

EFPA Standing Committee Traffic Psychology 2009-2011



**Jens Schade
Convenor**

1. Executive summary :

- Period of Standing Committee: 2009-2011
- As formulated at a meeting in Prague 2006 the general scope and main tasks of the Standing Committee on Traffic Psychology are
 - To formulate common guidelines for the practice of Traffic Psychology (TP) in Europe.
 - Harmonise proposals for a curriculum for education in TP and what counts as equivalent qualifications across Europe.
 - Clarify and improve the structure and delivery of TP across Europe.
 - Act as a voice to promote TP in Europe.
- Recommendations: To acknowledge traffic psychology as an important field of professional psychology
- This Task Force/Standing Committee reported was accepted as the position of EFPA at the GA in Oslo 2009, 07-10 July.



2. Standing Committee Traffic Psychology

The EFPA Standing Committee, Traffic Psychology was founded in 2005 in Granada, Spain and was promoted from being a Task Force in summer 2006. The Task Force was founded in 1993 in Tampere, Finland and the Task Force has been active since that time, except for a period between 1997 and 1999, until it was turned into a Standing committee. Its history has been reported by Risser (2003).

The present report is focused on the SC activities in the time after the 2009 EFPA GA meeting.

2.1 The strategic aims of the Standing Committee Traffic Psychology

The strategic aims of the SC were formulated in Prague, October 2006, and have not been changed since then. However, it is intended to update and to adjust the aims with regard to the planned changes in the strategy and organization of EFPA bodies.

- **Formulate common guidelines for the practice of Traffic Psychologists in Europe.** This could take the form of statements prepared for individual topics, where the guideline is illustrated by a current newsworthy event or situation. These documents could form a series.
- **Harmonise proposals for a curriculum for education of Traffic Psychologists** and what counts as equivalent qualifications across Europe.
- **Clarify and improve the structure and delivery of Traffic Psychologists across Europe.** This would also involve networking with other psychologists beyond EFPA and where appropriate with medical colleagues who are central to the efficient delivery of Traffic Psychology.
- **Act as a voice to promote Traffic Psychologists in Europe.** As well as networking where the opportunity allows, we can attempt to develop a website; clarify the channel of communication within and via EFPA; and lobby our national representative of the Council when relevant issues and Directives emerge. We can also publicise the SC via presentations about it at conferences.

2.2 Activity Report of the Standing Committee, 2009-2011

In the period there have been three Standing Committee meetings (in Brussels, March, 20th 2010, Dresden, October, 30th 2010, and Brussels, March, 19th 2011). The minutes from the meetings are enclosed in Appendix I and Appendix II. Among the activities of the committee it can be mentioned:

In Brussels 2010 we first looked at open tasks and initiatives from previous terms. We decided to update the dissemination material (poster) and to go further with the website. We renewed our initiative for new members. We decided to produce a brief CV of each member which lists own expertise relevant to the domain of TP (to be uploaded on the website). More concretely, we decided to draft the following 'discussion papers' as a basis for further initiatives:

- the demerit point system and the role of psychologists within it (04/2010);
- summary of the safety benefits of aged based population screening for fitness to drive (06/2010); and
- senior citizens and their mobility needs (06/2010).

In May 2010 the SC got an invitation on behalf of the International Scientific Committee to organize a symposium at the 12th European Congress of Psychology to be held in Istanbul on July 4-8, 2011. I organized two symposiums:

Symposium I (Invited): “Driving and age”

In this symposium age-related issues with regard to driving are investigated. We will focus on two groups which are relevant for traffic safety: young and elderly drivers. Novice drivers, especially young males, have much higher accident rates. Whereas in the past research has looked mainly how to treat young drivers, not much work has been conducted with regard to pre-driver influences on novice drivers’ accident rates. One paper identifies four such influences which provide potential targets for intervention. Elderly drivers are another group which is discussed regarding traffic safety. Do they represent a risk higher than the average driver and should they be treated differently than other age groups, e.g. by screening them for fitness to drive? The papers will discuss that older drivers generally are safe drivers and that research evaluating screening fails to find any safety benefits.

Keywords traffic safety, elderly drivery, young drivers, accident involvement, screening, fitness to drive

1.	Andrew Tolmie & Kevin Durkin	Pre-driver influences on novice drivers’ accident rates
2.	Annette Meng & Anu Siren	Screening of older drivers for fitness to drive
3.	Giovan Battista Tiengo & Max Dorfer	Psychological evaluation on elderly people fitness to drive: its usefulness and critical aspects
4.	Anu Siren	Cognitive screening of older drivers does not produce safety benefits

Symposium II: “Current directions in traffic psychology”

In this symposium, empirical findings from current traffic psychology studies are presented. The following research questions, among others, will be tackled:

- What kind of behaviour and communication of persons approaching intersections can be observed and which mistakes happen?
- How to bring motorists to respect speed limitations by message framing?
- What is the role of descriptive norms with regard to traffic rules compliance of car drivers?
- Are preventative road safety education programmes capable to influence attitudes towards safer driving and to change behaviour accordingly?
- Finally, how traffic psychology has to interact with other disciplines like economics, engineering or medicine in order to improve the well-being of transport users?

Keywords road safety, road user behaviour, traffic rule compliance, evaluation

1.	Ralf Risser & Christine Chaloupka-Risser	Evaluation of intersections by behaviour observations
2.	François D'Onghia	The Influence of Message Framing and Personal Relevance on Road Safety Recommendations: How to bring motorists to respect speed limitations?
3.	Jens Schade, Lars Rößger & Bernhard Schlag	Descriptive norms and traffic rule compliance: Results from a representative survey in Germany
4.	Martin Koran	Preventative traffic programmes in the Czech Republic
5.	Karol Kleinmann	Interdisciplinary Approach in Transport Psychology

We suggested three experts to the **EFPA call for experts**:

Safety

Professor Andy Tolmie
Head of Department of Psychology and Human Development
Institute of Education University of London

Sustainability and Life quality with regard to transport systems

Prof. Dr. Ralf Risser
Faktum, Wien

Licensing and Fitness to drive

Prof. Dr. Harald Meyer
Otto-Friedrich-Universität Bamberg



A member of the SC participated at the Conveners' meeting with Executive Council EFPA - June 19, 2010 Brussels.

There have been contacts with external organizations like IAAP and IUPsys and the psychologists group of the Community of European Railways (CER).

In autumn 2010 the SC agreed **to provide a draft position statement to EFPA** on the basis of the papers “ **Age based population screening for fitness to drive does not produce any safety benefits**” authored by Annette Meng & Anu Siren and the paper “Improving mobility and self-esteem of senior” authored by Christine Chaloupka-Risser, Ralf Risser & Daniel Bell. The rationale behind age based population screening for fitness to drive is to increase the road safety for both the older drivers themselves and for other road users. It intuitively makes sense to “remove risky drivers” from the driver population and thereby increase the road safety for all. Consequently, age-based screening of older drivers is used as a safety measure in most European countries.

However, there are two problems with this. First, older drivers generally do not have increased accident risk that calls for the society to invest in a costly age-based population screening, and second, according to research literature, aged based population screening does not succeed in producing the desired safety benefits.

Finally, the document produced by its members Annette Meng and Ralf Risser was issued and published as an official EFPA position statement on Age-Based Population Screening for Fitness to Drive on 3. February 2011 (see annex).

