



**EFPA**

**STANDING COMMITTEE  
TRAFFIC PSYCHOLOGY  
Convenor : LARS ÅBERG**

**REPORT to the  
GENERAL ASSEMBLY 2007 in PRAGUE**

## **EFPA Standing Committee Traffic Psychology 2005-2007**

**Convenor:** Lars Åberg (Sweden)

**Members:** Vera Giovanni (Italy), Lisbeth Harms (Denmark), Martin Hubacher (Switzerland), Martin Koran (Czech Republic), Patricia McKenna (UK), Hector-Monterde I Bort (Spain), Karin Mueller (Germany), Ralf Risser (Austria), Pierangelo Sardi (Liaison officer to EFPA; Italy), Chantal Schroeder (Luxembourg), Yesim Yasak (Turkey)

## **1. Executive summary:**

- The Task Force Traffic Psychology was promoted to a Standing Committee in summer 2006 about one year after the decision made by the EFPA GA in Granada 2005. After ten years as a Task Force (In all from 1993 to 1997 and 1999 to 2005) the group is now an EFPA Standing Committee, Traffic Psychology. Since Granada the committee has had to meetings, in Berlin, May 2006 and in Prague, October 2006.
- The scope and main tasks of the Standing Committee, Traffic Psychology are:
  - To formulate common guidelines for the practice of Traffic and Transport Psychology (TT Psych) in Europe. The form could be statements prepared for individual topics, presented in a series of strategy documents.
  - Harmonise proposals for a curriculum for education in TTPsych. and what counts as equivalent qualifications across Europe.
  - Clarify and improve the structure and delivery of TTPsych 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 TTPsych.
  - Act as a voice to promote TTPsych 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 publish the SC via presentations about it at conferences.
- Recommendations: To acknowledged traffic and transport psychology as an important field of professional psychology and the strategy of the SC TP.
- This Standing Committee reported was accepted (after fulfilment of two pending tasks) as the position of EFPA at the GA, Granada, 2005

## **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 founded in 1993 in Tampere, Finland. (The Task Force has been working since that time, except for a period between 1997 and 1999 and its history has been reported by Risser in 2003).

The Standing Committee has been active for less than a year but during the work of the Task Force Traffic Psychology about 20 different European nations have been involved in the work as members or as associated persons. The present report is focused on the Task Force and Standing Committee activities in the time after the 2005 EFPA GA meeting.

### **2.1 The change into a Standing Committee Traffic Psychology, 2005-2007**

At the EFPA GA in Granada in 2005 the following decision was taken about Traffic Psychology:

“Task Force be changed into a Standing Committee, pending the successful completion of two tasks: preparing a policy paper to the Council of Europe on psychology and traffic safety and preparing a proposal on education and training criteria for an Advanced Diploma in traffic psychology.”

The two tasks were successfully fulfilled and the Task Force was changed into a Standing Committee in summer 2006.

## **2.2 Activities of the Task Force/Standing Committee, 2005-2007**

In the period there was one Task Force meeting (in Berlin, 2006-05-04). At that meeting Wolf-Rüdiger Nickel presented a draft for a strategy document that was accepted by the TF members. On behalf of the Standing Committee Karin Mueller sent the document to the European Commission (in January, 2007) and the result was that the SC TP now is invited by Dr Tostmann DG TREN for further discussion of the topic (see Appendix A named EFPA I – EFPA IV). In 2006, with help from the EFPA head office, a questionnaire was distributed to representatives of the member nations, about qualifications in traffic and transport psychology. Lars Åberg presented the results of the questionnaire (see Appendix B). In the remaining part of the meeting the different members gave a short résumé over themselves and the current situation in their country. The minutes from the Berlin meeting are presented in Appendix C.

The first meeting as a Standing Committee took place in Prague in October 2006. In the meeting the strategic aims of the SC were formulated. Principles of traffic and transport psychology that apply across Europe were discussed and a timetable for immediate goals of action by the SC was decided. Examples of immediate actions are:

- Website for the SC (Hector Monterde I Bort)
- Present the aims of the SC at Vienna and Prague Ralf Risser and Lars Åberg)
- Disseminate strategy documents to national institutes and organisations
- Etc.

(See also Appendix D.)

Today a website is prepared, there will be a workshop at the EFPA conference in Prague involving four SC members and in addition Lisbeth Harms will have a presentation at the conference. The fulfilment of the immediate actions will be discussed in the next SC meeting in Vienna, 2007-06-16.

## **2.3 The strategic aims of the Standing Committee, Traffic Psychology**

Following a discussion at the Prague meeting the members agreed upon a strategy with four main aims:

- **Formulate common guidelines for the practice of TTPsych 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, with Wolf’s existing strategy document being the first, and the consequent ones can address each of the issues he outlines.
- **Harmonise proposals for a curriculum for education in TTPsych.** and what counts as equivalent qualifications across Europe.
- **Clarify and improve the structure and delivery of TTPsych** 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 TTPsych.

- **Act as a voice to promote TTPsych 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.

### **3. One paragraph introduction to the field and definition**

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### **4. Literature**

1. Risser, R. (1997). Driver diagnostics and selection. Factum: Vienna
2. Risser, R. (Ed.) (1997). Assessing the driver, Factum: Vienna
3. Risser, R. (1998). Activity report from the EFPA Task force Traffic Psychology from 1.8.1993-31.12.1997. Factum: Vienna
4. Risser, R. (Ed.) (2001). Some features of traffic psychology around the millennium shift. An overview with focus on Europe; EFPA Task force Traffic Psychology activity report 1998-2001.
5. Risser, R. (2002), Einige Bereiche der Verkehrspsychologie zum Jahrtausendwechsel. Ein Überblick mit Schwergewicht auf Europa, EFPA Arbeitsgruppe Verkehrspsychologie, Psychologie in Österreich 2&3, September 2001
6. Risser, R. (2002), Einige Bereiche der Verkehrspsychologie zum Jahrtausendwechsel. Ein Überblick mit Schwergewicht auf Europa, EFPA Arbeitsgruppe Verkehrspsychologie, ZVS 3 2001, 47.Jg
7. Risser, R. (2003). EFPA Task force Traffic Psychology 1999-2003. EFPA report April 2003
8. Åberg, L. (2005). EFPA Task force Traffic Psychology 2003-2005. EFPA report May 2005.

### **5. Methodological aspects**

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### **6. Summary Data**

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### **7. Proposal for a common EFPA position.**

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### **8. Implication for EFPA MA's**

To identify individual national representatives for a Standing committee Traffic Psychology

### **9. Future tasks of EFPA**

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

### **10. Conclusion**

Traffic Psychology is now acknowledged as an important field of professional psychology as a Standing committee Traffic Psychology is established and its strategy for actions should be supported

End of Report - Lars Aberg

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Mr.  
Matthias Ruete  
European Commission  
DG Energy and Transport  
B - 1049 Brussels

Berlin, 19.02.2007

**Strategy Document at EFPA - Standing Committee Traffic Psychology:  
Safe and Sustain Sustainable Transportation - A Psychological Issue**

Dear Mr. Ruete,

this letter is sent to you from the Standing Committee on Traffic Psychology at the European Federation of Psychologist's Associations (EFPA).

