Information Kit

ASSESSING FITNESS TO DRIVE
Revised 2012

This kit contains:

• Frequently asked questions
• A summary of the key changes resulting from the review
• Media spokespersons

For further information please refer to the Austroads website www.austroads.com.au.
Frequently asked questions

- Why new medical standards?
- What is the purpose of the standards?
- When will the standards come into effect?
- What are the key changes to the standards resulting from this review?
- Who has been involved in reviewing the standards?
- Who will receive Assessing Fitness to Drive 2012?
- What type of health conditions might affect ability to drive safely?
- What are the legal and ethical responsibilities of health professionals, drivers and Driver Licensing Authorities?
- How will Assessing Fitness to Drive 2012 affect health professionals’ practice?
- How will Assessing Fitness to Drive 2012 affect Driver Licensing Authorities?
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- Which standards (private or commercial) should be applied?
- What is a conditional licence?
- What happens if drivers don’t follow their doctor’s advice?
- Where do you find out more information?

Q. Why new driver medical standards?

A. The driver medical standards Assessing Fitness to Drive 2012 have been revised to reflect current medical knowledge and the current transport environment. The review of the standards has also coincided with the conduct of a major literature review by the Monash University Accident Research Centre (MUARC). The report, *Influence of chronic illness on crash involvement of motor vehicle drivers*, 2nd edition by Charlton et al (November 2010), has provided the evidence base for the effects of medical conditions on driving and for crash risk associated with medical conditions (www.monash.edu.au/miri/research/reports/muarc300.pdf).

Q. What is the purpose of the standards?

A. The purpose of Assessing Fitness to Drive is to improve road safety in Australia by assisting health professionals to:
- Assess the fitness to drive of their patients in a consistent and appropriate manner, based on current medical evidence
- Promote the responsible behaviour of their patients having regard to their medical fitness
- Conduct medical examinations for the licensing of drivers as required by State and Territory Driver Licensing Authorities
• Make recommendations regarding conditional licences
• Recognise the extent and limits of their professional and legal obligations with respect to reporting fitness to drive.

The publication also aims to provide guidance to driver licensing authorities in making licensing decisions.

Q. When do the standards come into effect?

A. The standards are effective from the 1 March 2012. From that date, all drivers should be assessed using the new standards.

Q. What are the key changes to the standards resulting from this review?

A. *Assessing Fitness to Drive* has been extensively revised, drawing on recent research and expert opinion on the impact that various chronic medical conditions have on driving ability and crash risk.

The new edition features a simplified structure which focuses on conditions likely to affect fitness to drive.

Chapters that cover mainly short-term conditions, such as anaesthesia and pregnancy, have been deleted in favour of more detailed general information included in Part A.

Chapters that cover organ failure, such as renal, liver and respiratory failure, where the main effect on driving is through end-stage cognitive effects, have been deleted. Reference to the cognitive effects of these conditions is included in the neurological chapter, where more detailed guidance is included about the approach to the assessment of cognitive capacity.

The deletion of these chapters is also consistent with the need to focus on the functional implications of various medical conditions, rather than the diagnosis.

Thus the original 22 chapters have been reduced to 10.

The new edition also features:
• improved general guidance on driver assessment and management
• a focus on functionality rather than diagnosis which supports fairness in application
• improved guidance with respect to multiple medical conditions and age-related change
• flow charts to facilitate clinical decision making
• information about medico-legal responsibilities
• links to supporting consumer information
• a comprehensive index.

There is more comprehensive guidance regarding the role of practical driver assessments in assessing driver capacity, including the assessment of multiple medical conditions and age related decline.
It is hoped that these features will aid in the understanding of the impact that medical conditions may have on driving and facilitate patient management.

The key changes to specific chapters are described on page 8.

**Q. Who has been involved in reviewing the standards?**

**A.** The standards have been produced through an extensive consultation process involving medical experts and consumer groups, as well as all State and Territory Licensing Authorities, the transport industry and unions. This process has been overseen by the National Transport Commission and Austroads.

**Q. Who will receive a copy of Assessing Fitness to Drive 2012?**

**A.** The standards will be distributed in hard copy to all Australian general practitioners as well as to medical specialists and to other relevant health professionals (including occupational therapists and optometrists). Health professionals and others who have not received copies of the book will be able to access it from their State Driver Licensing Authority or from the Austroads website [www.austroads.com.au](http://www.austroads.com.au).

Drivers will also be able to view the standards on the Austroads website.