2.3 Ongoing actions suggested for the future of Traffic Psychologists in Europe

2.3.1 Better representation of National psychological associations in the Task Force Traffic Psychology

This goal is still an activity and so far the number of members has steadily increased to eighteen. A few national representatives have still indicated their interest in becoming members (e.g. The Netherlands).

2.3.3. The role of Psychologists within transportation

The SC has participated in discussions about the role of psychologists for assessment of train drivers together with the Community of European Railways (CER) psychologists Group.

CER works since 2000 together with several other institutions and bodies on the issue of psychological assessments for train drivers. They have about 50 members. In the past years, a European Decision and a Directive have been published. CER is not happy with the result. CER highlights the importance of the specification of certification of psychologists, and the content and interpretation of psychological assessment. The directive states however that the psychological assessment is performed by psychologists or MDs. In the annex all psychological assessments are defined as 'medical acts', performed by occupational doctors.

We, as psychologists, and EFPA in its role to protect and defend the autonomy of the psychologists, should be very concerned with this formulation and definition because it opens the door for the medical doctors to perform psychological assessment.

The formulation of the statements is discussed by the group. It is apparent that the directive uses terminology incorrectly and sometimes inconsistently and that, depending on the implementation, several possibilities legally are possible (e.g. occupational doctor).

CER would like to change the directive or at least the annex, by moving the 'psychological parts' away from the medical section. There is some doubt that this will be possible. The alternative is to have a strong suggestion by EFPA (and perhaps commission) to interpret the directive. When member states will be implementing the directive into national law, they could at that time 'correct' the inconsistencies, and clarify and correct the other issues.

We as SC TP support the idea and share the concern as expressed. CER is to provide a draft letter to the SC TP. After approval by the SC TP members the convenor will submit the letter for signature to EFPA with the suggestion to take appropriate action on EU level. However,

so far we have not received the final suggestion for a supporting letter from CER.
Communication: CER would like another meeting in the future to discuss accidents and psychological assessment.

2.3.4 Role of psychologists in the demerit point system

A draft paper about the role of psychologists in the demerit point system has been produced in 2010. It states current affairs, aims. Interesting issue: increase or decrease points. We find the topic is important and interesting. The first step is to summarize and list the current state of affairs in our own countries. From that paper we could develop a questionnaire on a larger base and perhaps also initiate a larger project on EU level.

2.3.5 SC traffic psychology WEB-site

This website is still going on and contacts with the HEAD office have been taken to integrate the website into the general EFPA website like the website of SC Crises and Disaster. Now there is a website (<http://traffic.efpa.eu>) which will be gradually extended.

2.3.6 Further future activities

There are several issues to be taken up. For instance, to investigate the possibility of presenting at the International Conference of Traffic and Transport Psychology in Groningen (summer 2012). To develop a possible position paper on Demerit Point system (see point above). To extend the website. The issue of training of Traffic Psychologists has been raised in the last meeting. What do we know about the existence of the discipline of TP? And what do we know about the training? What and how does the 'Bologna process' relate to this? It is recommended that the next term of the SC should take up all these issues (together with on-going activities reported above).

Literature

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3. Methodological aspects

n/a

4. Summary data

Not investigated

5. Analysis and synopsis where appropriate

6. Proposal for a common EFPA position

In autumn 2010 the SC agreed to **provide a draft position statement to EFPA** on the basis of the papers “ **Age based population screening for fitness to drive does not produce any safety benefits**” authored by Annette Meng & Anu Siren and the paper “Improving mobility and self-esteem of senior” authored by Christine Chaloupka-Risser, Ralf Risser & Daniel Bell. The rationale behind age based population screening for fitness to drive is to increase the road safety for both the older drivers themselves and for other road users. It intuitively makes sense to “remove risky drivers” from the driver population and thereby increase the road safety for all. Consequently, age-based screening of older drivers is used as a safety measure in most European countries.

However, there are two problems with this. First, older drivers generally do not have increased accident risk that calls for the society to invest in a costly age-based population screening, and second, according to research literature, aged based population screening does not succeed in producing the desired safety benefits.

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7. Implications for EFPA Member Associations

n/a

8. Future tasks of EFPA

To promote the role of Traffic Psychology to ensure safe and sustainable transport in Europe and the role of psychological knowledge for individual assessment, counselling and rehabilitation.

9. Conclusion

The Standing Committee Traffic Psychology has an important role in promoting Traffic Psychology as an important field of professional psychology

▪ **Annex**

Membership of Task Force/Standing Committee

	Country
1. Austria	Ralf Risser : ralf.risser@factum.at
2. Belgium	Mark Tant : mark.tant@bivv.be
3. Croatia	Vladimir Kolesaric : vkolesar@ffzg.hr
4. Cyprus	Panayiotis Kalogirou : pkalogirou@hotmail.com
5. Czech Republic	Martin Koran : martin.koran@homolka.cz
6. Denmark	Annette Meng : anm@transport.dtu.dk
7. Germany	Jens Schade © : schade@verkehrspsychologie-dresden.de
8. Italy	Giovanbattista Tiengo : giovanbattistatiengo@libero.it
9. Latvia	Viktorija Perepjolkina : viktorija@rpiva.lv
10. Luxembourg	François D'Onghia : f.donghia@cpats.lu
11. Slovakia	Karol Kleinmann : viceprezident@komorapsychologov.sk
12. Slovenia	Vlasta Zabukovec : vlasta.zabukovec@ff.uni-lj.si
13. Spain	Hector Monterde i Bort : hector.monterde@uv.es
14. Sweden	Lars Aberg : lars.aberg@psyk.uu.se
15. Switzerland	Markus Hubacher: m.hubacher@bfu.ch
16. Turkey	Yesim Yasak : yesimyasak@yahoo.com
17. United Kingdom	Andy Tolmie : a.tolmie@ioe.ac.uk
18. EFPSA	Dimitris Parperis : dimitris@parperis.eu and parperis@gmail.com



 European Federation of
 Psychologists' Associations

Minutes from meetings

EFPA SC Traffic Psychology Meeting Draft Minutes

Location: Grasmarkt 105/18, Brussels, Agora Galery 4th Floor

Date: March 19th, 2011

Present:	Jens Schade (convenor):	JS	Germany
	Mark Tant (secretary)	MT	Belgium
	Hector-Monterde I Bort	HMB	Spain
	Annette Meng	AM	Denmark
	Lars Aberg	LA	Sweden
	Martin Koran	MK	Czech Republic
	Andy Tolmie	AT	UK
	Dimitris Parperis	DP	EFPSA
	François D'Ongia	FD	Luxembourg
	Karol Kleinmann	KK	Slovakia
	Robert A. Roe RAR (EFPA president & EC liaison)		

Apologies

Giovanbattista Tiengo	GT	Italy
Ralf Risser	RR	Austria
Viktorija Perepjolkina	VP	Latvia
Markus Hubacher	MH	Switzerland
Vladimir Kolesaric	VK	Croatia

Vlasta Zabukovec, Yesim Yasak, Panayiotis Kalogirou,

1. Opening of meeting at 9h00 and Presentation of new members

The convenor opens the meeting and welcomes the members and guest.
All participants introduce themselves for the new member: KK

2. Previous Minutes (Brussels)

HMB wants to change/correct his name
point 9: 2 questions: and then 2 answers: No and No
correct terminology: avoid using 'doctors': use 'physicians'

3. Update on EFPA structure and future role of SC's

RAR presents the current status of EFPA:

The TFs will disappear; the WGs will remain.

The SCs will be split: professional Committees (Scientific, Education, . Testing) and Expertise Development (Health psych, Work and Organisation, Traffic Psychology, ...).