The Standing Committee on Traffic Psychology is composed of competent experts of 32 national psychological associations. Psychologists from the national Psychological Associations of most European countries (including all of the EU) have been working together to discuss, develop and promote the installation of programmes concerning a safe and sustain transportation. Some of their recommendations have been published (cf. Risser et al.; [www.efpa.eu](http://www.efpa.eu)). They have also made major contributions to the 1. Fit-to-Drive congress in Berlin conducted from 3rd to 5th May 2006 and will do so at the 2. Fit-to-Drive from 14 th to 15 th June 2007 in Vienna ([www.fit-to-drive.com](http://www.fit-to-drive.com)) and at the 10 th European Congress of Psychology 3rd to 6th July 2007 in Prague ([www.ecp2007.com](http://www.ecp2007.com)).

The Standing Committee has worked out an Strategy Document that emphasized the necessity to focus to a greater extent on traffic psychological knowledge in order to reach the goal to halve the number of fatalities on European roads by 2010.

Please be so kind and take notice of it. A response would be appreciated.

On behalf on the SC Traffic Psychology at EFPA

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Enc.: Strategy Document of SC Traffic Psychology at EFPA

## Strategy Document of SC Traffic Psychology at EFPA - February 2007

### Safe and Sustain Sustainable Transportation – A Psychological Issue

Accidents are caused by car-drivers, truck-drivers, train-drivers, by motor-cyclists, cyclists and pedestrians.

In most cases human misbehaviour is the primary cause; only secondary and tertiary causes are of physical origin.

Mobility is unfortunately linked to injuries and fatalities and to a significant loss of financial resources. The EU set the goal of reducing traffic fatalities until 2010 by 50%; thus, 20.000 lives could be saved.

All theories and models of driving acknowledge driver behaviour to be the major contributory factor of accident causation.

Human behaviour – whether “normal” or “deviant” – is explained, individually assessed and altered by psychological means. Psychologists have developed concepts and instruments to

- Train drivers and other participants in road traffic
- Assess individual drivers in order to develop the best method of assisting them to drive safely
- Counsel drivers in order to re-establish their driving fitness
- Rehabilitate drivers who have lost their driving licenses because of driving under the influence of alcohol and/or drugs (DUI and DUID) as well as those who have repeated speed offences
- Advise legislative bodies, administrations, courts and public transportation systems in order to find modes of granting and regranting drivers' licences by maintaining individual justice, i.e. applying individually justified methods to serve the individual and society to prevent injury, fatality, and other harm.

These concepts have been successfully evaluated and solve problems in traffic safety. They help drivers to maintain their quality of life and society to maintain safe mobility systems.

One example is the emergence of ignition interlock/alcolock devices which are of increasing popularity world-wide. More recent evaluation has generated the finding that their use may be enhanced substantially when combined with psychological and rehabilitative efforts. Many European countries have introduced rehabilitation schemes, some of them for more than 20 years with continued success.

Whereas the scientific community is aware of the fact that human behaviour represents the major source of traffic accidents, the decision makers often rely on inadequate concepts which do not take the human factor into account sufficiently.

Psychologists represent the professional group which is offering support on the following topics:

- Traffic education and psychological knowledge
- Young drivers
- Infrastructure design
- Psychological counselling and intervention in the licensing process
- Driver rehabilitation
- Elderly drivers
- Design of on board and driver assistance systems
- Preferred mode and sustainability of transportation

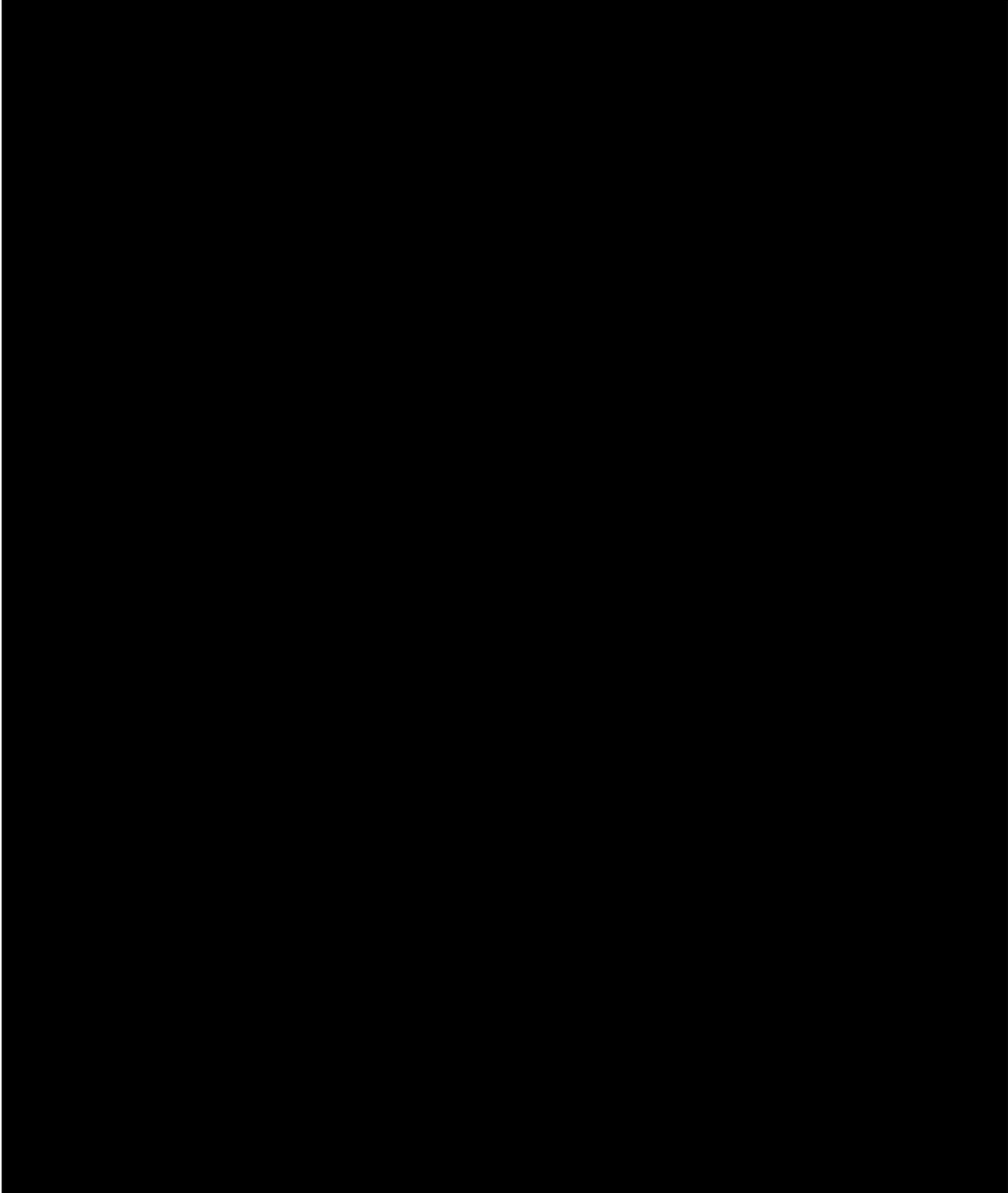
European traffic psychologists have conducted corresponding research which has yielded systematic knowledge on primary and secondary crash prevention. Unfortunately only little of this research is as yet supported or encountered by the European Union. For example most of the knowledge presented during the Fitness-to-Drive symposium in Brussels in May, 2005 underestimated the role of human behaviour and overestimated physical and medical factors. There is an obvious need for research in the combined effects of physical and mental/psychological causes of deviant traffic behaviour. For instance, the research presented by the epilepsy group clearly showed that it is not only necessary to conduct epidemiological studies in order to gain relevant data on the relative risk of diseases but also to map the relative risk of psychological factors.

