We write regarding the peer reviewed article: Scott-Parker, B. and Rune, K. (2017). Review of the graduated driver licensing programs in Australasia. *Journal of the Australasian College of Road Safety*, 27(2), 15-22. We wish to correct a number of relevant details in the paper.

We have listed those GLS amendments of most significance below. They include:

- **Page 17, Table 1, Prior to licensure, Minimum age (years)** – there is no pre-learner phase in South Australia. Learner drivers are eligible to apply for a learner’s permit from 16 years of age (similar to other jurisdictions), upon passing the Learner’s Theory Test.

- **Page 19, Table 2, Conditions and Restrictions, Minimum age for full licence (years)** – the minimum age for a provisional licence in South Australia is 20 years and not 19 years as stated. A longer provisional licence period (3 years) was introduced at the same time as the passenger and night driving restrictions for P1 drivers in July 2014. Age 20 was specified on our website in July 2014 (http://mylicence.sa.gov.au/gls/home).

- **Page 20, GDL changes according to Australasian jurisdiction – the passenger restrictions introduced in South Australia apply at all times of the day and not only between midnight and 5am.**

Other comments:

1. The journal article presents a snapshot of the GLS in each jurisdiction as at August 2014. However, some GLS enhancements implemented in South Australia prior to this date have not been captured.

2. Table 1 (page 17) shows that South Australia is the only jurisdiction not requiring an eyesight test before a learner’s permit may be issued. While this is true, it is worthy of note that in SA all health professionals (including doctors and opticians), and drivers themselves are legally required to report any medical condition that could affect a person’s ability to drive safely, such as poor eyesight, to the Registrar of Motor Vehicles. Research on the connection between road crashes and vision problems shows this may only become a significant road safety issue when drivers become elderly. The SWOV Fact Sheet, ‘Visual impairments and their influence on road safety’ (2010) states the effects of visual impairments on crash rate are limited, most likely because people with visual impairments often compensate by avoiding driving in busy situations or in the dark, and by using other visual strategies. Moreover, visual impairment generally develops gradually over time (hence the need for GPs and ophthalmologists to report visually impaired drivers). After considering introducing a compulsory visual acuity test for drivers (e.g. Snellen chart), the Netherlands discounted the proposal because visual acuity is not an accurate indication of fitness to drive and would not on its own detect problems such as poor Useful Field of View, glare sensitivity and contrast sensitivity, which are linked to crash rate.

3. Table 2 (page 19) has a footnote for SA under the Hazard Perception Test (HPT) on page 20, reporting that the HPT has to be passed before a probationary licence (P1) can be issued. SA has a provisional licence phase, not probationary. In South Australia, a probationary licence refers to a licence issued to a full licence holder following a drink or drug driving disqualification.
4. On page 20, South Australia is discussed as being the only jurisdiction not to have automatic only licences if the CBT/VORT was done in an automatic vehicle. The reason for this is that the research and crash data does not support it. Rogerson (1989, Accident Risk of First Year Drivers: Automatic v Manual Transmission, Road Traffic Authority, Victoria) found weak evidence of a higher crash risk for drivers who took the driving test in an automatic car and subsequently drove a manual, but that any extra crashes were too few in number to change the overall proportion of first year drivers involved in crashes. Haworth (1994, Young Driver Research Program: Evaluation of Australian Graduated Licensing Schemes, Federal Office of Road Safety, Canberra) found that ‘automatic only’ licences discouraged some drivers from obtaining their licence in an automatic vehicle, while preventing drivers subject to the requirement from driving manual vehicles with no clear road safety benefits. Also, while important in the early stages of learning to drive, vehicle control skills (including changing gear) are not as important as accumulating substantial amounts of supervised driving experience and development of higher order cognitive and perceptual skills such as scanning the road ahead, hazard perception and speed control as the novice driver approaches assessment for a first licence (RACV, 2016, The Effectiveness of Driver Training/Education as a Road Safety Measure, RACV, Melbourne).

These issues may have led to an inaccurate conclusion regarding South Australia’s “GDL strength rating”.

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Response: Review of the graduated driver licensing programs in Australasia

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We write regarding the comments provided by Ms Fiona Cartwright and Ms Nicole Middleton as representatives of the Department of Planning, Transport and Infrastructure, and we have noted our responses below. We note also that PDF versions of Tables 1 and 2 will be made available on the Adolescent Risk Research Unit (ARRU) website (usc.edu.au/arru) in 2018, and that this resource will be reviewed, and revised as necessary, quarterly.

