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Disclaimer

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In no event will the authors be liable for any loss or damage including without limitation, indirect or consequential loss or damage, or any loss or damage whatsoever arising out of, or in connection with, the use of this document.
This document outlines a recommended process for determining Medical Fitness to Drive (MFTD) within the Irish context. It will highlight the potential involvement and roles of key stakeholders in the MFTD decision making process.

Regulations for Driving Examiners have been laid down in EU Directive 2006/126/EC, and Driving Examiners undergo training by the RSA. Registration as an ADI is not a requirement to be a Driver Examiner (See Appendix).

Regulations were made in 2009 under powers provided in the Road Traffic Act 1968, which also provides the legal framework for driving instruction. Essentially it makes it an offence for an unlicensed person, to give driving instruction for reward. Only a person whose name is entered on the register of Approved Driving Instructors (ADI) with the RSA, for vehicles of that category for which they are giving instruction can legally give instruction.

ADI’s registered with the RSA are approved to provide driving instruction but must be differentiated from an On-Road Driving Assessor. In this document we refer to On-Road Driving Assessors (ORDA), this is not the same as ADI, (although most but not all ORDA’s are currently ADI’s).

A limitation of this document is that ORDA is not a regulated title and is at present only distinguishable as a working title given to aid the drafting of guidelines and pathways with the objective of creating a uniformed and co-operative approach between stakeholders in the assessment of medical fitness to drive.

I. ORDA – Provide an assessment service to fully licensed drivers.

II. ORDA – Provide an assessment service with rehabilitation or education courses to fully licensed drivers should preferably be ADI.

III. ORDA – Provide an assessment or tuition to learner drivers (holders of a learner permit)— there is a requirement that ORDA providing tuition / remedial training MUST be ADI*.
Section I – Preview

- Introduction to Medical Fitness to Drive Assessment
- Stakeholders involved in Medical Fitness to Drive Assessment
- Who might need a medical fitness to drive assessment?
- The Purpose of a medical fitness to drive assessment
- MFTD Declarations at Application and Renewal and Mid Licence
  - Group 1 drivers (Cars and Motorcycles)
  - Group 2 drivers (Trucks and Buses)
**Introduction**

For most people, being able to drive a motor vehicle is a very important part of their daily life for maintaining social contact, for getting to and from work, and for accessing their everyday needs such as food and services. Driving can also be essential to employment for Group 1, car and motor cycle drivers, including taxi drivers. In the case of Group 2, bus and truck drivers, driving is essentially the main component of their job.

But with the benefits of being able to drive also come certain responsibilities, and one of these responsibilities for every driver is to make sure they are well enough to drive safely. This is important not only for the driver’s own safety but also for the safety of all other road users. Certain health conditions can affect a driver’s ability to drive safely, either in the short term or more permanently.

These guidelines summarise the overall medical fitness to drive (MFTD) process in Ireland applied to drivers with medical conditions and the information contained is intended to assist the stakeholders involved in assessing MFTD.

**Stakeholders involved in the medical fitness to drive process:**

- Medical Doctor (D501 Medical Report Form must be completed and signed by a Medical Doctor whose name is on one of the Registers of Medical Practitioners in Ireland)
- Occupational Therapists (OTs)
- On-Road Driving Assessors (ORDA)
- Other healthcare professionals
- Service users and the general public will also find these guidelines helpful.

**Who might need a medical fitness to drive assessment?**

A driver may require a MFTD assessment for multitude of reasons particularly the presence of any medical condition(s) or functional impairment which may impact on driving ability. Additionally, the need for a MFTD assessment may be indicated through a concern raised by family or other regarding observed deterioration in the persons driving ability.
Any driver in the above categories will require a D501 Medical Report Form to be signed by their medical doctor.

*In Ireland drivers from age 70 are medically assessed for re-licensing every 1-3 years by providing the NDLS with a D501 form, this can ordinarily be done by the driver’s GP without any need for specialist or other stakeholder involvement.

**Purpose of MFTD Assessment**

The aim of this document is to inform all stakeholders (healthcare professionals, driving professionals, and drivers) of the:

- Possible pathways involved in the process of determining MFTD to enable the medical doctor to complete the D501 Medical Report Form.
- Contributions of the individual stakeholders and their role in the overall comprehensive driver assessment process.
- Process involved in making a decision on MFTD.
- Shared responsibility between the professionals and the driver to manage driving according to the driver’s presenting condition(s).
MFTD Declarations at Application and Renewal and Mid Licence

What medical conditions should the driver self declare to the NDLS?

*The National Driver Licence Service (NDLS) asks all drivers to self declare certain existing medical conditions as outlined below when completing a driver licence application, renewal or exchange form.

D401 Application Renewal Licence Form

| 1. | Do you need to wear glasses or lenses for driving? If in the past you answered ‘Yes’ to this question and are now answering ‘No’ you must provide a current eyesight report with your application. |
| 2. | Diabetes treated by insulin and or sulphonylurea tablets (doctor to advise whether patient is on these or not) no need to tell us if managed by other tablets and or diet. |
| 3. | Epilepsy. |
| 4. | Stroke or TIsA with any associated symptoms lasting longer than one month. |
| 5. | Fits or blackouts. |
| 6. | Any type of brain surgery, brain abscess or severe head injury involving in-patient treatment or brain tumour or spinal injury or spinal tumour. |
| 7. | An implanted cardiac pacemaker. |
| 8. | An implanted cardiac defibrillator (ICD). |
| 9. | Repeated attacks of sudden disabling dizziness. |
| 10. | Any other chronic neurological condition such as multiple sclerosis, motor neurone disease, Parkinson disease and Huntington’s disease. |
| 11. | A serious problem with memory or periods of confusion. |
| 12. | Persistent alcohol misuse or dependency |
| 13. | Persistent drug misuse or dependency. |
| 14. | Serious psychiatric illness or mental health problems. |
| 15. | Parkinson’s disease. |
| 16. | Sleep Apnoea Syndrome. |
| 17. | Narcolepsy. |
| 18. | Any condition affecting the driver’s peripheral vision. |
| 19. | Total loss of sight in one eye. |
| 20. | Any condition affecting both eyes and the remaining eye if driver only has one eye (not including colour blindness or short or long sight). |
| 21. | A serious hearing deficiency which has worsened since your last application/renewal. |
| 22. | Any persisting problem with arm(s) or leg(s) which needs driving to be restricted to certain types of vehicle or those with adapted controls* |
| 23. | Severe learning disability. |
| 24. | (a) Is your vehicle adapted because of a physical disability to enable you to drive? |
| 25. | (b) Has there been any deterioration in the disability since you last applied for a driving licence or a learner permit? |

*which has worsened since your last application/renewal

When will group 1 (car or motorcycle) licence drivers be medically assessed?

All persons applying for a Learner Permit must complete the ‘Application Form for a Learner Permit (D201)’. A first-time application for a learner permit must be accompanied by a satisfactory eyesight report (D502). This report may be completed by a registered optometrist or medical practitioner. The applicant must sign the eyesight report form in the presence of the optician or doctor. In addition all
applications for a learner permit must be accompanied with a Medical Report (D501) if the applicant will be aged 70 or over on the first day of the period for which the learner permit is granted, or if the applicant has answered YES to any of the conditions listed in part 4 of the D201 form.

When applying for a **Full Driver Licence** or **renewing** a driver licence the applicant must complete a D401 form, in part 5 of the D401 form (Driver Fitness) all applicants must make a self-declaration regarding their Eyesight and their Health and Fitness. If the applicant answers YES to any of the indicated questions in the Health and Fitness section on the D401 form, they will need to supply a medical report (D501 Form) along with the licence application.

An Eyesight Report (D502) is not required when a medical report is provided unless indicated by the Medical Doctor. A further Eyesight Report (D502) is only necessary when renewing a driver licence if the applicant previously wore glasses or corrective lenses that are now no longer required (as in the case of corrective surgery etc).

Currently every driver aged 70 and above must provide a medical report (D501) when applying to renew their driver licence.

**Emerging conditions** may need to be self-declared by the driver to the NDLS even though the current driver licence may not yet have expired. The driver should consult their doctor as they may need a D501 completed by their doctor to accompany their self-declaration to NDLS.

**When will group 2 (bus or truck) licence drivers be medically assessed?**

When applying for a **Learner Permit** in any of the Group 2 categories the Application Form for a Learner Permit must be accompanied with an Eyesight Report Form and a Medical Report Form.

When applying for a **Full Licence** in the Group 2 categories and at every subsequent licence **renewal** application the Group 2 driver must provide a Medical Report Form.

**Emerging conditions as instructed by your doctor or lasting 6 months or longer** must be self-declared by the driver to the NDLS even though the current driver licence may not yet have expired. The driver should consult their doctor as they may need a D501 completed by their doctor to accompany their self-declaration to NDLS.

<table>
<thead>
<tr>
<th>Contact details:</th>
<th>Medical Fitness to Drive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:medicalfitness@rsa.ie">medicalfitness@rsa.ie</a></td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.ndls.ie">www.ndls.ie</a></td>
</tr>
<tr>
<td>Telephone no.:</td>
<td>1890406040</td>
</tr>
</tbody>
</table>
Section II - Preview

Specialist Assessment Framework consisting of:
   i) Medical - Doctor
   ii) Clinical – Occupational Therapist (OT)
   iii) On-Road Driving Assessor (ORDA)

Driving Assessment consisting of:
   i) Out of Car – OT and or ORDA
   ii) Around Car - ORDA
   iii) On-Road – ORDA

Roles and Responsibilities of:
   i) Drivers
   ii) Health Professionals
   iii) Doctors
   ii) OT’s
   iii) ORDA

MFTD Pathways:
   i) Eyesight Report
   ii) Medical Report
   Doctor only – can complete form without further support
   Doctor requires assistance of Specialist Assessment
      - OT and or ORDA

Walk-Ins – Referral back to doctor
OT and or ORDA
Pre on -road Assessment Checklist
# Specialist Assessment Framework

## Assessor Types

<table>
<thead>
<tr>
<th>A. Medical Specialists</th>
<th>Doctor including:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• General Practitioners</td>
</tr>
<tr>
<td></td>
<td>• Occupational Health Physician</td>
</tr>
<tr>
<td></td>
<td>• Hospital Consultants of varying disciplines</td>
</tr>
<tr>
<td></td>
<td>• Non Consultant Hospital Doctor</td>
</tr>
</tbody>
</table>

| B. Clinical and Technical (off-road) assessors | Occupational Therapist (OT) |
|                                               | Physiotherapist |
|                                               | Ergonomist/Ergonomic technician |
|                                               | Car adaptation/modification registered specialist |

| C. On-Road Driving Assessor | On-road Driving Assessor (ORDA) |

Potential cross-over here where:

- OT trained as ORDA
- ORDA trained as OT
- Dual on-road assessment where both ORDA and OT are present

The assessor needs to satisfy themselves that there are no deficits that would make it unsafe to progress to on-road assessment.

1) Out of car off-road (including driving simulators)

2) Around and in car off-road

3) On-road (on public road)
### Roles and Responsibilities

#### Driver
- To seek medical certification of fitness to drive at the onset of a medical condition(s) or where there is a functional deterioration that may impact on their ability to drive.
- To report to the National Driver Licence Service (NDLS) and their insurance provider any long-term or permanent injury or illness that may affect their ability to drive safely.
- If holding a licence from an EU country other than Ireland, or a recognised country for licence exchange, the driver is advised to contact the NDLS to arrange for an exchange of their licence in the event of the development of a condition(s) which could affect safe driving.
- To respond truthfully to questions from the health professional regarding their health status and the likely impact on their driving ability.
- To adhere to prescribed medical treatment and monitor and manage their condition(s) and any adaptations with ongoing consideration of their fitness to drive.
- To comply with requirements of their licence as appropriate, including periodic medical reviews.

#### Health Professional
- To assess the person based on the current *Sláinte agus Tíomáint* Medical Fitness to Drive Guidelines.
- To ensure that they themselves are up-to-date in their knowledge of the recommended process/pathways in determining MFTD.
- To advise the person regarding the impact of their medical condition(s) or disability on their ability to drive and recommend restrictions and ongoing monitoring as required.
- To advise the person of their responsibility as a driver to self-report their condition(s) to the NDLS in the event of a long-term (6 months or more) or permanent injury or illness that may affect their ability to drive safely.
- To treat, monitor and manage the person’s condition(s) with ongoing consideration of their MFTD.
- To report to the NDLS regarding a person’s medical fitness to drive in the exceptional circumstances where there is a risk to the public and the driver cannot or will not cease driving.
- To remind the driver that he/she has responsibility to clarify with their car insurance provider any impact their condition has on insurance as failure to do so may nullify their insurance cover.

#### 1. Medical Doctor’s Role
- Doctors need to consider medical fitness to drive for their patients/drivers who develop a medical condition(s) or who have ongoing medical conditions that may impact on their MFTD.
- To liaise with the driver and ensure that the driver is aware of the process involved in determining medical fitness to drive.
- Be aware of the current *Sláinte agus Tíomáint* guidelines and use them as an aid to assess the medical fitness to drive of their patients/drivers.
- To establish if their patient/driver is medically fit to drive, signing the D501 Medical Report Form recommending to the licensing authority their decision on the driver’s medical fitness for a Group 1 licence for a period of 1, 3 or 10 years or Group 2 licence for 1, 3 or 5 years.
- To be satisfied that they have acquired information that will inform their recommendation on the patient/driver’s MFTD when signing the drivers D501 Medical Report.
- Where appropriate to engage the services of other stakeholders e.g. consultant, occupational therapist, optometrist, on-road driving assessor, to inform the decision making process when completing the D501 Medical Report Form.
## Roles and Responsibilities

- Provide the patient/driver with a completed D501 Medical Report Form and advise the patient/driver that they must submit the form to the NDLS. The final decision on licensing is made then by the NDLS.
- In the case where the doctor’s recommendation is that the patient/driver is not medically fit to drive it is recommended that the doctor complete the patient advisory form, providing a copy for the patient/driver and also keeping a copy on the patient/driver’s medical files.

### 2. Occupational Therapist

- Need to be aware of current standards in *Sláinte agus Tiomáint Medical Fitness to Drive Guidelines* and apply them accordingly.
- To liaise with the driver and ensure that the driver is aware of the process involved in determining medical fitness to drive.
- Need to complete an off-road occupational therapy assessment and make appropriate recommendations.
  - I. On-road assessment is recommended; refer accordingly and notifying referring doctor.
  - II. When no deficit(s) is detected in the off-road assessment the OT should report back to the referring doctor who, if satisfied, may then complete the D501 Medical Report Form.
  - III. The level of deficit(s) detected in the off-road assessment may indicate the driver is not suitable to return to driving at the present time and the OT must notify referring doctor.
  - IV. Driver rehabilitation (off-road, on-road or both) recommended, notifying referring doctor.
- Where appropriate to engage the services of other stakeholders e.g. medical doctors, optometrist, on-road driving assessor, and communicate effectively with those stakeholders.
- Where appropriate make a referral for an on-road driving assessment, ensuring effective communication between the OT and the on-road-driving assessor.
- Use the findings of the off-road driving assessment to inform the most appropriate next step for the driver.