Hence also new groups will be created (e.g. health psychology) because EFPA feels it is missing certain areas of expertise.

Mission of SCs: probably there will be a proposal of list of possible tasks by EFPA: for Expertise Development that would be for example: reflective monitoring, current practices and evaluation significance of evolution, proposing actions, expert advice and representation in external bodies.

Hence we will be an expert group.

Issue of resources: EFPA is poor compared to its mission. Hence EFPA is in search for resources.

At GA the new structure will be discussed and decided upon. The national Member Organisations will also be consulted.

4. Update Position Statement: Age based population screening for fitness to drive

The position statement is uploaded on the EFPA website.

The active promotion has not happened yet. We need a list of key persons (todo for AM, RR, and all) to send this position paper too.

Name of organisations and press agencies, and contact person is AM and JS.

Please send info to Sabine.

Possibility to promote our position at congresses (Turkey and ECP2011).

5. Paper : Role of psychologists in the demerit point system

FD provides a draft paper. It states current affairs, aim,

Interesting issue: increase or decrease points

Need for EU central registration system and to prevent discrimination (foreign drivers).

Need to discuss the way of evaluating the importance of the role of the psychologist.

Can we answer all the questions with one questionnaire?

Position of SC: topic is important and interesting. The first step is to summarize and list the current state of affairs in our own countries. From that paper we could develop a questionnaire on a larger base and perhaps also initiate a larger project on EU level.

Deadline for providing material: before Istanbul meeting (july 2011).

By end of April: description of what is going on and what is the role of psychologists.

Please also check: BESTPOINT e.g. also at next FTD congress.

6. Update WHO initiative -A Decade of Action for Road Safety 2011-2020

Attempts have been made by JS to establish contacts by sending a letter to the organisers.

They answered that we are included in their contact list; hence there is actual formal contact. JS will forward important mails and share important information to the SC TP.

7. Update ECP2011 Symposia

Place: Istanbul - Date: July 2011

The SC TP was invited to organise a symposium.

7 members of SC TP applied for presentations: too much for one symposium.

Hence there will be 2 symposia (one invited and one normal symposium):

- invited symposium: Driving and Age; 4 presentations on age (accepted)
- normal symposium: current directions in traffic psychology; 5 presentations (accepted)

We need to know ASAP the exact dates and times.

8. Letter from the Community of European Railways (CER) psychologists Group

The request was that if SC TP and EFPA could send a letter to the commission.

The draft letter is not easy to understand.

The initial problem was: who is testing and responsible for what? Psychological evaluations are to be done by psychologists instead of by physicians.

The directive 2007/59/EC is adopted and needs even to be implemented at this point.

HMB suggests either changing the directive by informing the national representatives or alternatively going to the EU court. Apparently in Spain it is discriminatory for most psychologists.

The first question was however only to support their letter. The actual status is that there is not really a letter. Hence there is not much to support. We need to formulate our own position.

HMB will formulate our own position; merely we will support the letter and even add some remarks. And JS would need to find out who the target is for the letter. Perhaps we could find out why not all MS have implemented it (see newsletter 14/04/2011 of DG MOVE).

After determining our own position we will decide on our own initiatives.

9. Update CV

No new CVs have been received.

10. Update document structure

Most documents are available via EFPA. Documents before 2002 (?) are not available. LA will also be included in this task. This task has low priority.

11. Web-site status

HMB stresses his view of the necessity of updating any/the website. HMB has provided all documents to Valery.

Apparently there is a 'mini-website'. <http://mpanel.efpa.eu/efpa-traffic/>

Login and password are provided to FD. It is agreed that FD will become the website administrator of the 'mini-website'. The administrator is responsible for uploading material on this site and to maintain and update it. Other members will support this by providing relevant material.

Deadline: before July

RAR introduces the EFPA Forum: the possibility is available.

<http://community.efpa.eu/>

Someone needs to apply for SC TP, then someone is appointed as moderator and everyone needs to apply for login and password.

12. Updating dissemination material (poster)

Status of poster: LA sends the current (2 years old) poster around. New poster needs to be ready before the next congress. EFPA will have booth and our poster could be there.

Poster is sent out by LA to update before April 1st.

Reply until May 15th

Final deadline: June 15th

Simultaneously on website, RR makes the actual poster

13. Future initiatives & work of the SC

Investigate (by JS) the possibility of presenting at the International Conference of Traffic and Transport Psychology in Groningen (summer 2012).

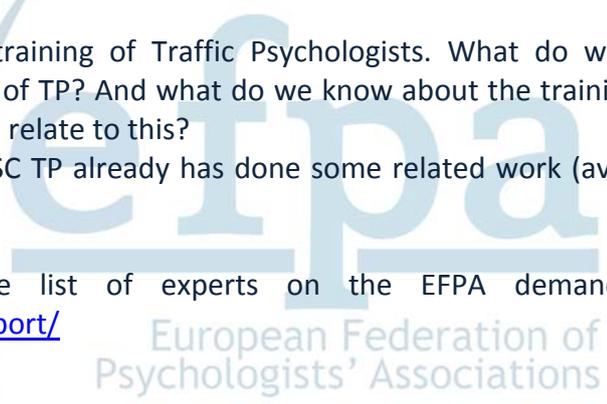
Position paper on Demerit Point system: see point 5 of these minutes

Website: see point 11.

RAR raises the issue of training of Traffic Psychologists. What do we know about the existence of the discipline of TP? And what do we know about the training? What and how does the 'Bologna process' relate to this?

HMB points out that the SC TP already has done some related work (available on the 'old' website)

Continue to collect the list of experts on the EFPA demand. Also look at:
<http://ec.europa.eu/transport/>

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14. Next meeting

Proposition: 17th or 24 march 2012

15. AOB

Mail by RR concerning a new European Traffic Psychology Group: They want to invite some people related to assessment and rehabilitation.

RR wants to become member but not in competition to our SC TP.

We will establish connection and will gather information.

16. Closing of meeting approx. 14.00/15.00h

Some people will be in Istanbul (ECP): there will be an informal meeting there

Some people will be in Den Haag (Fit to Drive)

Next meeting: march 2012: Brussels. We will start organising in January 2012.

All participants are thanked, also EFPA is thanked. C U all at the next congresses.

Summary of tasks and deadlines

Task	Responsible	Dead line
Review the document structure as provided by Pat	JS, MT	
Update SC TP poster	LA	June 15 th
Provide CV	When not already done so	
website on EFPA space	FD	before July
Proceed with Demerit Point system paper	FD	July 2011
Proceed with letter from the Community of European Railways (CER)	HMB, JS	April 2011
To liaise with the organizers of the next International Conference of Traffic and Transport Psychology in Groningen 2012	JS	April 2011

MT/JS
12/04/2012



EFPA SC Traffic Psychology Meeting in Brussels, March, 19th 2011

at EFPA Head Office, Grasmarkt 105/18, Brussels, Agora Gallery 4th Floor

Agenda

1. Opening of meeting at 9.00
2. Previous Minutes JS
3. Update on EFPA structure and future role of SC's Robert Roe
4. Update Position Statement: Age based population screening for fitness to drive Annette Meng
5. Paper : Role of psychologists in the demerit point system François D'Onghia
6. Update WHO initiative -A Decade of Action for Road Safety 2011-2020 JS
7. Update ECP2011 Symposia JS
8. Letter from the Community of European Railways (CER) psychologists Group JS
9. Update CV JS
10. Update document structure JS/MT
11. Web-site status Hector Monterde i Bort
12. Updating dissemination material (poster) LA
13. Future initiatives & work of the SC JS, all
14. Next meeting all
15. AOB
16. Closing of meeting approx. 14.00/15.00h