Therefore much more research on the outcome of combined measures and less evaluation of isolated single factor programs is needed.

Psychologists from the national Psychological Associations of most European countries (including all of the EU) have been working together to discuss, develop and promote the installation of programmes concerning the topics listed above. Some of their recommendations have been published (cf. Risser et al.; [www.efpa.eu](http://www.efpa.eu)). They have also made major contributions to the Fit-to-Drive congress in Berlin conducted from 3rd to 5th May 2006 ([www.fit-to-drive.com](http://www.fit-to-drive.com)).

**The Task Force/Standing Committee on Traffic Psychology composed of competent experts of the 32 national psychological associations therefore urgently recommend to the CoE as well to the Directorate General on Traffic and Energy of the EU to install an expert group of mainly psychologists with a permanent advisory function to help improve the environment by more sustainable transportation. Such a group will be able to present proposals to facilitate the circulation of best practice in traffic psychology across EU borders and thus make an important contribution to the Commission's goal to halve the number of fatalities on European roads by 2010.**

EFPA \_ European Federation of Psychologists Associations (www.efpa.eu)  
Standing Committee on Traffic Psychology



### **Results from the EFPA TF TP's questionnaire on national regulations for post graduate training in traffic and transport psychology.**

The background of the present study is an EC directive to facilitate migration of professionals within Europe. The idea is that professional associations can help in recognizing equivalence in standards of post-graduate qualification of psychologists. The aim of the questionnaire is to present a state of the art view.

In the beginning of 2006 a questionnaire, addressing the topic of transport psychology in Europe, was distributed by the EFPA Task Force, Traffic psychology and with assistance from the EFPA head office. Answers were received from EFPA representatives in 19 out of 32 countries. In the present report a brief summary of the results of the questionnaire is presented.

#### Post-graduate training

There was no response from 13 countries of EFPA: (Belgium, Croatia, Cyprus, France, Greece, Hungary, Italy, Liechtenstein, Lithuania, Malta, The Netherlands and Turkey). Information about missing responses from these countries is not available. For example, representatives from Italy (where transport psychology is known to be an important issue) had no explanation why there was no answer from this country.

From twelve countries it was reported that there was no training in transport psychology (Denmark, Finland, Estonia, Iceland, Ireland, Latvia, Norway, San Marino republic, Slovenia, Spain, Sweden and UK). It should be noted that Spain with a great number of traffic psychologists does not have any post-graduate training in traffic psychology.

Seven countries (Austria, Czech Republic, Germany, Luxembourg, Poland, Slovakia and Switzerland) reported that they have post-graduate training in transport psychology. These countries represent a cluster of nations in the middle of Europe. Most courses were German language based and in Switzerland for example only German speaking psychologists were offered this education.

However, it is likely that at least Hungary also has post-graduate training in transport psychology.

The situation in the seven countries that report any training varies considerably. The contents of the training courses differ from one country to another and it is difficult to find a common pattern. Normally courses in traffic psychology are mentioned but it is difficult to say anything more in detail about what is meant by the concept of traffic psychology. The preconditions for post-graduate training vary from a Master in psychology to a Diploma in psychology. The training required for traffic psychologists varies from a period of more than one year in one country to up to 5 years in another. It also varies between a total of 172 to 1760 hours. The teachers of the courses are required to have between 4 to 5 years of practice and supervisors 4 – 10 years.

There are differences in authorizing bodies between countries, ranging from a private institute to university or ministry of health. The validity of the qualification varies from one year to the

whole active period. The requirements for renewal can be, for example, 10 hours of theoretical training or 12 points on the driving license. In Poland, for example, renewal can be applied for after 3 years. The costs for post-graduate training vary between none and 18 000 Euro (Switzerland).

The main conclusion from the questionnaire study is that there are a number of about 6 to 8 neighboring countries in Central Europe, with German language, that have post-graduate training in traffic psychology. The training is far from uniform and there are, for example, large differences in content, preconditions for trainees, requirements for teachers and supervisors, amount of training and costs of post graduate training.

In Europe today it is mandatory to have psychological assessment for all train drivers across boundaries. Car drivers, and especially professional drivers, from different countries are allowed to cross national borders with very little uniform control of their driver qualifications by experts in traffic psychology. One important task for an EFPA Standing committee in traffic psychology is to promote minimum qualifications for post-graduate training in traffic psychology in all EFPA member states. The results of the present low-budget investigation indicate that a better resourced and founded study is needed to get an appropriate examination of differences between types of post-graduate training within existing transport psychology courses. As most EFPA members do not have any post-graduate qualification courses, it is necessary to include traffic psychologists from these countries in the discussions about the future role of transport psychology.

**Minutes of Task Force Meeting 2<sup>nd</sup> May 2006-05-04  
Paris Room, Crown Plaza Hotel, Berlin, 12.00 – 6.15 pm**

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Present: Lars Aberg, Sweden. Chair  
Wolf-Rüdiger Nickel, Germany. Joint Secretary  
Pat McKenna, UK. Joint Secretary  
Pierangelo Sardi, Italy. Liaison Officer, EFPA and EU  
Hector Monterde i Bort, Spain.  
Martin Koran, Czech Republic.  
Marcus Hubacher, Switzerland.

Excuses from Lisbeth Harms and Ralf Risser

### **1. INTRODUCTIONS AND PERSONALIA**

Lars welcomed the three new members to the group: Marcus and Pat. He also acknowledged the resignation of members John Groeger from the UK and Denis Huguenin from Switzerland and thanked them for their valuable input to the task force.

### **2. GOALS OF THE GROUP:**

A short résumé of the immediate goals of the group was outlined as follows:

- to apply to the European Council to change the status of the task force to a standing committee, so that
- the group can then help to facilitate the movement of psychologists across boundaries within Europe by establishing standards of post graduate education and statements of equivalence in traffic and transport psychology, to be
- presented in a short document outlining the role and contributions psychologists make in traffic and transport and the need to unify a Europe-wide standard of practice.

Pierangelo reported that the success of the Disaster and Crises Task Force in becoming a Standing Committee was achieved by such a process, bringing a possible €20,000 per meeting funded by the European Council, as well as more permanent status to the group. Relevant regulations – EU(25) EC 45

### **3. BACKGROUND PRESENTATIONS FROM MEMBERS AND DISCUSSION POINTS:**

Each member gave a short resume of their background. Some members gave presentations on overheads (copies attached in Appendix).

**1. Lars:** has been working in the field since 1975 always affiliated to a university. His academic area was at first driver perception and, later, driver decision-making. His area is social psychology focussing on attitudes and social enforcement. For the last 10 years he has been based in two centres, a small university in D as well as ?... His research includes examination of ISA equipment in-car, looking at digital maps which designate speed limits so that driver behaviour can be monitored and logged.

*Discussion:* Lars collected lots of data from 1999-2004. However, once the system was up and running, government goals had been achieved and funding stopped. Further analysis and development is needed but lack of funding is halting progress. The group noted that monitoring and feedback systems for volunteer drivers can have strong effects initially (e.g. beeps, flashes, voice activation and other safety design measures) but people habituate to them and further creative measures are needed.

