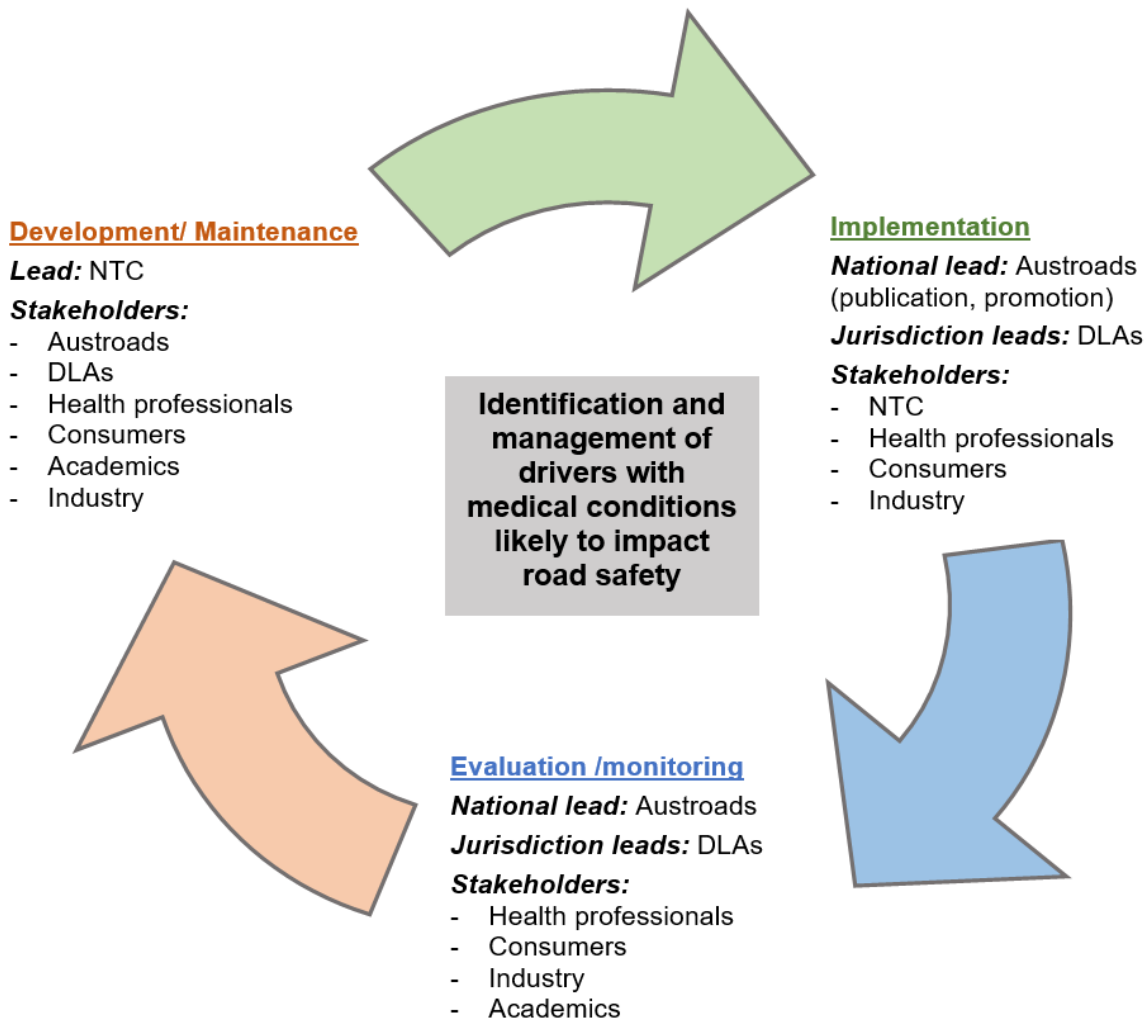
- Legislation or regulation (which enforces or mandates).
- Ownership or affiliation.
- Licensing, credentialing or accreditation.

A.3 Roles and Responsibilities

Guidelines and standards commonly undergo a 'lifecycle' comprising initial development, implementation and review. This is a continuous and integrated process with each step overlapping and informing the others towards the achievement of the desired outcomes.

This section of the provides an overview of the current roles and responsibilities of various stakeholders throughout the lifecycle of the AFTD publication, (Figure A 2). In describing the current roles and responsibilities, it explores some of the gaps and limitations to be addressed and the potential opportunities in relation to implementation.

Figure A 2: AFTD lifecycle - process and roles in development and implementation



The lead roles in terms of the development, maintenance and publication of AFTD fall to the National Transport Commission and Austroads.

A.3.1 National Transport Commission (NTC)

Responsibility for the technical development of the standards has rested with the NTC since the publication's inception in 1998. The standards were originally presented in two separate documents, one for commercial and one for private vehicle drivers, and then combined into a single document for the 2003 edition.

Reviews are generally conducted every 4 to 5 years and there is limited activity between reviews other than to passively collect stakeholder feedback and address major issues raised by stakeholders (such as technical errors).

The NTC has supported short-term promotion of each new edition through its networks but has not been involved in implementation to any significant extent. Up until the current review, implementation has been considered 'out of scope' and has not been integrated into the review process.

Over the years, the NTC has supported additional once-off projects such as a campaign to raise awareness about fitness to drive among commercial vehicle drivers and efforts to standardise reporting forms for fitness to drive nationally.

A.3.2 Austroads

Austroads, with its role in providing strategic direction for the integrated development, management and operation of the road system has been responsible for publishing the standards and supporting access to online and printed versions for health professionals and DLAs. Austroads has also supported short term promotion of the standards following the publication of each new edition. Ongoing implementation has not fallen within the scope of Austroads' role and there has been limited access to implementation expertise to build this role within the organisation. The Registration and Licensing Taskforce (RLTF) receives reports about the status of the reviews of the standards but has limited involvement in actively addressing issues regarding fitness to drive implementation.