### 3. Optometrist

- Need to be aware of the current standards in *Sláinte agus Tiomáint Medical Fitness to Drive Guidelines* and use them as an aid to assess if the visual standard for driving is met.
- To ensure that they have adequately assessed the driver’s vision as to whether the driver meets the visual standards for driving to enable completion of the D502 Eyesight Report.
- Based on their assessment and the nature of the presenting vision condition make appropriate recommendation for licence duration for Group 1 licence for a period of 1, 3 or 10 years or Group 2 licence for 1, 3 or 5 years.
- Advise the driver accordingly in case of progressively deteriorating vision conditions.
- Liaise with other stakeholders in a driver vision/medical fitness to drive assessment process whenever indicated.
- Advise the driver of the vision assessment outcome and the implications for driving.
- Provide their driver with completed D502 Eyesight Report Form and advise the driver to submit the form to NDLS. The final decision on licensing is made then by the NDLS.
- It is recommended that the practitioner keep a copy of the D502 Eyesight Report Form for reference in their files as appropriate.
**Roles and Responsibilities**

**On-Road Driving Assessors**
- Need to be aware of key aspects of the current standards in *Sláinte agus Tiomáint Medical Fitness to Drive Guidelines* and apply them accordingly.
- Ensure that they have the required background information from relevant healthcare professionals (if appropriate).
- Need to be able to contextualise the OT, medical and/or vision reports in terms of the assessment, particularly of cognition, self-regulation, behaviour and perception.
- Ensure the insurance and licensing requirements are met prior to undertaking an on-road test.
- To liaise with the driver and ensure that the driver is aware of the process involved in determining medical fitness to drive.
- To complete a driving assessment, including out-of-car, around and in car off-road, and on public road, as indicated.
- To ensure that they have appropriate/required/legal vehicle modification/adaptations available to match the abilities of the driver before embarking on an on-road driving assessment.
- To assess a drivers capacity to drive based on fair and uniform standards.
- To assess the driver in a manner that ensures road safety (of themselves and other road users).
- To make recommendations on equipment, further training/rehabilitation/education, as appropriate.
- Provide report, and support as required, to the driver.
- To liaise with referring healthcare professionals and provide feedback on the outcome of the on-road driving assessment.
- Make a recommendation based on the on-road assessment as to whether the driver is:
  - I. Fit to drive unrestricted
  - II. Fit to drive with recommendations (short-term licence, adaptations etc)
  - III. Driver Rehabilitation required
  - IV. Not fit to drive.
  - V. That input from one of the other stakeholders is required.
  - VI. Car adaptation(s) to assist driving are recommended.**

**Recommendations should be completed on Assessment Form**

**If making recommendation for car adaptations then the driver should have been assessed as competent to use these adaptations during the on-road test.**

**National Driver Licence Service (NDLS)**
- To make all decisions regarding the licensing of drivers. The NDLS will consider reports provided by healthcare professionals.
- To inform the driving public of their responsibility to report any long-term or permanent injury or illness to the NDLS if the condition(s) may affect their ability to drive safely (this applies to a new onset or change in status of an existing condition).
- Will act on reports of third parties, Gardaí, general public and healthcare workers regarding concerns of public safety relating to medical fitness to drive.
Section 2: Pathways

In this section three possible pathways for determining MFTD will be outlined.

Pathway 1 outlines the process of determining MFTD involving the medial doctor plus driving specific assessment which may include occupational therapy and/or ORDA.

Pathway 2 outlines the process of determining MFTD where the decision can be made by the medical doctor in isolation leading to completion of the medical report form (D501).

Pathway 3 outlines the process when a driver needs to complete an eyesight report form which can be completed by a medical doctor or optometrist.

It is anticipated that in the vast majority of cases the MFTD recommendation can be made to the NDLS by the medical doctor in isolation without the need for involvement of the other possible stakeholders as per pathway 1.

The diagram to follow outlines these three pathways and their interconnectedness. Regardless of whichever assessment pathway is executed, the medical doctor is the only stakeholder eligible to sign the medical report (D501 form).
When is a D502 Eyesight Report Form Complete by a doctor or optometrist?

Vision Problem Only (Pathway 2)

- Treating doctor or optometrist completes D502 Eyesight Report Form indicating that the visual standards for driving is or is not met. Where the standards are met the doctor or optometrist makes the recommendation on licence duration for a Group 1 driver for a period of 1, 3 or 10 years or for a Group 2 driver for 1, 3 or 5 years.
- In cases where the driver’s vision has improved, whereby they no longer need to wear corrective lenses a D502 Eyesight Report Form is required at licence renewal.
- All completed D502 Eyesight Report Forms must be forwarded to NDLS by the driver.

When is a D501 Medical Report Form completed by a doctor?

Medical Condition(s) - Doctor Only (Pathway 1)

- Treating medical doctor reviews the driver and if there is no indication that any other specialised assessment is needed the doctor progresses with licensing recommendation(s).
- Treating medical doctor completes the D501 Medical Report Form.
- In cases where the driver is considered medically fit to drive the doctor makes the recommendation on licence duration for a Group 1 driver for a period of 1, 3 or 10 years or for a Group 2 driver for 1, 3 or 5 years.
- In the case where the medical recommendation is that the driver is not fit to drive, in addition to the D501 Medical Report Form, it is recommended that the doctor also complete the Patient Advisory Form and give a copy to the driver while retaining a copy for the medical file. (ensure D501 form is completed on Both sides and not as two separate sheets)
- The completed D501 Medical Report Form should be given to the driver to forward to the NDLS. The final decision on licensing is made then by the NDLS.
- If the medical doctor is unable to make a decision on MFTD without further specialist assessment, refer to Pathway 1.
When will a doctor refer for Specialised Assessment to determine MFTD (Pathway 3)

In the event where the medical doctor is not in a position to make a recommendation on MFTD based on the medical examination alone, a referral may be made for specialised driver assessment. In such cases the medical doctor should make a referral for OT assessment, an on-road driving assessment, or both. The outcomes of any such assessment must be reported back to the referring medical doctor. The medical doctor having considered the information in this report(s) may then be able to complete the D501 Medical Report Form.

When the recommendation following a specialist assessment is that the driver is currently not fit to drive, the medical doctor may complete the D501 Medical Report Form. In addition, it is recommended that the medical doctor also complete the Patient Advisory Form and give a copy to the driver while retaining a copy for the medical file. The completed D501 Medical Report Form should be given to the driver to forward to the NDLS which have responsibility for all final licensing decisions.

**Occupational therapy assessment**

The outcome of the OT off-road assessment might be:

I. On-road assessment required – liaise with ORDA (if OT not already an ORDA).
II. No deficit detected, report back to referring medical doctor.
III. Driver not fit to drive (currently).
IV. Driver rehabilitation is recommended*.
V. The occupational therapy report should be communicated back to the referring doctor to enable them to complete the D501 Medical Report Form.

*(Driver Rehabilitation may include a combination of: Off-road rehabilitation, On-road rehabilitation (suitable vehicle may be recommended), both Off-road and On-road rehabilitation.)
Walk-in assessments / self-referrals by driver

For the protection of all concerned it is recommended as best practice that contact is made with the driver’s medical doctor before commencing a driving assessment to check that there is no medical contraindication to undertaking a fitness to drive assessment. When a person self refers (‘walk-in’) for specialised assessment (either OT or ORDA) it is recommended that the OT or ORDA seek permission from the person to contact their medical doctor to check that they (the driver) are medically fit to undertake an assessment of fitness to drive. This is important in the case of a person presenting with a ‘hidden’ diagnosis that would impact medical fitness to drive (such as epilepsy, uncontrolled diabetes etc), particularly in the event of the person not self-disclosing such information to the OT or ORDA.

Additionally it is recommended that both OT’s and ORDA’s specifically request the ‘self-referring’ client to declare any medical condition that may impact on their fitness to drive. To assist with this, it is recommended that the OT and ORDA use the health section declaration on the D401 application/renewal form as a guide.

In the case of the ORDA it is crucial that the ORDA has taken all necessary steps to satisfy him/her self that the client is capable of undertaking the on-road test in a manner that ensures road safety (of themselves and other road users) prior to any on-road testing.

On-road driver assessment

The outcome of the on-road assessment might be:

I. Fit to drive unrestricted
II. Fit to drive with recommendations (short-term licence, etc).
III. Car adaptation(s) to assist driving are recommended.
IV. Driver Rehabilitation recommended.
V. Not fit to drive.
VI. Input from one of the other stakeholders is required.

On completion of the off-road assessment the report should be communicated back to the referring source (doctor, OT). All reports will assist the doctor to complete the D501 Medical Report Form.
Pre on-road Assessment Checklist

Before undertaking an on-road assessment the OT and/or the ORDA should establish the type of vehicle required to enable the driver to undertake the on-road test. This includes determining the appropriateness of conducting the on-road test:

- in the driver’s own car
- in a dual controlled car
- in a suitably adapted car

This decision regarding the most suitable vehicle within which the on-road assessment should be undertaken is essential as the safety of the driver, the ORDA, and other road users is of paramount importance.

All stakeholders (Medical Doctor, OT, ORDA) have a duty to ensure that the particular vehicle required for the on-road assessment is available from the ORDA service on the day of the on-road assessment. Each individual ORDA service has a responsibility to clearly communicate the type of vehicles (automatic, manual, dual controlled, specific adaptations etc) that are readily available prior to accepting a referral for an on-road assessment.

On road Assessment

The recommended gold standard for on-road assessment is that it be conducted in a dual controlled car on a predetermined standardised route. This recommendation for the use of a dual controlled car is based on ensuring safety of the vehicle occupants and other road users. The use of a predetermined route ensures exposure to a variety of driving situations and traffic conditions. However, there may be situation where these recommendations are deviated from, such as the case where the driver may be assessed in their own car, or where a local area on-road test is conducted.
It is recommended that on-road assessment is completed in a dual controlled car for safety of occupants and other road users. In the case where the on-road assessment is to be completed in the driver’s own car, the ORDA must ensure:

- The status of the client’s driving licence is current and valid.
- The status of the client’s car insurance is current and valid for car in which they will be assessed.
- The status of the client’s NCT is current and valid for car in which they will be assessed.
- The status of the client’s car tax is current and valid for car in which they will be assessed.
- An evaluation of the person’s difficulties in relation to driving.
- An evaluation of the person’s needs in relation to car type or adaptation(s) needed.

The on-road assessment must be graded in difficulty. All on-road tests should include an introductory time period to allow for orientation to the vehicle. All on-road assessment should start in a quiet driving environment (for example a quiet car park etc), then depending on driver capacity move to open road driving. The on-road assessment should only move to open road driving if the ORDA feels it is appropriate and safe to do so.

In order to successfully pass an on-road assessment, open road driving must be included to ensure exposure to everyday driving situations and conditions. Open road assessment should be graduated, starting on quiet streets, and graduating onto busier traffic environments with more complex driving challenges such a complex junctions, multilane driving, merging, including motorway driving (if appropriate).

On on-road assessment should be 45 minutes in duration (or longer if required). The on-road assessment should only be shorter in the case of a failing driver and where the ORDA considers it unsafe to continue with the on-road assessment.

On-road driving assessment may be conducted by the ORDA in isolation, or may involve the ORDA and the OT in some cases if indicated.
Section III - Preview

I. DRAFT REFERRAL FORM – to be completed by treating doctor – p26
II. DRAFT ASSESSMENT FORM – to be completed by OT – p27
III. DRAFT ASSESSMENT FORM – to be completed by OT – p28
IV. PATIENT ADVISORY FORM – to be completed by doctor – p29

An On-Road Driver Assessment and or Occupational Therapist Assessment may be needed to find out the impact of a person’s disability or medical condition on commencing or returning to driving. Overall Assessments may include a vision assessment, clinical off road assessment and practical on road driving assessment. For a detailed overview of Medical Fitness to Drive pathways review diagram map Page 19.

NOTE

NDLS Reporting of Medical Conditions requires that all drivers report any permanent or long term medical condition that is likely to impair their ability to drive. For more information: view Sláinte agus Tiomáint www.ndls.ie
# Referral Form for On-Road Driving Assessment

## CLIENT INFORMATION – Completed by driver

<table>
<thead>
<tr>
<th></th>
<th>Forename:</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>(Day/Month/Year)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone no</td>
<td></td>
<td>Email:</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Other Contact - Carer/Family</td>
<td>Name:</td>
<td>Relationship:</td>
</tr>
<tr>
<td></td>
<td>Contact Number/s:</td>
<td></td>
</tr>
</tbody>
</table>

## Reason for Referral

*(tick the most appropriate A or B or C, if C (other) give reason)*

- A. General On-road Assessment required re MFTD certificate ☐
  Or
- B. First time driver Assessment required re MFTD certification ☐
  Or
- C. Other ☐ Give reason

## Drivers Licence

<table>
<thead>
<tr>
<th></th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Expiry Date of licence held</td>
<td></td>
</tr>
<tr>
<td>Date last driven</td>
<td></td>
</tr>
<tr>
<td>Categories of licence held or seeking</td>
<td></td>
</tr>
<tr>
<td>Details of current Vehicle (if applicable)</td>
<td>Manual ☐ Automatic ☐ Make and model:</td>
</tr>
</tbody>
</table>

## MEDICAL INFORMATION - Completed by referring doctor

<table>
<thead>
<tr>
<th></th>
<th>Yes:</th>
<th>No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is appropriate for this person to undertake an on-road driving assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition/Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of onset</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Aids (glasses etc)</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Doctor Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
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<tr>
<td>Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Council Registration Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please ensure the client is aware of this referral and that fees are charged for ORDA
Assessment Form for Off-Road/ Occupational Therapy Assessment  (OT)

Dear Dr._____________________

Following an off-road/ OT assessment (name of driver)__________________________ today, __/___/__

Recommendations based on my assessment of this driver are:

Notes: On available outcomes

Occupational therapy assessment

The outcome of the OT off-road assessment might be:

I. On-road assessment required
II. No deficit detected, report back to referring medical doctor.
III. Driver not fit to drive (currently).
IV. Driver rehabilitation is recommended*.
V. The occupational therapy report should be communicated back to the referring doctor to enable them to complete the D501 Medical Report Form.

*(Driver Rehabilitation may include a combination of: Off-road rehabilitation, On-road rehabilitation (suitable vehicle may be recommended), both Off-road and On-road rehabilitation).

<table>
<thead>
<tr>
<th>OT’s Name/ Practice/Hospital name as appropriate</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>
Dear Dr._____________________

Following an on-road assessment (name of driver)__________________________ today, __/___/___

Recommendations based on my assessment of this driver are:

<p>| | |</p>
<table>
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</table>

Notes: On available outcomes

On-road driver assessment

The outcome of the on-road assessment might be:

I. Fit to drive unrestricted
II. Fit to drive with recommendations (short-term licence, etc).
III. Car adaptation(s) to assist driving are recommended.
IV. Driver Rehabilitation recommended.
V. Not fit to drive.
VI. Input from one of the other stakeholders is required.

On completion of the off-road assessment the report should be communicated back to the referring source (doctor, OT). Once all information has been collated the doctor will then be able to complete the D501 Medical Report Form.