Jens Schade
Convenor
Dresden, 25.02.2011

EFPA SC Traffic Psychology Intermediate Meeting Draft Minutes

Location: Technische Universität Dresden, Hettner Str. 1, Dresden, Potthoffbau Room 167

Date: October, 30th 2010

Present:	Jens Schade (convenor):	JS	Germany
	Mark Tant (secretary)	MT	Belgium
	Giovanbattista Tiengo	GT	Italy
	Ralf Risser	RR	Austria
	Hector-Monterde I Bort	HMB	Spain
	Annette Meng	AM	Denmark
	Lars Aberg	LA	Sweden
	Martin Koran	MK	Czech Republic
	Andy Tolmie	AT	UK
	Dimitris Parperis	DP	EFPSA (Cyprus)
	Franco Amore (guest)	FA	Italy

Apologies received from

Markus Hubacher, François D'Ongia (FD), Karol Kleinmann (KK),

1. Opening of meeting at 9.30

The convenor opens the meeting and welcomes the members and guest.

2. Presentation of new members

All participants introduce themselves for the new member and guest.

Franco Amore (representative of CER group, railway company of Italy) is the guest.

DP is for the first time present as SC TP member. He is representative of EFPSA. He is student in Cyprus and in Leiden shortly.

Viktorija Perepjolkina has been announced as a new member (Latvia) but is not present.

3. Previous Minutes (Brussels)

The minutes are accepted without changes.

4. Open tasks

All tasks are taken up by the current agenda, except for the document structure. This could not proceed because it is linked to the website. This task will be copied to the new list of tasks.

5. Status update on campaign for more members

Ireland was contacted and an interested candidate representative was found. No financial possibilities could be created however by the national federation.

There was a contact with Poland and a suggestion was provided for Portugal. This did not lead to a new membership so far.

Conclusion: Not much scope to develop further. This task will not be renewed. We still keep the possibility open for associate members (unofficially): experts who can not attend, have no decision rights, but willing to participate in (virtual) discussions.

6. Status update on dissemination material

There is the SC TP poster produced by LA. There has been a conversion issue, partly resolved by RR. On the poster, we should write something about our expertise and tasks addressed by the SC TP at this moment. This should be updated after each meeting or at least when apparent changes have occurred.

LA suggests to leave out the issue of the common platform. The 'current issues' could be elderly drivers, demerit point system, a.s.o. The issues will be fixed on relatively short term and will be defined on the basis of the discussion on the position papers.

7. Status update on CV's & available EU contacts

All members previously present and currently present provided their CVs. When the website is launched, these CVs should be made available.

All members are invited to update their CVs when they feel this is necessary. CVs will be put on the website when it is up and running. From the CVs the area of expertise should be apparent so this can be mentioned on the website and on the poster.

8. Update on EFPA call for experts

Experts were suggested to EFPA on safety, sustainability and life quality, and licensing and fitness to drive.

The question by EFPA hence was answered in June 2010. Since then there was no further EFPA communication.

9. Web-site status

There was an exchange between HMB and JS. There was also communication with EFPA by HMB because EFPA offered their infrastructure. HMB provided documents and information about meetings, past and future mainly based on the current (protected) SC TP website (personally run by HDM). The suggestion would also be to have areas, e.g. car drivers, train drivers, etc. devoted to specific topics and/or common to all meetings. This was all handed over to EFPA. We further wait for implementation by EFPA.

The next question addressed is whether this group needs a 'working space', which is strictly private in addition to a public space, hosted by EFPA.

EFPSA has both systems, but DM advises to work on short and long term basis. Short term for external information. Long term for internal communication, but both should be physically separated.

It is agreed that we first need to make the public space available, fed by the information that we want to be available for the larger public. The private area does not seem to be a major concern to most of the members.

When the architecture is working and we know how to 'publish' we can decide to what level we will make information available (e.g. to justify to our 'sponsors' why it is worthwhile being part of the SC TP).

Decision: we use EFPA infrastructure for external communication. HMB contacts EFPA and informs about status who to contact and what the level of detail is we need to provide. Important notice: not all documents provided at this moment are to be made public.

10. Report about the Convenors' meeting with Executive Council EFPA - June, 2010

MT replaced JS at this meeting in Brussels.

Members present: Ethics, Psychotherapy, Tests and testing, Scientific Affairs, Disaster and Crisis, Traffic Psychology, Pharmacopsychology, Cultural and Ethnic Diversity, EFPA officials and EFPA EC members.

Situation of our SC in relation to others: we are intermediate in size: 17 members (at that time): range 4-26.

Future of EFPA: visibility and strategic reorientation and therefore new structure.

The basic elements to achieve this: develop and specify a vision on EFPA and psychology, explicitation of vision statement (also in longer terms), develop a new strategy defining future lines of action, and develop a new organisation structure. The new structure probably will have Standing Committees (professional development), Task Forces (representational lobbying), Expert Groups (expertise development) and Support Teams (executive functions). We, TP, will most likely be an Expert Group.

Experts will give advice to EFPA on policy issues and developments, give inputs and comments on European policy papers, attend European consultation meetings, workshops and conferences, contribute to EFPA position papers, take part in meetings with European officials initiated by EFPA and represent EFPA in European advisory bodies.

The second point on the agenda was EuroPsy: the implementation phase starts.

11. Community of European Railways (CER) psychologists Group

ToDo: publish 3 documents on website.

CER works since 2000 together with several other institutions and bodies on the issue of psychological assessments for train drivers. They have about 50 members. In the past years, a European Decision and a Directive have been published. CER is not happy with the result.

The content of the EU texts is by FA. He highlights the importance of the specification of certification of psychologists, and the content and interpretation of psychological

assessment. The directive states however that the psychological assessment is performed by psychologists or MDs. In the annex all psychological assessments are defined as 'medical acts', performed by occupational doctors.

We, as psychologists, and EFPA in its role to protect and defend the autonomy of the psychologists, should be very concerned with this formulation and definition because it opens the door for the medical doctors to perform psychological assessment.

The formulation of the statements is discussed by the group. It is apparent that the directive uses terminology incorrectly and sometimes inconsistently and that, depending on the implementation, several possibilities legally are possible (e.g. occupational doctor).

CER would like to change the directive or at least the annex, by moving the 'psychological parts' away from the medical section. There is some doubt that this will be possible.

The alternative is to have a strong suggestion by EFPA (and perhaps commission) to interpret the directive. When member states will be implementing the directive into national law, they could at that time 'correct' the inconsistencies, and clarify and correct the other issues.

Decision: we as SC TP support the idea and share the concern as expressed. FC is to provide a draft letter to the SC TP. After approval by the SC TP members the convenor will submit the letter for signature to EFPA with the suggestion to take appropriate action on EU level.

Communication: CER would like another meeting in the future to discuss accidents and psychological assessment.

12. Paper : Role of psychologists in the demerit point system

Since FD is excused it is suggested to take this paper up at the next meeting.

13. Paper: Age based population screening for fitness to drive

AM presents the conclusion of the paper. It is agreed that the conclusions are justified and that the paper can be considered a 'position paper'. It could serve as input for policy making.