**2. Pat:** is a full time clinical neuropsychologist working daily with patients for over 30 years. She has worked with the entire spectrum of neurological patients and has extensive experience in assessment, research and rehabilitation. For the last 17 years she has worked in Rookwood Hospital in Cardiff, Wales in a neurorehabilitation unit. Part of her work here is to carry out driving assessments for fitness to drive following brain injury or disease. Her model of driving analysis is essentially a neuropsychological one. She has devised the Rookwood Battery of cognitive tests and also carries out the on-road test with the driving instructor. Her driving research includes validation of the battery and the provision of normative data for the battery on two adult populations, those under 70 (N=200) and those over 70 (N= 200).

*Discussion:* One of Pat's concerns is the validity of the on-road. The UK does not stipulate a principled and standardised approach and there is no formal training to do this work. A colleague doing similar work is Prof. Michael Berg in Berlin. Part of German Traffic Safety law is that both practitioners and organisations carrying out this work must demonstrate validity to the authorities in order to become accredited. This means demonstrating effectiveness of practice in terms of accident reduction in driver records. The balance between saving lives and guaranteeing lifelong mobility is central to this work, so that rehabilitation is also important. Eighty-five percent of accidents are due to human misbehaviour (mostly in young males) but only 5-12% of these are due to neurological conditions or dementia (though this may change in the future). Even so, the EU listens to medical doctors who do not need to provide evidence for legislation (e.g. people can adapt to hemianopia when driving, but not to visual neglect for policies on fitness to drive).

**3. Marcus:** works for the Swiss Council for Accident Prevention. His work mainly focusses on epidemiology and behavioural and psychological aspects of accident prevention. He is Manager of BFU which has legal remit for accident prevention. At present, they commission programmes from private psychologists for two high risk groups, drunk drivers and speed offenders. On the drunk driving programme between 6-12 participants attend for 2-3 months covering 6 sessions of 2 hours each. Prior interviews assess suitability for the programmes and an individual may be rejected or referred on to a psychologist, as appropriate. Speed offenders undergo a shorter course.

***Discussion:** Similar programmes have evidence of 50% reduction in accidents. Group members had experienced the evolution from a preventative approach to a rehabilitative approach based on a client-centred therapeutic alliance. In Germany, the process is a joint medical/psychological undertaking. However, one anachronism in Germany is that the driving test is still carried out by an engineer (dating from the inception of the motor car as a mechanical invention). Wolf published the results of this approach between 1984-6. Later training courses for alcohol and other offenders were informed by this model and have spread to the USA (Michigan), Canada (British Columbia) and elsewhere. Wolf and colleagues have argued that these should not be totally privately run but be partly managed by the state and legal process. They reflect a psychological approach that works and which replaces a punitive, controlling approach that did not work. In contrast, in Italy in 2003 a demerit point system was introduced whereby offenders opt to complete a course or driving test over one month which lacked this psychological expertise. The examination was medical and knowledge-based only. To begin with, in July 2003, there was a 30% improvement which gradually reduced over each month to 6% by October 2003, the rate eventually falling below baseline. This reflected drivers' superficial engagement with the bureaucratic process(?) rather than any fundamental change in attitude to driving.*

**4. Martin:** In the Czech Republic, 1300 are killed on the roads every year and the government aims to halve this by 2010. Historical-political factors caused all testing of professional drivers to disappear in the 1950s. The increased incidence of accidents had to be reversed. The Association of Traffic Psychologists works in tandem with clinical neurologists using a demerit system.

***Discussion.** Martin offered to host the group in Prague at the 10<sup>th</sup> European Congress on 2-6<sup>th</sup> July 2007 when he will also organise a traffic psychology symposium. This could also be an opportunity to invite European Union officers to our meeting and make a more direct link with the EU.*

**5. Pierangelo:** is one of the two of the National Road Traffic Safety Council and is President of the Italian Traffic Safety **corporation**(?). He is engaged in the production of the Handbook of Best Practice covering 27 EU countries. At present this involves working on a questionnaire assessing all areas of best practice apart from Road Safety education in schools (already covered). He is using the SUPREME network published under the Assessment Planning aegis of European Union(?). For one year, he is working on an extension to the questionnaire to cover the confidential dynamics of lifestyle and driving style which does not get captured by insurance companies in their assessments. This should produce guidelines on eliciting the psychological reality of individuals' driving behaviour.

**6. Wolf:** described 40 years of professional life and retirement 2 years ago having met the main goal of saving employment for traffic and transport psychologists in Germany and preparing the way for more psychologists in Europe. He was an assessor of driving offenders until 1980, then became involved in research and development, taught traffic psychology at the University of Göttingen in the seventies then management and became MD of the medical-psychological institute in Munich. He has been a member of this task force for 12 years. Currently, he is President Elect

for a 3 year period to the International Council on Alcohol, Drugs and Traffic Safety (ICADTS), which has similar goals as the task force, the major difference being its purely scientific basis and the conduction of conferences in three year periods. Members of ICADTS must be sponsored by two senior members, officers are elected by the membership (more information on [www.icadts.org](http://www.icadts.org)) He also serves as an advisor to the Council of Europe's Pompidou Group on Drugs and Driving.

*Discussion:* Wolf described being the main presenter at the House of Lords in London 6/7 years ago and addressing the need to rehabilitate driving offenders. His evidence was well received and they concluded that the practice should be taken up in the UK. He later learned that the medical staff of the Driver and Vehicle Licensing Agency did not implement the advice. This culture of the medical profession taking an ineffective lead continues. For instance, Wolf advised the MEDRIL project in Brussels that asking drivers directly in a questionnaire about units of alcohol consumed and frequency of drink-driving would not provide honest answers. These could be elicited only by skilled psychological intervention. The medical coordinator, Nick Saunders, later rang him for further advice and said that the need to access psychological expertise would be included in the report. This project cost about 4.5 million euros, and there has been weak tangible result as yet. Pierangelo noted the IMMORTAL project was a similar, medically led venture which did not recognise the importance of gaining the confidence of traffic offenders. In relation to giving traffic psychologists teeth we must set a goal, have a strategy, present it and become visible. The task force for the first years of its inception had only addressed scientific questions. The critical training psychologists receive means that emphasis is given to weaknesses, so that every proposal had been greeted with an examination of its flaws. We need to focus on, and emphasise, our strengths.

**7. Hector:** had been providing driver assessments from 1983 until 2000. He developed most of the instruments used in evaluation in Spain and in some other parts of the world. His current profile includes management of various national organisations with many research publications. Present projects include examining psychonomic resources.... A study of the prevention of occupational risks (including psychological damage)

#### **4. QUESTIONNAIRE FEEDBACK**

Of the 31 countries represented, responses were received from only 17. Of these 11 had no qualification in traffic and transport psychology, while 6 had post graduate training, Austria, Czech Republic, Germany, Luxemburg, Slovakia and Switzerland. As EFPA sent out the questionnaires there is a degree of uncertainty about who actually received them. It was thought that Poland and Hungary, who did not respond, also had training.

*Discussion:* At present a psychologist in one country cannot practice in another, which is an infringement of Directive ?EU25, EC45. Article 15 of the EC states that professional associations can help in recognising equivalence in standards of training.