<table>
<thead>
<tr>
<th>Assessor Name/ Co. name as appropriate</th>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
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<table>
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<tr>
<th>Telephone</th>
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<table>
<thead>
<tr>
<th>Email:</th>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>
Patient Advisory Form

Dear _________________

Following your assessment today, __/__/___, I am advising you that you need to contact the NDLS to let them know that you have a condition _____________________ which may impact on your fitness to drive: I am also advising that: ______________________________________________________________________________.

And recommend a further specialist/consultant opinion  Yes No:

The philosophy of the NDLS is an enabling one, aiming to maximise mobility of drivers to the greatest extent possible. However, it is important to ensure that an appropriate balance is found between mobility and safety, and the NDLS is likely to request you to provide a medical report clarifying your medical fitness to drive once you have notified them.

The conditions that require reporting to the NDLS are outlined in the declaration made by you when you applied for, or renewed, you’re driving licence (see below), and also in the official RSA guidelines for medical fitness to drive, Sláinte agus Tiomáint. You should also clarify with your insurer as to whether or not this condition needs to be reported to them as well. A record of this notification will be held in your medical file here.

Yours sincerely ..

Medical conditions requiring declaration at application for, and renewal of, driving licence:

| 1. | Diabetes treated by insulin and or sulphonylurea tablets (doctor to advise whether patient is on these or not)  no need to tell us if managed by other tablets and or diet |
| 2. | Epilepsy |
| 3. | Stroke or TIAs with any associated symptoms lasting longer than one month |
| 4. | Fits or blackouts |
| 5. | Any type of brain surgery, brain abscess or severe head injury involving in-patient treatment or brain tumour or spinal injury or spinal tumour |
| 6. | An implanted cardiac pacemaker |
| 7. | An implanted cardiac defibrillator (ICD) |
| 8. | Repeated attacks of sudden disabling dizziness |
| 9. | Any other chronic neurological condition such as multiple sclerosis, motor neurone disease, Parkinson disease and Huntington’s disease. |
| 10. | A serious problem with memory or periods of confusion. |
| 11. | Persistent alcohol misuse or dependency |
| 12. | Persistent drug misuse or dependency |
| 13. | Serious psychiatric illness or mental health problems |
| 16. | Sleep Apnoea syndrome |
| 17. | Narcolepsy |
| 18. | Any condition affecting the drivers peripheral vision |
| 19. | Total loss of sight in one eye |
| 20. | Any condition affecting both eyes, or the remaining eye if driver only has one eye (Not including colour blindness or short or long sight) |
| 21. | A serious hearing deficiency |
| 22. | Any persisting problem with arm(s) or leg(s) which needs driving to be restricted to certain types of vehicle or those with adapted controls |
| 23. | Is the driver’s vehicle adapted because of a physical disability to enable you to drive |
| 24. | Severe learning disability |

The above list is not exhaustive
Spectrum of Driver Services: Right Services for the Right People at the Right Time

A description consumers and health care providers can use to distinguish the type of services needed for patient
### Spectrum of Driver Services: Right Services for the Right People at the Right Time

A description consumers and health care providers can use to distinguish the type of services needed for patient

<table>
<thead>
<tr>
<th>Programme Type</th>
<th>Community-Based Education</th>
<th>Medically Based Assessment, Education, and Referral</th>
<th>Specialized Evaluation and Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving School</td>
<td>Driver Screen</td>
<td>Clinical</td>
<td>Evaluation Driver rehabilitation programs (includes driver evaluation)</td>
</tr>
<tr>
<td>Typical providers and credentials</td>
<td>Approved Driving Instructor (ADI) credentials</td>
<td>Health care professional (e.g., physician, occupational therapist, social worker, and neuropsychologist</td>
<td>Occupational Therapy Practitioner (Generalist or Driver Rehabilitation Specialist) Other health professional degree with expertise in Instrumental Activities of Daily Living (IADL).</td>
</tr>
<tr>
<td>Required Provider's knowledge</td>
<td>Instructs novice or relocated drivers: for the purposes of teaching/training/ Refreshing/ updating driving skills.</td>
<td>Knowledge of relevant medical conditions, assessment, referral, and/or intervention processes. Understand the limits and value of assessment tools, including simulation, as a measurement of fitness to drive. Knowledge of the Slainte agus Tiomaint Guidelines relevant to the presenting conditions</td>
<td>Knowledge of medical conditions and the implications for community mobility including driving. Assess the cognitive, visual, perceptual, behavioural, and physical limitations that may impact driving performance. Knowledge of available services. Understands the limits and value of assessment tools, including simulation, as a measurement of fitness to drive.</td>
</tr>
<tr>
<td></td>
<td>1. Road Safety precepts and practice</td>
<td></td>
<td>1. Need to be aware of key aspects of the current medical fitness to drive guidelines and apply them accordingly.</td>
</tr>
<tr>
<td></td>
<td>2. Rules of the Road</td>
<td>2. Need to be able to contextualise the OT, medical and/or vision reports in terms of the assessment, particularly of cognition, self-regulation, behaviour and perception</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Driving techniques and handling the vehicle and controls., Use of correct road procedure</td>
<td>3. Interpersonal skills: enhanced disability awareness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Vulnerable road users</td>
<td>4. Knowledge and ability to interact appropriately and sensitively with people in all circumstances</td>
<td></td>
</tr>
</tbody>
</table>

- **Presently:**
  - ADI + OT +ADI
  - Experience Driving Assessors (not instructors/tutors).

- **Future – for discussion**
  - Driver Rehabilitation
  - Specialist, Certified Driver
  - Rehabilitation Specialist
  - Occupational Therapist with Specialty
## Spectrum of Driver Services: Right Services for the Right People at the Right Time

A description consumers and health care providers can use to distinguish the type of services needed for patient

<table>
<thead>
<tr>
<th>Programme Type</th>
<th>Driving School</th>
<th>Driver Screen</th>
<th>Clinical</th>
<th>Evaluation Driver rehabilitation (incl driver evaluation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5. Pedagogical techniques and assessment of pupils</td>
<td></td>
<td></td>
<td>5. Relevant verbal and non verbal communication skills and how these can affect or influence personal interaction with others</td>
</tr>
<tr>
<td></td>
<td>6. Interpersonal skills</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>7. Correction of pupils’ driving faults</td>
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<td></td>
<td>8. Knowledge of basic mechanics of vehicle and maintenance</td>
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<tr>
<td></td>
<td>9. Driving for life, beyond the practical driving test</td>
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<td></td>
<td>10. Scene of accidents</td>
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<tr>
<td></td>
<td>11. Driver Testing Procedures and Documentation including the Driving Test Report form</td>
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<tr>
<td></td>
<td>12. Other matters as considered appropriate from time to time by the RSA</td>
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</tr>
</tbody>
</table>
## Spectrum of Driver Services: Right Services for the Right People at the Right Time

A description consumers and health care providers can use to distinguish the type of services needed for patient

<table>
<thead>
<tr>
<th>Programme Type</th>
<th>Community-Based Education</th>
<th>Medically Based Assessment, Education, and Referral</th>
<th>Specialized Evaluation and Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Typical services provided</strong></td>
<td><strong>Driving School</strong></td>
<td><strong>Driver Screen</strong></td>
<td><strong>Clinical</strong></td>
</tr>
<tr>
<td>1. Lessons for novice drivers</td>
<td>1. Counsel on risks associated with specific conditions (e.g., medications, fractures, and post surgery)</td>
<td>1. Evaluate and interpret risks associated with changes in vision, cognition, and sensory-motor functions due to acute or chronic conditions</td>
<td>1. Responsibility to ensure that they have the required background information from relevant healthcare professionals (if appropriate).</td>
</tr>
<tr>
<td>2. Pre-Test</td>
<td>2. Investigate driving risk associated with changes in vision, cognition, and sensory-motor function.</td>
<td>2. Facilitate remediation of deficits to advance client readiness for driver rehabilitation services.</td>
<td>2. Responsibilities to ensure insurance, NCT and licensing are indate.</td>
</tr>
<tr>
<td>3. Enhance driving performance for additional licence applications</td>
<td>3. Determine actions for the at-risk driver: Refer to other Services (e.g. Specialist, OT, ORDA). Discuss driving cessation; provide access to counselling and education for alternative transportation options.</td>
<td>3. Develop an individualised transportation plan considering client diagnosis and risks, family, caregiver, environmental, and community options and limitations: Discuss resources for vehicle adaptations (e.g., scooter lift). Facilitate client training on community transportation options (e.g., mobility managers and dementia-friendly transportation). Discuss driving cessation. For clients with poor self-awareness, collaborate with caregivers on cessation strategies. Refer to driver for on-road assessment for rehabilitation program.</td>
<td>3. To liaise with the driver and ensure that the driver is aware of the process involved in determining MFTD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Follow reporting/referral structure for licensing recommendations concluding with completion of D501 for driver to supply to NDLS.</td>
<td>4. Ensure they have the appropriate type of vehicle and driving adaptations to meet the needs of the client prior appointment.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>5. To complete a driving assessment, including out-of-car, around and in car off-road, and on public road, as indicated*.</td>
</tr>
<tr>
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<td></td>
<td>6. To assess a drivers capacity to drive based on fair and uniform standards.</td>
</tr>
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<td>7. To assess the driver in a manner that ensures road safety (of themselves and other road users).</td>
</tr>
<tr>
<td></td>
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<td>8. To make recommendations on equipment, further training/rehabilitation, as appropriate.</td>
</tr>
</tbody>
</table>
### Spectrum of Driver Services: Right Services for the Right People at the Right Time

A description consumers and health care providers can use to distinguish the type of services needed for patient

<table>
<thead>
<tr>
<th>Programme Type</th>
<th>Community-Based Education</th>
<th>Medically Based Assessment, Education, and Referral</th>
<th>Specialized Evaluation and Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical services provided - continued</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Driving School</td>
<td>Driver Screen</td>
<td>Clinical</td>
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<tr>
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<td></td>
<td>5. Recognise when the timing is optimal for formal driving assessment</td>
<td>4. Document driver safety risk and recommended intervention plan to guide further action.</td>
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<td></td>
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<td></td>
<td>5. Follow professional ethics on referrals to the driver licensing authority.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>6. Be knowledgeable on range of on-road assessment options available. When an on-road assessment is indicated, advise the most suitable service.</td>
</tr>
<tr>
<td></td>
<td>Enhances skills for healthy drivers.</td>
<td>Indicates risk or need for follow-up for medically at-risk drivers</td>
<td>Report with recommendations to be sent to referring OT/doctor or both may include (but not restricted to):</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Drive unrestricted;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Drive with restrictions</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>3. Cessation of driving pending rehabilitation or training;</td>
</tr>
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<td></td>
<td>4. Planned re-evaluation for progressive disorders;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Driving cessation;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6. Referral for further review.</td>
</tr>
</tbody>
</table>

On completion of all elements of the process the treating doctor completes D501 Medical Report for driver to send to NDLS. It is advisable that where the driver is not fit to drive the doctor would also complete the patient advisory form advising the patient driver of the outcome and their responsibilities and retaining a copy of this for the patient medical record.
### Spectrum of On-Road Assessment Services

*An overview available to consumers and health care providers to identify the type of services needed for patients.*

<table>
<thead>
<tr>
<th>Spectrum of On-Road Assessment Service</th>
<th>Specialist Assessment – Doctor</th>
<th>Occupational Therapist – On-Road Driving Assessment Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program type</strong></td>
<td><strong>BASIC</strong></td>
<td><strong>LOW TECH</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>HIGH TECH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Aim is to achieve this level of certification within Ireland (acknowledging those already qualified)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Levels of program and typical provider credentials</strong></td>
<td>ADI+/ OTE/ADI+ with 2+ years experience</td>
<td>ADI+/ OTE/ADI+ with 2+ years experience</td>
</tr>
<tr>
<td></td>
<td>Other+ - with 5+ years experience</td>
<td>Other+ - with 5+ years experience</td>
</tr>
<tr>
<td></td>
<td>With access and understanding of adoptions.</td>
<td>With access and understanding of adoptions.</td>
</tr>
<tr>
<td></td>
<td>Those eligible must demonstrate the development, coordination and implementation of a driver rehabilitation services for individuals with disabilities/health conditions needing an ORDA service.</td>
<td>Those eligible must demonstrate the development, coordination and implementation of a driver rehabilitation services for individuals with disabilities/health conditions needing an ORDA service.</td>
</tr>
<tr>
<td></td>
<td>Must be willing to participate in CPD as the ORDA accreditation develops for Ireland.</td>
<td>Must be willing to participate in CPD as the ORDA accreditation develops for Ireland.</td>
</tr>
<tr>
<td></td>
<td>On-road Driver Assessor, Certified Driver, Rehabilitation Specialist, Occupational Therapist with Specialty Certification in Driving and community Mobility + Certification in Certification in Driver Rehabilitation is recommended as the provider for comprehensive driving evaluation and training with advanced skills and expertise to complete complex client and vehicle evaluation and training.</td>
<td>On-road Driver Assessor, Certified Driver, Rehabilitation Specialist, Occupational Therapist with Specialty Certification in Certification in Driver Rehabilitation is recommended as the provider for comprehensive driving evaluation and training with advanced skills and expertise to complete complex client and vehicle evaluation and training.</td>
</tr>
</tbody>
</table>
## Spectrum of On-Road Assessment Services

A description consumers and health care providers can use to distinguish the type of services needed for patient

<table>
<thead>
<tr>
<th>Program type</th>
<th>Specialist Assessment – Doctor</th>
<th>Occupational Therapist – On-Road Driving Assessment Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program service</td>
<td>Offers comprehensive driving evaluation, training, and education. May include use of adaptive driving aids that do not affect operation of primary or secondary controls (e.g., seat cushions or additional mirrors). May include transportation planning (transition and options), cessation planning, and recommendations for clients as passengers.</td>
<td>Offers comprehensive driving evaluation and rehabilitative programmes, with or without adaptive driving aids that affect the operation of primary or secondary controls, vehicle ingress/egress, and mobility device storage/ securement. May include use of adaptive driving aids such as seat cushions or additional mirrors. At the low tech level, adaptive equipment for primary control is typically mechanical. Secondary controls may include wireless or remote access. May include transportation planning (transition and options), cessation planning, and recommendations for clients as passengers.</td>
</tr>
</tbody>
</table>
**Spectrum of On-Road Assessment Services**

A description consumers and health care providers can use to distinguish the type of services needed for patient

<table>
<thead>
<tr>
<th></th>
<th>Specialist Assessment – Doctor</th>
<th>Occupational Therapist – On-Road Driving Assessment Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program type</strong></td>
<td>BASIC</td>
<td>LOW TECH and Cognitive</td>
</tr>
<tr>
<td><strong>Access to driver’s position</strong></td>
<td>Requires independent transfer into OEM’ driver’s seat in vehicle</td>
<td>Addresses transfers, seating, and position into OEM’ driver’s seat. May make recommendations for assistive devices to access driver’s seat, improved positioning, wheelchair safety systems, and/or mechanical wheelchair loading devices.</td>
</tr>
</tbody>
</table>
# Spectrum of On-Road Assessment Services

A description consumers and health care providers can use to distinguish the type of services needed for patient

<table>
<thead>
<tr>
<th>Specialist Assessment – Doctor</th>
<th>Occupational Therapist – On-Road Driving Assessment Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program type</strong></td>
<td><strong>BASIC</strong></td>
</tr>
<tr>
<td><strong>Typical vehicle modification:</strong></td>
<td><strong>LOW TECH and Cognitive</strong></td>
</tr>
<tr>
<td>Primary controls: gas, brake, and steering</td>
<td><strong>HIGH TECH and Cognitive</strong></td>
</tr>
<tr>
<td>Uses Original Equipment Manufacturer™ (OME) controls.</td>
<td>Primary driving control examples:</td>
</tr>
<tr>
<td>1. Primary driving control examples:</td>
<td>2. Mechanical gas/brake hand control;</td>
</tr>
<tr>
<td>2. Mechanical gas/brake hand control;</td>
<td>3. Left foot accelerator pedal;</td>
</tr>
<tr>
<td>3. Left foot accelerator pedal;</td>
<td>4. Pedal extensions;</td>
</tr>
<tr>
<td>4. Pedal extensions;</td>
<td>5. Park brake lever or electronic park brake;</td>
</tr>
<tr>
<td>5. Park brake lever or electronic park brake;</td>
<td>6. Steering device (spinner knob, tripin, and C-cuff).</td>
</tr>
<tr>
<td><strong>Typical vehicle modification:</strong></td>
<td><strong>HIGH TECH and Cognitive</strong></td>
</tr>
<tr>
<td>Secondary controls</td>
<td><strong>Aim is to achieve this level of certification within Ireland (acknowledging those already Qualified)</strong></td>
</tr>
<tr>
<td>Uses OEM™ controls.</td>
<td>Primary driving control examples (in addition to low tech options):</td>
</tr>
<tr>
<td>1. Remote panels, touch pads, or switch arrays that</td>
<td>2. Interface with OEM™ electronics;</td>
</tr>
<tr>
<td>2. Interface with OEM™ electronics;</td>
<td>3. Wiring extension for OEM™ electronics;</td>
</tr>
</tbody>
</table>
Notes:

*Rehabilitation

Following specialist assessment driver rehabilitation may be recommended. Such rehabilitation may involve off-road driver rehabilitation and/or on-road driver rehabilitation.