Care should be taken that it is always clear that the statements are valid for 'screening' 'performed on population level'. It is never argued that cognitive assessment is not an important aspect of fitness to drive evaluations in specific (e.g. brain damaged) populations.

The paper is an answer to the question: Is on population level, a screening based on chronological age justified for taking fitness to drive decisions or does population based screening of elderly have proven positive road-safety effects? The answer is 'no'.

AM is to convert the format to a brief position paper and to grant EFPA permission to make it public as such on the website in name of EFPA in general and SC TP in particular.

When this is done, this will be submitted to EFPA for approval of position paper.

14. Paper: Study-results concerning senior citizens

RR presents the main results of his paper. He shows that the older people get, the less they can/do use the car. The next question to be answered is: what are the alternatives for mobility?

It is the position of the SC TP that, not only we should advise on effective and fair procedures for determination of fitness to drive, for everyone but for senior citizens in particular. We see it further as our obligation to also express and value our expertise in the suggestion of alternatives to car-mobility, and on the organisation and implementation of these alternatives.

It is decided that the main results and the conclusions that follow from it are to be incorporated into the previously mentioned position paper. It is the consensus that both issues are complementary and that expressing both positions as integrated brings about a significant added value.

15. WHO initiative -A Decade of Action for Road Safety 2011-2020

MK provides the members with a written summary of the WHO initiative. The question to be answered by the SC TP is: 'Do we agree with the orientation of the initiative, more explicitly with the explicitation of the road user behaviour? It is certainly welcomed that 'speed' is recognised as one of the leading causes of unsafety.

It is decided that EFPA through the SC TP should express the recognition of the broad themes to WHO and that we should offer our services to comment upon and add to the content further if needed and wanted.

16. ECP2011 Invited Symposium

The SC TP is invited to organise a symposium in Turkey on Traffic Psychology (july 4th - 8th 2011). JS, as convenor and moderator, has put the internal deadline for abstract submission on nov 15th 2010. This gives him time to evaluate, organise and submit the symposium. Had already formally expressed their interest: AT, RR, KK and JS. Have now expressed their interest: AM and GB.

final deadline is nov 15th for abstract submission to JS.

Since there are only 90 minutes to be filled, JS will decide how many abstracts finally will be submitted. Perhaps we can organise 2 symposia.

17. AOB

Apparently there will be a German expert group on screening tests. The SC TP group should be informed. RR informs JS.

18. Next meeting

The next meeting will be in on a Saturday in march 2011. MT will investigate the availability of EFPA HQ and Robert Roe.

19. Closing of meeting approx. 15.30h

Summary of tasks and deadlines

Task	Responsible	Dead line
Review the document structure as provided by Pat (see minutes from Oslo/Tallinn)	JS, MT	Febr. 2011
Update SC TP poster	LA	
Provide CV	When not already done so	
Follow up on the publication of the website on EFPA space	HDM	
Prepare 'elderly screening' text for position paper	AM	
Integrate 'senior citizens' paper in 'elderly screening position paper	RR	
Find a contact person in WHO	JS	



**EFPA SC Traffic Psychology Intermediate Meeting
in Dresden, October, 30th 2010**

at Technische Universität Dresden, Hettner Str. 1, Dresden, Potthoffbau Room 167

(Draft) Agenda

- | | |
|---|----------|
| 17. Opening of meeting at 9.00 | JS |
| 18. Presentation of new members | |
| 19. Previous Minutes (Brussels) | JS |
| 20. Open tasks | JS, all |
| 21. Status update on campaign for more members | JS/AT/FO |
| 22. Status update on dissemination material | JS/LA |
| 23. Status update on CV's & available EU contacts | JS |
| 24. Update on EFPA call for experts | JS |
| 25. Web-site status | JS/HMB |
| 26. Report about the Convenors' meeting with Executive Council EFPA - June 19, 2010 | MT |
| 27. Community of European Railways (CER) psychologists Group | AF |
| 28. Paper : Role of psychologists in the demerit point system | FD |
| 29. Paper: Age based population screening for fitness to drive | AM |
| 30. Paper: Study-results concerning senior citizens | RR |
| 31. WHO initiative -A Decade of Action for Road Safety 2011-2020 | MK (tbc) |
| 32. ECP2011 Invited Symposium | JS |
| 33. AOB | all |
| 34. Next meeting | |
| 35. Closing of meeting approx. 15.30h | |

Jens Schade
Convenor
Dresden, 20.09.2010

EFPA SC Traffic Psychology Meeting Final Minutes

location: EFPA HQ, Grasmarkt 105/18, Agora Galery 4th floor, Brussels, Belgium
date: March 20th 2010

Present:	Jens Schade (convenor):	JS	Germany
	Mark Tant (secretary)	MT	Belgium
	Giovanbattista Tiengo	GT	Italy
	Ralf Risser	RR	Austria
	François D'Ongia	FD	Luxembourg
	Hector-Monterde I Bort	HMB	Spain
	Annette Meng	AM	Denmark
	Lars Aberg	LA	Sweden
	Martin Koran	MK	Czech Republic
	Andy Tolmie	AT	UK

Robert A. Roe (EFPA president and EC liaison) RAR

Apologies

Vladimir Kolesaric, Vlasta Zabukovec, Markus Hubacher, Yesim Yasak, Pelin Dinc

1. Opening of the meeting:

At 9h10 JS opens the meeting. He thanks EFPA for the opportunity to organise the meeting at EFPA HQ. The present members are welcomed and greeted by both the convenor and the EFPA president. JS expresses the gratitude of the SC to former members Lisbeth Harms (DK) and Pat McKenna (UK) for their valuable work in the committee.

2. Presentation of new members

All present members introduce themselves.

3. Organisation of the SC: Secretary

The convenor asks a volunteer to act as secretary. MT is appointed.

4. Previous Minutes (Tallinn/Oslo)

No comments. The minutes are approved.

5. Report from the GA (Oslo)

The minutes of the GA have been distributed by Email. LA summarises the most important points. The presentation of the SC was positively received. The issue was raised to change the name into Transport Psychology. This point will be discussed further.

6. The tasks of EFPA and expectations about the SC's work

RAR presents the current EFPA structure, aims and goals. He indicates that the EFPA structure will change to improve transparency and effectiveness. This reorganisation (in

terms of structure) will affect SC's in various degrees. The other aims and goals of EFPA (past and near future) focus on the EuroPsy degree and the interface to Europe.

From the resulting discussion and Qs&As it is clear that 'economy' is and remains a key issue. EFPA repeats that the SC's are constituted of volunteer members and that there are no or very limited resources available from their side. The country members are to fund and support their representatives. On the other hand, a higher visibility of EFPA and the SC's could possibly result in access to more EU funds. Therefore, in order to aid EFPA in its role of representation to the EU and lobbying position, the link between our SC, and other SC's in general, should be strengthened. One of the tasks of the SC is to provide knowledge to the EFPA executive committee in order for them to use or promote the dissemination of this knowledge.

7. Open tasks and previous initiatives

JS expresses his desire to improve the communication between the members of the TP SC. This is a task for the convenor and the secretary.

