



OT AUSTRALIA

Australian Association of Occupational Therapists

Mobility Centres- Proposal for Driver Assessment

Driving Interest Group

Issues related to current driving intervention in SA- medical conditions

- 1. Mandatory reporting of medical conditions occurs in Health services, leading to licence suspension**
 - Virtually no resources allocated within Health to assist with driver assessment and rehabilitation**

- Limited access to specialist services such as driver trained O.T., D.I. for those people at high risk of not driving or accessing transport due to their disability.
- This includes people with traumatic brain injury, stroke, other neurological conditions (such as multiple sclerosis, parkinsons disease, cerebral palsy) and amputees.

- People over 65 are the fastest growing portion of the Australian population (ABS, 1999).
- These demographic changes will place demands on existing licensing systems as older drivers are likely to wish to continue driving for as long as possible.

- Limited case management of transport needs of these complex clients.
- Non-existent services for those who are not capable of driving to examine the safety of other options such as gophers, public transport.

- This proposal does not seek to replace Transport SA functions of licensing but provide a specialist service for the high risk groups with disability in the community.
- Thus it focuses on the impact of medical conditions on driving

2. Many people with non-compensable medical conditions experience loss of income and financial duress.

- ***cannot afford fees for O.T. driving assessment and rehabilitation services in the private practice sphere.***

- Limited services for G.P's, medical specialists, allied health to refer.
- Therefore a need exists for publicly funded services for those with disability including assessment and retraining options.

- *Driver assessment and rehabilitation for people with remediable medical and disability conditions requires allocation within Health.*
- *This needs to be a suite of coordinated expertise and resources for equitable public access across a broad range of diagnoses/conditions.*

Proposed Model

- based on a model being proposed in Australia (Fildes et al., 2000) and a model utilised in the United Kingdom (Brooks & Hawley 2005).

Key elements of the model

- Development of publicly funded Mobility Centre in a rehabilitation facility where access to specialist services such as Medical Specialists, Driver Trained Occupational Therapy, Physiotherapy, Neuropsychology, Psychology, Optometry are available.
- Public funding be made available to enable these professionals to provide their specialist input as required.

- Establishment of a case officer position to take responsibility for referred drivers.
- Training and appointment of suitably skilled driving instructors and provision of modified vehicles.

- The establishment of a number of community notification sources, whereby older drivers and others suspected to have a high crash risk are identified and referred for formal assessment.
- Development of assessment instruments of known validity for testing safe driving. Evidence base to service.

- The development of an assessment model incorporating government and private agencies in the assessment process. Those with compensable injuries can be billed for the service.
- Medical and other health professionals identifying people's fitness to drive and advising on remediation/retraining as appropriate.

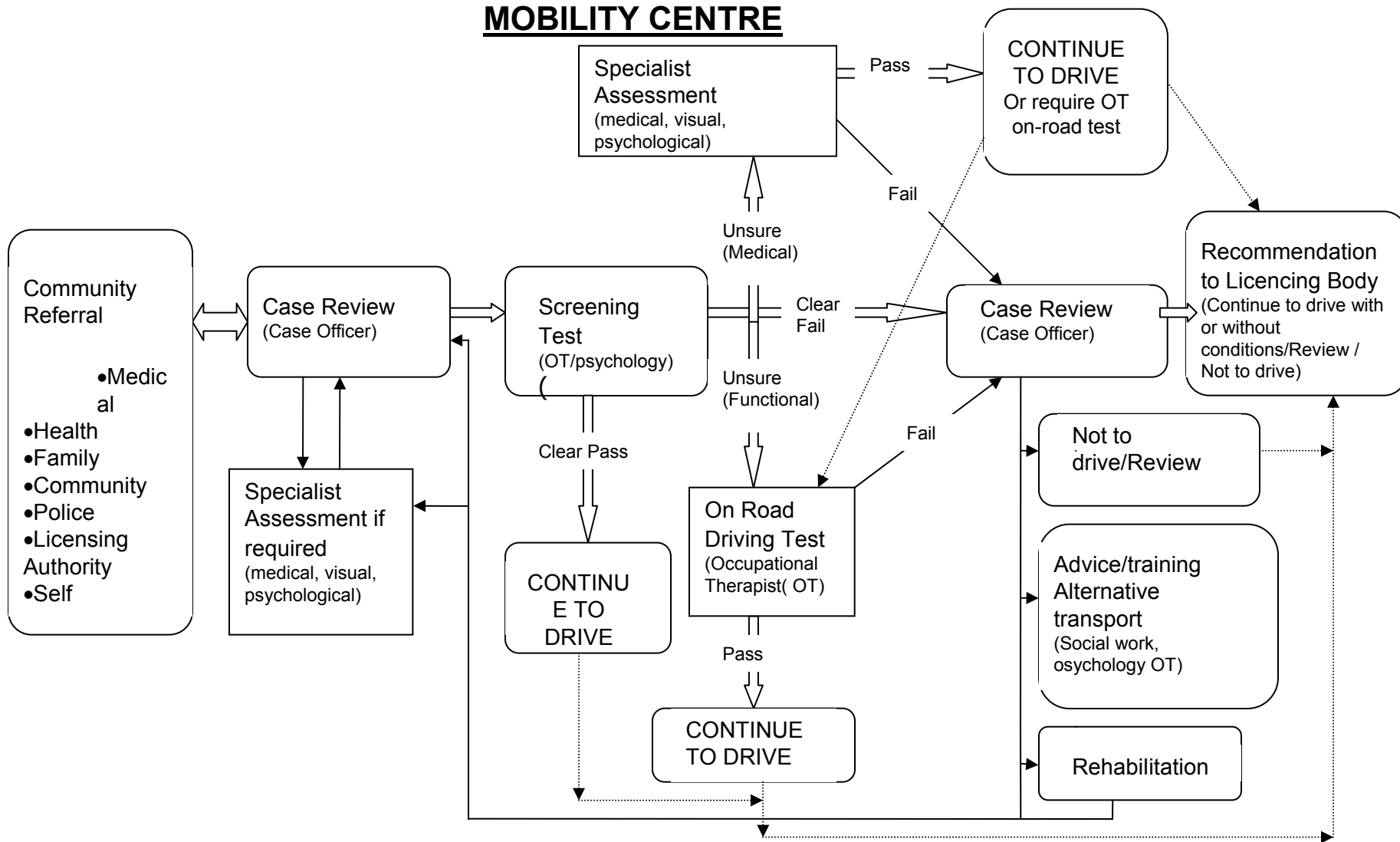
- The provision of a range of outcome options for those judged to be unfit to drive or in need of rehabilitation.
- The provision of advice and safety assessment on alternative transport and mobility options (e.g. scooters) and counselling services for those finishing with a restricted licence or no licence.

- Identification of a range of specialist referral sources for those with particular health conditions that might put them at high risk on the road.
- Feedback to Medical specialists, G.P.'s and other referrers to increase knowledge base

- Research focus to increase knowledge base of influence of specific medical conditions on ability to drive and rehabilitation.
- Evaluate current research on an ongoing basis

- Supported by the Road safety Committee of the AMA.
- Suggestion to have mobile units to service the country.
- Lobbying for funds is occurring.

MOBILITY CENTRE



Contact Details

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