In fulfilling their roles, both the lead organisations have engaged with DLAs and other stakeholders, including those representing health professionals, drivers, other road users, academia and the road transport industry.

A.3.3 Driver Licensing Authorities

DLAs are responsible for the implementation of the standards within their jurisdictions in the context of local road safety legislation. They are engaged by the NTC in the review of the standards and have input via the RLTF as described above. The periodic nature of the NTC review process limits a coordinated approach. Traditionally, with neither NTC or Austroads adopting an ongoing role in implementation, the RLTF has not had the capacity or direction to address implementation in a systematic way.

Implementation at a DLA level is highly variable and currently not well defined. This reflects the various models of licensing management ranging from a health trained Medical Review department and Medical Panel (Victoria) to a purely administrative function in which the reports of health professionals directly determine licensing decisions.

Due to the lack of national coordination in relation to implementation, there is limited sharing of implementation efforts and initiatives and potentially duplication of effort. Messaging to consumers is likely to be variable, as are licensing outcomes.

Some DLAs have pursued specific projects to improve implementation of the standards, including through stakeholder engagement, communication and system development. In its submission to the current review, the Department of Transport Victoria¹⁶ highlights the work undertaken on the Coroner Fitness to Drive project (2018), which was prompted by several Coroners' recommendations for mandatory medical reporting. The project involved engagement with various medical stakeholders, extensive discovery and communication initiatives to support improved practice. This work has been well received and is ongoing through the Medical Fitness to Drive Working Group. Consumer focused stakeholder groups in that state also support general road safety initiatives including fitness to drive. Notably, recent recommendations from the Queensland Coroner include establishment of a similar group to improve implementation of AFTD.¹⁷

Both Victoria and New South Wales have recently implemented electronic systems for submissions of medical fitness to drive reports. With the systems linking directly to the AFTD standards on the Austroads website, they represent an important strategy for improving awareness and application of the standards. Already it appears this NSW system is driving high levels of traffic to the Austroads website.¹⁸

Formal submissions to the NTC review relating to implementation by the jurisdictions have been received only from Victoria, thus information from other DLAs will need to be explored as part of discovery for the Austroads implementation work.

¹⁶ Department of Transport Victoria, submission to the AFTD review (November 2020)

¹⁷ Coroners Report into the deaths of Nicole Nyolt and Margaret Clarke 2020

https://www.courts.qld.gov.au/_data/assets/pdf_file/0004/653242/cif-nyholtandclark-ravenshoe-20200626.pdf

¹⁸ Austroads website analytics (February 2021)

A.3.4 Health professionals

Health professionals are an important stakeholder group, being the group that applies the standards in practice and that hold the knowledge and expertise in medical management. The main professional bodies are invited by the NTC to participate in the periodic reviews and where appropriate to endorse the standards. These organisations also support short term promotional efforts following each review, usually through member newsletters and other communication. The focus of these promotional efforts has been to communicate the major changes resulting from reviews.

Some professional groups, such as those involved in diabetes management and dementia, have been very active in supporting consumer awareness about health and driving. Others have driven implementation efforts in the interests of their members, for example the Epilepsy Society has been actively involved in developing tools to support decision-making by neurologists and to ensure their advice informs but does not determine licensing status.

Still others (e.g., Primary Health Networks) have been actively involved in supporting appropriate practice through the development of specific clinical pathways for fitness to drive and the integration of fitness to drive as a consideration in other clinical pathways (e.g. stroke management, epilepsy etc). These are key initiatives for supporting implementation as they are localised and link to supporting services.

Some DLA projects have engaged health professionals in an ongoing way to support implementation of the standards, including through awareness campaigns and education. Recent Department of Transport Victoria (VicRoads) projects appear to account for most of the educational activity reported to the NTC in the current discovery work, including activities of the Royal Australasian College of Physicians (RACP) and Optometry Australia.¹⁹ Further educational activities to flow from the VicRoads projects include professional development for ophthalmologists, orthoptists, and other disability workers in vision care.

The current discovery work points to limited ongoing activity within most health professional organisations. Gaps appear to be a lack of activities to support understanding of the medical review and licensing processes, lack of understanding about health professional and consumer responsibilities and health professionals' reluctance to have conversations about driving. Lack of awareness of support services and information to assist transitioning to non-driving also appears to be an educational gap.

A.3.5 Industry bodies

Industry bodies such as transport unions, transport companies and industry associations are also invested in the development and implementation of AFTD and have brought an important perspective to the review process over many years. They have been active in raising implementation issues as they relate to commercial vehicle drivers and should have an important role in the development and delivery of a more coordinated implementation strategy.

Recent research points to the considerable health challenges for commercial vehicle drivers and potential opportunities for collaboration in supporting driver health and road safety through early identification and management of health conditions that may affect fitness to drive.²⁰

Some companies have implemented programs to address fitness to drive issues. For example, Toll has developed its own fitness for duty standards modelled on the NTC rail standards.

¹⁹ National Transport Commission, Summary of educational initiatives for AFTD

²⁰ Driving Health: National Transport Industry Health and Wellbeing Study <https://www.drivinghealth.net/>

A.3.6 Consumers

Consumers, including both drivers, families and carers, are key to the implementation of the standards. Their awareness and understanding of their obligations with respect to road safety are particularly important, along with understanding of how the licensing system aims to support their ongoing mobility as much as possible. Consistent national messaging in this regard should be an aim for the national implementation.

Ongoing engagement with consumer groups, including those representing the needs of older Australians is an important opportunity. Some of this work already takes place at a state level, including through steering/reference groups supported by DLAs.