Action: JS & MT to review the document structure as provided by Pat (see minutes from Oslo/Tallin)

JS draws the attention to open tasks and the to do list of the previous minutes:

- **COST action:** RR reports there is no progress since the last meeting. He states that he is discouraged by the lack of enthusiasm and therefore discontinued this task. RAR states that EFPA can provide support if the action has strategic importance to EFPA. EFPA could also act as associate partner. It is concluded that future projects and initiatives could preferably be first discussed and presented to the members of the SC and as such this will increase support and cooperation between the members of the SC. The task for RR as formulated in the previous minutes is discontinued.
- **Corporate activities in US:** see emails previously distributed by Markus Hubacher. There is no specific group comparable to the TP SC. They are much closer to engineering. This task is closed.
- **PASS model and demerit point system:** The demerit point system is a topic to be discussed in this group, but there will be no concrete task related to the PASS model. FD proposes to set up a study (pilot) investigating which countries have a demerit point system and more specifically what role psychologists have to play in it. There are at present different roles that could be played. Driving school instructors sometimes take similar roles and this is undesirable.

Action: FD to draft a 'discussion paper' about the demerit point system and the role of psychologists within it.

8. Website status

HMB presents the status of the website. One of the current issues is the server location. This is now in Spain but should be moved to EFPA. This is to be discussed with EFPA (Valerie Boni).

current location: www.uv.es/ectp

username: ectp

passwd: ectp1006

It is decided that the purpose of the website is to increase the visibility of the SC and that it should serve as a communication tool to the broader public. The purpose of an internal communication platform for the SC members is under discussion but has no priority.

RAR indicates that hosting the site as a section of the EFPA website is no problem and that indeed the visibility of the TP SC is to be increased. EFPA will act as administrator of the site, but the content has to be taken care of by the SC.

Action: JS to liaise with HMB in order to check which material could be uploaded to EFPA website.

9. Campaign for more members

The convenor informs the members that The Netherlands, France, Poland and Norway were approached but that it is unlikely that these countries will delegate a member for the SC for different reasons.

AT informs that Ireland might be interested. FD states he has contacts with France and Portugal.

RAR repeats that a TP SC member should be member of a EFPA Member Association.

Action: JS to contact Ireland, FD to contact France and Portugal

10. Relationship with European and national legislation agencies

RR informs the group that there was an EU meeting with Mr. Joel Valmain but that this was not very successful. JS stresses that here he sees an important role for EFPA to continue to influence EU representatives. RAR confirms that EFPA is ready to take new initiatives on EU level. MT informs the group that DG TREN no longer exists and is now DG MOVE. All representatives have changed and therefore it is wise to renegotiate the EFPA position. The EU driving licence committee, formerly chaired by Valmain is now chaired by Mrs Kardazch and Mr. Bergot. They have acknowledged their willingness to be informed and guided by groups of experts in their decisions. Therefore is the time to present the TP SC to them as for example 'dementia' and 'the elderly driver' might be topics of interest to them.

Action: task for all members to provide a list of available contacts on EU level (who knows what and who). This completed by our expertise could be used by EFPA to define where we can be involved and for what topics (EFPA lobbying).

task for all: to provide a brief CV and to list own expertise relevant to the domain of TP

11. Networking with partner organisations (IAAP, IUPsys etc)

The convenor informs the SC that there have been contacts with IAAP and that this will be followed up.

12. Updating dissemination material (leaflet, poster)

RR and LA have produced a TP SC poster. It is distributed during the meeting. It should be updated with the new members, replace the old members who have left etc.

Action: LA to update the leaflet

13. Change of committee name

LA informs the SC that during the last EFPA GA it was suggested to change the name of the SC from Traffic Psychology to Transport Psychology. A discussion takes place and it is clear that both terms have different meanings and connotations in different countries and languages. It is generally feared that the term 'Transport' is too broad to effectively cover our current expertise. We do not want to suggest competence we currently do not have.

Decision: the name will not be changed and hence remains Traffic Psychology. We are however clearly to define the term 'Traffic Psychology'. This should be a major part of the TP SC website.

14. Future tasks and work of the SC

The convenor introduces this issue and stresses that this perhaps is the most important item on the agenda. He states that the achievement of the TP SC is related to our own personal effort and active participation. He therefore repeats the importance and need for an internal expert list. Each member is to provide a biography including CV, 'who am I and what can I do' description, current activity list, list of the relevant key issues on national level, what are your networks, etc.). Also a picture is to be provided. This list is for internal use and information to start with. Secondly, a list of expertise can be compiled from it, which could be of external use.

The convenor asks the members to inform at least the other TP SC members of important national developments which are relevant to our field. The email list is to be used for that. Note that the email list is only to be used for information to the entire TP SC group and should not be used for personal communications. Hence be cautious with the 'reply' button.

It is decided that with each new task a specific timeframe is to be specified and that the convenor exerts friendly pressure to make sure the tasks are fulfilled and deadlines are respected.

It is decided that the time frame of voluntary tasks is to be specified by the author when submitting or proposing the task. The author is responsible for compiling the answers by the members (if any) and presents the end result back to the SC.

It is decided that the end result of tasks should be an official opinion, policy recommendation; status report etc and it should be published as such on the website. This will increase the visibility of the TP SC.

It is recommended that during the next TP SC meeting, some time on the agenda is foreseen for internal consultation and work on newly assigned tasks.

Formulation of voluntary tasks:

AM: summary of the safety benefits of aged based population screening based on a literature study: submission by July 2010

RR: subject: senior citizens and mobility: submission by July 2010

FD: Demerit Point systems: the role of the psychologist: submission mid April 2010

15. Miscellaneous

The group will send a letter of gratitude to former members Pat and Lisbeth.

RR asks RAR whether EFPA can provide them with a letter expressing political views. EFPA can be approached for such matters in writing.

Action: LA to draft a letter of gratitude to former members Pat and Lisbeth.

16. Next meeting

The convenor proposes Dresden as the meeting venue for next year. It is however generally felt, also by EFPA, that the TP SC should meet in 6 months time to be able to guarantee continuity and adequate follow up of the new and ambitious tasks. As the convenor set up more ambitious goals for the SC which is agreed and supported by all present members an intermediate meeting is scheduled.

It is decided that the meeting schedule remains on an annual basis. The next TP SC yearly meeting will be in March 2011 in EFPA HQ (Brussels, Belgium).

The intermediate meeting will be held in Dresden (Germany) on October 23rd 2010.

17. Closing of the meeting.

The convenor thanks EFPA for hosting the meeting and for providing the lunch. All present members are thanked for their presence and active participation.

Summary of tasks and deadlines

Task	Responsible	Dead line
to review the document structure as provided by Pat (see minutes from Oslo/Tallinn)	JS, MT	15.06.2010
to draft a discussion paper about the demerit point system and the role of psychologists within it.	FD	15.04.2010
to check which material could be uploaded to EFPA website	JS, HMB	15.06.2010
to contact Ireland, France and Portugal and request participation in this group	JS, FD	15.06.2010
to update the leaflet	LA	15.04.2010
summary of results of study on need for medical screening for elderly drivers (age based population screening)	AM	31.07.2010
to draft a discussion paper about senior citizens and	RR	31.07.2010

mobility		
to draft a letter of gratitude to former members Pat and Lisbeth	LA	15.04.2010
to provide a list of available contacts on EU level	all	15.06.2010
to provide a brief CV and to list own expertise	all	15.06.2010

