



Austroads

Implementation Framework: Assessing Fitness to Drive

Summary

In 2020, Austroads commissioned Fiona Landgren from Project Health Pty Ltd to develop an implementation framework and a proposed workplan for implementation of Assessing Fitness to Drive. This paper is the output of this work and forms the basis of ongoing efforts to improve implementation of Assessing Fitness to Drive.

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1. Introduction

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.^{1 2}

There is evidence of the need to improve understanding and application of the standards, including evidence from recent Coroner reports in Victoria and Queensland.^{3 4} 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.

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.

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:

- **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.

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

⁴ 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

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.

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.⁵

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’.⁶ Thus, an important first step is to gain an understanding of the barriers to the application or uptake of the guidelines.

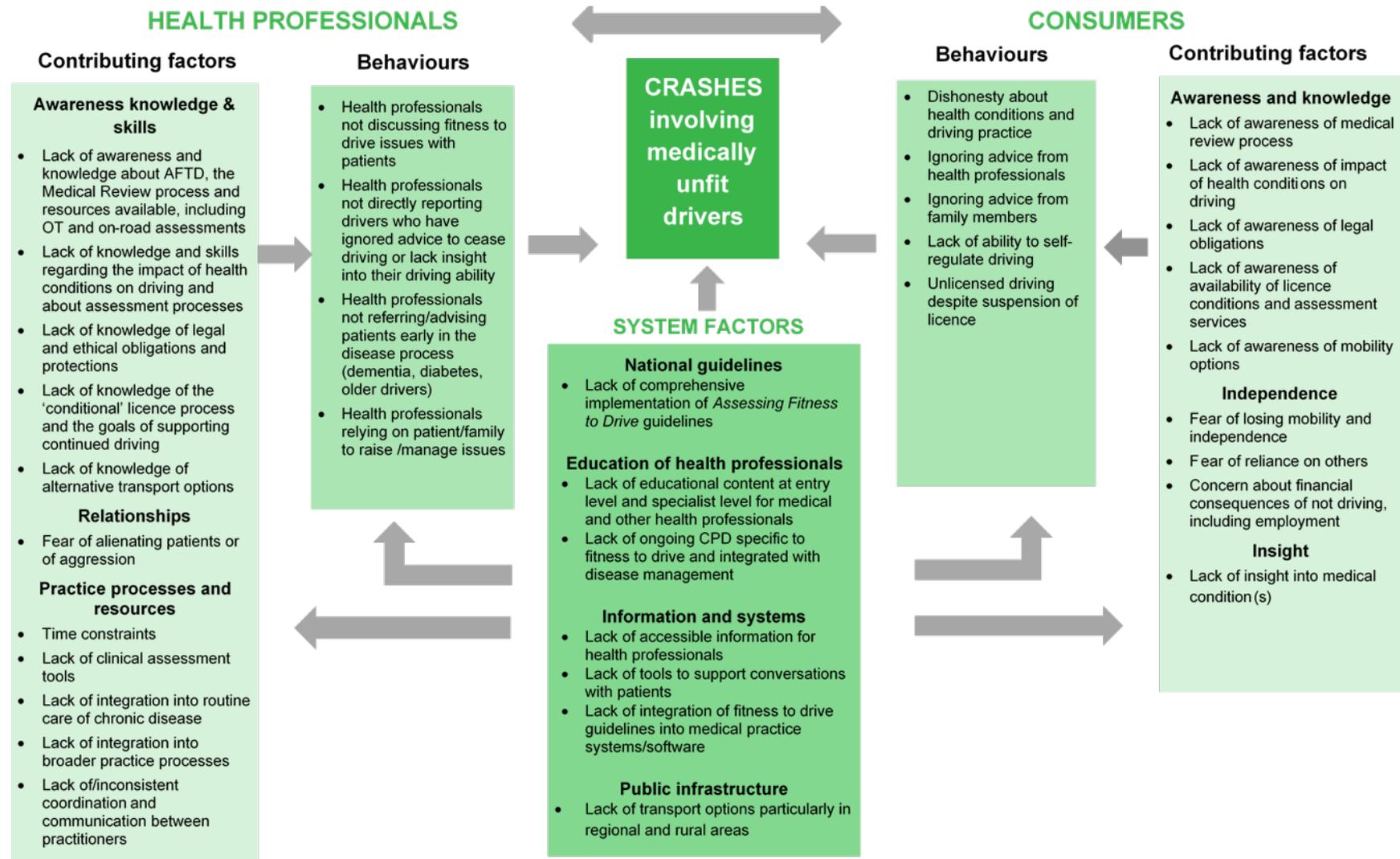
Recent work undertaken by VicRoads involved identification of barriers to engagement with the Medical Review self-reporting system (Figure 2.1).⁷ It provides a relevant example of how analysis of barriers can support understanding of a complex system and inform the development of interventions to support 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.