A.3.7 Academia

Academia has an important role in ensuring a strong evidence base for the standards and for implementation efforts. With an increased focus on implementation will likely come new opportunities for collaboration and further research to support implementation efforts.

A.3.8 Other potential stakeholders

Other potential stakeholders include law enforcement, such as areas involved in major incident management, as well as state Coroners, who examine and make recommendations in relation to individual cases. The Victorian Coroner has in the past published a summary of cases relevant to medical fitness to drive in their Communique publication, which has a wide readership amongst health professionals²¹. They have committed to develop another issue on the topic.

The above analysis represents a preliminary assessment of current roles and responsibilities, as well as gaps and opportunities. These are further summarised in Table A 2. It is suggested that this analysis be refined as part of a **discovery process** (refer Section 28) for the project, including the involvement of DLAs, to inform a clearer statement of roles and responsibilities of various stakeholders and inform decisions about proposed governance structures.

A national coordinating role for implementation will be significant and that Austroads will need to consider:

- expanding internal resources to manage this work
- securing appropriate implementation expertise (internally or externally)
- ensuring close collaboration with NTC in relation to the design and presentation of the standards document as that will directly relate to and impact on implementation
- establishing a working structure (e.g., Implementation Working Group) that would enable access to key stakeholders involved directly in implementation and who can support delivery of national implementation efforts
- establishing a governance structure (e.g., Reference Group) that would provide high level guidance and ensure alignment with other initiatives.

²¹ The Communique. Vol 2, Issue 3, September 2015. Fitness to Drive <https://www.thecommuniques.com/post/clinical-communiqu%C3%A9-volume-2-issue-3-september-2015>

Table A 2: Roles and responsibilities in relation to the AFTD standards

| Organisation | Current roles & responsibilities | Limitations for implementation | Opportunities for implementation |
|--|--|--|---|
| National Transport Commission | <ul style="list-style-type: none"> Development/review of technical content including engagement with stakeholders. | <ul style="list-style-type: none"> Implementation has been excluded from the scope of AFTD development and reviews. Efforts to improve implementation have been limited to improving the content including through standard forms, flow charts and layouts. Implementation data has not been systematically sought as an input into the review. Implementation expertise has not been sought as part of the review process. | <ul style="list-style-type: none"> Integrate implementation considerations into future review processes. Participate in all stages of the AFTD lifecycle. |
| Austrroads | <ul style="list-style-type: none"> Publication of AFTD document. Development and maintenance of online version. Development and maintenance of supporting information e.g. generic brochures. Development and delivery of short-term promotional campaigns following release of a new edition. RLTF is responsible for considering AFTD issues. | <ul style="list-style-type: none"> The short-term focus of promotion is unlikely to be effective in promoting implementation and addressing implementation barriers. The short-term focus does not assist in understanding and addressing needs of stakeholders or pursuing long term system change. There are currently limited internal resources / expertise to apply to implementation. The RLTF representatives are often not closely involved in fitness to drive issues in their jurisdiction and the RLTF does not have the capacity to address implementation issues in detail. | <ul style="list-style-type: none"> Take a leading role in facilitating national implementation. Develop appropriate capacity and expertise in implementation. |
| Driver Licensing Authorities | <ul style="list-style-type: none"> Local implementation including informing consumers, managing systems for fitness to drive and licensing – it is unclear at present what resources are devoted to implementation within the DLAs. Liaising with local stakeholders including health professional groups. Involvement in the RLTF. | <ul style="list-style-type: none"> There is limited coordination of implementation efforts and sharing of information and experience. Those on registration and licensing often not involved at the level of AFTD implementation (as above). Health professional groups generally operate nationally so it is difficult to achieve a national approach to implementation by health professionals with state systems being disjointed and variable. | <ul style="list-style-type: none"> Participate in national implementation efforts including sharing experience and expertise. Identify and define roles and responsibilities for implementation at a DLA level. Support consistency in communication to key stakeholders including health professionals and consumers. |
| Industry bodies (unions, industry associations, transport companies) | <ul style="list-style-type: none"> Involvement in review process. | <ul style="list-style-type: none"> There is limited coordination of implementation efforts and sharing of information and experience. | <ul style="list-style-type: none"> Participate in national implementation efforts including sharing experience and expertise. Identify and define roles and responsibilities for implementation. |

| Organisation | Current roles & responsibilities | Limitations for implementation | Opportunities for implementation |
|--|---|--|--|
| | <ul style="list-style-type: none"> Local involvement in implementation including through accreditation programs, supporting assessments associated with licensing for commercial and public passenger vehicle drivers, employee education/information. Involvement in research to determine health issues for commercial vehicle drivers and inform strategy development. | | <ul style="list-style-type: none"> Collaborate in developing and implementing strategies to support driver health and management of chronic conditions. |
| Health professionals and health professional organisations | <ul style="list-style-type: none"> Involvement in review process. Responding to requests for promotion of new editions. Delivering education. Delivering systems to support clinical practice (e.g. HealthPathways). Advocating for members in relation to reporting responsibilities. Some develop additional information to support members in conducting fitness to drive assessments. Developing consumer information. | <ul style="list-style-type: none"> There is irregular/periodic contact with health professional groups, so their efforts tend to be limited to short-term promotion unless the issue of fitness to drive is a major concern for members (e.g., epilepsy, diabetes). The irregular contact also limits the ability for systems such as HealthPathways to be regularly / systematically updated to support good practice. Systems such as electronic patient management systems also require a national and long-term approach to secure required outcomes. The lack of ongoing relationships may also mean professional groups act independently on fitness to drive issues and do not consult with NTC/Austrroads. Education is adhoc and likely to be inconsistent. Messaging important to DLAs and NTC/Austrroads may not be adequately covered. At least one health professional society directly hosts the AFTD document on their website rather than linking to Austrroads. Health professional organisations generally operate nationally so it is difficult to achieve a national approach to implementation without a national coordinating body. | <ul style="list-style-type: none"> Participate in national implementation efforts including sharing experience and expertise. Identify and define roles and responsibilities for implementation. Collaborate in developing and implementing strategies to support health professional knowledge and skills. Collaborate in developing consumer information about fitness to drive. |

