SAFEDRIVE MEDICAL: ASSESSING FITNESS TO DRIVE

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ABSTRACT
In the state of Victoria (Australia) the licensing system is based on fitness to drive and people can drive to any age as long as they are safe to do so. There is no age based testing for licence renewal as research shows that this does not result in improved road safety outcomes. Medically at-risk drivers are managed through the licensing system. In Australia drivers of all ages are required to report to the driver licensing authority (in the state of Victoria, this is VicRoads) any serious or chronic medical condition or disability that may affect the ability to drive safely. Health professionals can advise drivers which conditions need to be reported. Victoria’s licensing system also depends on referrals from police, concerned family and friends, other members of the public and health professionals. There is no mandatory reporting of at-risk patients by health professionals, as this may deter drivers from seeking the necessary medical treatment. However, should any member of the public report at-risk drivers in good faith they are immune from being sued.

It is important that health professionals are educated in which medical conditions and disabilities can affect safe driving and therefore need to be reported to VicRoads, and how to advise their patients accordingly. As such, VicRoads developed SafeDrive Medical Seminars to educate health professionals in assessing fitness to drive. These were delivered free of charge to health professionals who attended after business hours. To provide a program which health professionals could undertake in their own time, an online version of SafeDrive Medical was developed in 2005. In 2012 SafeDrive Medical was redeveloped to align with the new Assessing Fitness to Drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines, March 2012.

This paper describes the development and content of SafeDrive Medical, and the preliminary results and implications of an evaluation. The findings show that participants found the program useful and user friendly, and were confident in being able to assess and identify at-risk drivers. However, further promotion is required to increase the number of participants taking part.

1 BACKGROUND
With an ageing population the number of older road users will increase. Older drivers and passengers, older pedestrians, and other older road users are at increased risk of serious injury and death due to frailty associated with the ageing process.
All Australian states and territories adopted the Safe System approach in 2003, which was derived from Sweden’s Vision Zero and the Netherlands’ Sustainable Safety strategies, relying on safe roads, safe vehicles and safe road users. These three approaches aim to manage vehicles, the road infrastructure, speeds, road users and the interactions between these components. Regarding safer road users, Langford and Oxley (2006) recommended improved assessment procedures to identify the minority of older drivers with reduced fitness to drive and educational efforts to encourage safer driving habits.

In the state of Victoria (Australia) the licensing system is based on fitness to drive and people can drive to any age as long as they are safe to do so. There is no age based testing for licence renewal as research shows that this does not result in improved road safety outcomes. (Langford et al, 2004) On a per licence basis Victorian older drivers are at least as safe as older drivers in other Australian jurisdictions that have age-based assessment. Medically at-risk drivers are managed through the licensing system.

In Australia drivers of all ages are required to report to the driver licensing authority (in the state of Victoria, this is VicRoads) any serious or chronic medical condition or disability that may affect the ability to drive safely. Health professionals can advise drivers which conditions need to be reported. Victoria’s licensing system also depends on referrals from police, concerned family and friends, other members of the public and health professionals. There is no mandatory reporting of at-risk patients by health professionals, as this may deter drivers from seeking the necessary medical treatment. However, should any member of the public report at-risk drivers in good faith they are immune from being sued.

When distance travelled is used to measure their crash involvement, it appears from the data that older drivers are over-involved in crashes. However, when Langford et al (2005) compared crash rates of drivers of different ages matched for driving distance they found that drivers aged 75 years and over were safer than all other drivers. Only those who travelled less than 3000 kilometres per year indicated an elevated crash risk. The authors concluded that older drivers are not a high-risk group, and that the focus should be on identifying high-risk drivers where there is some evidence of them being at risk.

In 2010 Charlton et al updated their 2004 report on the Influence of chronic illness on crash involvement of drivers. They found that (the same) eight conditions: alcohol abuse and dependence, dementia, epilepsy, multiple sclerosis, psychiatric disorders (considered as a group), schizophrenia, sleep apnoea and cataracts were found to have at least a moderately elevated risk of crash involvement.