To comply with the EC's directive to facilitate migration of professionals within Europe, we first need complete feedback from member states to the EU questionnaire. At the moment we do not have command over all union members. In order to get full and meaningful answers from all countries, we need to be resourced and funded

*appropriately. (The Leonardo project for instance has 2 or 3 goals every year). As a standing committee, we would be able to do this.*

*At this stage, we focus on the requirements of a postgraduate qualification. We would establish the principle of a Europe-wide standard to be controlled by EFPA to stop poor practice emerging. At a later stage we would fine tune and specify the qualification. Germany, Austria and Poland have well designed curricula, expertise and training. The training in Switzerland is very expensive but this is because graduates go to Germany for training and become private practitioners. To frame the European qualification, we will need to examine differences between types of postgraduate training within existing traffic and transport courses.*

*As an example of goals achieved in the spirit of the EFPA aims, it is mandatory to have a psychological assessment for all train drivers across boundaries (e.g. in the UK for train drivers of the Channel Tunnel). Should the EC not promote us to a standing committee, Directive 3605 becomes relevant which states that the Commission has a duty to promote a new sectorial directive. I am not really sure whether this is correct!*

## **5. STRATEGY PAPER PRESENTING CASE FOR PROMOTION OF THE GROUP TO A STANDING COMMITTEE**

Wolf distributed copies of the strategy paper for which he had prepared a first draft. As Pierangelo had advised this was short and well argued and the group made only minor suggestions for alterations. Wolf will send the amended draft to all members for their comments.

## **6. DATE AND VENUE OF NEXT MEETING: 13<sup>th</sup> - 15<sup>th</sup> October 2006, Prague**

## APPENDIX

### Markus Hubacher, Swiss Council for accident prevention bfu

#### *Education*

- 1981-1989                      Studies at the University of Berne with main focus on social psychology
- 1997-2000                      Post-graduate programme in Public Health (MPH)

#### *Professional Experience*

- 1989-2002                      Scientist at the ‘Research Department’; main focus on the epidemiological, behavioural and psychological aspects of accident prevention
- 2003-                              Manager of the training department

#### **Training**

Driver rehabilitation programmes for 2 high-risk groups:

- recidivist drunken drivers (2 or more DUI-offences)
- speed offenders

Courses:

- group courses of up to 10 participants
- 1-2 interviews, 6 sessions of 2 hours
- organized/carried out by private psychologists

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### **Pat McKenna, Consultant Clinical Neuropsychologist, Rookwood Hospital, Cardiff, Wales**

#### **my background**

- I have worked daily with patients for thirty (something) years in hospitals as a clinical psychologist specialising in neuropsychology, This has included all neurological conditions (degenerative and acquired) mostly with adults
- First part of this work was at the National Hospital for Neurology and Neurosurgery, Queen Square, London with *Prof. Elizabeth Warrington*.
  - Here we specialised in assessment, diagnosis and research. Emphasis was on understanding how brain systems work (via single case studies), localising their functions and then devising tests of specific functions, as we discovered

them. This intense training has been instrumental in producing the tests I have used in driving. perception).

- For the last 17 years my work has been at Rookwood Hospital, in neuro-rehabilitation, including *driving*.
  - Witness a growing need among clinical psychologists to address driving in clients with brain pathology, especially in the older adult, stroke and head injury services.
  - 1996 – 1999 British Psychological Society Working Party on evidence to date producing a document for guidance for clinical psychologists and doctors

### **ROOKWOOD DRIVING ASSESSMENT CENTRE**

- Until 1999, the Assessment Centre at Rookwood functioned without the benefit of an on-road assessment. The team consisted of a medical consultant, an occupational therapist and myself - a clinical neuropsychologist.
  - Another team, also based in Cardiff, was composed of lay people with a disability and a driving instructor and was funded directly by the Welsh Office (central government) as a charity.
  - Separately, neither of us qualified for accreditation by Forum (the voluntary association of DACs). The process of negotiation was long and drawn out but finally in June 1999 we amalgamated.
- These two teams, one professional and one voluntary, became one. Two cultures:
  - Initially, hospital staff were the "*baddies*", professionals always erring on the side of caution, putting safety first and obstacles in the path of vulnerable, disadvantaged people. The driving instructor, maintained that a cognitive deficit does not really count for much because driving is such an over-learned, automatic skill. Basically, he and the voluntary team saw only physical impediments and not the reality of cognitive deficits.
  - Voluntary staff were the "*goodies*" always on the side of the client, helping and prompting them through the tests, applying leniency and lowering the threshold for passing.
  - Cognitive deficits may not readily or obviously impinge on driving that occurs on quiet roads, with no extra challenge of heavy traffic, extra informational load etc. Instructors automatically coach. A weakness often interpreted as rustiness, nerves, fatigue, bad habit.
  - **We do now sing from the same hymn sheet.** Indeed, the instructor is more harsh than me. We now have a second instructor and .... I am experiencing déjà vue!

## EVIDENCE – BASED PRACTICE for cognitive battery

- **Clients**

- We have looked at 543 clients who have passed through the DAC. These are all established adult drivers who have had some neurological incident. They undergo a battery of cognitive tests (Rookwood Battery) and an on-road assessment.
- Battery takes 30 minutes and includes simple tests of
  - Visual perception including shape, spatial perception and visual attention (including speed)
  - Praxis skills (conceptual level only) both left parietal and frontal (executive)
  - Executive function including self monitoring, non-verbal reasoning and divided attention
  - Comprehension for following commands
- On-road takes an hour: with me or OT in the back seat
  - Off-road: a large empty car park, for familiarisation and spatial manoeuvres (figure of eight, tight turns)
  - On-road: formal set route of increasing difficulty, score sheet and added exercises e.g. counting backwards on a straight road; noting all signs on the left.
- Very good correlation between battery and on-road (.7). Error score greater than 10 nearly always fails

**Controls :** 200 normal adult drivers did the battery. It was easy to do and provided good normative data for the battery as a whole measure

- Controls: 200 healthy older adults (mean age 81). They did significantly worse than younger controls on all the tests.

## SIX YEARS ON

### More people involved in the assessment (less incestuous)

- Battery often used by psychologists working in the primary clinical field; they send me the results and the client does on-road
- Rookwood DAC has expanded - we have another Occupational Therapist and beginning to train two other instructors

- New doctors from the DVLA (Driver Vehicle Licensing Authority) come regularly to see the assessments.

### Reliability and validity of battery and on-road assessments

- On-road is the “**gold standard**” but is not “**cast iron**”. It is *very subjective* and can be *inconsistent*. Our excellent instructor grew more harsh in scoring between middle and end periods (statistically significant)
- Cognitive battery is more *objective* – no difference in scores between the beginning, middle and end periods
- Can use the battery as a measure of intra-and inter-rater consistency

### Need to test the on-road “gold standard”

- No real idea of how valid this is. Has face validity but nothing else
- We know some pass and are found to be unsafe (South Wales is a very small place, really)
- Have not clarified the measure of risk
  - Is it compared to the non brain damaged driver? In that case, we need norms for on-road (few casual norms only)
  - Is it compared to accident history? In that case, we need data on any consequent accidents automatically computerised and fed back to the centre)

## UK SITUATION AND RELEVANCE FOR TASK FORCE

1. DESIGNATED TRAFFIC AND TRANSPORT PSYCHOLOGISTS: We have none – only a few academics who take a research interest and one 3<sup>rd</sup> year psychology degree module called Risks and Accidents (Frank McKenna at Reading).
2. CLINICAL NEUROPSYCHOLOGISTS are increasingly involved in assessing *fitness to drive* after brain pathology, in particular
  - a. Nadina Lincoln who has been developing the Stroke Driver’s Screening Assessment for over twenty years as a tool predominantly for occupational therapists to use.
  - b. My colleagues and I in Wales. Janice Rees, in the older adult context

### 3. IMPLICATIONS FOR WORK OF TASK FORCE

I have a lot to learn about Europe – the following are uninformed views which I am very happy to revise:

1. *Content of European courses in Traffic and Transport* : suggest inclusion of applied skills in testing fitness to drive, to include:
  - a. neurological conditions and how they affect brain function;
  - b. neuropsychological advances in understanding brain function and in providing function-specific tests as they apply to driving;
  - c. the evidence to date of the efficacy of these tests, the strengths and limitations of their use;
  - d. how psychologists can inform the on-road protocol
  
2. *Other concerns*
  - a. I also hope that the task force can inform the current but controversial issue of how to manage the interface between accommodating the needs of the older adult driver and road safety.
  - b. Establishing in some countries (or maintaining in others) the primacy of psychologists in providing evidence based work and in assessing fitness to drive.