| Organisation | Current roles & responsibilities | Limitations for implementation | Opportunities for implementation |
|--------------------------------------|---|---|---|
| Consumers and consumer organisations | <ul style="list-style-type: none"> • Some involvement in review process. • Responding to requests for promotion of new editions and regarding particular messages. • Delivering information and education for consumers. • Advocating for their consumer members. | <ul style="list-style-type: none"> • There is irregular/periodic contact with consumer groups, so their efforts tend to be limited to short term promotion unless the issue of fitness to drive is a major concern for members (e.g. epilepsy, diabetes, dementia). • Consumer advocacy groups generally operate nationally so it is difficult to achieve a national approach to implementation with state systems being disjointed and variable. | <ul style="list-style-type: none"> • Participate in national implementation efforts including sharing experience and expertise. • Identify and define roles and responsibilities for implementation. • Collaborate in developing and implementing strategies to support fitness to drive messaging including transitioning to non-driving. |
| Academia | <p>There are road safety academic groups in most states, for example:</p> <ul style="list-style-type: none"> • Monash University Accident Research Centre (Victoria) • Centre for Automotive Safety Research (South Australia) • Centre for Accident Research and Road Safety (Queensland) • Transport and Road Safety Research Centre (New South Wales) • The Western Australian Centre for Road Safety Research (Western Australia) • Involvement in research to support evidence base for AFTD. • Some involvement in local DLA projects. | <ul style="list-style-type: none"> • Academic institutions tend to be involved at the time of review and there are limited ongoing connections with NTC or Austroads. • MUARC is specifically involved in terms of providing the systematic review regarding the impact of chronic conditions on crash risk, the most recent review being a collaboration of national and international researchers. | <ul style="list-style-type: none"> • Participate in national implementation efforts including investigating issues relevant to implementation and developing and testing tools. |

A.4 Implementation Framework

As the foundation of an implementation strategy for AFTD, a framework has been developed that aims to effectively represent the context and goals of implementation as well as the target audiences, domains of activity and governance.

Figure A 3 shows the framework based on common implementation domains for clinical guidelines and based on barriers identified to date (Section A.2 and A.3). It represents:

- The positioning of fitness to drive under the pillar ‘Safe People’ of the National Road Safety Strategy
- The implementation goal of achieving widespread, consistent and appropriate application of AFTD nationally
- The lead agency for implementation – Austroads (working closely with NTC to ensure a continuum through the development work)

- The importance of governance in ensuring project oversight and encouraging ongoing input from key stakeholders
- The main target audiences for implementation being DLAs, health professionals, transport industry and consumers
- The domains of implementation activity based on knowledge about barriers to date and subject to further discovery work. These include:
 - **Platforms:** ready and easy access to AFTD and supporting resources is a fundamental requirement for successful implementation. This mainly relates to the Austroads website where the current html version of AFTD sits, but it may include DLA websites that would support local information while clearly linking to Austroads.
 - **Communication and promotion:** communication and promotion are proposed as a core ongoing activity, the focus of which will vary depending on the lifecycle of the standards, road safety issues, needs and priorities identified by stakeholders, as well as parallel projects. This domain overlaps with the 'Platform' domain but represents the proactive outreach to stakeholders.
 - **Education:** this includes health professional and consumer education for the most part but may also include education of DLA personnel in relation to changes to the standards or inconsistencies in implementation. Industry education may also be an opportunity through the collaboration with industry bodies. Strategies will likely include partnering with health professional and consumer organisations to facilitate their involvement in delivery of education, although there may be opportunities for direct delivery by Austroads and DLAs on key issues, particularly reporting responsibilities and medical review processes, and other general issues covered in Part A of AFTD. Academic institutions may also have an interest in this area.
 - **Systems and tools:** in the context of medical fitness to drive and the implementation of AFTD, the term 'systems' refers to a range of existing and potential system-related interventions that may support and improve implementation of the standards. This is distinct from the singular 'safety system' referred to in road safety more broadly.

System interventions may include changes to medical or licensing systems to facilitate actions and decision making by health professionals, licensing authorities and consumers.

General practitioner stakeholders are specifically seeking tools to guide the routine clinical assessment of drivers, particularly older drivers, in the domains of cognitive, sensory and physical capacity.²² If developed, such clinical tools could be in turn promoted/implemented through a range of systems including the DLA online reporting systems, Primary Health Network HealthPathways, practice management systems and Medicare 75Plus Health Checks etc. Advocating for a specific Medicare rebate for fitness to drive assessments is another example of a system-related intervention.

Some specialists are also exploring tools to support the assessment and communication process, including the Royal Australian College of Ophthalmologists.²³