In a study which examined pre-existing medical conditions and acute medical events as contributing factors in crash causation, it was found that drivers were more likely to be identified as being involved in a crash due to a medical condition and acute medical event. This was the case for 18% of drivers in the study. (Austroads, 2011)

2 METHOD

2.1 Development of SafeDrive Medical program

Victoria relies heavily on the ability of health professionals to provide good advice to patients. Health professionals need an adequate appreciation of the effect of some medical conditions on driving. While the onset of disease is not necessarily age-related, illnesses are often more prevalent in the aged. In an ageing society health professionals must appreciate that with advancing patient age comes a higher probability of diseases (and polypharmacy)
that may affect driving. As such, it is important that health professionals are educated in which medical conditions and disabilities can affect safe driving and therefore need to be reported to VicRoads, and how to advise their patients accordingly. Individual patients may reasonably expect health professionals to provide appropriate advice to minimise the risk of driving related injury to themselves, to their passengers and to other road users. As such, VicRoads developed SafeDrive Medical Seminars to educate health professionals in assessing fitness to drive. The Victorian Parliamentary Road Safety Committee Inquiry into Road Safety for Older Road Users, in 2003, reported that “VicRoads will continue to promote the importance of these standards (Assessing Fitness to Drive) through the SafeDrive Medical program”.

SafeDrive Medical seminars were delivered free of charge to health professionals who attended after business hours. To provide a program which health professionals could undertake in their own time, an online version of SafeDrive Medical was developed in 2005. In 2012 SafeDrive Medical was redeveloped to align with the new Assessing Fitness to Drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines, March 2012.

SafeDrive Medical is an online education program developed by the Roads Corporation Victoria (VicRoads) to assist health professionals to assess their patients’ fitness to drive. The program introduces health professionals to the use of the national standards in assessing the fitness to drive of drivers of all classes of vehicles.

The program is based around the Austroads and National Transport Commission publication, Assessing Fitness to Drive 2012. This publication has been endorsed by the leading medical colleges and associations and by all Australian driver licensing authorities. It is therefore the primary reference point for health professionals and for driver licensing authorities in determining fitness to drive. Completion of SafeDrive Medical requires reference to Assessing Fitness to Drive 2012.

SafeDrive Medical has been assessed by the Royal Australian College of General Practitioners (RACGP) as an Active Learning Module. It has been approved by the RACGP QI & CPD Program in the 20011-2013 triennium for the maximum 40 Category 1 points.

SafeDrive Medical Activities A, B and C have also been assessed by the RACGP as an Active Learning Module, and has been approved by the RACGP QI & CPD Program in the 2011-2013 triennium for a further 40 Category 1 points.

The program is endorsed by Occupational Therapy Australia as a professional development education program, and is also suitable for psychologists, pharmacists, aged care assessment teams and other health professionals.

A separate program for optometrists, containing scenarios and case studies of relevance to optometrists, is endorsed as a professional development education program by the Optometrists Association Australia.

The objective of the program is to give health professionals the information required to deal effectively and efficiently with issues of patient health and driving.

The learning objectives of the program include gaining an understanding of

- the importance of health issues in determining fitness to drive
- the ethical considerations in dealing with health and driving issues
- medico-legal issues in fitness to drive
- driver licensing enabling the provision of relevant advice to patients
the appropriate use of the reference Assessing Fitness to Drive (2012) as a system for assessing the fitness to drive of patients.

SafeDrive Medical comprises the following modules:
- Course introduction and QI & CPD points
- Predisposing activity
- Ethics and law
- Road trauma statistics
- Understanding driver licences
- Using health standards
- Health professional practice
- Referrals - medical and non-medical
- Case studies
- Reinforcing activity
- Participant evaluation form
- Active Learning Module Activities A, B and C optional
- Participant evaluation form for Activities A, B and C
- Other Active Learning Modules optional.

Most modules contain the following elements:
- **Check your knowledge.** This is a series of scenarios and multiple choice questions designed to check the existing knowledge of the participant before the information to be learned is presented. Participants must answer the questions in order to continue with the module, however, the answers do not comprise part of the assessment. Feedback is provided on whether the chosen answer is correct or incorrect.
- **Module content.** Participants are presented with the information to be learned.
- **What have you learned?** This is a series of multiple choice questions to assess the participant’s learning. Participants must answer these questions in order to complete the module. Once the questions have been commenced participants cannot return to earlier parts of the module. Feedback is provided on whether the chosen answer is correct or incorrect.

### 2.2 Participant evaluation

In order for an education program to be endorsed as a QI & CPD Program by the RACGP, it must contain a participant evaluation form. As SafeDrive Medical comprises a set of five learning objectives, it is important to determine if these are met. The first evaluation question asks to what degree each of the learning objectives was met. Participants take part in education programs to address learning needs, and therefore question two asks the degree to which these were met.

While health professionals address numerous conditions with which their clients present, fitness to drive is, anecdotally, not addressed often. As fitness to drive is paramount for road safety, the program developers are keen to know if the program is relevant to the health professional’s practice. Question three asks about the relevance of the program.
The program aims to instil in participants the importance of being able to identify medically unfit drivers. Questions four and five ask about the importance of identifying medically unfit drivers and the confidence in doing so.