When an occupational therapist assessment or on-road driver assessor make recommendations for driver rehabilitation they need to clearly state the purpose of the recommended rehabilitation. The report should outline the content and the recommended duration of the proposed rehabilitation.

When driver rehabilitation is recommended, this decision should be agreed by all the relevant stakeholders and the driver. It must also be stated upon completion of the recommended rehabilitation if further driving assessment is required. Transparency is vital to the successful delivery of this service to what would be considered a vulnerable client group there all decisions involving cost to the client should be supported by evidence and a composite decision making process.

** Car adaptation

When car adaptation(s) to assist driving are recommended usually a period of driving rehabilitation is necessary for familiarisation with the adaptation(s). The licensing authority (NDLS) will use a special code in the driver’s licence that makes the licence conditional to the use of these adaptations.

Where car adaptations are recommended, they must be fitted according to EU standards by a registered operator\(^1\).

The driver must notify their insurance company of any adaptations used for driving.

On completion of the on-road assessment the on-road assessor’s report (including recommended adaptations) should be communicated back to the relevant doctor to enable them to complete the D501 Medical Report Form.

Further information on car adaptations is available on citizen advice:


\(^1\) Road Safety Authority (29.4.12) Special Purpose M1 (Passenger Car) Type Approval Leaflet
Communication

All stakeholders involved in assessing MFTD must be clear on what their specific role is within the overall process. Consequently, the MFTD process may involve several stakeholders and it is thereby the responsibility of every stakeholder to be aware of and to understand the role and contribution of others within this process. This level of awareness is essential in order to facilitate:

I. Recognition of when it is appropriate and essential to make cross referral to other stakeholders.

II. Appropriate sharing of information.

III. On-going communication between the stakeholders involved which is vital within a comprehensive driving assessment process.

It is the medical doctor(s) who is designated with the authority to complete the D501 Medical Report Form. However, all stakeholders involved need to be communicating with each other at every stage of the process to ensure that when the doctor is completing the D501 Medical Report Form their recommendation is informed by a composite report of all the appropriate stakeholders.

Premises

Where ORDA provide their service from a business premise, this premise shall be fully accessible to people with disabilities in accordance with the Disability Act 2005 et al. For further information on the legal requirements for accessibility necessary for a building, contact the disability authority or review the Centre for Excellence in Universal Design website http://www.universaldesign.ie/2. In particular, ramps, toilet facilities and parking bays shall be in accordance with recommended dimensions and design. There shall be a covered area for vehicle access/egress, transfer assessment and for loading wheelchairs.

It is understood that some ORDA operate a mobile service beginning the off-road and all subsequent assessments at the driver’s own home. In such cases, the assessor would have to state this in their application for accreditation and would not be assessed as a result as operating their service from a business premises.

Staffing –

Service providers must be able to demonstrate that staff (to include hereafter owner operators) who participate in the provision of any of the services provided have the necessary knowledge, skills and experience relevant to the task they undertake.

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2 Further information about public access requirements and reasonable accommodation, available via the Equality Authority’s website: www.equality.ie; Further information on how to implement improvements and make premises accessible, available via www.nda.ie; Further information on prevention of Slips, Trips and Falls, accessible from the Health and Safety Authority: www.hsa.ie
The guidelines to be set should guarantee and standardise the quality and skills of instructors across the country. The quality of driving assessment in Ireland should positively affect road safety so it is vital that every accredited ORDA meets a minimum standard.

The proposed regulatory system would have three elements:

- A recognised qualification and experience.
- Tax clearance (tax clearance certificate must be produced as proof of tax compliance) for the operator of the business.
- Garda vetting (of all staff).
- Participation in a voluntary code including an audit of their service

Service providers must ensure that each new member of staff receives relevant training, prior to undertaking their duties. There must be evidence of continuing professional development and an on-going commitment to the training and development of all staff, who are required to update their professional skills and maintain an awareness of mobility trends, policy and developments.

All new staff of whatever background should aim to be qualified to the appropriate level as agreed by this framework in consultation with stakeholders

**Future ORDA Skills and Development Qualification**

- NPOTM with the RSA and RCPI education in 2015 will host a certificate in Traffic Medicine
  - Modules on this certificate should fit the ORDA skills and development programme

All those who want to gain competence as an ORDA, you should complete the Skills Development Programme

or

All those already established as an ORDA, you will be encouraged to take the Skills Development Programme as a continued Certificate of Professional Competence.

Ideally, there should be mechanisms in place to ensure that staff are able to learn from the experience of other service providers and share best practice. If possible this should involve “job shadowing” visits to other service providers on an annual basis. Staff should develop an awareness of services available on a national basis to enable staff to identify if a visit to another service provider would be beneficial to the client.

To facilitate any accreditation review written records of all training undertaken by staff must be kept in accordance with relevant data protection legislation ORDA must have the skills to provide comprehensive written reports in accordance with the requirements set by the national accreditation of ORDA report writing guidelines.
Assessment Equipment

All service providers must ensure that all items of equipment are safe and in good working order and have a copy of the Technical Assessor’s Report or an Engineer’s Report that all were fitted as per legal requirements. All service provider vehicles and equipment used by clients are to be in compliance with National Car Testing (NCT) certification and must be comprehensively insured. The insurance policy must cover the client (and all occupants) where they accompany the driver to undertake a full, practical evaluation of the adaptations available in the vehicle and to be assessed or tutored for driving in that vehicle or where appropriate in their own car. All vehicles used for driving assessments shall be fitted with dual control brakes, except where the client’s own vehicle is used.

Administration

ORDA service providers shall ensure that administration is undertaken efficiently and effectively. There must be evidence of regular safety checks. Assessment reports shall be retained for a minimum of seven years and or in compliance with current data protection legislation.

On an annual the ORDA service providers shall be asked to complete a questionnaire. This should include details of the information service, enquiries, number of assessments, different types of assessment, pass, fail and rehabilitation recommended by the service, the equipment available for demonstration and any other activities undertaken by the service provider.

Health and Safety

Each ORDA service provider shall have appropriate Health and Safety arrangements in place in compliance with the current legal requirements.

Moving and Handling

Each approved ORDA shall promote safe practice in relation to the moving and handling of loads and people and endorse practice, which supports current legislation.
Voluntary ORDA Service Code of conduct

We, _______________ (the governing body), of ________________ (name of organisation) commit to:

Principle 1: Leading our organisation/ ORD service. We do this by:

1. Agreeing our vision, purpose and values of the ORDA service.
2. Developing, resourcing, monitoring and evaluating a plan to make sure that our organisation achieves its stated purpose.
3. Managing, supporting and holding to account staff, volunteers and all who act on behalf of the service.

Principle 2: Exercising control over our organisation. We do this by:

1. Identifying and complying with all relevant legal and regulatory requirements;
2. Making sure that there are appropriate internal financial and management controls;
3. Identifying major risks for our service and deciding ways of managing the risks.

Principle 3. Being transparent and accountable. We do this by:

1. Identifying those who have a legitimate interest in the work of our service (stakeholders) and making sure that there is regular and effective communication with them about our organisation;
2. Responding to stakeholders' questions or views about the work of our organisation and how we run it;
3. Encouraging and enabling the engagement of those who benefit from our service in the planning and decision-making of the organisation (as appropriate).
Principle 4: Working effectively. We do this by:

1. Making sure that our governing body be they individual board members, committees, our owner operators, staff and volunteers understand their role, legal duties, and delegated responsibility for decision-making.
2. Making sure collective responsibility is understood as appropriate by board members.
3. Making sure as appropriate, that there is suitable board recruitment, development and retirement processes in place.

Principle 5: ORDA/Organisation behave with integrity. We do this by:

1. Being honest, fair and treating customer at all times with respect and consideration
2. When delivering any assessment, The ORDA will demonstrate “best practice” driving skills and operate in compliance with the Road Traffic Acts.
3. All ORDA in our service are professional people and should at all time present themselves in a clean and tidy manner.
4. Avoiding physical contact with a customer except in an emergency or in the normal course of greeting.
5. ORDA being trained at all times to behave in a professional manner towards customers.
6. Immediately assessing the needs of the driver from the information supplied on the referral form or other relevant documentation or information supplied, and advising the referrer if our service is not suitable to conduct assessment or rehabilitation for this driver. This is done to avoid unnecessary expenses for the driver.
7. Understanding, declaring and managing conflicts of interest and conflicts of loyalties;

We confirm that our organisation is committed to the standards outlined in these principles. We commit to reviewing our organisational practice against the recommended actions for each principle every year.

______________________________  ______________________________
Owner /Chairperson of Board [Date]  Secretary of the Board [Date]
Annex A – Equipment and Service Population Focus

ORDA should notify the client and the potential referral sources of the type of equipment available in their service and ensure as best they can, that their service is suitable to deal with any health condition or disability that needs to be assessed or managed for driving tuition or rehabilitation.

<table>
<thead>
<tr>
<th>Car transmission</th>
<th>Controls</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Transmission</td>
<td>Dual Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automatic Transmission</td>
<td>Dual Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheel chair Accessible</td>
<td>Dual Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of driver own car</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All vehicles used for driving assessments should be fitted with dual control brakes, except where the client’s own vehicle is used.*

<table>
<thead>
<tr>
<th>Adaptations (this list is not exhaustive).</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand controls fitted for use by right hand (single combined push/pull)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor mounted hand controls fitted for use by the left hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under-ring or alternatively an over-ring accelerator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steering aids (Ball/Mushroom/Peg/Tetra grip)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary controls infrared - attached to the steering wheel spinner, or ergonomically positioned to suit the driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined steering ball/remote controlled secondary control unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flip change left foot accelerator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy release handbrake lever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lightened power assisted steering or alternatively a 'City' button as fitted to Fiats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic reversing aid or sensor*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional mirrors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swivel seat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seat Riser</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Way power chair/scooter wheelchair hoist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoist for manual wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair top box</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer boards- straight/curved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional seating postural support for driver</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part B

Standardisation of On-Road/In-Car Assessment Recording
Operational Manual

The Handbook of Disabled Driver Assessment (described hereafter as the Handbook) gives further detailed analysis of assessing drivers with a medical condition. At the centre of any driving assessment lie the core driving skills mandated by the EU 2006 Directive, with due cognizance for the likely impact of illness and disability.

Gradations of Scores for Overall Assessment

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Inconsistent/ requires further evaluation</th>
<th>Poor/Unsatisfactory</th>
<th>V.Poor/Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Minor driving error not affecting driving safety.</td>
<td>Driving error which may or has affected the safety of road users.</td>
<td>Potentially dangerous or high risk of causing danger.</td>
<td>Dangerous driving behaviour resulting in immediate risk safety of road users.</td>
</tr>
</tbody>
</table>

- Awarded when the task was performed to a acceptable standard.
- Not quiet within the range of normal safe driving.
- Need for a verbal prompt(s) or where when it would have been required had the circumstance(s) under which the error(s) were made had been different.
- A serious driving fault.
- Advisor had to intervene physically, or where would have intervened had the circumstances under which the error was made been different.
- Verbal prompting was required consistently throughout the drive.

- Pass
- Rehabilitation/ Tuition needed
- Retest
- Rehabilitation/ Tuition needed
- Retest
- Serious driving fault
- Recommended not to drive
Components of the Route

All routes should include as wide a range of challenges as possible so that the advisor can see how well the driver copes with them. The details of each route, however, will necessarily depend on the local geography. Joining or leaving a dual carriageway, for example, is a desirable feature which is not listed even although it is included in most of the assessment routes around the country. This is because there are some rural locations where there is no dual carriageway within 10 miles of the assessment site. Also, drivers with some difficulties self regulate and simply want to be competent in driving locally often in a rural or suburban setting. The Road Safety Authority is taking steps to recommend legislation for review that will encompass some of these restrictive practices in extending the coding of restrictive licenses to include licence codes to restrict motorway or dual carriageway driving and a code that restricts driving to daylight hours.

All routes should include:

At least 2

- Roundabouts at which the driver’s ability to turn right, drive straight on or turn left may be assessed. The same roundabout may be used on more than one occasion, preferably approached from different directions.
- Junctions controlled by traffic lights.
- Crossroads with lanes marked clearly (straight on and turn right).
- Occasions when the driver must cross the path of oncoming traffic when safe to do so.
- Wide roads where lane changes and possibly overtaking may be assessed.
- Junctions where the driver joins a busy main road from a side road.
- Sections of the route when independent driving (with no verbal cues from the advisor about forthcoming challenges) must be demonstrated i.e. the driver must use his / her observational and related skills to reach a destination. One of these should be over a short distance, and the other, more difficult, should be longer.

At least 1

- No Entry or a mandatory Turn sign.
- Section where the driver may go faster, ideally on an unrestricted road.
- Section with a 30kmph speed limit (if available) Section with a 50kmph limit (if available).
- Mini roundabout.
- Pedestrian Crossing (Zebra and/or light controlled).
- Long Bend, where the person should be able to drive at a faster speed, and
- ‘Z’ Bend or other challenge (where steadiness of steering may be assessed).
Scoring Guidelines

All the parameters are scored on the agreed 4 point scales.