**TRAFFIC AND TRANSPORT STANDING COMMITTEE, EFPA**

**Minutes of the First Meeting of the Standing Committee  
DVC, Prague 12.00 – 6.00 pm Friday 13<sup>th</sup> and 9.30 – 2.00 pm Saturday 14<sup>th</sup>  
October 2006** \_\_\_\_\_

**Present**

<b>SC Member</b>	<b>Country</b>	<b>Function</b>
Lars Aberg	Sweden	Convener
Pat McKenna	UK	Secretary
Martin Koran	Czech Republic	Host
Wolf-Rüdiger Nickel	Germany	
Hector Monterde i Bort	Spain	
Marcus Hubacher	Switzerland	
Karin Muller	Germany	
Ralf Risser	Austria	

**1. INTRODUCTIONS AND PERSONALIA**

- (a) Lars welcomed Karin to the group who is the new representative of Germany to replace Wolf for whom this was his last meeting before he resigns from the group. Lars thanked Wolf and acknowledged the invaluable contribution he has made since the group's inception.
- (b) Members introduced themselves and gave a short resume of their role and experience in relation to Traffic and Transport Psychology.

**2. PRESENTATION FROM DR. VLASTA REHNOVA , CDV (Centrum Dopravniho vyzkumu)**

Vlasta gave a short presentation of our host organisation, CDV, which is the Traffic Research Centre (head office in Brno) and includes the Association of Traffic Psychologists of the Czech Republic. Regular members (with 3 years practice) number 32; adepts (under supervision) number 17 and 3 are honorary members. Most are clinical psychologists. Fourteen regions are represented (including Prague) and its laboratories include companies dealing with transport, universities (especially those of Prague) and hospitals.

**3. CHANGE IN THE GROUP'S STATUS FROM TASK FORCE TO STANDING COMMITTEE (SC)**

This had occurred as a consequence of (a) Lars' report on the Task Force's questionnaire study about national regulations in post graduate training in

transport and traffic psychology and (b) Wolf's strategy document being presented to EFPA outlining our case for upgrading (see Appendices I and II).

The group discussed the following implications:

- (a) Whereas a task force is a group convened for a specific purpose with a time limit in the order of 2- 3 years, a SC is a permanent group with an ongoing Agenda. We need to **consolidate and structure our long term aims and strategy**.
- (b) We need to increase our **membership** as we presently represent a minority of member states of Europe. There are psychologists who want to join us but either have no Psychology Association or whose Association will not fund them.
- (c) **Funding:** Funding for the group would allow access for more members. We had understood Pierangelo to say that SC status allows access to 25,000 Euros per meeting (*see previous minutes "2. Goals of the Group Relevant regulations of the EC- EU (25) EC 45"*)
- (d) **Making our existence known and effective in Europe.** This would require us to develop (a) a good network of communication between psychologists in TT Psych across Europe; and between physicians and psychologists; and (b) good publicity for our views and our work. A website would be a powerful tool for this. *Hector already has a website and offered to enquire if his university server would allow a min-website within his, perhaps with two parts, one for public access and another for members only with password protection. We could also see if we might have one embedded within EFPA's website (with EFPA controlling the public access part, and a private area reserved for our internal use). The Website could explain the history and aims of the group.*
- (e) **Discussion of research findings and clinical practice.** The group meetings would also provide a channel to disseminate new findings and clinical developments.
- (f) It was noted that within the Third Directive, the "EFPA Declaration 2006, the European Standards of education and training in professional psychology – EuroPsych" did not include Traffic and Transport Psychology. We did not know if our strategy paper reached Council of Europe or the Directorate General of EC. It was agreed that we should (a) **trace the path the Strategy document took**, (b) attempt to formalise **the document** under the aegis of EFPA, and (c) **consider translating the document** into all languages of the EU. Formalising the document could, e.g., include an appropriate logo (EFPA) and signature by Tuomo Tikkanen (President of EFPA) and Lars Aberg (Convenor of the SC)

#### **4. STRATEGIC AIMS AND PURPOSE OF THE GROUP**

In line with the aims of the EC, EFPA and the two documents prepared by Lars and Wolf, the following aims emerged from our discussions:

- (a). Formulate common guidelines for the practice of TTPsych 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, with Wolf's existing strategy document being the first, and the consequent ones can address each of the issues he outlines.
- (b) Harmonise proposals for a curriculum for education in TTPsych.** and what counts as equivalent qualifications across Europe.
- (c) Clarify and improve the structure and delivery of TTPsych** 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 TTPsych.
- (d) Act as a voice to promote TTPsych 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.

#### **5. ADDRESSING PRINCIPLES OF TRAFFIC AND TRANSPORT PSYCHOLOGY THAT APPLY ACROSS EUROPE**

- (a) Terminology:** It was mooted that it was more accurate to speak of Traffic and Transport 'Psychology' rather than 'Psychologists' as applied to Europe, as most countries in Europe did not have dedicated TT Psychologists. In many, the science/and or practice is delivered by pockets of expertise within academic or clinical, health or neuro- psychology, in piecemeal fashion across Europe. It is the sum total of this knowledge and expertise that we need to promote and build on. Furthermore, within Traffic and Transport practice, we don't talk about "traffic" doctors, just 'doctors'.
- (b) Collaboration between psychologists, medical colleagues and safety organisations:** In most countries, physicians have a central role in decision making about fitness to drive both in assessment procedures and in policy making. (For instance, within our group this applies to Germany (the central role in decision making is with 'Medical-Psychological Assessment Centres", specified by law. Normally psychologists have the leading part in the individual decision

on fitness to drive), UK, Spain, and Czech Republic. In Austria, there is direct referral to a psychologist embedded in the rules, where e.g. stipulated levels of alcohol are found in the blood of offenders). Furthermore, within Europe, there have been several official expert working groups to address fitness to drive based on medical conditions e.g. epilepsy, diabetes and eye-sight; new expert working groups have been planned on cardiovascular conditions, fatigue and psychiatric/mental conditions and traffic safety issues with no, or tangential, representation from psychologists. Therefore Wolf and others asked for the implementation of an expert working group on “Behavioural problems of drivers” instead of extending the purely medically oriented groups. The need for greater collaboration with medical colleagues was felt to be important in order to harness our skills and knowledge to promote good practice and allow us access to policy making.