Fitness to drive should be determined in accordance with *Assessing Fitness to Drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines* 2012. Questions six and seven ask participants how likely they are to use *Assessing Fitness to Drive* and if their use of this publication will change after participating in SafeDrive Medical.

Following completion of the program ideally participants know how to assess medical fitness to drive and are confident to do so. The final question asks them to rate their confidence.

3 SAFEDRIVE MEDICAL
The SafeDrive Medical modules are detailed below. Modules 4.3 to 4.8 contain "Check your knowledge" and "What have you learned?" elements.

3.1 Course introduction and QI & CDP points
This module details the Quality Improvement and Continuing Professional Development points which are available when participants register. Participants are also made aware that they can complete the entire program in one sitting, which will take about six hours. Alternatively, the program can be undertaken in any number of sittings. If participants log without completing the course, the next time they log in they will be taken automatically to the place where they were last.

3.2 Predisposing Activity
The addition of this module was a new requirement by the Royal Australian College of General Practitioners for the 2011 – 2013 triennium. It is not required for the optometrists’ version. Participants are presented with multiple choice questions to help them to think about the issues related to fitness to drive before they commence the SafeDrive Medical program.

3.3 Ethics and law
This module addresses the professional and legal considerations in dealing with patients who drive and contains the following elements:
- Ethics
- Responsibilities and relationships
- Driver licensing law
- Patient’s obligation to report
- Forms from the Driver Licensing Authority
- Report by health professional for community safety reasons
- Examples where you should consider reporting

3.4 Road trauma statistics
This module addresses the different types of drivers and vehicles, and their different crash involvement patterns and contains the following elements:
- Different drivers: different risk exposure
- Cause of crashes by element contributing
3.5 Understanding driver licences
Since patients who drive commercial vehicles are assessed using a stricter standards, it is important to know which drivers are private drivers and commercial drivers, and which vehicles are commercial vehicles. This module contains:
- Driver licence types
- Probationary licences
- Private vehicle licences
- Heavy vehicle licences
- Who are commercial drivers?
- The health professional and driver licensing
- What can my patient expect?
- In the interests of your patient

3.6 Using health standards
This module introduces the Assessing Fitness to Drive for commercial and private vehicle drivers: medical standards for licensing and clinical management guidelines 2012, and contains:
- About the health standards
- Using the standards
- The process #1
- The process #2
- Patient presents with a form
- Assessing fitness to drive

3.7 Health professional practice
This module addresses medical conditions, medicines and illicit drugs with the following elements:
- Prescribed medication
- Illnesses and driving
- Dementia and driving
- Vision and driving
- Fatigue and driving
- Diabetes and driving
- Undifferentiated illness
Multiple conditions
Progressive disorders
Unsure if patients should drive?
Drugs and all crash fatalities
Drugs: stimulants
Drugs: depressants
Drugs: hallucinogens
Knowledge of patients’ driving

3.8 Referrals - medical and non-medical
It may be necessary to refer a patient for a driving test or to a specialist. Referrals are addressed in this module:
- Visual assessment
- The Driver Licensing Authority medical review
- The VicRoads Review Driving Test
- Occupational Therapy Driver Assessment
- Vehicle modifications
- Inability to drive – alternative transport
- Referrals

3.9 Case studies
The case studies tie together the material that has been covered in the program. While participants will not be assessed on their responses, it is recommended that they give careful consideration to how they would respond. Participant responses can be compared with the preferred responses provided. The case studies address issues related to older drivers, young heavy vehicle drivers, a foreign body in the eye, and seizures and epilepsy.

3.10 Reinforcing activity
The addition of this module was a new requirement by the Royal Australian College of General Practitioners for the 2011 – 2013 triennium. It is not required for the optometrists’ version. Participants are presented with multiple choice questions similar to those participants answered at the completion of each module.

3.11 Participant evaluation form (Refer Appendix A)
The addition of the evaluation form was a new requirement by the Royal Australian College of General Practitioners for the 2011 – 2013 triennium. It is not required for the optometrists’ version. Participants must complete the form in order to complete the program. Data from 108 participants who completed the evaluation is outlined in Tables 1 to 4.

3.12 Active Learning Module Activities A, B and C - optional
This module contains three activities. Activity A is to have a discussion with medical practice colleagues regarding practitioner ethical obligations and legal implications with regard to advising patients of risks to driving, and licence holder responsibilities. A process for recording advice and follow-up is to be identified.
Activity B is to review a sample of patient records and compile a report on numbers who drive and do not drive, including those unknown; the type of vehicle driven; whether they are private or commercial drivers; gender; age; and the medical condition affecting driving. “Unknown” records are to be flagged for follow-up.