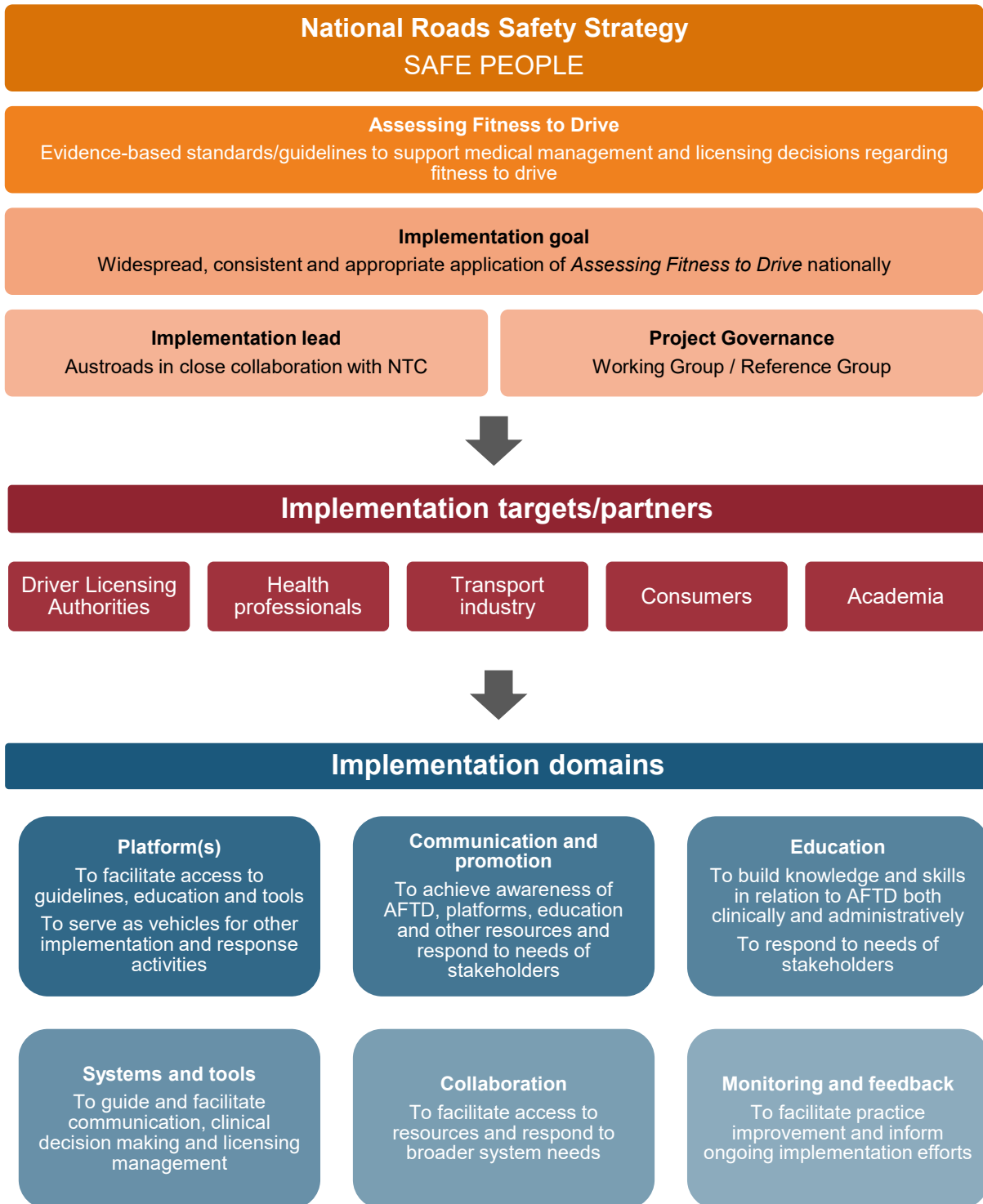
- **Collaboration:** given the wide variety of stakeholders involved and the complexity of the implementation task, collaboration will be essential and will need to be instigated and managed, beginning at the NTC review process. It is therefore identified as a separate domain, even though it relates to all activities.
- **Measurement and feedback:** this will be essential for identification of gaps and issues and demonstrating improvement and success. Current measures include website analytics for the Austroads website. Additional data sources would be explored as part of the discovery work, including data available through DLAs and other stakeholders.

It is proposed that the framework may be refined in consultation with stakeholders during the implementation strategy development. described in Section A.5.

²² Wallis KA, Matthews J, Spurling GK. Assessing fitness to drive in older people: the need for an evidence-based toolkit in general practice. *Medical Journal of Australia* 2020 (May):396-98 <https://onlinelibrary.wiley.com/doi/abs/10.5694/mja2.50588>

²³ VicRoads. Medical Fitness to Drive Working Group 2020

Figure A 3: Framework for AFTD implementation strategy



A.5 Phased Implementation Approach

Based on the proposed framework, a phased implementation approach is planned to differentiate short term objectives, such as the successful publication and communication of the new edition (Phase 1), from the more detailed planning and development work required to define the longer-term implementation strategy (Phase 2), and the implementation of that strategy (Phase 3).

This approach is illustrated in Table A 3, with the two initial phases described in more detail below.

Table A 3: Phases of AFTD implementation

| | PHASE 1 3-6 months | PHASE 2 6 months | PHASE 3 Ongoing |
|--------------------------------------|---|---|--|
| Purpose | To design and implement a short-term publication/distribution and communication strategy for the new edition of AFTD. | To design and cost a detailed national implementation strategy for AFTD for the medium and long term. | To implement the agreed AFTD implementation strategy in cooperation with stakeholders. |
| Governance | Establish governance structure(s) for national implementation | Utilise governance structures to secure input and endorsement of a national strategy | Utilise governance structures to oversee implementation |
| Objectives by domain | | | |
| Platforms | <ul style="list-style-type: none"> Establish the new edition on the Austroads platform. Further developments will be limited due to the short timeframe associated with this phase. | <ul style="list-style-type: none"> Determine opportunities for platform improvement Develop medium- and long-term strategy. | <ul style="list-style-type: none"> Implement platform improvements. |
| Communication & Promotion | <ul style="list-style-type: none"> Manage hard copy distribution to DLAs. Design and implement short-term communication strategy. | <ul style="list-style-type: none"> Undertake discovery work to determine opportunities for ongoing communication and promotion. Develop medium to long terms strategy. | <ul style="list-style-type: none"> Implement strategy. |
| Education | <ul style="list-style-type: none"> Design and implement short term strategies including national webinars and conference presentations if opportune. | <ul style="list-style-type: none"> Undertake discovery work to determine educations needs and opportunities and the roles of various stakeholders in delivering education. Develop medium to long terms strategy. | <ul style="list-style-type: none"> Implement strategy |
| Systems & tools | <ul style="list-style-type: none"> Link new edition to existing systems including DLA online reporting systems, HealthPathways. | <ul style="list-style-type: none"> Undertake discovery work to determine opportunities for systems and tools to support implementation. Develop medium to long terms strategy. | <ul style="list-style-type: none"> Implement strategy. |
| Collaboration | <ul style="list-style-type: none"> Utilise existing relationships/connections to optimise communications and promotion. | <ul style="list-style-type: none"> Undertake discovery work to determine opportunities and priorities for future collaboration. Develop medium to long term strategy. | <ul style="list-style-type: none"> Implement strategy. |
| Monitoring & feedback | <ul style="list-style-type: none"> Monitor impact and response to communication and promotion to inform next phase. | <ul style="list-style-type: none"> Undertake discovery work to determine requirements and options for data collection and reporting. Develop medium to long term strategy. | <ul style="list-style-type: none"> Implement strategy. |

