

Royal Australasian College of Surgeons



Submission to the Inquiry into progress under the National Road Safety Strategy 2011-2020

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Introduction

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and international medical graduates across Australia and New Zealand. The College also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. As part of our commitment to standards and professionalism RACS strives to take informed and principled positions on issues associated with the delivery of health services.

RACS has long recognised that road trauma is a serious public health problem of epidemic proportions. In the 1960s surgeons identified that they could be influential in this area with policy makers and legislators. This was the driving force behind the establishment of the Road Trauma Committee. Through this Committee (and subsequent advisory sub-committee) RACS has been a major contributor and advocator of mandatory seat-belt wearing (1970s), drink driving countermeasures and the compulsory wearing of helmets by cyclists (1980s to 1990s).

RACS demonstrated significant leadership through advocating for mandatory seatbelts usage resulting in legislative change (¹ page 2). Victoria was the first State in the world, to introduce compulsory fitting and wearing of seatbelts (22 December 1970) followed by the rest of the country and world. Although there was no strong evidence base at the time to support that introduction of this legislation would reduce the number of road deaths, thankfully common sense prevailed. As a result, road deaths in Victoria reduced from 1011 in 1969 to 915 in 1972 (¹ table 6, page 14).

RACS has focused on the safety of all road users and children, recently lobbying for improvements in the graduated licensing system, child restraint laws, quad bike safety, retention of mandatory helmet legislation for cyclists and alcohol-related trauma.

RACS commends governments of the last decade for prioritising road safety by committing to the National Road Safety Strategy 2011-2020 ². This Strategy analyses road safety risks in terms of the elements of the safe systems approach to road safety, and makes important recommendations about how each of these elements can contribute to reductions in fatalities and serious injuries.

RACS' submission ³ to the 2015 Senate Inquiry into Aspects of Road Safety in Australia urged governments to continue to implement all of the recommendations in the strategy. This was agreed to by all State, Territory and Commonwealth Ministers responsible for road safety, and, if adopted and implemented in its entirety, will significantly reduce fatalities and serious injuries arising from road trauma.

The target of at least a 30% reduction in road related fatalities still equates to more than 800 deaths per year and an estimated 4,000 to 5,000 serious injuries ³. This is unacceptable to surgeons who see road trauma victims on a daily basis, and should be unacceptable to all Australians.

Unfortunately it is apparent that the 30% target will not be met by 2021. RACS again strongly urges all levels of government to join in a united effort to make permanent and significant reductions in road trauma a number one priority across all portfolios. More can and should be done.

In essence, in spite of all the efforts of Advocacy Groups including RACS, and Government at all levels, in the generic sense we have failed to prevent death and injury on our roads. To acknowledge this and look to a paradigm shift in direction would seem timely.

RACS strongly supports the Australasian College of Road Safety's (ACRS) 2017 Submission to Federal Parliamentarians – The way forward to reduce road trauma ⁴. This comprehensive submission outlines a number of actions that can reduce road trauma.

ACRS reports that the most important overarching action is to acknowledge that the causes and consequences of road trauma are spread across many portfolios, not just transport and infrastructure. The health portfolio, for example, holds a major stake given that hospitalisations for around half the most severely injured patients in Australia are transport-related.

As road trauma remains one of the highest-ranking public health issues in the country, RACS shares the ACRS call for the Commonwealth Government to lead the coordination of activity across all areas of government and the community involved in road safety – including (but not limited to) infrastructure, research, technology, health and ageing, police and emergency services, youth, disability and community services and rural and regional communities.

Retrospectively, the unfortunate disbanding of the Federal Office of Road Safety (FORS) in the late 1990s (an independent body of experts providing advice without fear or favour, to the federal government on all matters regarding road safety) appears to have facilitated the current lack of collective ownership of this debilitating health issue.

Much hard work and research has already been undertaken and it is time for the Commonwealth Government to lead a united accountable and measurable approach to implement long-agreed recommendations, actions and initiatives.

RACS sees real potential to significantly reduce road-related deaths and serious injury if governments can take immediate action in the following areas:

1. Engage multiple government portfolios to become involved in the prevention of road trauma.
2. Improve the quality of road trauma data by establishing agreed definitions, methodologies, and measurement tools.
3. Document the complete journey of the seriously injured patient to gain a better understanding of the true cost of injury and where and how it is occurring.
4. Advocate for legislation for enhanced safety features for all new vehicles (cars and heavy vehicles)
5. Activate point to point cameras for all road users.
6. Safer behaviour for all road-users.
7. Speed.

1. Engage multiple government portfolios to become involved in the prevention of road trauma

The state and federal government commitment in 2011 to provide action on the 33 individual Safety Performance Indicators outlined in the NRSS 2011-2020 is far from on track.

Recent analysis of the National Road Safety Strategy 2011-2020 November 2017 Implementation Status Report, shows that only four of the 33 performance indicators are “On Track” to be met. A further six have been classified as “Not on Track”, while a further 15 have been deemed “unlikely to be met”. Further, eight of the 33 indicators are still not being measured or possess agreed targets⁵.