Activity C involves taking an inventory of the “health and driving” publications in the medical practice. Contact is then to be made with the driver licensing authority to establish what else is available and to place an order. Titles of publications are to be recorded.

For the reinforcing activity, practice members will determine their level of knowledge with regard to patients’ driving issues and link this to fitness to drive.

3.13 Participant evaluation form for Activities A, B and C (Refer Appendix B)

3.14 Other Active Learning modules – optional
Participants have the option of designing their own active learning modules in line with guidelines provided by their professional association.

4 RESULTS OF EVALUATION
It is mandatory that participants (excluding optometrists) complete the evaluation form in order to complete the program. Tables 1 to 4 detail responses from 108 participants.

Table 1: Learning objectives and learning needs

<table>
<thead>
<tr>
<th>Q1. Rate to what degree the learning objectives of the program were met</th>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gained an understanding of the importance of health issues in determining fitness to drive</td>
<td>4%</td>
<td>26%</td>
<td>70%</td>
</tr>
<tr>
<td>Gained an appreciation of ethical considerations in dealing with health and driving issues</td>
<td>4%</td>
<td>22%</td>
<td>74%</td>
</tr>
<tr>
<td>Gained an understanding of medico-legal issues in fitness to drive</td>
<td>4%</td>
<td>31%</td>
<td>65%</td>
</tr>
<tr>
<td>Gained an understanding of driver licensing enabling the provision of relevant advice to patients</td>
<td>2%</td>
<td>34%</td>
<td>64%</td>
</tr>
<tr>
<td>Gained an understanding of appropriate use of the reference Assessing Fitness To Drive: Commercial And Private Vehicle Drivers</td>
<td>2%</td>
<td>30%</td>
<td>68%</td>
</tr>
</tbody>
</table>

Q2. Rate to what degree your learning needs were met

<table>
<thead>
<tr>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td>45%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Participants were asked to rate the degree to which the learning objectives were met, with regard to health issues, ethical considerations, medico-legal issues, driver licensing, and use of Assessing Fitness To Drive. They were also asked to rate the degree to which their learning needs were met. Ninety seven per cent of participants rated the learning objectives as being partially or entirely met, with learning needs being partially or entirely met for 99%.
Participants were asked to rate the relevance of the SafeDrive Medical program to their practice. It was rated as partially or entirely relevant by 99% of participants.

Table 3: Identification of medically unfit drivers

<table>
<thead>
<tr>
<th>Q4. How important is the identification of medically unfit drivers?</th>
<th>Not at all important</th>
<th>Not very important</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1%</td>
<td>4%</td>
<td>10%</td>
<td>85%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q5. How confident are you in identifying medically unfit drivers?</th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2%</td>
<td>5%</td>
<td>71%</td>
<td>22%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q8. How confident are you in undertaking the assessment of your patient’s fitness to drive?</th>
<th>4%</th>
<th>9%</th>
<th>64%</th>
<th>23%</th>
</tr>
</thead>
</table>

When identification of medically unfit drivers was considered by participants, it was rated as important or very important by 95% of participants. Ninety three per cent felt confident or very confident in the identification, and 87% felt confident or very confident in undertaking an assessment of fitness to drive.

Table 4: Use of Assessing Fitness to Drive

<table>
<thead>
<tr>
<th>Q6. How likely are you to use Assessing Fitness To Drive: Commercial And Private Vehicle Drivers to determine if your patient is fit to drive?</th>
<th>Not going to use</th>
<th>Not likely</th>
<th>Likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4%</td>
<td>3%</td>
<td>24%</td>
<td>69%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q7. Will your use of Assessing Fitness To Drive change as a result of undertaking this education program?</th>
<th>No</th>
<th>Not sure</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9%</td>
<td>19%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Participants were asked how likely they would be to use Assessing Fitness to Drive to determine fitness to drive. Ninety three percent of participants said they would be likely or
very likely to use Assessing Fitness to Drive. When asked whether undertaking SafeDrive Medical would change their use of Assessing Fitness to Drive, 91% believed that their participation will change the use of Assessing Fitness to Drive.

5 DISCUSSION AND IMPLICATIONS

Austroads (2011) concluded that older drivers, especially those with age related functional decline and those with multiple co-morbid conditions should undergo regular assessment, and that those with alcohol dependence and those with mental illness be closely monitored. The authors also stated that information on the risks of driving with certain medical conditions be available to licence holders and the health professionals who treat them.