**Overall Car Control** has been added to section 1.

Although the parameters in Section 3 are scored at appropriate points along the route, (further on in this document are recommendations on ‘menus’ of parameters) some of the higher driving skills as listed in Section 2 and occasionally 1 may also be included on TRIP sheets as their inclusion is likely to assist with identifying and monitoring trends.

In the interest of keeping paperwork to a minimum for front seat advisors working alone in the car, each provider may have their own system/simplified TRIP map rather than the full TRIP sheet to complete during the actual assessment, this is encouraged for safety reasons. The TRIP sheet for the whole drive which includes road names and roundabouts etc. should be filled in as soon as practicable afterwards if there is not a second team member able to do so whilst on the move.

**Section 1 Control of Car**

This section mainly measures the person’s physical / proprioceptive capabilities in operating the controls of the vehicle but, since they are assessed with respect to his/her overall driving skills and response to other road users, they also depend on satisfactory higher cortical control.

If the need for adapted controls has been identified and agreed, the assessment should be undertaken using these controls. If the client insists on using standard controls, the assessment will confirm whether they can be operated safely. The assessor should terminate the test where the situation becomes unsafe or is likely to become unsafe.

**1. Control of Steering**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Good control of the steering</strong></td>
<td><strong>Steering usually satisfactory</strong></td>
<td><strong>Steering difficulties noted</strong></td>
<td><strong>Steering very poor/ Critical</strong></td>
<td></td>
</tr>
<tr>
<td>➢ Including steadiness when tasks such as changing gear are performed simultaneously.</td>
<td>➢ Minor faults) but always safe.</td>
<td>➢ Potentially unsafe. did not always improve with advice / verbal prompting by the advisor.</td>
<td>➢ Requiring physical help / urgent command or repeated prompting by the advisor.</td>
<td></td>
</tr>
</tbody>
</table>
2. Control of Accelerator

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good control of accelerator</td>
<td>Acceptable control of accelerator</td>
<td>Poor accelerator control</td>
<td>Very poor control of accelerator</td>
</tr>
<tr>
<td>➢ Smooth, complete and graduated action.</td>
<td>➢ Including minor intermittent difficulties which did not affect safety.</td>
<td>➢ Led to difficulties or might have caused potentially dangerous situations.</td>
<td>➢ Requiring physical help / urgent command or repeated prompting by the advisor.</td>
</tr>
</tbody>
</table>

3. Control of Brake (Service Brake)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good control of brake</td>
<td>Acceptable control of brake</td>
<td>Poor control of brake</td>
<td>Very poor use of brake</td>
</tr>
<tr>
<td>➢ Halting safely, speedily and effectively using a graduated action.</td>
<td>➢ Including minor intermittent difficulties which did not affect safety.</td>
<td>➢ Including minor intermittent difficulties or might have caused potentially dangerous situations.</td>
<td>➢ Requiring physical help / urgent command or repeated prompting by the advisor.</td>
</tr>
</tbody>
</table>

4. Control of Clutch

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good control /use of Clutch</td>
<td>Acceptable control/ use of Clutch</td>
<td>Poor control/use of Clutch</td>
<td>Very poor use of Clutch</td>
</tr>
<tr>
<td>➢ Including minor intermittent difficulties which did not affect safety.</td>
<td>➢ Including minor intermittent difficulties or might have caused potentially dangerous situations.</td>
<td>➢ Requiring physical help / urgent command or repeated prompting by the advisor.</td>
<td></td>
</tr>
</tbody>
</table>
5. Operation of Gear Selector (Manual / Automatic)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good physical ability control / use of gear</td>
<td>Acceptable control / use of gear</td>
<td>Poor control / use of gear</td>
<td>Very poor control / use of gear</td>
</tr>
<tr>
<td>✓</td>
<td>Ability to change gear and select the intended gear position.</td>
<td>Including minor intermittent difficulties which did not affect safety.</td>
<td>Including minor intermittent difficulties or might have caused potentially dangerous situations.</td>
<td>Requiring physical help / urgent command or repeated prompting by the advisor.</td>
</tr>
</tbody>
</table>

6. Operation of Parking Brake

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good physical ability to apply</td>
<td>Acceptable control / use of parking brake</td>
<td>Poor control / use of parking brake</td>
<td>Very poor control / of parking brake</td>
</tr>
<tr>
<td>✓</td>
<td>Ability to hold the car stationary on an incline and the ability to release it to move away.</td>
<td>Vehicle does not roll back uncontrolled.</td>
<td>Vehicle rolls back uncontrolled and might have caused a potentially dangerous situation. Also, difficulty releasing the brake causing unacceptable delay to others.</td>
<td>Requiring physical intervention or verbal prompting by advisor to stop vehicle rolling backwards.</td>
</tr>
</tbody>
</table>

7. Operation of Secondary Controls

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good physical ability to operate indicators wipers / washers, horn, headlights</td>
<td>Acceptable, occasional difficulty</td>
<td>Poor control</td>
<td>Very poor control</td>
</tr>
<tr>
<td>✓</td>
<td>Ability to hold the car stationary on an incline and the ability to release it to move away.</td>
<td>Self corrected.</td>
<td>E.g. switching main beam on when indicating requiring verbal prompts.</td>
<td>Requiring physical intervention or verbal prompting by advisor to stop vehicle rolling backwards.</td>
</tr>
</tbody>
</table>
8. Coordinated use of accelerator, clutch and parking brake

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good blending/coordination of all three controls</td>
</tr>
<tr>
<td>2</td>
<td>Acceptable, occasional over-revving slight roll back, self corrected independently.</td>
</tr>
<tr>
<td>3</td>
<td>Poor continual or extreme</td>
</tr>
<tr>
<td>4</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Ability to hold the car stationary on an incline and the ability to release it to move away.

- Ability to hold the car stationary on an incline and the ability to release it to move away.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good</td>
</tr>
<tr>
<td>2</td>
<td>Acceptable,</td>
</tr>
<tr>
<td>3</td>
<td>Poor control</td>
</tr>
<tr>
<td>4</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Well timed and well chosen gear changes.

- Attempting to select reverse instead of 4th at 30 mph requiring physical intervention.

- Continual failure to change down in preparation for moving off, requiring constant verbal prompting to prevent stalling in potentially dangerous situations.

9. Use of the Gears
10. **Use of Indicators**

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<tr>
<th>1</th>
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<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable Control</td>
<td>Poor control</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢ Well timed use of indicators when stopping, changing direction or lane and when overtaking.</td>
<td>➢ Use of indicators (including minor omissions which did not affect safety).</td>
<td>➢ Use of indicators which might have caused potentially dangerous situations.</td>
<td>➢ Use of indicators requiring intervention by the advisor.</td>
</tr>
</tbody>
</table>

11. **Use of Mirrors and Blind Spot Checks**

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good demonstration</td>
<td>Acceptable use of mirrors</td>
<td>Poor use of mirrors</td>
<td>Very poor use of mirrors</td>
</tr>
<tr>
<td>➢ Well timed and well chosen gear changes.</td>
<td>➢ Occasional incorrect selection or failure to anticipate, self corrected.</td>
<td>➢ Led to difficulties or might have caused potentially dangerous situations</td>
<td>➢ Very poor use of mirrors requiring physical help / urgent command or repeated prompting by the advisor.</td>
</tr>
</tbody>
</table>

12. **Overall Control of Car**

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Good integration</td>
<td>Acceptable overall control</td>
<td>Poor overall control</td>
<td>Very poor overall control</td>
</tr>
<tr>
<td>➢ Integration of the various components.</td>
<td>➢ Including minor intermittent difficulties which did not affect safety).</td>
<td>➢ Which led to difficulties or might have caused potentially dangerous situations.</td>
<td>➢ Requiring physical help / urgent command or repeated prompting by the advisor.</td>
</tr>
</tbody>
</table>
**Section 2 Higher Driving Skills**

The following parameters should be scored at the end of the drive but may also be scored appropriately at specific challenges on the route. If this is done, the record should be on the TRIP sheet but the score should be incorporated into the final overall assessment in Section 2 with a note that it includes that specific evidence.

**1. Acting on Instructions**

This records the ease or difficulty the driver demonstrated with learning, and acting upon, instructions which have to be followed over a period of time.

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</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Acceptable</td>
<td>Poor control</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢</td>
<td>Within the range of normality.</td>
<td>Usually acted on instructions but occasionally had difficulty.</td>
<td>Often failed to act properly on instructions; required prompts by advisor.</td>
<td>Generally failed to act on instructions; required physical help. Urgent command or repeated prompting by the advisor.</td>
</tr>
</tbody>
</table>

**2. New Skill Acquisition**

This describes the person’s ability to acquire new skills, including driving an unfamiliar car, changing from manual to automatic transmission (and vice versa) or learning to use adapted controls.

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</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Acceptable</td>
<td>Poor control</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢</td>
<td>Within the range of normality.</td>
<td>Had some initial or minor difficulty which improved with practice.</td>
<td>Had considerable difficulty; required prompting by the advisor.</td>
<td>Attention definitely wanders; required physical help Urgent command or repeated prompting by the advisor; would be unsafe on own.</td>
</tr>
</tbody>
</table>
3. Attention

This assesses the person’s ability to keep their mind on the task in hand. It has many components, described in the Handbook pp 102 – 106. One component (divided attention) is scored at selected sites on the route (Section 3) but it should also contribute to the global assessment of attention in this Section.

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</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor control</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Showed no evidence of impaired attention throughout the drive.
- Possible lapse(s) of attention noted which did not affect safety.
- Probable lapses noted which required prompts by advisor; potentially unsafe.
- Attention definitely wanders; required physical help
- Urgent command or repeated prompting by the advisor; would be unsafe on own.

4. Anticipation

This describes how well the driver recognises and takes account of the actions of other drivers or road situations close at hand i.e. it is part of defensive driving.

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</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor control</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Usually satisfactory but had minor lapse(s) which did not affect safety.
- Lapses noted which required prompts by advisor; potentially unsafe.
- Definite / sustained problem; required physical help
- Urgent command or repeated prompting by the advisor; would be unsafe on own.
5. Forward Planning

This describes how (s)he deals with potential problems which are at a distance i.e. does the person show evidence of responding proactively to these challenges? It includes hazard perception but also takes account of how (s)he makes decisions with regard to route planning.

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</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor control</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- **Foresighted.**
  - Minor problems e.g. slightly delayed responses noted but these were self corrected and posed no safety risk.
  - Responses delayed; required prompts by advisor; potentially unsafe.
  - Definite / sustained problem; required physical help
  - Urgent command or repeated prompting by the advisor; would be unsafe on own.

6. Decision Making

This describes the extent to which the driver responded correctly and in a timely fashion to hazards / challenges.

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</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- **Decisive and correct decisions throughout the drive.**
  - Cautious; minor problems but these did not affect safety.
  - Delayed or unpredictable decision making; required prompts by advisor; potentially unsafe.
  - Very poor/indecisive or incorrect decision making; required physical help.
Risk Taking Behaviour Parameters

The following three parameters (dealing with other road users, risk taking behaviour and speed) attempt to measure the person’s ‘driving style’. They are therefore important indices of the driver’s behaviour i.e. what the person does in real traffic.

7. Dealing with Other Road Users

This evaluates how the person dealt with other drivers and vulnerable road users such as cyclists and pedestrians, including the extent to which he/she strikes an appropriate balance between his / her rights and those of others. It also includes an overview of the speed and accuracy of his/her reactions throughout the drive (a formal emergency stop test, performed at a specific point on the route, is included in Section 3).

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<th>1</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Good</strong></td>
<td><strong>Acceptable</strong></td>
<td><strong>Poor</strong></td>
<td><strong>Very poor</strong></td>
</tr>
<tr>
<td>➢ Appropriately courteous and considerate; responded well to traffic situations.</td>
<td>➢ Occasional lack of consideration towards, or responses to, road users sometimes caused problems but these did not compromise safety.</td>
<td>➢ Showed lack of consideration for, or poor responses to, other road users which required comment from or prompting by the advisor, or compensatory behaviour by the other parties; potentially unsafe.</td>
<td>➢ Inconsiderate / obstructive / oblivious to / unconcerned by the rights of other road users; action, urgent comment or repeated prompting by the advisor was required; would be unsafe on own.</td>
</tr>
</tbody>
</table>

Risk Taking Behaviour

This subscale describes how he/she reacts when faced with a potentially dangerous situation. This ranges from a defensive, cautious response to an aggressive, risky one.

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<th>1</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Good</strong></td>
<td><strong>Acceptable</strong></td>
<td><strong>Poor</strong></td>
<td><strong>Very poor</strong></td>
</tr>
<tr>
<td>➢ Defensive driving style throughout.</td>
<td>➢ Generally sensible; made some minor errors of judgement but aware of mistake(s) / did not compromise road safety.</td>
<td>➢ Takes risks which required comment from or prompting by the advisor, or compensatory behaviour by the other parties; potentially unsafe.</td>
<td>➢ Aggressive / inconsiderate style of driving which required action, urgent comment or repeated prompting by the advisor; would be unsafe on own.</td>
</tr>
</tbody>
</table>
9. Speed
This describes the driver’s observance of speed limits throughout the assessment and their adaptation to the speed of the traffic etc.

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</thead>
<tbody>
<tr>
<td></td>
<td>Normal</td>
<td>Slow</td>
<td>Too slow</td>
<td>Too fast</td>
</tr>
<tr>
<td>➢</td>
<td>Appropriate speed throughout drive.</td>
<td>Generally drove this way although did respond temporarily to prompting by advisor; potentially unsafe.</td>
<td>Drove like this consistently (to the detriment of other drivers); did not respond to instructions of advisor; would be unsafe on own.</td>
<td>Drove like this consistently (to the detriment of other drivers); did not respond to actions, commands or repeated prompting by advisor; would be unsafe on own.</td>
</tr>
</tbody>
</table>

10. Unexpected Events
This evaluates the driver’s response to an event which is unpredictable and can happen without warning. There may therefore be no opportunity to assess this parameter in many cases. The details of any such event should normally be described post assessment.

<table>
<thead>
<tr>
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<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢</td>
<td>Deals safely and competently with problem independently.</td>
<td>Managed to deal with the event but might have responded better.</td>
<td>Slow or only partially correct response which was potentially unsafe.</td>
<td>Required action or urgent command by advisor; would have been unsafe on own.</td>
</tr>
</tbody>
</table>
Section 3 – Parameters to be Recorded on TRIP Sheets

1. Emergency Stop Exercise

This should be performed at an appropriate, quiet point of the route.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
<td></td>
</tr>
<tr>
<td>➢ Responded promptly and retained full control of car</td>
<td>➢ Rather slow, but maintained control of car</td>
<td>➢ Definitely slow and / or did not maintain control of vehicle</td>
<td>➢ Was dangerously slow and or</td>
<td></td>
</tr>
<tr>
<td>➢ Required action, urgent comment or repeated prompting by the advisor; would be unsafe on own.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Response to Traffic Lights

This describes the way that the person drives when approaching / passing through traffic lights. It includes some tactical aspects of driving e.g. speed of approach and some operational ones. A number of different skills are included in this heading – seeing, responding cognitively, physical control of the vehicle, driving style etc – but these are grouped together in this subscale, so that the advisor can give a professional opinion on the overall performance of this task, and note his / her observations on the cause of any difficulty in the margin.