Lack of agreed and measurable performance indicator targets from the commencement of the strategy has resulted in a lack of jurisdiction accountability and priority shifting. For a more positive implementation of the strategy this needs to be rectified.

Further, any jurisdiction receiving infrastructure funding should be obligated to demonstrate they are improving safety by reporting on pre-agreed performance indicators.

The effect of road trauma and solutions to reduce it sit across multiple government portfolios, each of which stands to gain from addressing road trauma as a major public health issue requiring a whole of government focus.

2. Improve the quality of road trauma data by establishing agreed definitions, methodologies, and measurement tools

It is essential that any renewal of the National Road Safety Strategy include agreed injury definitions and methodologies, and determine which measurement tools will be used. Consensus is also required on what constitutes useful data and how to use it effectively.

While road deaths are measured, there is a lack of information on serious injury which has a far greater impact on health systems and communities.

Serious injury is defined as “injury from a road crash with enough severity to require hospitalisation” 1. Having the ability to quantitate serious injury is essential to effective management of road trauma data. Clarification and agreement on data collection methodologies and measurement tools, is crucial to providing comparable data.

In order to fully recognise the impact of road trauma and serious injury, data needs to move quickly through a mutually agreed upon and recognised authority / system.

Serious injury data from all relevant agencies (including health) needs to be appropriately aggregated in a timely manner and handed to the appropriate authority. Integration of data from various agencies is currently not being accessed or provided to existing collection points and thus is inhibiting the understanding of the full scope of the impact of serious injury.

Geospatial (latitudinal and longitudinal) information on accident statistics should be captured and disseminated quickly to relevant agencies to allow adequate response strategies to be implemented and inform future planning.

In essence there needs to be timely multiple-agency serious injury data capture, collation, release and sharing within integrated agencies. This will fill the information gaps inherent in the current system.

There is currently a significant time lag (greater than 6 months) between incidents occurring and relevant data becoming available for analysis. This prohibits monitoring the outcomes of road safety efforts, determining the effectiveness of implemented programs and developing appropriate policies.

RACS strongly supports the Commonwealth Government's significant commitment of \$450,000 over three years to improve data collection on serious injury. The Australian Trauma Registry (ATR) is a collaborative effort of Australia's 27 Major Trauma Centres and currently tracks major injuries in Australia—road trauma (including motor vehicles, pedestrian and cyclists), major falls, gunshot wounds and stabbings. The ATR provides a systematic and timely provision of data on road injury from the participating trauma centres. RACS continues to advocate for the benefits of a national trauma registry (see RACS supplementary submission to Aspects of road safety in Australia, January 2016 ⁶).

Having this ability to forward data to a central national repository enables provision of ‘whole of country’ snapshots which is vital to inform policy makers and has the potential for prompt legislative change which will lead to a dramatic reduction in road trauma related deaths and serious injuries.

It is noted that currently, not all jurisdictions are contributing data to the Transport and Infrastructure Senior Officials' Committee (TISOC) which is responsible for monitoring and reporting on the implementation of the National Road Safety Strategy and supporting Action Plans. Data is provided to compare 2016, to baseline (2008 to 2010) figures across the high level outcome measures and safety performance indicators (Safe roads, safe speeds, safe vehicles, and safe people – responsible and irresponsible road use). Several States and Territories are currently unable to provide data around a number of the safe people indicators-irresponsible road use safety performance indicators – specifically around blood alcohol content ⁷.

There is a strong need for greater consideration of how to deliver information on serious injury to agencies that make decisions about health and infrastructure funding.

The real power of aggregated data is the ability to share it with relevant jurisdictions and agencies (including but not limited to the Bureau of Infrastructure, Transport and Regional Economics (BITRE) in a timely manner.

While this is a positive step towards better understanding the burden and outcomes of road trauma, more can be done in the areas of:

- Timely reporting of post-crash data.
- Greater resourcing for Commonwealth co-ordination. States & territories require support to provide aggregated data.
- Securing permanent recurrent funding for the Australian Trauma Registry.

- Using BITRE to collate and release up to date road trauma / serious injury data from all states and territories.

3. Document the complete journey of the seriously injured patient to gain a better understanding of the true cost of injury and where and how it is occurring

Data linkage between key agencies is essential. Support needs to be provided to encourage all states and territories to collaborate and report the incidence of serious injury. This should include data from:

- Ambulance services
- Hospitals and emergency departments
- Police
- Insurance companies

Data linkage is essential to gauge the impact of road trauma and serious injury on the Australian economy and society.

States and territories should be required to provide evidence of the outcomes from initiatives that led to reduced deaths and serious injuries.

Because of this lack of integrated reporting of road trauma and serious injury there is still no clear means to determine the contemporary costings of the health journey.

4. Advocate for legislation for enhanced safety features for all new vehicles (cars and heavy vehicles)

Heavy vehicles are over-represented in road trauma statistics. While 3% of fleets are heavy vehicles, 18% of road trauma fatalities involve heavy vehicles (², p26).