Participants found SafeDrive Medical to be useful and user friendly. Although the data is from only 108 respondents, the results are positive. It is interesting that most participants felt confident in both undertaking an assessment of fitness to drive and in identifying medically unfit drivers. As stated earlier, most doctors are not assessing fitness to drive as part of their daily routine so the fact that they feel confident to do so after completing SafeDrive Medical is reassuring.

VicRoads has a variety of publications on road safety, and medical conditions and driving, which it makes available free of charge to the public. This information is also accessible online at www.vicroads.vic.gov.au. In particular, information for older drivers is online at: www.vicroads.vic.gov.au/olderdrivers, and at: www.vicroads.vic.gov.au/familyandfriends for concerned family and friends of older or medically at-risk drivers.

Road safety and fitness to drive are topics that need to be promoted to all health professionals, such that they can advise their patients accordingly. SafeDrive Medical was promoted with the release of the new standards, and a spike in the use of the program was recorded. Health professionals have many professional development activities from which to choose. As numbers using this program are low, ongoing promotion of fitness to drive and the SafeDrive Medical program is essential.

The next steps are to evaluate the usefulness and acceptability of the program to a variety of health professionals. This will assist in the promotion of the program, and enhancement as necessary.

To learn about the assessment of fitness to drive, SafeDrive Medical can be accessed at: www.vicroads.vic.gov.au/safedrive medical

6 REFERENCES


Appendix A

Participant evaluation form online program

<table>
<thead>
<tr>
<th>Title:</th>
<th>First name:</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI&amp;CPD number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q1. Please rate to what degree the learning objectives of the program were met:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gained an understanding of the importance of health issues in determining fitness to drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gained an appreciation of ethical considerations in dealing with health and driving issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gained an understanding of medico-legal issues in fitness to drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gained an understanding of driver licensing enabling them to provide relevant advice to patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gained an understanding of appropriate use of the reference Assessing Fitness to Drive: Commercial and Private Vehicle Drivers.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q2. Rate to what degree your learning needs were met:

<table>
<thead>
<tr>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
</table>

Q3. Rate to what degree this activity is relevant to your practice:

<table>
<thead>
<tr>
<th>Not relevant</th>
<th>Partially relevant</th>
<th>Entirely relevant</th>
</tr>
</thead>
</table>
16th Road Safety on Four Continents Conference  
Beijing, China 15-17 May 2013

Q4. How important is the identification of medically unfit drivers?

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Not very important</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
</table>

Q5. How confident are you in identifying medically unfit drivers?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
</table>

Q6. How likely are you to use the Assessing Fitness to Drive Guidelines to determine if your patient is fit to drive?

<table>
<thead>
<tr>
<th>Not going to use</th>
<th>Not likely</th>
<th>Likely</th>
<th>Very likely</th>
</tr>
</thead>
</table>

Q7. Will your use of the Guidelines change as a result of undertaking this education program?

<table>
<thead>
<tr>
<th>No</th>
<th>Not sure</th>
<th>Yes</th>
</tr>
</thead>
</table>

Q8. How confident are you in undertaking the assessment of your patients’ medical fitness to drive?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
</table>
Participant evaluation form Activities A, B, C

Title:   First name:   Surname:  
QI&CPD number:  
Address:  

Q1. Please rate to what degree the learning objectives of the program were met:  

Gained an understanding of the importance of having systems to identify which patients: drive; drive commercial vehicles; and how old they are. 
<table>
<thead>
<tr>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
</table>

Gained an understanding of the importance of providing patients with advice on how medical conditions can affect driving and recording this advice. 
<table>
<thead>
<tr>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
</table>

Gained an understanding of the importance of monitoring the progress of medical conditions that may affect driving. 
<table>
<thead>
<tr>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
</table>

Gained knowledge of VicRoads publications which can be stocked at the Practice to benefit patients. 
<table>
<thead>
<tr>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
</table>

Q2. Rate to what degree your learning needs were met:  

<table>
<thead>
<tr>
<th>Not met</th>
<th>Partially met</th>
<th>Entirely met</th>
</tr>
</thead>
</table>

Q3. Rate to what degree these activities are relevant to your practice:  

<table>
<thead>
<tr>
<th>Not relevant</th>
<th>Partially relevant</th>
<th>Entirely relevant</th>
</tr>
</thead>
</table>
Q4. How important is the identification of medically unfit drivers?

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Not very important</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
</table>

Q5. How important is monitoring progressive conditions that may affect safe driving?

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Not very important</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
</table>

Q6. How important is it to have adequate systems in place?

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Not very important</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
</table>

Q7. How confident are you that you have recorded all patient information pertaining to driving?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
</table>

Q8. How confident are you that you have adequate systems in place to monitor and advise patients regarding driving?

<table>
<thead>
<tr>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
</table>