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Page 17, Table 1, Prior to licensure, Minimum age (years) – there is no pre-learner phase in South Australia. Learner drivers are eligible to apply for a learner’s permit from 16 years of age (similar to other jurisdictions), upon passing the Learner’s Theory Test.

Information regarding the licensing programs and procedures was gleaned from the respective licensing bodies in each state and authority. A search of the South Australian website reveals the following website which clearly refers to a pre-learner stage, including the title “Pre learners stage”, followed by the “Learner’s stage”, suggesting to the reader that the pre-learner period precedes the learner period in a sequenced licensing process:


My Licence - My car licence - Pre learners stage - Getting ...

mylicence.sa.gov.au

Yes, getting your driver’s licence is exciting, but learning to drive needs time and practice so you can become a safe driver. You can start learning, now.

Page 19, Table 2, Conditions and Restrictions, Minimum age for full licence (years) – the minimum age for a provisional licence in South Australia is 20 years and not 19 years as stated. A longer provisional licence period (3 years) was introduced at the same time as the passenger and night driving restrictions for P1 drivers in July 2014. Age 20 was specified on our website in July 2014 (http://mylicence.sa.gov.au/gls/home).

We note that the search to elucidate the graduated driver licensing conditions and restrictions in Australasia was conducted in June and July 2014 – this is a time-consuming exercise, therefore it was unable to be executed in one day. As such, it seems the age-related changes that occurred in July 2014 were missed simply due to the time period in which the SA information was sourced. Unfortunately this may occur with whatever date we choose as the “cut-off” date, as it is simply impossible for every relevant website in
Australasia to be searched and data gleaned on the same day. We note that the online Table PDFs will provide the most recent minimum age for a provisional licence.

Page 20, GDL changes according to Australasian jurisdiction – the passenger restrictions introduced in South Australia apply at all times of the day and not only between midnight and 5am.

This comment pertains to the following sentence:

“Further, for the first stage of the provisional licence, recent restrictions were applied to night time driving between midnight and 5am, unless for work purposes; no more than one passenger aged 16-20, unless immediate family members, between midnight and 5am; and all mobile (including handheld, loudspeaker, Bluetooth) phone use.”

We agree that a reading of this sentence may not make it clear that the passenger restrictions extend beyond midnight and 5am - our primary focus at the time was to emphasise the night-time restrictions, and this may have obscured the passenger restrictions, which certainly was not our intent. The PDF table will be amended to make this clearer for the reader.

The journal article presents a snapshot of the GLS in each jurisdiction as at August 2014. However, some GLS enhancements implemented in South Australia prior to this date have not been captured.

As noted above, information was gleaned directly from the relevant SA websites. Changes that were missed, or conditions that were obscure, will be updated in the online PDF, as noted above.

Table 1 (page 17) shows that South Australia is the only jurisdiction not requiring an eyesight test before a learner’s permit may be issued. While this is true, it is worthy of note that in SA all health professionals (including doctors and opticians), and drivers themselves are legally required to report any medical condition that could affect a person’s ability to drive safely, such as poor eyesight, to the Registrar of Motor Vehicles. Research on the connection between road crashes and vision problems shows this may only become a significant road safety issue when drivers become elderly. The SWOV Fact Sheet, ‘Visual impairments and their influence on road safety’ (2010) states the effects of visual impairments on crash rate are limited, most likely because people with visual impairments often compensate by avoiding driving in busy situations or in the dark, and by using other visual strategies. Moreover, visual impairment generally develops gradually over time (hence the need for GPs and ophthalmologists to report visually impaired drivers). After considering introducing a compulsory visual acuity test for drivers (e.g. Snellen chart), the Netherlands discounted the proposal because visual acuity is not an accurate indication of fitness to drive and would not on its own detect problems such as poor Useful Field of View, glare sensitivity and contrast sensitivity, which are linked to crash rate. Similarly, the Austroads Assessing Fitness to Drive Guidelines 2016 state that the evidence is incomplete regarding visual fields, visual acuity and crash risk. In light of this research, not requiring an eyesight test before a learner’s permit may be issued is not seen as detrimental in South Australia given our existing mandatory reporting regime.