A.5.1 Phase 1 – Publication and short-term communication

While it is acknowledged that a long-term commitment to implementation is required, in the short term, publication and awareness of the new edition and any changes resulting from the review is an essential starting point. Set out below are the proposed requirements for this strategy.

Purpose

The strategy will target key stakeholders to ensure widespread awareness of and access (electronically and in print as required) to the new edition, as well as access to information to support effective use of the standard. Underpinning the strategy will be the ongoing need to improve the management of medically at-risk drivers, which will continue through to Phase 2 and 3.

Target audiences

The strategy will aim to reach the four main stakeholder groups – DLAs, health professionals, the transport industry and consumers. It will set out specific objectives for each of these target audiences based on the general role and needs of these groups as well as the outcomes of the NTC review that are relevant to them.

With input from NTC and Austroads, the strategy will identify specific organisations within each of these target groups to form the basis of the communication plan. A comprehensive database will be established.

Included amongst the key stakeholders may be medical and transport media. Early liaison with the media, including medical and transport publications, will be important for ensuring submission deadlines are factored into the promotional schedule. Paid advertising may also be sought.

Campaign messages

The strategy will set out a hierarchy of messages including:

- broad messages relevant to all stakeholders
- specific messages relevant to each of the four main target audience groups
- more specific messages as required for individual organisations representing special interests.

Communication methods and schedule

The strategy will set out communication methods for individual targets based on their available communication channels and timing of those channels.

The campaign is proposed to cover a period of three to six months, commencing with pre-release announcements to all stakeholders. Early notification is essential for health professionals to enable them to adjust their practice as required and consider the implications for their patients. The specific requirements will depend on the nature of changes to the standards.

In terms of promotional strategies, a range of options should be considered. Austroads and NTC will be able to provide input based on experience with the 2016 campaign, acknowledging the communication strategies have evolved significantly since then, including with digital marketing and social media, and the move away from printed communication. Specific expertise and experience with digital media will be required.

Options may include:

- For health / medical stakeholders (e.g., GPs, medical specialists, allied health professionals, health professional organisations, health services, health departments etc):
 - Letters to societies
 - Announcements in email newsletters
 - Announcements and links on society websites
 - Social media
 - Media kits distributed to medical media / offers of editorial
 - Presentations at conferences (if opportune)

- For transport and employment stakeholders (e.g., government agencies, industry bodies, police, insurers, workers compensation insurers, etc):
 - Letters sent to relevant organisations
 - Announcements in email and hard copy newsletters of organisations
 - Announcements and links on organisation websites
 - Social media
 - Media kits distributed to transport media / offers of editorial.
- For driver/community stakeholders (e.g motoring organisations, health advocacy groups such as Diabetes Australia, Alzheimer’s Australia, Disabled Motorists Association, Council on the Ageing etc):
 - Letters sent to relevant organisations
 - Announcements in email and hard copy newsletters of organisations
 - Announcements and links on organisation websites
 - Social media.

Consideration may be given to other strategies to support awareness. For example:

- Downloadable fact sheets / brochures that may be used by health professionals to advise patients
- Downloadable posters.

The Austroads website will be the main reference point with traffic driven to information on the site.

Implementation of the strategy will involve:

- Managing and implementing the schedule of agreed promotional initiatives
- Development of “media” kit for distribution to key stakeholders
- Liaison with organisations to establish content and links on their websites
- Liaison with organisations to establishing content in member newsletters
- Liaison with health media to secure editorial / promotional articles
- Development of specific content for editorials / articles as requested, with input from key stakeholders
- Briefing of medical experts for media requests / interviews
- Liaison with NTC and Austroads to support consistent internal communication and communication through own channels
- Development of brochures / posters as required
- Development of content for Austroads website in conjunction with Austroads and in line with the requirements of the brief, including liaison with relevant organisations to establish links to the site.

Evaluation

The strategy should include options for evaluation including, for example:

- eMarketing/website hits
- Social media uptake
- Feedback.

A.5.2 Phase 2: Detailed strategy development and costing

Inputs to date towards understanding the barriers to implementation include stakeholder contributions to the NTC review²⁴ and the project undertaken by VicRoads in 2018²⁵, which involved extensive stakeholder discovery locally and drew on the published (although limited) literature, including a survey of general practitioners.²⁶

There is value in completing a more comprehensive discovery process to ensure a full understanding of current implementation efforts, barriers and opportunities. This discovery work will help confirm the validity of the proposed implementation framework and may serve to identify organisations and personnel to be directly involved and thus support detailed planning.

The discovery work is proposed to inform detailed strategy development by providing:

- A detailed analysis of barriers to implementation from the points of view of different stakeholders.
- A report of the nature and extent of current implementation efforts for various target audiences.
- Specific recommendations for development of the implementation strategy.