In January the Minister for Infrastructure and Transport suggested removing new car / heavy vehicle tariffs on imported vehicles that have enhanced safety features, such as Autonomous Emergency Braking (AEB), lane departure warning systems and blind spot monitoring. Installing AEB in new trucks is a standard manufacturing component of heavy vehicle production in Korea and Europe. However, this safety feature is not included for vehicles being imported into Australia as it is not currently a mandatory requirement.

As most road trauma is the result of impact or vehicles leaving the road rolling and/or collision, it is self-evident that aiming to prevent this has the potential to save up to 60% of deaths which at the moment are a direct result of momentary failure of human cognitive and motor skills (⁸, p4).

Removing tariffs on all imported vehicles with enhanced safety features could potentially initiate a market shift on imported heavy vehicles resulting in an immediate win for public safety without having to wait for policy change.

As Australia currently does not have an automobile industry to protect and meet mutual trade obligations, RACS has an opportunity to set standards for Australia and New Zealand and to advocate for legislation (as before with seatbelts,) for every vehicle imported and sold in Australia and New Zealand to have autonomous emergency braking lane departure warning systems and blind spot monitoring is an opportunity to save lives and again set an example for the rest of the world.

The Australian Automobile Association (AAA) has also urged the Commonwealth Government to scrap the imported vehicle tariff in the 2018 Budget to encourage drivers to buy new cars with better safety features, which would ultimately reduce road trauma, serious injury rates and save lives.

The Australian Medical Association (AMA) also supports the positive effect on road trauma reduction through mandating new car technologies in its 2018 road safety position statement ⁹.

Toll Group has submitted a six-point national truck safety plan to the Commonwealth Government highlighting Australia's road safety problem and calling for a national approach to heavy vehicle regulation.

5. Activate point to point cameras for all road users

RACS supports increasing point to point camera infrastructure and standardising use for passenger and heavy vehicles across all jurisdictions. This infrastructure should encompass major whole of road corridor, not just black spots. Current jurisdictional variances^{10, 11} mean where cameras exist not all vehicle types are being monitored although this could be facilitated with the press of a button. If the technology is available to target speed and significantly reduce the road toll, it should be utilised. Public safety, reduction in road deaths and serious injury through all available technologies should take precedence over jostling for political gain¹².

6. Safer behaviour for all road-users

RACS sees opportunity to lead the change in acceptable blood alcohol content (BAC) limits for all road user groups with a strong view to reducing road trauma and serious injury statistics.

Motorcyclists are constantly over-represented in road statistics. As documented in the NRSS 2011-2020 Implementation status report 2017⁵, p20), the following statistical performance indicator measures have significantly increased since being previously reported:

- Number of older driver and motorcycle rider deaths (aged 65+ yrs.) + 25.8%
- Number of deaths from crashes involving an older driver or motorcycle rider (aged 65+ yrs.) + 12.8%
- Number of motorcyclists + 8.3 %

Research clearly shows increasing blood alcohol content (BAC) increases the risk of motorcycle crash, injury and fatality rates, with riders at 0.05% BAC having 165 times the fatal crash risk than a car or van driver at the same BAC level¹².

New South Wales Centre for Road Safety encourages motorcyclists to avoid drinking and riding, advising that "Any amount of alcohol can affect your riding, even when you are below the legal limit. If you plan to ride, it's best not to drink, and if you've been drinking, don't ride"¹⁴.

This evidence, combined with the above over-representation of motor cyclists in road statistics is significant enough to ensure more direct measures are needed to protect this vulnerable group of road-users. As such RACS strongly suggests that consideration be given to the introduction of mandatory zero blood alcohol content for all motorcyclists. This is in line with RACS position paper, Road Trauma Prevention, Motor cycling¹⁵

RACS also supports blood alcohol testing for all road casualty patients 16 years or older attending hospital for treatment¹⁶. National (whole of nation) harmonisation of BAC limits for different driver / vehicle categories (heavy vehicle / motor cyclists, L and P plate drivers 0.00%, light vehicle drivers 0.05%) would be a major step forward in protecting road users and reducing serious injury numbers and costs.

Distraction is a serious and growing challenge to road safety. It is increasingly emerging as a factor in fatal road accidents over the past decade. A strong signal is needed to raise the awareness of the danger of distraction on roads. The real effect and implications of distraction (any activity that could divert a person's attention away from the primary task of driving or walking safely) in road trauma and serious injury could be more comprehensively understood through collection of relevant data.

Currently no Australian trauma centre registries collect data on distractions associated with road-related admissions. Intelligent transport systems (ITS) technology which can record mobile phone use while driving may assist future data collection. Improved data collection methods at crash sites (to record mobile phone use at the time of the crash) may also help. It is clear that a collaborative approach to data collection is needed to accurately quantify the involvement of distractions in road related traffic accidents.

7. Speed

As speed goes up people die, and as speed goes down people live. Although there is a very robust evidence base to support, and numerous 'confronting' public education campaigns, it is still a very hard public sell. Speed reductions can be legislated, measured, and enforced. Many major Australian capital cities have reduced the speed limit within their central business districts from 60 to 50 and 40 kilometers per hour. There are also many examples around the world show the value of speed reduction.

RACS supports appropriate speed limits ¹⁵ when there are people about, particularly school zones. Pedestrians are the most vulnerable of all road users.

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