<table>
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<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
<td></td>
</tr>
<tr>
<td>➢ Timely and correct response</td>
<td>➢ Actions were slightly delayed / uncertain but responses were still safe.</td>
<td>➢ Slow / incorrect response requiring prompting by advisor; potentially unsafe</td>
<td>➢ Required action, urgent comment or repeated prompting by the advisor; would be unsafe on own.</td>
<td></td>
</tr>
</tbody>
</table>
3. Response to Road Signs and Markings

The same considerations apply to this task. Failure to react to a road sign or road markings (including traffic calming measures) may have many causes but this subscale simply records what the person did, or did not, do when confronted with these challenges.

<table>
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<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢</td>
<td>Timely and correct response.</td>
<td>Actions were slightly delayed / uncertain but responses were still safe.</td>
<td>Slow / incorrect response requiring prompting by advisor; potentially unsafe.</td>
<td>Required action, urgent comment or repeated prompting by the advisor; would be unsafe on own.</td>
</tr>
</tbody>
</table>

Driver’s Actions at Junctions and at Roundabouts

In contrast to the above 2 subscales, the driver’s actions at junctions and at roundabouts can be broken down into assessable tasks, the first of which is road position approaching and while traversing a roundabout or junction.

At these locations, a number of other parameters would also be assessed including observational skills, lane discipline, interaction with other drivers etc which would be assessed under the appropriate headings.

4. Road Position (Roundabouts)

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<tr>
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<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢</td>
<td>Appropriate / correct road positioning throughout.</td>
<td>Minor fault with road positioning, but safe.</td>
<td>Required comment from or prompting by the advisor, or compensatory behaviour by other drivers; potentially unsafe.</td>
<td>Required comment from or prompting by the advisor, or compensatory behaviour by other drivers; potentially unsafe.</td>
</tr>
</tbody>
</table>
5. Road Position (Junctions)

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Appropriate / correct road positioning throughout junction.
- Minor fault with road positioning, but safe.
- Required comment from or prompting by the advisor, or compensatory behaviour by other drivers; potentially unsafe.
- Required physical intervention / urgent command by the advisor or other drivers had to take evasive action; would be unsafe on own.

6. Distance (Forward)

This measures whether the driver kept a safe distance between the assessment vehicle and the one in front. A ‘safe’ distance varies with speed and weather conditions.

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<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Kept a safe distance at all times.
- Minor fault with road positioning, but safe.
- Generally kept a safe distance but sometimes went too close to car in front for vehicle’s speed / weather conditions.
- Required physical intervention, urgent comment or repeated prompting by the advisor; would be unsafe on own.

7. Distance (General road position & safe clearance)

The advisor’s judgement should take account of speed and driving situation.

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<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Kept a safe distance at all times.
- Sometimes drove off-line but corrected this fault on his / her own and was generally safe.
- Frequently drove closer to vehicles at the side than speed / weather conditions dictated. Required prompting by advisor; potentially unsafe.
- Required physical intervention, urgent comment or repeated prompting by the advisor; would be unsafe on own.
8. Merge with traffic

This usually involves judging and merging into traffic on the right e.g. when the car takes off from a parked position, joins a stream of traffic on a roundabout or a dual carriageway but may also be assessed when the driver turns left or right from a side road to a busy main road. A number of factors contribute to this overall judgement including road position, looking before acting, use of indicators, observation of the rules of the road, adaptation to the speed of the traffic etc. This subscale records what the person did, or did not, do when confronted with these challenges; individual components should be judged and recorded separately using the appropriate subscales.

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<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Acted appropriately, including speed and spacing.
- Did not merge so seamlessly but was safe.
- Other drivers had to compensate for the person’s error / required.
- Other drivers had to take evasive action
- Required physical intervention, urgent command by the advisor; would be unsafe on own.

9. Lane Discipline

This includes a number of components – selecting and maintaining the correct lane to be in, moving from one lane to another in order to execute a specific task only when safe to do so etc. It is also one way in which unsteadiness of steering may be witnessed, and give an indication of how well the driver takes account of other road users.

<table>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
</tbody>
</table>

- Selects and maintains correct lane.
- Minor driving fault noted while being distracted, but still safe
- Required physical intervention / urgent command by the advisor;
- Required physical intervention
- Urgent command by the advisor; would be unsafe on own.
10. Observation

This is the summation of a number of interlinked processes – seeing with the eyes, perception by the brain and a motor response by the limbs after the totality of information from all sources has been processed. It is assessed by noting and recording the driver’s actions e. g. as he / she approaches and goes round a roundabout or joins another stream of traffic or deals with crossing the path of oncoming vehicles.

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</thead>
<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢ Demonstrates awareness of, and responds quickly and appropriately to, external factors.</td>
<td>➢ Was slower in demonstrating awareness of or responded rather late to, external factors but still safe.</td>
<td>➢ May have looked but did not respond correctly / quickly enough to external factors; required prompting by advisor; potentially unsafe.</td>
<td>➢ Inadequate / late response to external factors; required physical intervention / urgent command by the advisor; would be unsafe on own.</td>
</tr>
</tbody>
</table>

11. Divided Attention Exercise

This is the ability to note and respond appropriately to multiple stimuli simultaneously. The example given in the Handbook is monitoring the actions of a number of drivers in the vicinity (pp103 and 105). In order to standardise the assessment, this definition has been stretched to ‘can deal with extraneous stimuli while maintaining satisfactory driving’. It is recommended that advisors should see what happens to the person’s driving at selected points on the route when he / she is being distracted by conversation.

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<tr>
<th>1</th>
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<tbody>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢ Drove well while being distracted.</td>
<td>➢ Minor driving fault noted while being distracted, but still safe.</td>
<td>➢ Definite deterioration in driving while being distracted; required prompting by advisor; potentially unsafe.</td>
<td>➢ Unable to drive or had great difficulty in driving while being distracted; required physical intervention / urgent command by the advisor; would be unsafe on own.</td>
</tr>
</tbody>
</table>
12. Manoeuvring exercise

Drivers should be asked to carry out at least one manoeuvre which includes reversing during the assessment. The manoeuvre could be either a straightforward parking exercise (parallel or bay), a turnaround in the road (or at the end of a cul-de-sac) or a reverse around a corner. The intention is to assess the driver performing an ‘every day’ manoeuvre to a safe standard allowing the driver a degree of flexibility with regard to how he or she completes it.

<p>| | | | |</p>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Good</td>
<td>Acceptable</td>
<td>Poor</td>
<td>Very poor</td>
</tr>
<tr>
<td>➢ Completion of manoeuvre without difficulty or guidance.</td>
<td>➢ Minor fault but self corrected and safe.</td>
<td>➢ Appreciable difficulty in carrying out manoeuvre; required prompting by advisor; potentially unsafe.</td>
<td>➢ Very poor – unable to complete manoeuvre; required physical intervention /urgent command by the advisor; would be unsafe on own.</td>
</tr>
</tbody>
</table>

Parameter Scoring

Below are ‘suggestions’ of what parameters may be scored at each hazard/feature of the route, to be totalled up and entered into Section 3 of the Summary Sheet following the drive.

Other elements of the driving performance from Section 1 such as Speed, the Use of Mirrors, Indicators and Gears are being continually assessed with an overall grading at the end, however the advisor is likely to find it helpful to make abbreviated notes on the TRIP Sheet or Map at relevant points during the drive as an aid memoir if problems are observed.

Observational skills are assessed throughout the drive; however the way driver observes and acts at junctions is particularly critical and often easier to make a judgement of, hence the inclusion as a marked Parameter at junctions and roundabouts.

As previously mentioned, Parameters in Section 2 may also be scored appropriately at specific challenges on the route, as and when situations occur as their inclusion is likely to help identify trends and problem areas.
Junctions

- Response to signs & markings
- Response to Traffic Lights
- Road position
- Observation
- Merging

Below is an example of how a particular junction may be scored-

**Turn right – Cork Street St. into James Ave.**

<table>
<thead>
<tr>
<th>Road position</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**General driving** (For example in a High Street situation)

- Observation
- Distance (forward)
- Distance (general road position & safe clearance)

**Roundabouts**

- Response to signs & markings
- Road position roundabouts
- Observation
- Merging

NB ‘Lane discipline’ is included in ‘Road Position Roundabouts’

Below is an example of how a roundabout may be scored-

**Roundabout 3 - L turn**

<table>
<thead>
<tr>
<th>Response to Road Signs</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road Positioning Roundabouts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Observation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Pedestrian Crossings**

- Response to traffic lights
- Observation
Multi lane roads & dual carriageways

Merge at slip road
- Merge to change lane
- Lane discipline

Independent Driving
- Response to signs and markings

Summary - Standardisation of In-Car Assessment Recording

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Score (1-4)</th>
<th>Not Assessed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control of steering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control of accelerator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control of brake (service brake)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control of clutch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation of parking brake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation of secondary brake controls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation of gear selector (man/auto)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinated use of clutch, accelerator &amp; parking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of gears</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Mirrors/Blind spot checks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall car control</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 2. Higher Driving Skills

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Score (1-4)</th>
<th>Not Assessed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting on</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Skill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with Other road</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speed (Score 1-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexpected</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 3. Parameters recorded on TRIP sheets in car

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Scored Events</th>
<th>Overall Score*</th>
<th>Not assessed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Stop Exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to Traffic Lights</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to Road Signs/Markings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Road Position (Roundabouts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Road Position (Junctions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance (Forward)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance (General road position &amp; safe clearance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merge with traffic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lane discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divided Attention Exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manoeuvring Exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Give the score between 1 and 4 which best reflects your professional judgment of this factor.
Appendix
## Criteria for Professionals driving Instruction, Examination, Assessment and Rehabilitation – EU -Ireland – US/Canada – UK – Australia

### Examiners – Europe/ Ireland

| Description of workers | Driving examiners are based at RSA-approved training centres across the country and are responsible for testing and approving trainee instructors (candidate-ADIs).

Being an examiner is all about the detail: knowing what to look for during the test(s), observing the candidate’s behaviour on the road, marking him or her against a set range of criteria and, finally, using the scorecard to decide whether the candidate has passed or failed the test.

Assessment guides are given under the ADI qualification above. |
|---|

| Register | Not required – staff of RSA |

| Criteria to apply for registration |

### Competences required by a driving examiner

A person authorised to conduct practical assessments in a motor vehicle of the driving performance of a candidate must have knowledge, skills and understanding related to the topics listed in points below:

- The competences of an examiner must be relevant to assessing the performance of a candidate seeking the category of driving licence entitlement for which the driving test is being undertaken.

#### Knowledge and understanding of driving and assessment:

- theory of driving behaviour,
- hazard perception and accident avoidance,
- the syllabus underpinning driving test standards,
- the requirements of the driving test,
- relevant road and traffic legislation, including relevant EU and national legislation and interpretative guidelines,
- assessment theory and techniques,
- defensive driving.

#### Assessment skills:

- ability to observe accurately, monitor, and evaluate overall candidate performance, in particular:
- correct and comprehensive recognition of dangerous situations,
- accurate determination of cause and likely effect of such situations,
- achievement of competence and recognition of errors,
- uniformity and consistency in assessment,
- assimilate information quickly and extract key points,
- look ahead, identify potential problems, and develop strategies to deal with them,
- provide timely and constructive feedback.

#### Personal driving skills:

- A person authorised to conduct a practical test for a category of driving licence must be able to drive to a consistently high standard that type of motor vehicle.

#### Quality of service:

- establish and communicate what the candidate can expect during the test,
- communicate clearly, choosing content, style and language to suit the audience and context and deal with enquiries from candidates,
- provide clear feedback about the test result,
- treat candidates with respect and indiscriminately.
Knowledge about vehicle technique and physics:
— knowledge about vehicle technique such as steering, tyres, brakes, lights, specially for motorcycles and heavy vehicles,
— loading safety,
— knowledge about vehicle physics such as speed, friction, dynamics, energy.
-- Driving in a fuel efficient and environmentally friendly way.

General conditions
A category B driving examiner:
a) must have held a category B licence for at least 3 years;
b) must be at least 23 years old;
c) must have successfully completed the initial qualification provided for in point 3 of this Annex and subsequently followed the quality assurance and the periodic training arrangements
d) must have terminated a vocational education that leads at least to a completion of level 3 as defined by Council Decision 85/368/EEC of 16 July 1985 on the comparability of vocational training qualifications between the Member States of the European Community (1);
e) may not be active as a commercial driving instructor in a driving school simultaneously.

A driving examiner for the other categories:
a) must hold a driving licence in the category concerned or possess equivalent knowledge through adequate professional qualification;
b) must have successfully completed the initial qualification followed the quality assurance and the periodic training arrangements as provided for in
c) must have been a qualified category B driving examiner for at least 3 years; this period may be waived provided that the examiner in question can provide evidence of:
   - at least 5 years of driving in the category concerned, or,
   - a theoretical and practical assessment of driving ability of a standard higher than that needed to obtain a

d) driving licence thus making that requirement unnecessary,
e) must have completed a vocational education that leads at least to a termination of the level 3 as defined by Decision 85/368/EEC;
f) may not be active as a commercial driving instructor in a driving school simultaneously.

Equivalences
Member States may authorise an examiner to conduct driving tests for categories upon passing the initial qualification

<table>
<thead>
<tr>
<th>Qualifications to register</th>
<th>Initial qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial training</strong></td>
<td></td>
</tr>
<tr>
<td>Before a person may be authorised to conduct driving tests, that person must satisfactorily complete such training programme as a Member State may specify in order to have the competences required. Member States must determine whether the content of any particular training programme will relate to authorisation to conduct driving tests for one driving licence category, or more than one.</td>
<td></td>
</tr>
<tr>
<td><strong>Examinations</strong></td>
<td></td>
</tr>
<tr>
<td>- Before a person may be authorised to conduct driving tests, that person must demonstrate a satisfactory standard of knowledge, understanding, skills and aptitude as outlined.</td>
<td></td>
</tr>
<tr>
<td>- The examination process must include both a theoretical element and a practical element. Computer-based assessment may be used where</td>
<td></td>
</tr>
</tbody>
</table>
appropriate.
- The details concerning the nature and duration of any tests and assessments within the examination shall be at the discretion of the individual Member States.
- Member States must determine whether the content of any particular examination will relate to authorisation to conduct driving tests for one driving licence category, or more than one.

| Cost | N/A – Training provided by employer |
| Law | EU Directive 2006 |
| Details on the online register | N/A |
| FETAC awards in the driving area | N/A |

**Quality assurance and periodic training**

**Quality assurance**
- Member States shall have in place quality assurance arrangements to provide for the maintenance of standards of driving examiners.
- Quality assurance arrangements should involve the supervision of examiners at work, their further training and reaccreditation, their continuing professional development, and by periodic review of the outcomes of the driving tests that they have conducted.
- Member States must provide that each examiner is subject to yearly supervision making use of quality assurance arrangements Member States must provide that each examiner is observed conducting tests once every 5 years, for a minimum period cumulatively of at least half a day, allowing the observation of several tests. When issues are identified corrective action should be put in place. The person undertaking the supervision must be a person authorised by the Member State for that purpose.
- Member States may provide that where an examiner is authorised to conduct driving tests in more than one category, satisfying the supervision requirement in relation to tests for one category satisfies the requirement for more than one category.
- The work of driving examination must be monitored and supervised by a body authorised by the Member State, to ensure correct and consistent application of assessment.