⁵ NHMRC. *Guidelines for Guidelines: Implementation Updated September 2019*.
<https://nhmrc.gov.au/guidelinesforguidelines/implement/implementation>

⁶ Gagliardi AR, Alhabib S et al. Trends in guideline implementation: a scoping systematic review. *Implementation Science*, April 2015

⁷ VicRoads, 2018. Report to the Coroners Court – Medical Fitness to Drive

Figure 2.1: 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 2.1 shows a list of strategies grouped according to a taxonomy developed by Mazza et al⁸. 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 2.1: 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).

⁸ 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

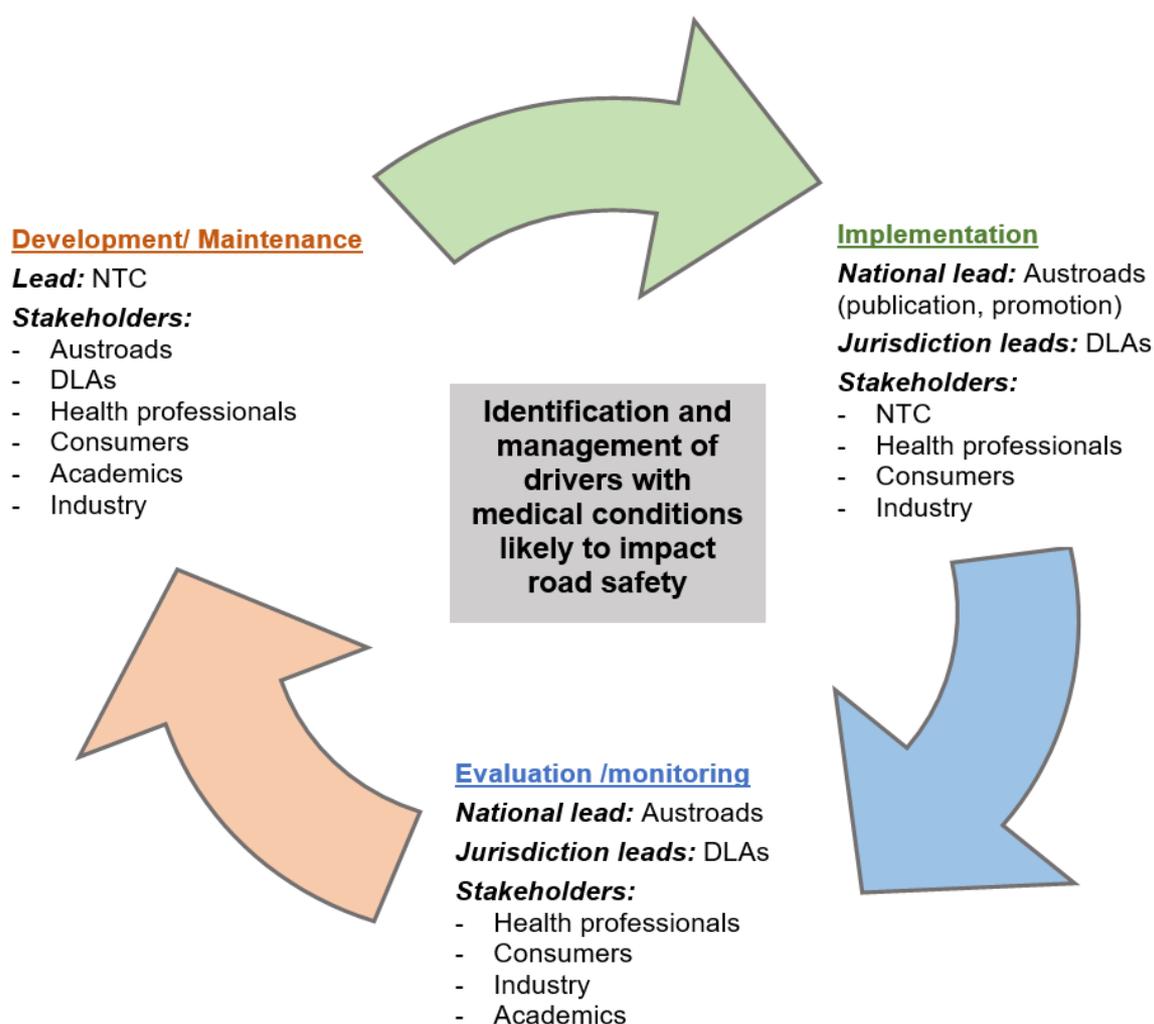
Guideline Implementation Strategies
<ul style="list-style-type: none">• Provide feedback on compliance.• Provide feedback about patients (outcome data, self-report).• Provide feedback from patients.• Provide feedback from healthcare professionals.• Print / digital decision support material (summary, algorithm (flow chart), referral forms.).• Enable self-audit (training, material).
Patient/consumer
<ul style="list-style-type: none">• Education/information.• Counselling.• Group interaction (via social media).• Print material (summary, etc.).• Reminder.
Financial
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Legislation or regulation (which enforces or mandates).• Ownership or affiliation.• Licensing, credentialing or accreditation.