MT/JS 30.03.2010



EFPA SC Traffic Psychology Meeting in Brussels, March, 20th 2010

at EFPA Head Office, Grasmarkt 105/18, Brussels, Agora Galery 4th Floor

Agenda

- | | |
|---|--|
| 36. Opening of meeting at 9.00 | Jens Schade |
| 37. Presentation of new members | |
| 38. Organisation of the SC: Secretary | JS, all |
| 39. Previous Minutes (Tallin/Oslo) | JS |
| 40. Report from the GA (Oslo) | Lars Åberg, Martin Koran |
| 41. The tasks of EFPA and expectations about SC's work | Robert A. Roe (President of EFPA and EC liaison) |
| 42. Open tasks and previous initiatives | JS, all |
| 43. Web-site status | Hector Monterde i Bort |
| 44. Campaign for more members | JS |
| 45. Relationships with European and national legislation agencies | JS, all |
| 46. Networking with partner organisations (IAAP, IUPsyS etc.) | JS |
| 47. Updating dissemination material (leaflet, poster) | JS |
| 48. Change of committee name | LÅ |
| 49. Future tasks & work of the SC | JS, all |
| 50. Miscellaneous | all |
| 51. Next meeting | |
| 52. Closing of meeting approx. 14.00/15.00h | |

Jens Schade
Convenor
Dresden, 17.02.2010

EFPA Position Statement on Age-Based Population Screening for Fitness to Drive

December 21, 2010 published 03. February 2011

1) Older drivers are generally the safest groups of drivers

It is generally believed that both younger (under 21) and older car drivers (over 65) have a higher accident risk. Recent research has shown that the well-known 'U-curve' (crashes per kilometre) does not show the actual accident risk of older drivers. In fact, the accident risk does not increase as drivers get older. The percentage of people driving decreases with age, and those who keep driving tend to drive more safely. This finding raises serious questions on the rationale of screening all senior drivers for fitness to drive.

2) Driver screening can unduly limit people's mobility

While very few drivers will ever have an accident, driver screening will categorize large numbers of drivers as having an elevated accident risk and make them stop driving, without due cause. As mobility is a human right the balance between safety and mobility must be carefully considered.

3) Age based driver screening does not produce any safety benefits

The rationale behind age-based population screening for fitness to drive is to increase road safety for both the older drivers themselves and other road users. However, research has consistently failed to document any safety benefits from this type of screening for either the older drivers themselves or other road users. This again raises questions the rationale of this type of screening as a safety measure.

4) Age based driver screening may have an indirect negative effect on overall road safety

In the present transport system the car is the safest mode of transportation for older people. Research indicates that screening makes older drivers (and especially female drivers) give up driving and shift to less safe transportation modes, even if they are fit to drive. This increases their accident risk as vulnerable road users.

5) Mobility in old age has been linked to health and quality of life

For many older drivers loss of their license equals loss of their mobility. Screening of older drivers may make it more difficult for them to live an active life, socially and physically. Loss of mobility therefore brings cost for the society in the form of increased need for health care and support in daily living.

6) The proportion of older drivers is increasing

As new generations become older and live more healthy years, age based screening will become increasingly dysfunctional. With no documentation for the desired safety effects screening may become a large expense with no corresponding benefit for society. In addition, the negative consequences of screening for mobility and quality of life become more pronounced.

7) The focus should shift from screening to making suitable alternatives to driving

Age based population screening may force older drivers, as more vulnerable road users, into a transport system that has not taken the needs of the older population sufficiently into account. By making the public transport and walking/cycling facilities more age-attuned, this group of citizens should rather be persuaded to use the more sustainable modes of transport, like everyone else. The focus of intervention should thus not be screening a safe group of drivers but making the alternatives to driving more attractive.

8) Individual screening may be useful

As is the case among younger drivers, there may be older drivers who are not able to drive safely because of a mental and/or physical health condition, or because of the use of medication. Individual evaluation by a specialised psychologist and/or other relevant health professional may be useful to assess fitness to drive and to find safe alternatives to driving that preserve the person's mobility.

European Federation of Psychologists Associations EFPA

More information:

Brief summary of selected parts of the two Danish reports: "Aldring, demens og bilkørsel" (Siren & Meng, 2010) and "Helbredsmæssig kontrol ved ældre bilisters kørekortsfornyelse – Evaluering af de sikkerhedsmæssige effekter af demenstesten" (Siren & Meng, 2010), from DTU Transport, Denmark. (An article on the results of the empirical part of the latter report is forth coming entitled "cognitive screening of older drivers does not produce safety benefits").

Contact :

Annette Meng

Member of the EFPA Standing Committee on Traffic Psychology

anm@transport.dtu.dk

Age based population screening for fitness to drive does not produce any safety benefits

This document is a brief summary of selected parts of the two Danish reports: "Aldring, demens og bilkørsel" (Siren & Meng, 2010) and "Helbredsmæssig kontrol ved ældre bilisters kørekortsfornyelse – Evaluering af de sikkerhedsmæssige effekter af demenstesten" (Siren & Meng, 2010), from DTU Transport, Denmark. (An article on the results of the empirical part of the latter report is forth coming entitled "cognitive screening of older drivers does not produce safety benefits").

By Annette Meng, Standing Committee of traffic Psychology, EFPA & Anu Siren, DTU Transport, June 2010.

The rationale behind age based population screening for fitness to drive is to increase the road safety for both the older drivers themselves and for other road users. It intuitively makes sense to "remove risky drivers" from the driver population and thereby increase the road safety for all. Consequently, age-based screening of older drivers is used as a safety measure in most European countries.

However, there are two problems with this. First, older drivers generally do not have increased accident risk that calls for the society to invest in a costly age-based population screening, and second, according to research literature, aged based population screening does not succeed in producing the desired safety benefits.

Older drivers are generally safe drivers

Contrary to common belief older drivers are in fact generally the safest group of drivers. Various factors have contributed to the belief that older drivers are risky drivers.

For many years the U- shaped curve was often presented in talks about older drivers' accident risk. It illustrates accident risk as the number of accidents per exposure (driven kilometres) in different age groups. The curve shows a high accident rate for the youngest drivers, while the rate decreases for the middle aged group only to increase again at around the age of 65 – 70. The U-shaped curve has been interpreted to illustrate how chronological age as such influences the accident risk. However, recent research has identified biases that can account for the trend shown in the U- shaped curve and thereby document that increased chronological age per se is not associated with higher accident risk. The main biases are the frailty bias and the so-called low mileage bias (Hakamies-Blomqvist, 2003).

Frailty bias

In an accident of the same impact an older adult is much more likely to die or sustain severe injury than a younger adult (Evans, 2001). In other words, older adults are easily killed or seriously injured in accidents. This poses a problem as estimation of accident risk of various groups in the society is based on accident statistics which often stem from police recorded accidents. Not all accidents and incidents are reported to the police. The more serious an accident is the more likely it is that it will be reported to the police. As a consequence, a larger share of the older adults' accidents than of the younger adults' accidents are registered and thereby inflate the estimated accident risk of older drivers (Hakamies-Blomqvist, 1998). Li et al. (2003) estimate that 60 – 95 % of the increased accident risk for older drivers can be accounted for by the frailty bias.

Low mileage bias

People who drive less have, on a group level, more accidents per kilometres driven. This can partly be explained by lack of routine but also by their driving patterns where they gain their exposure. People, who drive long distances usually drive many of their kilometres on motorways. As motorways are the safest roads to drive on, this group consequently gains a lot of safe kilometres (that is, kilometres with

much lower accident probability). People, who only drive little on the other hand, tend to drive more in urban areas and thus more complicated traffic situations where the probability for accidents is higher. Their gained exposure is therefore more risky to begin with, independent on the age of the driver (Hakamies-Blomqvist, 2003). Older drivers generally drive fewer kilometres than middle aged drivers, largely due to different activity patterns after retirement. When comparing older drivers and middle aged drivers with the same yearly mileage, the age difference in accident rates, illustrated in the U-shaped curve, disappears (Langford et al., 2006; Keall & Frith, 2006; Hakamies-Blomqvist et al., 2002; Fontaine, 2003). Thus, it is the quantitative and qualitative differences in driving exposure and not chronological age that explains the increase in accident risk illustrated in the U-shaped curve.