**Periodic training**
Member States shall provide that, in order to remain authorised, driving examiners, irrespective of the number of categories for which they are accredited, undertake:
- a minimum regular periodic training of four days in total per period of two years in order to:
  — maintain and refresh the necessary knowledge and examining skills,
  — to develop new competences that have become essential for the exercise of their profession,
  — ensure that an examiner continues to conduct tests to a fair and uniform standard,
- a minimum periodic training of at least five days in total per period of five years,
- in order to develop and maintain the necessary practical driving skills.
- Member States shall take the appropriate measures for ensuring that specific training is given promptly to those examiners that have found to be seriously malfunctioning by the quality assurance system in place.
- The nature of periodic training may take the form of briefing, classroom training, conventional or electronic-based learning, and it may be undertaken on an individual or group basis. It may include such re-accreditation of standards.
- as Member States consider appropriate.
- Member States may provide that where an examiner is authorised to conduct driving tests in more than one category, satisfying the periodic training requirement in relation to tests for one category satisfies the requirement for more than one category.
- Where an examiner has not conducted tests for a category within a 24-month period, the examiner shall undertake a suitable reassessment before being allowed to carry out driving tests relating to that category.

**Acquired rights**
- Member States may allow persons authorised to conduct driving tests immediately before these provisions come into force to continue to conduct driving tests (Grandfathering allowed)
- Such examiners are nonetheless subject to the regular supervision and quality assurance arrangements set out in point 4.

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**Customer Charter**

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**Approved Driving Instructor (ADI) Ireland**

<table>
<thead>
<tr>
<th>Description of work</th>
<th>Work as a driving instructor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Register</td>
<td>Yes - and hold a permit from the RSA</td>
</tr>
</tbody>
</table>

**Criteria to apply for registration**

- Be tax compliant and in possession of a tax clearance certificate
- Hold a full driving licence for the category in which you wish to give instruction for two years.
- Must hold a manual transmission licence to instruct car that are not automatic.
- All instructors looking for ADI status must also go through the Garda vetting process. This provides an extra layer of protection for young learner-drivers

Driving instruction brings the ADI and the learner driver into one to one contact. In such circumstances it is essential that ADI’s behaviour in all respects must be beyond reproach. There is an onus on the Registrar to ensure that reasonable steps are taken to protect ADI’s and their clients.

**Qualifications to register**

A. Undergo the three-stage RSA qualification process - FETAC level 6 or
B. Show that your existing qualifications/experience meet the ADI standard – (case by case may be exempt basis-from all or part of RSA qualifications)

**Three-stage RSA qualification process**

1. Driver theory test
2. Practical driving test
3. Instructional ability test

1) Theory Test (specific to different categories of licence)
This stage of the examination must be passed before the applicant proceeds to stage two of the examination process. An applicant who fails must reapply and pay the appropriate fee for this stage. It consists of multiple-choice questions on topics such as the Rules of the Road, driving test procedures, documentation and good driving behaviour. It will comprise 100 questions in multiple-choice format with four or more alternative answers. Pass mark is 85% overall and 80% in each of four bands of questions answered correctly. The test will include an examination of an applicant’s hazard perception and awareness; this part of the test may be carried out within the multiple choice questions or by a separate stage of the theory exam using an IT based touch...
2) Practical Driving Test
This is a test of the applicant's ability to drive competently to a high standard, lasting approximately one hour and covering up to twenty kilometres. An applicant who fails must reapply and pay the appropriate fee for this stage.

- Driving techniques and handling the vehicle and use of the primary and secondary controls,
- Use of correct road procedure,
- Hazard awareness, anticipation of the actions of other road users and the taking of appropriate action as required,
- Care for passengers and for vehicle loading, Consideration for vulnerable road users,
- Motorway / Dual Carriageway driving whilst demonstrating / maintaining all aspects of the rules of the road with regard to speed, regulation, position, observation, etc.,
- Driving outside urban areas, Use of dual control vehicles,
- Sound judgement of stopping and braking distances, speed and timing and consideration for the convenience of all other road users,
- Making good progress
- Use of secondary controls ie. demisters, air conditioning, indicators, windscreen wipers etc., and
- Other matters considered appropriate from time to time by the RSA.
- Carrying out technical checks as required.

3) Test of Instruction Ability
Having passed stages one and two, the applicant must, within a six month period of passing stage two, take the stage three examination.

Instructional Ability Test
- Candidate will be expected to deliver instruction, appropriate to the learner driver's experience, covering some or all of the following matters-
- Explanation of the cockpit drill and starting the vehicle, Explanation of the controls of the vehicle,
- Anticipating the actions of others, and taking appropriate preventative/ corrective action, where necessary,
- Moving off and stopping/road position,
- Turnabout in the road by using the forward and reverse gears, Reverse to the right and to the left,
- Dealing with pedestrian crossings, Approaching junctions to turn left or right,
- Dealing with and emerging at road junctions and roundabouts, Dealing with crossroads,
- Reverse parking,
- Use of the mirrors and giving signals, mechanical or otherwise, Meeting / overtaking and clearance to all other road users,
- Judgement of speed, stopping distances and anticipating the actions of other road users,
- The emergency stop, Driving on country roads,
- Use of “running commentary” as appropriate, and
- Other matters considered appropriate from time to time by the RSA.

Instructional Techniques
The ADI candidate must be able to plan a lesson to ensure there is always opportunity for additional learning to take place. In particular s/he should -

- At the start of a lesson go over the main points covered in the previous lesson to establish a start point for the current lesson,
- Have well defined objectives for the lesson and explain these to the learner, Match the instruction to the ability and experience of the learner,
- Give clear directions at the correct time - instructions should be given in good time for the learner to respond to the situation at hand. All instructions must be related to the prevailing road and traffic conditions,
- Use language that is clear and easily understood, avoiding the use of technical terms and jargon where possible - make sure the learner understands technical terms,
- At appropriate points during the lesson ask questions that contribute towards meeting the objectives of the lesson - questions should be simply worded, well defined, reasonable and relevant,
- Encourage a learner to ask questions at appropriate times, Update and maintain the learner’s training log,
- Give feedback to inform the learner of progress, and
- At the end of the lesson summarise the main points covered during the lesson.

Fault Assessment
An ADI must be able to identify, analyse and assess a learner's faults, if advice is to be given which will help the learner to improve is/her performance. An Instructor must be able to:-
- Tell a learner that a fault has occurred; Explain why the fault has occurred; Correctly analyse the fault;
- Explain to the learner what should be done in the future to avoid repeating the fault.
- Correct and analyse the fault

The assessments for the driving skills test and for the ability to instruct test will be carried out by RSA driving examiners at locations countrywide. Various categories of vehicles are available.

| Cost | €850 including exams, licensing and registration for 2 year s. ADI’s must reapply for registration thereafter every 2 yrs - €250 |
| Law | On 1 May 2009, it became an offence for a professional instructor to teach someone to drive unless the instructor is on the RSA’s Register of Approved Driving Instructors. The licence must be an Irish driving licence or one from another EU Member State, or from Iceland, Liechtenstein, or Norway |
| Details on the online register | Name, ADI Number, Tel: , Address, Email, website, County or counties covered, category of licence, EDT certified |
| FETAC awards in the driving area | Special Purpose in Passenger Vehicle Driving Instruction
Special Purpose in Car Driving Instruction
Special Purpose in Goods Vehicle Driving Instruction
Special Purpose in Motorcycle Driving Instruction
Special Purpose in Articulated Vehicle Driving Instruction |
| On-going review of standards | Periodic check testing of ADIs; it is proposed that check testing of ADIs will take place at least once a year. Check testing will be by way of the ADI being assessed on his/her delivery of a driving lesson to a learner driver. For category C and EC where the driving examiner simulates this role) over the course otherwise it is with a learner driver.
Where an ADI fails a check test a second check test will be arranged within a month. If the ADI fails the second check test the driving examiner will notify the Registrar. The Registrar will arrange for a more senior examiner to undertake a third test; if the ADI fails this test the Registrar will be empowered to remove a person’s name from the Register. This is subject to the appeals process.
ADI required to keep a training log of all clients – this will form part of the assessment. |
| Customer Charter for the Registrar | • Complaints procedure
• Facilities at test centres
• Provision of information
• Timely response to correspondence
• Confidentiality
• Standards of service
• Guidelines which ADIs may use as the basis for a Customer Charter covering the relationship with their clients. |
## Description of work

The term Driver Rehabilitation Specialist (DRS) signifies one who “plans, develops, coordinates and implements driver rehabilitation services for individuals with disabilities.”

The purpose of the certification process is to protect the public by:
- A. providing measurement of a standard of current knowledge desirable for individuals practicing driver rehabilitation;
- B. encouraging individual growth and study, thereby promoting professionalism among driver rehabilitation specialists;
- C. formally recognizing driver rehabilitation specialists who fulfill the requirement for certification.

## Register

### Criteria to apply for registration

You may take the certification examination if you meet one of the education and/or experience requirements listed below.

a) **An undergraduate degree or higher in a health related** area of study with **1 year full time experience in degree area of study** and an additional **1 year full time experience in the field of Driver Rehabilitation.**

b) **B. Four year undergraduate degree** or higher with a **major or minor in Traffic Safety and/or a Driver and Traffic Safety Endorsement** with **1 year full time experience in Traffic Safety** and an additional **2 years full time experience in the field of Driver Rehabilitation.**

c) **C. Two year degree in a health related** area of study with **1 year experience** in degree area of study and an additional **3 years full time experience in the field of Driver Rehabilitation.**

d) **D. Five years of full time work experience** in the field of Driver Rehabilitation. Full time means **32 hours per week.**

* In the field of Driver Rehabilitation includes direct hands-on delivery of clinical (pre-driving evaluations) and/or behind the wheel evaluations and training with the client.

** Health related degrees include Occupational Therapy, Physical Therapy, Kinesiotherapy, Speech Therapy, Therapeutic Recreational Therapy, or other areas as approved by the Certification Committee.

*** Undergraduate degree areas of study include Social Work, Vocational Rehabilitation, Health and Physical Education, Counselling, Psychology, or other areas as approved by the Certification Committee. Transcripts required

Re experience - A letter from an employer(s) on official letterhead stating dates of employment and practical experience.

## Qualifications to register

(AMP) is the professional testing agency contracted by ADED

The CDRS Examination consists of 100 multiple-choice questions. Each question consists of a stem with four response alternatives (A, B, C, D), with one best or correct response. You will be permitted two hours to complete the examination. Those who meet the eligibility requirements and achieve a passing score will be awarded a certificate indicating that they have achieved credential status as a Driver Rehabilitation Specialist (DRS).

### Cognitive Complexity

- Recall: The ability to recall or recognize specific information is required.
- Application: The ability to comprehend, relate or apply knowledge to new or changing situations is required.
- Analysis: The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required.

**Examination Content**
Tasks that are important to the job of Driver Rehabilitation Specialist.

### Cost

$450 – exams - once passed will receive certificate indicating they have achieved credential status as a Driver Rehabilitation Specialist (DRS). Certification is effective for 3 years beginning the 1st of January AFTER the successful completion of the examination, and ending on December 31st of the 3rd year.

**Individual:** $135 (renewing), $150 (new)
**Facility:** A $270 (1-3 members), $660 (4-6 members), $1080 (7-10 members)
**Corporate:** $525
**Mobility Equipment Dealer:** $175 per location
**Associate Member:** $120

### Law

**Details on the online register**
Directory Listing: Membership comes with free listing on ADED website. This website is accessed by consumers, referral sources and family members looking for local driver rehabilitation specialists. With more people seeking driver rehabilitation services, you will want your location represented on the ADED site!

**On-going review of standards**
There are about 350 active Certified Driver Rehabilitation Specialists in the US and Canada. All Certified Driver Rehabilitation Specialists are encouraged to maintain ADED membership to stay on top of emerging trends in the industry and enhance their skills.

### Customer Charter for the Registrar

**Details about ADED Service Gold standards**

1. **PROGRAM ORGANIZATION**
   A. Conduct Program Administration
      1. Develop and maintain protocols for
         a. referral/scheduling procedures
         b. assessment services (e.g., clinical, behind-the-wheel)
         c. training and education (e.g., develop course content)
         d. documentation (e.g., reports, prescriptions, follow-up services)
         e. assessment equipment/tools (procurement, maintenance, safety etc.)
         f. functional inspection (vehicle, equipment, client performance, etc.)
   
   2. Identify standards, regulations, recommended practices, and guidelines from state/provincial, national, and international entities
      a. licensing regulations (e.g., business, facility, individual)
      b. adaptive driving equipment/vehicle modification
      c. professional standards and credentials
      d. government regulations (state/provincial and federal)
   
   3. Provide education about driver rehabilitation services to clients, families, physicians, insurance companies, etc.
   
   Collect, Organize, and Evaluate Referral Information Including
      a. Confirm medical consent for driver rehabilitation services
      b. Medical information from client's representatives to determine eligibility for driving
      c. assessment (e.g., diagnosis, seizure history, medications and effects, visual deficits)
      d. Driving history (e.g., license status, collisions, violations)
      e. Funding and reimbursement eligibility
      f. Personal vehicle and/or equipment information
II. CLIENT ASSESSMENT
A. Perform Clinical Assessment
1. Select assessments, tools, and vehicles
2. Develop quick rapport with client and other involved parties
3. Interview client and other involved parties to complete and verify
   a. medical history (e.g., medications, pain, etc.)
   b. driving history
   c. social support
   d. communication status (hearing, comprehension, and speech)
4. Determine current and future needs for client driving with respect to
   a. medical diagnosis
   b. mobility aid use
   c. environment (e.g., terrain, location, climate)
   d. vehicular needs and preferences
5. Perform physical/functional assessment including
   a. range of motion, muscle strength, muscle tone, endurance
   b. coordination
   c. sensation
   d. reaction time
   e. static and dynamic balance
   f. ambulation/transfer, mobility aids, and orthotic devices
   g. seating considerations

Test items may be linked to tasks and cognitive levels indicated with open cells.
6. Perform visual and visual-perceptual assessments including
   a. visual acuity, night vision, glare vision/recovery, contrast sensitivity
      X
   b. stereopsis and depth perception X
   c. colour perception X
   d. ocular motor skills (visual pursuits and saccades) X
   e. visual field and scanning X
   f. figure/ground, spatial relations, form constancy, visual memory,
      visual closure,
   g. visual discrimination
   h. visual information processing
7. Perform cognitive assessment through evaluation and observation of
   a. memory
   b. attention (e.g., sustained, selective, divided, and alternating)
   c. reasoning and insight
   d. judgment and decision making
   e. self-regulation of behaviour
   f. planning and sequencing

8. Compile results of clinical assessments, and communicate results with involved parties
   (e.g., client, family, medical team, third-party payers, driver rehabilitation specialists)

9. Refer client as appropriate to
   a. licensing agency for proper credentialing
   b. wheelchair seating clinic
   c. vision clinic/specialist
   d. therapeutic intervention to improve candidacy
   e. on-road evaluation

Perform In-Vehicle Assessment
1. Select driving environment and route to achieve evaluation goal
2. Customize vehicle and adaptive equipment for evaluation (e.g., primary and secondary controls)
3. Observe pre-driving tasks
   a. entry and exit skills
   b. loading of mobility aid(s)
   c. orient individual to vehicle and equipment
   d. driving position and posture
   e. pre-driving checks (e.g., seat adjustment, mirrors, seat belt)
   f. pre-operational tasks (e.g., ignition, parking brake, gear selector, temperature control)

4. Perform behind-the-wheel evaluation under various roadway and traffic conditions including
   a. physical skills
      1. braking, acceleration, and steering/turning
      2. ability to operate secondary controls in motion (e.g., turn signals, wipers/washers, horn, dimmer, cruise control)
      3. vehicle manoeuvres/control
      4. dynamic trunk stability and endurance
   b. visual skills
      1. scanning environment
      2. identification (e.g., signs, signals, road markings)
      3. mirror use
      4. lead time
      5. stopping distance
      6. gap acceptance (following distance, turning, lane changes)
      7. lane integrity/position
   c. cognitive/behavioural skills
      1. following directions and instructions
      2. memory
      3. attention and concentration
      4. processing speed
      5. planning and sequencing
      6. time and space management
      7. communication (e.g., turn signals, horn, lights)
      8. judgment, decision making, reasoning, and insight
      9. self-regulation of behaviour
      10. topographical orientation

5. Perform a vehicle assessment for client as passenger only, including
   a. seating considerations (e.g., height, chair width, overall length, supports, safety, etc.)
   b. vehicles appropriate for modification/adaptation
   c. ingress/egress
   d. mobility aid loading and storage
   e. wheelchair securement with occupant restraint
   f. wheelchair securement (unoccupied)
   g. consideration of special needs (e.g., caregiver abilities, family considerations, client medical needs, etc.)