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 3.1). 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 3.1: 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.

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.

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.

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 Victoria⁹ 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.¹⁰

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.¹¹

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.

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.¹² Further educational activities to flow from the VicRoads projects include professional development for ophthalmologists, orthoptists, and other disability workers in vision care.

⁹ Department of Transport Victoria, submission to the AFTD review (November 2020)

¹⁰ 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

¹¹ Austroads website analytics (February 2021)

¹² National Transport Commission, Summary of educational initiatives for AFTD

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.

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.¹³

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.

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.

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.

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 professionals¹⁴. They have committed to develop another issue on the topic.

¹³ Driving Health: National Transport Industry Health and Wellbeing Study <https://www.drivinghealth.net/>

¹⁴ 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>

The above analysis represents a preliminary assessment of current roles and responsibilities, as well as gaps and opportunities. These are further summarised in Table 3.1. It is suggested that this analysis be refined as part of a **discovery process** (refer Section 5) 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.

Table 3.1: 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.
Austroads	<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. 	<ul style="list-style-type: none"> • Take a leading role in facilitating national implementation. • Develop appropriate capacity and expertise in implementation.

Organisation	Current roles & responsibilities	Limitations for implementation	Opportunities for implementation
		<ul style="list-style-type: none"> 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. 	
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. 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"> 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. 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. 	<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. 	<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
	<ul style="list-style-type: none"> Some develop additional information to support members in conducting fitness to drive assessments. Developing consumer information. 	<ul style="list-style-type: none"> 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. 	
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) 	<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 Austrroads. 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.

Organisation	Current roles & responsibilities	Limitations for implementation	Opportunities for implementation
	<ul style="list-style-type: none"> • 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. 		

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 4.1 shows the framework based on common implementation domains for clinical guidelines and based on barriers identified to date (Section 2 and 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.¹⁵ 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.¹⁶