(c) **Liability for decision making re fitness to drive and ownership of Social Knowledge.**

(i) The issue of **medical liability for a decision re. fitness to drive** being increasingly dependent on the view of the psychologist was common to many members of the group. If the decision was ever disputed in court, we wondered if liability would remain with the physician or if it would pass to the psychologist, given that it is the psychologist’s evidence that the decision was based on.

(ii) Psychologists have **expertise in social knowledge** which has yet to be fully acknowledged and integrated within decision-making procedures.

(a) When other disciplines have taken a lead in this area, the methods lack validity. For instance, questionnaires devised by non-specialists in behaviour do not elicit accurate answers. Certainly, there is a growing awareness in the multi-disciplinary field that methods need to be validated and general decision-making needs to be evidence-based. Furthermore, simplistic administration of behavioural questionnaires and cognitive tests will not produce good decisions.

(b) We should think in terms of “assisting” not “testing” people in changing the culture of assessing driving fitness so that we are seen as helpful agents rather than policing agents.

(c) It would be helpful to make a list with benefits where psychologists can contribute more than doctors and prepare arguments at a political level to improve traffic safety.

(iii) The **PASS** model (Psychological Assistance for Safe Individual Mobility). This is a European model using current psychological knowledge for access to all member states. It will be published in Jan/March next year (it is about 20 pages in length) and will be discussed at the next Fit

to Drive Congress in Vienna. This is an important development in helping to deliver and apply traffic and transport psychology to the field which will inform our work and to which our views can make reference.

**(d) Methodology and unanswered questions**

- (i) Psychological tests of fitness to drive. There is a need to develop a database of tests within Europe with information about their validity and reliability.
- (ii) The **variation in accidents** and fatalities across countries is still yet to be explained. The best figures come from Finland, Sweden, Netherlands and the UK where there are no traffic psychologists. Most of these countries do not have dense populations but in the Federal State of North-Rhine-Westphalia of Germany, the rates are as good even though this is the most densely populated area of Germany (16 million inhabitants). Young drivers can have excellent driving skills and perform well on “tests” but are the most extreme risk takers. There are many factors to include, such as measures imposed by traffic engineers, social and cultural perception of (rather than actual) risk; attitudes, compensation for failing abilities in the older driver, which need to be incorporated when examining the more complex layers of variability across countries.
- (iii) **Alcohol and driving:** Experts across the US, Canada and New Zealand as well as Europe have not yet found a convincing or stable theory for the changes in amplitude of the curve for alcohol related fatalities on the road as was shown in several specific conferences conducted under the auspices of ICADTS..
- (iv) **Driver Assisted technology.** This is often being applied before being researched and may be inappropriate, for instance, for the older driver.

**6. TRAIN DRIVERS’ DIRECTIVE:**

Pierangelo had alerted the group to suggested amendments to this document which will be presented to the Traffic and Tourism Committee who will decide

“whether psychological tests and assessments of train crews can be done by psychologists only – or in addition to psychologists by some other professionals including medical doctors”.

Ralf agreed to draft a letter from the group emphasising the point that only psychologists should carry out psychological tests. It was also agreed that individual members could lobby their own national representative on the Committee (see Appendix II for list). *Relevant amendments: Amendment 25,*

Article 17, Para 4, point (b); Amendment 24 Art 17, Para. 4 point (a) – in each case write a letter to head office.

## 7. EXCHANGE OF INFORMATION:

- Berlin Congress on Fitness-to-Drive 2006. Wolf informed the group that there were only 3 entries left to fine tune and the Proceedings will be finalised.
- Vienna Congress on Fitness-to-Drive June 2007. The program committee are about to issue invitations for papers and presentations to be forwarded within the next two weeks.
- Prague 2007, 3- 6 July 10<sup>th</sup> European Congress of Psychology: Mapping of Psychological Knowledge for Society. Martin is a member of the Organisational Committee and will give a lecture on 85 years of Traffic and Transport Psychology Research and Practice in the Czech Republic,
- Both Congresses would also provide an opportunity to present the aims and purpose of the SC to a relevant audience. Lars and Ralf will convene the Invited Symposium: The History, goals and Current Activity of the EFPA Standing Committee on Traffic Psychology. This has already been arranged for Prague where Martin will participate.

## 8. IMMEDIATE GOALS AND TIMETABLE FOR ACTION

It was decided that our first goals in becoming a SC are to set up the mechanisms of ongoing communication beyond the actual meetings and work towards a more permanent and public trace of our work. Towards this aim, members agreed the following tasks and timescales where applicable:

Goal	Member	Date to be completed
Send out minutes to all members for corrections	Pat	31 <sup>st</sup> October 2006
Send back corrected minutes to Pat	All members	6 <sup>h</sup> November 2006
Send corrected minutes to all members	Pat ( <i>however please note I am on holiday from 14<sup>th</sup> – 28<sup>th</sup> Nov if stuff comes to me late</i> )	13 <sup>th</sup> November 2006
To clarify implications of becoming a SC in terms of (a) funding (EU (2 5) EC45) and (b) who we can approach independently and what the rules of engagement are for a SC	Lars to check with EFPA	1 <sup>st</sup> December 2006
Clarify what happened to Strategy paper and how far up the hierarchy it reached	Lars (to contact Pierangelo) and inform group	1 <sup>st</sup> December 2006

Attempt to Make a website for the SC  (a) locate internet space  (b) locate technical expertise in setting this up	(a) Hector to investigate his University's website and Lars to seek permission (via Sabine) for space within EFPA's website  (b) Karin to check with her son and his girlfriend if they could help us.	30 <sup>th</sup> November 2006  30 <sup>th</sup> November 2006
Arrange presentation of the aims of the SC at Prague and Vienna	Ralf and Lars to send in a proposal	30 <sup>th</sup> November 2006
Address Train Drivers' Directive (a) as a group and (b) individually to lobby our national delegate on the Traffic and Tourism Committee	Ralf (a) to draft a letter  All (b) – list of committee members is on EFPA website	(a) 31 <sup>st</sup> October 2006 but <b><i>note: No need now, as this has since been done by Pierangelo &amp; Tuomo (see Appendix III)</i></b>
Strategy document: Work on the presentation of the document to make it appear more formal : check if we can use EFPA logo and publish it under EFPA's aegis	Lars (via Sabine)	
Disseminate strategy document to our national institutes & organisations once document is in final form.	All, wherever relevant	
Letter to Mr. Ruete, DGTREN including the essential issues of the Strategy Paper.	Karin	30 <sup>th</sup> November 2006

**9. Vote of Thanks** The group thanked Martin and Vlasta for their excellent welcome and hospitality, and for hosting and organising the meeting which was much appreciated.

**10. Date and venue of Next Meeting** : Vienna – Fitness-to-Drive 13-16<sup>th</sup> June ([www.fit-to-drive.com](http://www.fit-to-drive.com)). We shall meet on the 13<sup>th</sup> and the conference starts 14 - 15<sup>th</sup>

Appendix I: Results from the EFPA TF TP's questionnaire on national regulations for post graduate training in traffic and transport psychology.

The background of the present study is an EC directive to facilitate migration of professionals within Europe. The idea is that professional associations can help in recognizing equivalence in standards of post-graduate qualification of psychologists. The aim of the questionnaire is to present a state of the art view.

In the beginning of 2006 a questionnaire, addressing the topic of transport psychology in Europe, was distributed by the EFPA Task Force, Traffic psychology and with assistance from the EFPA head office. Answers were received from EFPA representatives in 17 out of 32 countries. In the present report a brief summary of the results of the questionnaire is presented.