It is proposed that the discovery work be undertaken through a mixed methods approach including:

- Mapping of stakeholders who have and who have not been engaged so far with the AFTD review process.
- Specific engagement with DLAs to establish a detailed understanding of their implementation efforts, mapping these against the domains of the proposed implementation strategy.
- Engagement with other stakeholders based on existing knowledge and gaps – this may be through surveys, interviews or focus group/meetings.

The discovery work will closely align with and be informed by the NTC review process, and the stakeholders already engaged in this regard, as relationships and opportunities are already being developed that will support and stimulate implementation efforts.

In particular, the public consultation phase for the standards will be an opportunity to engage stakeholders who have not already engaged with the review process.

Based on an understanding of the barriers and current implementation status, a strategy will be developed based on the implementation framework. Stakeholders will be involved in proposing and prioritising strategies and identifying roles and responsibilities for implementing those strategies in the medium to long term.

These recommendations and proposals will be captured and costed in a report to the Austroads Board.

The agreed work will then be undertaken in Phase 3.

²⁴ National Transport Commission. Summary of implementation issues contributed to 2020/21 review

²⁵ VicRoads, 2018. Report to the Coroners Court – Medical Fitness to Drive

²⁶ Sims J, Rouse-Watson S, Schattner P, Beveridge A, Jones KM. To drive or not to drive: assessment dilemmas for GPs. International Journal of Family Medicine (2012) <https://www.hindawi.com/journals/ijfm/2012/417512/>

Appendix B Terms of reference Implementation Advisory Group

B.1 Introduction

With completion of the technical review of *Assessing Fitness to Drive* (AFTD), Austroads is seeking ongoing engagement with stakeholders to support and advise on the implementation of the Standards.

The overall goal is to achieve widespread, consistent and appropriate application of AFTD nationally. Implementation will be guided by an *Implementation Framework*, which has been approved by the Austroads Board and sets out the domains of activity and the responsibilities of key stakeholders.²⁷ Austroads has engaged with Project Health Pty Ltd to support short term communications and to develop a strategy for longer term implementation.

B.2 Project Scope

The project focusses on development of a strategy for medium to long term implementation of AFTD. This strategy will be presented to the Austroads Board in early 2022 for consideration and a plan for implementation will be developed and resourced accordingly. The work will interface with short term communication associated with the release of the new edition and implementation of the changes resulting from the review.

Content of the Standards remains the responsibility of the National Transport Commission and is not within the scope of this project. Application of the Standards beyond driver licensing is also outside the scope of this project.

B.3 Role of Advisory Group

Austroads will convene an AFTD Implementation Advisory Group (IAG) of key stakeholders to provide expert advice for delivery of this project. The IAG will provide a broad perspective when considering the options for achieving the following outcomes:

- Health professionals, drivers and other stakeholders are aware of the standards.
- They understand their obligations to apply/comply with the standards.
- In the case of health professionals and Jurisdictions, they have the knowledge and skills to apply the standards appropriately and consistently.
- They have the processes and systems in place to support and manage drivers through the challenges associated with ongoing monitoring, driving restriction, or non-driving.

²⁷ Project Health. Implementation Strategy and Brief for Assessing Fitness to Drive, February 2021

Advisory Group members will:

- Participate in discussions with Austroads on relevant topics (via email, or phone/video conference).
- Provide advice on any issues raised during discussions, when required, and actively assist in addressing barriers to implementation in relation to AFTD.
- Offer strategies to address implementation issues raised and advise Austroads on related technical, legal and policy considerations.
- Provide comments on implementation strategies proposed by other stakeholders and discuss within their own organisations the issues raised presenting a representative view.
- Liaise with associated stakeholder contacts (where appropriate) to provide input into the implementation process.

Organisational representatives are expected to:

- Faithfully, authoritatively and accurately represent the relevant member's view; and
- In the case of Jurisdictional members, consult to the extent needed within their member agency, and with other agencies when required, to provide a single Jurisdictional perspective.

B.4 Membership and Administration of the Advisory Group

Participation in the IAG is by invitation from Austroads and members will be invited based on their representation of key target audiences as well as their specific relevant expertise. The IAG will comprise individuals who are able to advise on communication, education, systems and other implementation strategies from the point of view of the main stakeholder groups including medical/health professionals, licensing authorities, regulators, and road industry representatives. From time to time, observers and consumer groups may be invited to attend meetings by the Chair to advance the project.

Members of the IAG should secure prior agreement with the Chair if planning to use a proxy or substitute representation for IAG meetings.

Members will be responsible for disseminating activities of the IAG to their organisation and managing their internal communications.

We anticipate three Implementation Advisory Group meetings will be required to achieve the final project milestone of long-term strategy development. Additional meetings may be scheduled as warranted. All meetings will be conducted through a video-conferencing platform (such as Microsoft Teams).

Membership of the IAG is to be drawn from (see Appendix A):

- Transport and licensing organisations & other Government bodies:
- Medical and allied health organisations
- Transport industry
- Academic institutions – road safety
- Drivers/consumers

All administrative matters relating to meetings are the responsibility of Austroads. Meeting agendas are determined by the Chair and will generally be circulated to members at least five business days prior to the meeting. Austroads will provide a timely record of meeting to members.

B.5 Working Groups

If required by the project, Austroads may set up time bound working groups from within the IAG, or possibly including external parties, to deal with specific medical issues. This will be determined by the Chair in consultation with the advisory group.

IAG members participating in a working group will do so at their own expense. Austroads may, at its discretion, offer administrative or other support to working groups.

IAG members are encouraged to collaborate informally to negotiate, develop and refine communication and implementation strategies for consideration by the IAG and Austroads.