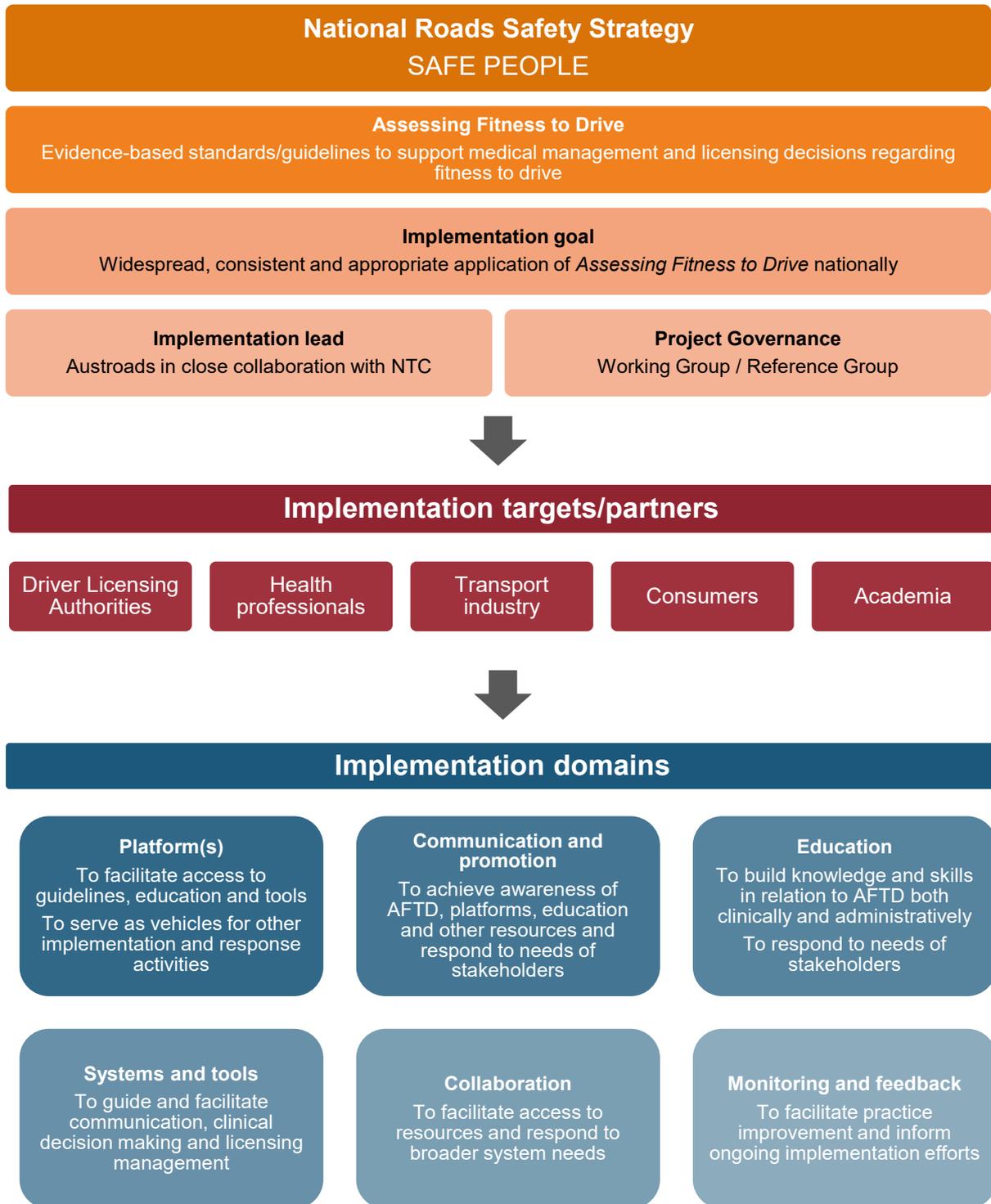
- **Collaboration:** given the wide variety of stakeholders involved and the complexity of the implementation task, collaboration will be essential and will need to be instigated and managed, beginning at the NTC review process. It is therefore identified as a separate domain, even though it relates 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 5.

¹⁵ 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>

¹⁶ VicRoads. Medical Fitness to Drive Working Group 2020

Figure 4.1: Framework for AFTD implementation strategy



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 5.1, with the two initial phases described in more detail below.

Table 5.1: 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.

	PHASE 1 3-6 months	PHASE 2 6 months	PHASE 3 Ongoing
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.

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.

5.1.1 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.

5.1.2 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.

5.1.3 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.

5.1.4 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.

5.1.5 Evaluation:

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

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

5.2 Phase 2: Detailed strategy development and costing

Inputs to date towards understanding the barriers to implementation include stakeholder contributions to the NTC review¹⁷ and the project undertaken by VicRoads in 2018¹⁸, which involved extensive stakeholder discovery locally and drew on the published (although limited) literature, including a survey of general practitioners.¹⁹

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.

¹⁷ National Transport Commission. Summary of implementation issues contributed to 2020/21 review

¹⁸ VicRoads, 2018. Report to the Coroners Court – Medical Fitness to Drive

¹⁹ 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/>

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.



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