III. RESULTS INTERPRETATION AND PLAN IMPLEMENTATION 4 13 23 40
A. Interpret Assessment Results
   1. Record and integrate test results and observations
   2. Discuss results with client and other involved parties
   3. Make recommendations and plan for implementation
   4. Write reports for involved parties that meet client needs (e.g., third party funding sources, driver licensing agencies, insurance companies, driver educator, vehicle modifier, referring physician)
   5. Develop preliminary recommendations for vehicle selection, adaptive driving equipment, and vehicle
modifications
6. Discuss alternative forms of personal transportation
7. Recommend counselling and support

B. Plan and Implement Recommendations
1. Implement recommendations including
   a. extended driver evaluation
   b. classroom driver education and training (e.g., driver improvement courses, simulator training)
   c. behind-the-wheel driver education and training
   d. monitor progress and work with other professionals to optimize performance
   e. resolve licensing issues (e.g., road test, license restrictions)
   f. document final prescription for vehicle modification/adaptive equipment

2. Conduct follow-up services, including
   a. vehicle modification/adaptation check, client fitting, and follow-up training
   b. familiarize family members/care givers with vehicle and equipment operation

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### FORUM UK Assessors

<table>
<thead>
<tr>
<th>Description of work</th>
<th>Register</th>
<th>Criteria to apply for registration</th>
<th>Qualifications to register</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A – FORUM employees</td>
<td>N/A – FORUM employees</td>
<td>Mobility Centres must be able to demonstrate that staff who participate in the provision of any of the services provided have the necessary knowledge, skills and experience relevant to the task they undertake.</td>
</tr>
<tr>
<td>Forum qualification process/CPD</td>
<td>Within 5 years, the Professional Certificate will become the minimum requirement to work as a Driving Advisor in a Forum accredited Mobility Centre. – See qualification route below. All staff working in the field of driving assessment, whether therapist or ADI, will have to undertake this training over a period of time with certain exceptions (see the references to Greenwich training and staff nearing retirement below). On successful completion qualification in “Driving Assessment and Outdoor Mobility” which will form a significant element of your Continuing Professional Development relevant to your work within a Mobility Centre. Your programme of study is designed around 3 core modules, which are; Professional Role and Responsibilities 2 Days This module will help participants gain a deeper understanding of the aspects of professional practice and the legislative frameworks that are relevant to the work of Mobility Centres. Through completion of this module individuals will be able to demonstrate a deeper understanding of the responsibilities of their role and to critically reflect upon current practices within the mobility sector. Understanding Medical Conditions and Their Impact on Driving Skills 2 Days Through completion of this module participants will be able to demonstrate a deeper understanding of the interplay between physiological and psychological conditions and their impact upon driving function. Participants will be able to critically evaluate current workplace practices in relation to the assessment of</td>
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fitness to drive and will be able to demonstrate enhanced understanding of the legislative requirements for drivers with medical conditions.

**Assessment and Evaluation of Fitness to Drive**

**2 Days**

Completion of this module will enable participants to expand upon their understanding of how physical and cognitive disorders can influence fitness to drive. Through consideration of the legal, technical and safety implications that relate to vehicle adaptation, as well as gaining a deeper understanding of the cognitive constructs that combine during driving, participants will be able to critically evaluate current assessment methodologies and workplace practices.

The philosophy of this programme of study is one of self directed learning, allowing participants to explore areas of professional interest to develop evidenced based practice and new ways of thinking within the mobility sector. To facilitate learning in the most productive way, and to ensure you are fully supported during this programme of study, a Forum tutor team has been established. Each course participant will be allocated a personal tutor who will guide and inspire study as appropriate to the individual needs and ambitions of each student.

The Forum tutor team comprises of experienced practitioners within the mobility sector and every Forum tutor has completed additional training with The University of Chester to ensure they can

| Cost | Postgraduate Certificate which is delivered by us will be charged £280 per 20 credit module). This means that for anyone registering and completing their modules within the next 12 months the total cost for the Postgraduate Certificate will be £840. Apparently, for undergraduate students (i.e. the Professional Certificate), the Finance Department of the University differentiates between students who are funded by their employer and those who are not. Therefore the fees for students undertaking the Professional Certificate which is delivered by ourselves will be either:-£380 per 20 credit module for students sponsored by their employer giving a total of £1,140 for anyone registering and completing their modules in the next 12 months Or £250 per 20 credit module for students who are self-funding, giving a total of £750 for anyone registering and completing their modules in the next 12 months. |
| Law | - |
| Details on the online register | Forum Mobility Centre website |
| Awards in the driving area | What qualification(s) can be obtained? Two levels of qualification are offered – a Professional Certificate and a Post Graduate Certificate in Driving Assessment and Outdoor Mobility. The course content for the two levels (each comprising three core modules) will be delivered at the same time but the qualification obtained will be dependent on the level of application, reflection etc – as well as prior academic learning. The three core modules are as follows: • Professional Role and Responsibilities – Driving Assessment and Outdoor Mobility. • Understanding Medical Conditions and their Impact on Driving Skills. • Assessment and Evaluation of Fitness to Drive. What qualification level is right for me? Over time, the Professional Certificate will become the minimum requirement to work as a Driving Advisor in a Forum accredited Mobility Centre. Support will be offered to those students who have not previously |
undertaken any form of further or higher education or who are returning to structured education after a long gap. The Post-Graduate Certificate would normally be undertaken by students who already have a first degree but the lack of this is by no means an automatic bar and applications from candidates who can show significant experience in the field or who have undertaken other types of education will be positively encouraged. This qualification level would normally involve a greater element of written work and more complex reflective learning. Details on the formal application and enrolment process will be circulated shortly, as well as information on the returning to study support (a one day course offered by the University).

What will a qualification enable me to do?
Simply undertaking a study route (at either level will) not qualify you to be a Driving Advisor. It is intended to enhance the practice of staff as a supplement to (not a substitute for) prior learning as a Therapist or an ADI and the experience gained in learning and working at a Mobility Centre. It is intended to raise standards, encourage consistency and enhance credibility across our sector.

Our approach is that both clinical and driving skills are an essential part of the assessment process and although this training is intended to improve existing skills it would be entirely unrealistic to imagine that this relatively short study route could be a substitute for the required professional qualifications in the disciplines that make up the assessment team.

Specifically skills covered:

- Interpersonal skills: enhanced disability awareness to help address equality
- issues and develop the ability to interact appropriately and sensitively with disabled people in all circumstances
- Relevant verbal and non verbal communication skills and how these can affect or influence personal interaction with others
- Relevant management skills, to include consideration of development of the service, customer satisfaction surveys and the role of audit in service review
- Current legislative frameworks: employers’ and employees’ responsibilities
- Administration systems which underpin the service
- Working with other stakeholders
- Image promotion and marketing
- Continuing Professional Development of self and others

On-going review of standards

Mobility Centres must ensure that each new member of staff receives relevant training, prior to undertaking their duties. There must be evidence of continuing professional development and an on-going commitment to the training and development of all staff, who are required to update their professional skills and maintain an awareness of mobility trends, policy and developments.

All new staff of whatever background should aim to be qualified to the appropriate level within the Forum of Mobility Centres’ academic framework (currently in development with Chester University) and work towards such qualification, encouraged and supported by the Centre’s management.

There must be a documented joint appraisal process for all staff, which as part of the programme of continuing professional development includes training and development and proposals on how to meet any agreed needs. All members of staff shall have a job description (reviewed and updated in line with the Centre’s local policies) and Mobility Centres shall keep written records of all training undertaken by staff.
How much time attending lectures is involved?
Each module will require two days formal course attendance. This may appear to be a small level of formal tuition – but remember that the programme is based on self-directed learning and significant levels of email contact with your tutor(s).

How much other time is likely to be spent on course work?
This will really depend on the individual, the module, prior learning and level of dedication! As a rough rule of thumb students should allow 4 to 5 hours per week for successful study.

Customer Charter for the Registrar
Mobility Centres are required to participate in annual customer satisfaction and on-going outcomes surveys as currently agreed. They are required to provide a brief written account of how they plan to deal (if at all possible) with the problems reported by clients in the Forum annual Customer Satisfaction Survey. An annual report as specified in paragraph 4 above must be produced.

Details of FORUM Gold standards
For all clients, the pre-driving assessment should include when appropriate:

- Demographic details
- what the client thinks is the reason for his or her referral
- medical history including other co-existing conditions besides the main presenting disability
- medication
- likely prognosis, i.e. is the condition likely to change by improvement or deterioration? Will other body systems/joints become involved?
- visual acuity, peripheral vision, visual inattention, nystagmus, diplopia, binocular vision, squints and head posture
- range of joint movement and muscle strength, including movement against resistance
- balance and posture
- sensation, joint position sense and co-ordination
- pain
- height and weight, including sitting height and reach
- perceptual and cognitive deficits
- non-clinical factors including previous driving experience, family needs and equipment to be transported
- objective measurements of steering strength, brake pressure, reaction times and decision times.

For all clients with previous driving experience, the in-car assessment should include:

- access and egress of the vehicle
- seating
- when appropriate, consideration will be given to the loading and stowage of equipment, e.g. wheelchairs
- familiarisation with driving the vehicle; to be undertaken on an appropriate area away from the public highway, (to the point where both client and assessor feel comfortable to proceed to the on road public highway assessment).

The on road assessment should follow the Forum of Mobility Centre’s standardised protocol (ref Forum Standardisation of in-Car Assessment Operation Manual April 2010 (Hunter, J, Marchant D, Flint K, Rogers J, Farrall, P)

The Mobility Centre must ensure that the route taken by clients at each location is consistent and chosen carefully so that all relevant aspects of the
client’s driving performance can be assessed accurately. The route should be undertaken using a variety of roads, with varying speed limits and traffic situations.

At the end of the assessment the client and their family, friends or carers should be given an opportunity to discuss the findings and recommendations. Following the assessment a written report will be produced in accordance with the agreed Forum report format. In the event of a driver being considered unsafe to drive home after the assessment, the Forums ethical guidelines should be followed.

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### Driving Assessment Australia

**OT with post graduate qualification in Driving assessment with Driver Instructor**

| Description of work | Unless there are special reasons Assessment in the client’s car, all assessments will occur in a driving instructor’s vehicle so the instructor can maintain the safety of the vehicle. During an assessment the driving instructor:
|                   | • is required to maintain the safety of the vehicle
|                   | • may give instructions to the client
|                   | • can interact with the occupational therapy driver assessor as appropriate. |

| Register          | Yes Successful participants are listed with VicRoads as able to assess the driving of a person with a functional impairment. Only occupational therapists holding a registration number have their reports and recommendations recognised by VicRoads. |

| Criteria to apply for registration | OT Australia registration |

| Qualifications to register | La Trobe University |

#### Aims of the course

Participants who successfully complete the two-week course will:

- be qualified to conduct assessments of functionally impaired drivers
- be equipped with the skills to establish driver education and rehabilitation programs
- maximise the potential for independent vehicle mobility for the person with a disability
- will have an understanding of their role and responsibilities in this complex area of practice.

#### Admission requirements

Course participants must be occupational therapists with:

- a minimum of two years experience in a relevant field of occupational therapy practice
- or
- can provide information related to their professional ability to competently deal with the demands involved in running a driver education and rehabilitation program.
**Course structure**
The course consists of lectures and practicums during which participants learn and practice procedures for both on road and off road assessments.

Simulated patients will be used for practice of off road as well as on road assessments during the two week course. On road assessments are conducted with a driving instructor in a dual controlled vehicle.

**Course outcome**
Successful participants are listed with VicRoads as able to assess the driving of a person with a functional impairment. Only occupational therapists holding a registration number have their reports and recommendations recognised by VicRoads.

<table>
<thead>
<tr>
<th>Three-stage RSA qualification process</th>
<th>Post Graduate Training in Driving Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost</strong></td>
<td>varies</td>
</tr>
<tr>
<td><strong>Law</strong></td>
<td>In Legislation – OT can give notification to driving authority Vic Roads as to FTD</td>
</tr>
<tr>
<td><strong>Details on the online register</strong></td>
<td>Driver Instructor Authority (DIA). This is issued by the Victorian Taxi Directorate (VTD) OT Australia</td>
</tr>
<tr>
<td><strong>On-going review of standards</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Customer Charter for the Registrar</strong></td>
<td>Driver Instructor Authority and Victorian Taxi Directorate Driving instructors must hold a Driver Instructor Authority (DIA). This is issued by the Victorian Taxi Directorate (VTD) - responsible for all matters involving driving instructors. It is an offence to teach or instruct for financial gain or in the course of a trade or business without a DIA. In addition: • DIA must be displayed in the vehicle • DIA is only valid while a driver licence is valid • DIA can be cancelled or suspended following due process by the VTD (for failing to comply with driver instructor legislation, improper behaviour etc) • a driving instructor is deemed to be in charge of the vehicle whilst the person being instructed is driving instructors are subject to zero blood alcohol whilst instructing</td>
</tr>
</tbody>
</table>

**Minimum time before reassessment**
It would not be appropriate to reassess within three months of the initial assessment, unless there are extenuating circumstances and the matter is discussed with VicRoads Medical Review.

12 months is the preferred minimum time between driving assessments.
• A review at six months may be appropriate if it seems necessary e.g. client with dementia.