



Assessment of Fitness to Drive

Matúš Šucha, Petr Zámečník, Don DeVol, Thomas Wagner



TRAFFIC
PSYCHOLOGY
INTERNATIONAL

I. Problem

- A human being is, and in the near future will be, a controlling **element of the traffic system** → consequence: **≈ 90% of accidents are caused or co-caused by human beings** (e.g. NHTSA, 2015 – 94%, ± 2.2%).
- Most drivers (up to 98%) **are safe and good drivers** (*but still engage in risky behaviour in some situations*). To enhance their safe driving behaviours, traffic safety measures **on the societal level** (e.g. strict and fair enforcement, smart traffic infrastructure – self-explaining and forgiving roads, safe and ergonomic vehicles) are needed.
- Only a **very small proportion of drivers** (up to 2%) **are high-risk drivers** (repeat offenders, excessive speeders, drunk drivers). **BUT these 2% of drivers commit more than 80% of all serious offences**. For these drivers, **special interventions on the individual level**, in the form of rehabilitation (driver improvement courses) and psychological assessment of fitness to drive, are needed.

I. Problem

- It is known that many crashes are, among other factors, caused by unfitness to drive. Along with health requirements, fitness includes aspects of a **person's personality and psycho-physical variables** within the context of a person's disposition.
- Those who represent a high level of risk for traffic safety are usually **not able to assess the risk** posed by their own behaviour, partly because of a lack of self-reflection, and do not respect feedback from systems (points, fees, withdrawal of their licence, etc.).

I. Problem

When talking about traffic safety, it is crucial to distinguish between **driver performance** and **driver behaviour**. Not differentiating between them has caused, and continues to cause, confusion. The two concepts are:

- **Driver performance** – what the driver **CAN do** (*area for driving instructors*)
- **Driver behaviour** – what the driver **WILL do** (*area for traffic psychologists*)

Driver performance relates to the driver's knowledge, skills, and perceptual and cognitive abilities. **Driver behaviour** is what the driver **chooses to do with these attributes.**



II. Solution

- Human behaviour – whether “normal” or “deviant” – **is explained, individually assessed, and could be altered by psychological means.**

Psychologists have developed concepts and instruments to assess individual drivers and other road users in order to improve their safety.

- Driving-related psychological assessment of fitness pursues **two legal rights: (1) the protection of the general public** from unsuitable drivers, and **(2) the right of the individual to mobility.**

- To find a good balance between these goals, which, in some cases, are conflicting, traffic psychologists can make a valuable contribution to serve both purposes: enhancing traffic safety and individual health.



II. Solution

- The main goal of the assessment is a behavioural **prognosis** (estimating the risk of relapse) and **feedback** on the driver's fitness to drive.
- A fitness-to-drive assessment might be recommended for several reasons:
 - DUI offences
 - accumulation of a large number of penalty points
 - conviction for aggressive behaviour or road rage
 - signs of drug abuse or risky behaviour during the driving test
 - a serious crash at an older age

Conclusion: what is needed on the strategic level

- *To recognise Traffic Psychology as a profession with relevance to the assessment of drivers for their fitness to drive by **its explicit definition in the next amendment to DIRECTIVE 2006/126/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on driving licences.***
- *To set mandatory minimal standards for the profession of traffic psychology (education) and minimal standards for the psychological fitness to drive and its assessment on the European level.*



ANNEX III

MINIMUM STANDARDS OF PHYSICAL AND MENTAL FITNESS FOR DRIVING A POWER-DRIVEN VEHICLE

ALCOHOL

- 14. Alcohol consumption constitutes a major danger to road safety. In view of the scale of the problem, the medical and psychological professions must be very vigilant.

Group 1:

- 14.1. Driving licences shall not be issued to, or renewed for, applicants or drivers who are dependent on alcohol or unable to refrain from drinking and driving. After a proven period of abstinence and subject to authorised medical and psychological opinion and regular medical check-ups, driving licences may be issued to, or renewed for, applicant or drivers who have in the past been dependent on alcohol.

Group 2:

- 14.2. The competent medical and psychological authority shall give due consideration to the additional risks and dangers involved in the driving of vehicles covered by the definition of this group.

Thank you for listening.

This is us: TPI – Traffic Psychology International, a forum of traffic experts who cooperate with the goal of supporting road users in their individual traffic behaviour.