#### Post-graduate training

There was no response from 15 countries of EFPA: Belgium, Croatia, Cyprus, France, Greece, Hungary, Italy, Liechtenstein, Lithuania, Malta, Poland, Slovenia, The Netherlands and Turkey. Information about missing responses from these countries is not available. For example, representatives from Italy (where transport psychology is known to be an important issue) had no explanation why there was no answer from this country.

From eleven countries it was reported that there was no training in transport psychology (Denmark, Finland, Estonia, Iceland, Ireland, Latvia, Norway, San Marino republic, Spain, Sweden and UK). It should be noted that Spain with a great number of traffic psychologists does not have any post-graduate training in traffic psychology.

Six countries (Austria, Czech Republic, Germany, Luxembourg, Slovakia and Switzerland) reported that they have post-graduate training in transport psychology. These countries represent a cluster of nations in the middle of Europe. Most courses were German language based and in Switzerland for example only German speaking psychologists were offered this education.

However, it is likely that at least Hungary and Poland has post-graduate training in transport psychology.

The situation in the six countries that report any training varies considerably. The contents of the training courses differ from one country to another and it is difficult to find a common pattern. Normally courses in traffic psychology are mentioned but it is difficult to say anything more in detail about what is meant by the concept of traffic psychology. The preconditions for post-graduate training vary from a Master in psychology to a Diploma in psychology. The training required for traffic psychologists varies from a period of more than one year in one country to up to 5 years in another. It also varies between a total of 200 to 1760 hours. The teachers of the courses are required to have between 4 to 5 years of practice and supervisors 4 – 10 years.

There are differences in authorizing bodies between countries, ranging from a private institute to university or ministry of health. The validity of the qualification varies from one year to the whole active period. The requirements for renewal can be, for example, 10 hours of theoretical training or 12 points on the driving license. The costs for post-graduate training vary between none and 18 000 Euro (Switzerland).

The main conclusion from the questionnaire study is that there are a number of about 6 to 8 neighboring countries in Central Europe, with German language, that have post-graduate training in traffic psychology. The training is far from uniform and there are, for example, large differences in content, preconditions for trainees, requirements for teachers and supervisors, amount of training and costs of post graduate training.

In Europe today it is mandatory to have psychological assessment for all train drivers across boundaries. Car drivers, and especially professional drivers, from different countries are allowed to cross national borders with very little uniform control of their driver qualifications by experts in traffic psychology. One important task for an EFPA Standing committee in traffic psychology is to promote minimum qualifications for post-graduate training in traffic psychology in all EFPA member states. The results of the present low-budget investigation indicate that a better resourced and founded study is needed to get an appropriate examination of differences between types of post-graduate training within existing transport psychology courses. As most EFPA members do not have any post-graduate qualification courses, it is necessary to include traffic psychologists from these countries in the discussions about the future role of transport psychology

**Appendix II:** Strategy document presented to EC outlining the case for changing the Task Force to SC on Traffic and Transport Psychology

**Appendix III: EFPA Letter re. psychological testing and Train Drivers' Directive**



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To the Members of the European Parliament  
and members of the Committee on Transport and Tourism

Brussels, October 16, 2006

**Ref. : Report FINAL A6-0133/2005 on the proposal for a directive of the European Parliament and of the Council on the certification of train crews operating locomotives and trains on the Community's rail network (COM(2004)0142 - C6-0002/2004/0048(COD))**

Comment from the European Federation of Psychologists Associations EFPA on the psychological evaluation of train crews.

Honourable Members of the European Parliament,

While examining the **Report FINAL A6-0133/2005 on the proposal for a directive of the European Parliament and of the Council on the certification of train crews operating locomotives and trains on the Community's rail network (COM(2004)0142 - C6-0002/2004/0048(COD))** RR\566102EN.doc, PE 347.286v02-00 - **Committee on Transport and Tourism, Rapporteur. Gilles Savary**, starting the 9<sup>th</sup> of October 2006) please consider that, at page 11/32 the amendment 13 to article 9 (lastly numbered as article 11), paragraph 3 must be deleted, because it's Justification

*"There are members States where psychologists do not belong to the medical profession, so the persons concerned in this instance should be either psychologists or doctors"*

is totally false. There is not even one Members State where psychologists do belong to the medical profession. On the contrary, in all Member States psychologists have their own specific university training, and a medical doctor who declared that they had acquired that specific training instead of their medical training is subject to criminal prosecution.

In addition, amendment 13 proposes that the psychological examination would be conducted by any person, not even a generic professional of the lowest level, with the only condition that this person is simply "supervised by a psychologist or a doctor". It could simply be a friend of the physician, and not only "either psychologists or doctors", as this justification falsely suggests!

Amendment 13 is consistent with an unexpected transfer. Three examinations, which were correctly defined (through a very long and detailed collaboration of all the member states'

technical representatives) by the Technical Specifications for Interoperability, and correctly included under the psychological examinations, have now been suddenly transferred under the medical examinations, in the

**Interinstitutional file 2004/0048 (COD) - LEGISLATIVE ACTS AND OTHER INSTRUMENTS**

**Subject: COMMON POSITION adopted by the Council on 14 September 2006** with a view to the adoption of the above mentioned Directive.

Namely, in ANNEX II, this Common Position simply transposes those competences that the TSI had correctly included under the point "2.2 Occupational psychological examinations", now incorrectly under the point "2.1, Medical examinations".

During the next Parliament's meeting, these last three examinations (cognitive, communication and psychomotor), must be correctly transferred back under the following title "Psychological examinations". Consequently the first words "The purpose" must be changed again into "Another purpose", because this purpose of the psychological examinations is not surely the only one, but is consistent with the above mentioned three purposes erroneously granted now to the medical examinations. It would even be impossible for a psychologist to evaluate "psychological deficiencies ... likely to interfere with the safe exercise of the duties" without the above mentioned three examinations, and it would not be useful for the physician to make those three examinations if not oriented to evaluate those psychological deficiencies. The medical doctor may correctly evaluate eventual psychiatric problems, which are totally different from psychological deficiencies. The casual appropriation of these three basic parts of the psychologist's work would invalidate the whole, as happens when the user does not understand the process used. To be consistent, the general title of ANNEX II must be changed from "MEDICAL REQUIREMENTS" into "MEDICAL AND PSYCHOLOGICAL REQUIREMENTS".

In this Common Position, the possibility to exchange a psychologist with a medical doctor is also mistakenly allowed in article 11, Basic requirements, paragraph 3. This provision has no sense, and must be deleted.

On the contrary, the amendment 25 reported in page 17/32 of the initially mentioned Report, adding the provision of "transport psychologists" as competent to evaluate psychological fitness is very proper, and consistent with the development of this discipline. For this issue, the Standing Committee on Traffic Psychology of EFPA is available for any explanation.

Another useful collaboration could be offered by the Standing Committee of Disaster and Crisis Psychology of EFPA to a better formulation of amendment 43 of the Report, concerning the elaboration of the PTSD (Post Traumatic Stress Disorders) caused on drivers by suicides involving trains

Thank you for restoring and improve the prestige of the EU institutions that are the common property of all EU citizens.

EFPA, the European Federation of Psychologists' Associations, is available for any further demonstration and explanation of these necessary corrections.

Best regards,

Tuomo Tikkanen  
President

Pierangelo Sardi  
Executive Council member and Liaison for the EFPA Standing  
Committee on Traffic Psychology