B.6 Confidentiality

Documents provided by members of the IAG to Austroads may be distributed to persons outside the IAG for the purposes of this project, unless clearly marked “*confidential – not for further distribution*”. The *Freedom of Information Act 1982 (Cth)* applies to documents held by Austroads.

B.7 Membership and Administration of the Advisory Group

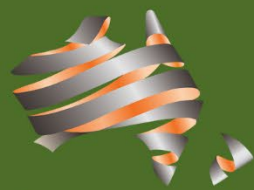
| Group | Members |
|---|---|
| Transport and Licensing Organisations & other Government Bodies | <ul style="list-style-type: none"> • Austroads • National Transport Commission • Transport for New South Wales • Department of Transport Victoria • Queensland Department of Transport and Main Roads • Main Roads Western Australia • Department for Infrastructure and Transport South Australia • Department of State Growth Tasmania • Department of Infrastructure, Planning and Logistics Northern Territory • Transport Canberra and City Services Directorate, Australian Capital Territory • Office of Road Safety • Road Safety Commission, WA |
| Medical and Allied Health Organisations | <ul style="list-style-type: none"> • Royal Australian College of General Practitioners • Royal Australasian College of Physicians – Faculty of Occupational and Environmental Medicine • Australian College of Rural and Remote Medicine • Australian Medical Association • Optometry Australia • Royal Australian and New Zealand College of Ophthalmologists • Primary Health Networks – Health Pathways • Victorian Institute of Forensic Medicine • Occupational Therapy Australia • Royal Australian and New Zealand College of Psychiatry • Australian and New Zealand Association of Neurologists • Australian College of Nurse Practitioners • Australian and New Zealand Society for Vascular Surgery |
| Commercial Heavy Vehicle Industry | <ul style="list-style-type: none"> • Australian Trucking Association • National Heavy Vehicle Regulator • Healthy Heads in Trucks and Sheds |

| Group | Members |
|-------------------------------------|--|
| Academic institutions – road safety | <ul style="list-style-type: none">• Monash University Accident Research Centre |
| Consumers | <ul style="list-style-type: none">• Diabetes Australia• Dementia Australia• Disabled Motorists Australia• Stroke Foundation |

Appendix C Stakeholders and their Involvement

| Stakeholders | Involvement |
|---|---|
| Transport and Licensing Organisations & other Government Bodies | |
| Austrroads | <ul style="list-style-type: none"> Internal Governance meetings, IAG and AFTD DLA Implementation Group |
| National Transport Commission | <ul style="list-style-type: none"> Internal Governance meetings, IAG and AFTD DLA Implementation Group |
| Transport for New South Wales | <ul style="list-style-type: none"> IAG and AFTD DLA Implementation Group |
| Department of Transport Victoria | <ul style="list-style-type: none"> IAG and AFTD DLA Implementation Group |
| Queensland Department of Transport and Main Roads | <ul style="list-style-type: none"> IAG and AFTD DLA Implementation Group |
| Main Roads Western Australia | <ul style="list-style-type: none"> IAG and AFTD DLA Implementation Group |
| Department for Infrastructure and Transport South Australia | <ul style="list-style-type: none"> IAG and AFTD DLA Implementation Group |
| Department of State Growth Tasmania | <ul style="list-style-type: none"> IAG and AFTD DLA Implementation Group |
| Department of Infrastructure, Planning and Logistics Northern Territory | <ul style="list-style-type: none"> IAG and AFTD DLA Implementation Group |
| Transport Canberra and City Services Directorate, Australian Capital Territory | <ul style="list-style-type: none"> IAG and AFTD DLA Implementation Group |
| Office of Road Safety | <ul style="list-style-type: none"> IAG |
| Medical and Allied Health Organisations | |
| Royal Australian College of General Practitioners | <ul style="list-style-type: none"> IAG and future consultations |
| Royal Australasian College of Physicians – Faculty of Occupational and Environmental Medicine | <ul style="list-style-type: none"> IAG |
| Australian College of Rural and Remote Medicine | <ul style="list-style-type: none"> IAG and consultations |
| Australian Medical Association | <ul style="list-style-type: none"> IAG and consultations |
| Optometry Australia | <ul style="list-style-type: none"> IAG |
| Royal Australian and New Zealand College of Ophthalmologists | <ul style="list-style-type: none"> IAG |
| Primary Health Networks – Health Pathways | <ul style="list-style-type: none"> Invitation to IAG and consultations |
| Victorian Institute of Forensic Medicine | <ul style="list-style-type: none"> IAG |
| Occupational Therapy Australia | <ul style="list-style-type: none"> Invitation to IAG |
| Royal Australian and New Zealand College of Psychiatry | <ul style="list-style-type: none"> Invitation to IAG |
| Australian and New Zealand Association of Neurologists | <ul style="list-style-type: none"> IAG |
| Australian College of Nurse Practitioners | <ul style="list-style-type: none"> IAG |
| Australian and New Zealand Society for Vascular Surgery | <ul style="list-style-type: none"> IAG |
| Commercial Heavy Vehicle Industry | |
| Australian Trucking Association | <ul style="list-style-type: none"> Invitation to IAG |
| National Heavy Vehicle Regulator | <ul style="list-style-type: none"> IAG and consultations |
| Healthy Heads in Trucks and Sheds | <ul style="list-style-type: none"> IAG |

| Stakeholders | Involvement |
|--|---|
| Academic institutions – road safety | |
| Monash University Accident Research Centre | <ul style="list-style-type: none">• IAG |
| Consumers | |
| Diabetes Australia | <ul style="list-style-type: none">• Invitation to IAG |
| Dementia Australia | <ul style="list-style-type: none">• IAG |
| Disabled Motorists Australia | <ul style="list-style-type: none">• IAG |
| Stroke Foundation | <ul style="list-style-type: none">• IAG |



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