Our intention was to summarise the characteristics of novice driver licensing in Australasia. Licensing websites for Australasia were reviewed, and mandatory eye sight testing was reported by nearly every jurisdiction, as you note. While we agree that, as you note, eye sight testing may not be a reliable predictor of crash likelihood, it was not our intention to critique every condition and/or restriction of novice driver licensing programs in Australasia. Rather the focus was upon reviewing the safety-critical changes to GDL, such as related to age, practice conditions, night-time and passenger limits, as operationalised in the IIHS GDL safety rating.

Table 2 (page 19) has a footnote for SA under the Hazard Perception Test (HPT) on page 20, reporting that the HPT has to be passed before a probationary licence (P1) can be issued. SA has a provisional licence phase, not probationary. In South Australia, a probationary licence refers to a licence issued to a full licence holder following a drink or drug driving disqualification.

We agree that there is an error in this footnote, such that ‘probationary’ should be ‘provisional’. The Table will be updated before the PDF is available on the ARRU website.

On page 20, South Australia is discussed as being the only jurisdiction not to have automatic only licences if the CBT/VORT was done in an automatic vehicle. The reason for this is that the research and crash data does not support it. Rogerson (1989, Accident Risk of First Year Driveway. Automatic v Manual Transmission, Road Traffic Authority, Victoria) found weak evidence of a higher crash risk for drivers who took the driving test in an automatic car and subsequently drove a manual, but that any extra crashes were too few in number to change the overall proportion of first year drivers involved in crashes. Haworth (1994, Young Driver Research Program: Evaluation of Australian Graduated Licensing Schemes, Federal Office of Road Safety, Canberra) found that ‘automatic only’ licences discouraged some drivers from obtaining their licence in an automatic vehicle, while preventing drivers subject to the requirement from driving manual vehicles with no clear road safety benefits. Also, while important in the early stages of learning to drive, vehicle control skills (including changing gear) are not as important as accumulating substantial amounts of supervised driving experience and development of higher order cognitive and perceptual skills such as scanning the road ahead, hazard perception and speed control as the novice driver approaches assessment for a first licence (RACV, 2016, The Effectiveness of Driver Training/Education as a Road Safety Measure, RACV, Melbourne).
As noted above, our intention was to provide a snapshot of the characteristics of novice driver licensing in Australasia, with the discussion focussed upon reviewing the safety-critical changes to GDL, such as related to age, practice conditions, night-time and passenger limits, as operationalised in the IIHS GDL safety rating.

These issues may have led to an inaccurate conclusion regarding South Australia’s “GDL strength rating”.

In light of the concurrent changes to the minimum driver age, the overall rating for the SA GDL program would have been the same as for NSW, QLD, and Vic. We note that this section of the manuscript is unable to be changed at this time. We note also that the manuscript asserts that all of the reviewed GDL programs have room for improvement. Finally, we note that the Table PDFs to be provided on the ARRU website will be augmented by a third summary table which calculates the overall rating for the GDL program.

Commentary on Road Safety

A collaborative road safety survivor mission: the sacred work of sorrow

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Key findings

• Working together, three friends influenced the allocation of Federal Black Spot funding to repair a dangerous rural road where a loved one had died;
• A “survivor mission” is a healthy way for a survivor to express and channel grief for wider community benefit;
• Wider understanding of the concept of “survivor mission” among road safety specialists and road authorities can raise public awareness, as well as contributing to the healing of survivor grief;
• Emotional numbness can characterise institutional responses to road fatalities; and
• Local road authorities need specific, targeted educational programs to help them better put a “human face” to road fatality statistics, understand grief, and deal more compassionately with survivors and grieving family and friends.

Abstract

Mooren (2017) undertook a systemic analysis of the road safety factors that she believed contributed to the 2016 death of her friend, Karl Langheinrich. In this article, Karl’s wife, Dr Wendy Sarkissian, a prominent community planner, explains how collaborative road safety activism (her “survivor mission”) helped to heal her grief following Karl’s death. I propose that survivors consider making a “Victim Impact Statement” to the responsible road authority to help their staff put a human face to statistics. This article also challenges road safety and traffic specialists (especially those in local councils) to attend to their own literacy about grief and healing and to pay greater attention to the emotional consequences of road crashes and fatalities. New policies and approaches are necessary to encourage better education of road safety staff and management (about emotional intelligence, emotional literacy, mindfulness, and compassion) in road authorities, such as local councils in Australia.

Keywords

road safety, survivor mission, grief, advocacy, activism, road authority

Introduction

This article builds on an earlier article by Dr Lori Mooren (2017). She argued that:

• Globally, road and traffic systems are providing the conditions to allow some 1.25 million people to die every year;