Defensive driving and responsibility in accident involvement

One approach in finding out whether older drivers are a high-risk group has been examining who is the responsible party in older driver accidents. It has been found, that older drivers are often the guilty part in the accidents they have. However, when examining this further it becomes clear that it in part can be explained by the older drivers having a defensive driving style. This means that they drive more careful and slowly and are therefore good at compensating for other road users mistakes and avoid accidents this way. However, when older drivers make mistakes, younger drivers are less likely to compensate for this, as they often do not have a defensive driving style, and the accident is therefore not avoided. Consequently when older drivers have accidents it is often when they have made a mistake and thus become the responsible party (Hakamies-Blomqvist, 1998; 2003; Langford & Koppel, 2006).

Age based population screening for fitness to drive does not produce any safety benefits

Age based population screening is still widely used, both inside and outside the EU, as a measure to improve road safety. This is despite the fact that evidence showing that chronological age, in the case of mature drivers, does not relate to accident risk, and the fact that studies that have evaluated the safety effects of population screening have all failed to document any safety benefits of this type of screening.

A study by Mitchell (2008) compared seven EU countries with different screening procedures. He found that the countries that had the most lenient screening procedures also had the lowest accident rates among older drivers. He concludes that one cannot find any safety benefit from compulsory medical screening of older drivers.

Rock (1998) compared accident rates, in the state of Illinois, before and after the license renewal rules were revised. For the 69 – 74 year old group the rules had become more lenient, by removing mandatory on-road test and for the older group aged 80+, the rules had become stricter, by requiring more frequent checks. These changes had neither a negative effect on the safety of the younger group nor a positive effect on the safety of the older group.

Another three American studies compared accident rates in different states with different age based license renewal policies. Grabowski et al. (2004) found that having to renew your license in person, as opposed to by mail, had some safety effect for the age group 85+. However, additional test such as vision tests and on-road tests did not produce any additional safety effects. Levy et al. (1995) found that including a visual acuity test was related to somewhat lower accident risk but the addition of a theoretical driving test did not have any effect. Finally, Lange & McKnight (1996) found that states with age based screening had more accidents among older drivers.

In Scandinavia, Hakamies-Blomqvist et al. (1996) compared accident rates in Sweden, where there is no aged based screening and Finland, where drivers, from the age of 70, are required to go through a medical check in order to renew their license. This study could not demonstrate any safety benefits of the screening procedure in Finland. On the contrary they found a higher rate of fatalities among unprotected road users aged 70+ in Finland. They interpreted this to be an indirect negative effect of the screening procedure by making older drivers change into less safe modes of transport such as cycling and walking.

In Australia the same pattern appears, Langford et al. (2004a) compared accident rates of older drivers in Melbourne (no screening) and Sidney (Screening from the age of 80) they failed to find any safety benefits for the older drivers living in Sidney. In addition, Langford et al. (2004b) compared the accident statistics of older drivers in six Australian states and found that the accident rates were lowest in the state of Victoria which is the only state without aged based screening. More recently Langford et al. (2008) examined whether older driver screening procedures had any safety benefits not only for the older drivers themselves but also for the accident rates of other road users. They conclude that screening procedures do not have any safety benefits either for the older drivers themselves or other road users.

Recently, Siren & Meng (2010) evaluated how upgrading the Danish screening procedure in 2006 by adding a cognitive screening test to the medical check in connection to the licence renewal affected safety. Like the previous studies, also this study failed to find any safety benefits of the screening and, as in the study by Hakamies-Blomqvist et al. (1996), the results indicated that the screening may have an indirect negative effect on the overall traffic safety of older adults.

All in all, the research in this area suggests that screening does not produce the desired safety benefits – quite the contrary it seems to have an indirect negative effect on the overall road safety.

Why do age based population screening fail to produce any safety benefits?

There are several possible explanations for this among other, it is not possible to estimate a person's individual risk, accidents at the individual level are very rare, and screening may make other sub-groups than the one originally targeted stop driving.

Individual risk cannot be estimated

Ideally only drivers who would be involved in accidents, if allowed to drive, should have their drivers license revoked. In order to achieve this, the person's individual risk has to be estimated with sufficient accuracy. However, assessing "individual risk" is conceptually impossible (Hakamies-Blomqvist, 2006). For example, if a person suffers from problems with attention, in order for an accident to occur he or she has to end up in a traffic situation that is too demanding for him or her. At the same time other road users have to fail to compensate for the inappropriate behaviour. Then the technical aspects of the road environment will also influence the likelihood of an accident occurring as will the weather condition at this moment of time. All these factors cannot, for good reasons, be predicted in a testing situation. Therefore you cannot estimate a person's individual risk. At best you can assign a person to a group having a certain level of estimated risk which is based on statistical information about the accident involvement of this group.

Accidents at the individual level are very rare

Even if an individual driver could be labelled as belonging to a high risk group, we should remember that most at-risk drivers never have accidents. If a person with for example dementia has twice as high a risk of having an accident as a healthy person of the same age, the likelihood of him or her actually having an accident is still very small. Hakamies-Blomqvist (2003) has illustrated this with the following example: If a healthy person's risk of having an accident is one in every 20 000 persons meaning that for every 20 000 persons one of these will have an accident. If a person then has twice the risk, 1 in 10 000 would have an accident. However, as it is unknown which one of these 10 000 persons will be having an accident all 10 000 persons must be removed from the roads in order to avoid 1 accident. Another concern in this matter is that 9 999 persons would, in the above example, have lost their option to drive for no reason as they would never have had an accident anyway. For many people this equates losing their independent mobility as they have no suitable alternative to driving (OECD, 2001).

Screening also makes safe drivers stop driving

There are also other factors than driving ability that influence whether an individual will renew his or her drivers' license. They include whether there are other drivers in the household and how confident the person is as a driver, for example. Studies have shown that for example women, who are still fit to drive, often choose not to renew their drivers licence when screening is required (Siren et al., 2004; Stutts & Wilkins, 2003; Wilkins et al., 1999; Hakamies-Blomqvist & Wahlström, 1998). By making these drivers choose more risky modes of transportation the overall traffic safety becomes worse.

Conclusion

In conclusion

- Older drivers generally do not have an increased accident risk.
- All studies that have evaluated the safety effects of age based population screening for fitness to drive have failed to document any safety benefits from this type of screening.
- On the contrary studies indicate that this type of screening may have an indirect negative effect on the overall traffic safety.

This seriously questions the rationale of having this kind of screening used as a safety measure.

Another aspect is mobility. Screening tends to take drivers, who would never have ended in an accident anyway, off the roads. These people potentially lose their independent mobility for no reason. This is a serious issue as mobility has been linked to quality of life (Farquar, 1995) and psychological health (Marottoli et al., 1997).

Also, independent mobility makes it possible to live a social and physical active life which again is a prerequisite for maintaining the functional level of older adults (Avlund et al., 2004; Mack et al., 1997). Loss of mobility therefore brings on costs for the society in the form of increased need for health care and support in daily living.

Consequently there is reason to believe that age based population screening is not only ethically questionable, but actually have greater economic costs than benefits for society, particularly when the proportion of the older population is increasing.

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