**Q. What type of health conditions might affect ability to drive safely?**

**A.** Driving a motor vehicle is a complex task requiring perception, good judgment, responsiveness and reasonable physical capability. A range of medical conditions, as well as treatments, may therefore impair driving ability. Common examples include:

- Blackouts
- Cardiovascular conditions
- Diabetes
- Dementia and cognitive impairment
- Seizures and epilepsy
- Other neurological conditions
- Musculoskeletal conditions
- Psychiatric conditions
- Sleep disorders
- Alcohol and other substance misuse
- Vision and eye disorders

Just because people have a disease or condition that might affect their driving, doesn’t mean that they won’t be able to drive at all. It might mean that they have to see their doctor more often to check that their illness is well managed and it might mean that there are some restrictions placed on their driving.
Q. What are the legal and ethical roles and responsibilities of health professionals, drivers and licensing authorities?

A. Assessing Fitness to Drive 2012 clearly outlines the responsibilities of drivers, examining health professionals and licensing authorities.

All States and Territories in Australia have laws about reporting health conditions that might affect a person's ability to drive safely. These laws have been created to protect public safety. The laws require drivers to report to the Driver Licensing Authority any permanent or long-term illness that is likely to affect their ability to drive safely.

As the relationship between patient and health professional is a confidential one, the health professional will not normally communicate directly with the Driver Licensing Authority. He or she will provide the patient with advice about their ability to drive safely as well as a letter or report to take to the authority. It is the licensing authority not the health professional that makes the final decision about whether a person will be able to hold a licence. (Note that in South Australia and the Northern Territory, legislation currently requires the health professional to report directly to the licensing authority if they are concerned about the impact of the patient's health on their ability to drive safely).

Health professionals also have an obligation to public safety so if a health professional believes that a patient is not heeding advice to cease driving he or she may report directly to the Driver Licensing Authority.

Q. How will Assessing Fitness to Drive 2012 affect health professionals’ practice?

A. The clarity of the new standards facilitates assessment of fitness to drive by health professionals and ensures greater consistency in such assessments. It is not anticipated that the standards will impact on health professionals’ workload in undertaking assessments.

Q. How will Assessing Fitness to Drive 2012 affect Driver Licensing Authorities?

A. The clarity of the new standards will also facilitate licensing management by Driver Licensing Authorities and support greater consistency in licensing decisions. Driver Licensing Authorities will need to manage the changes to the standards in terms of the impact on drivers with existing medical conditions, including those on existing conditional licences.

Q. How will the new standards affect drivers?

A. The new standards do not mean a change in responsibility for drivers. They must continue to ensure that they do not drive if they have a condition that is likely to affect their ability to drive safely, and they must report such conditions to the Driver Licensing Authority.
The standards reflect developments in medical science and improvements in diagnosis and treatment of various health conditions. They therefore provide scope for drivers with well-managed health conditions to continue to drive safely.

There are a small number of significant changes that will affect drivers. These are summarised in pages 8 – 12 of this kit.

Q. Who should drivers speak to about how the changes might affect them?

A. Drivers who have an existing medical condition and who are on a conditional licence, or have other driving restrictions, should refer to the Austroads website for an explanation of the changes. They may also speak to their local Driver Licensing Authority about how the new standards will affect them.

Q. Where can drivers and health professionals get more information about health and driving?

A. The Driver Licensing Authorities and various health organisations produce information about driving and specific health conditions, as well as about issues driving assessments and the transition to not driving for older people. These resources are usually available for free. Many of these resources are referred to in Assessing Fitness to Drive, but can also be accessed directly from the Driver Licensing Authority websites.

Q. Which standards (private or commercial) should be applied?

A. Assessing Fitness to Drive contains two sets of medical standards – private vehicle driver standards and commercial vehicle driver standards.

The choice of which standards to apply when examining a patient for fitness to drive is guided by both the type of vehicle and the purpose for which the driver is being authorised to drive.

The private standards should be applied to:

- Drivers applying for or holding a licence class C (Car), R (Motorcycle) or LR (Light Rigid) UNLESS the driver is also applying for an authority or is already authorised to use the vehicle for carrying public passengers for hire or reward or for the carriage of bulk dangerous goods or in some jurisdictions for a driver instructor’s licence.

The commercial standards should be applied to:

- Drivers of ‘heavy vehicles’ i.e. those holding or applying for a licence of class MR (Medium Rigid), HR (Heavy Rigid), HC (Heavy Combination) or MC (Multi-combination).
- Drivers applying for an authority /already authorised to carry public passengers for hire or reward (bus drivers, taxi drivers, chauffeurs, drivers of hire cars and small buses etc).
- Drivers applying for an authority / already authorised to carry bulk dangerous goods.
NOTE: A person who does not meet the commercial vehicle medical criteria may still be eligible to retain a private vehicle driver licence. In such cases, both sets of standards may need to be consulted.

Q. What is a conditional licence?

A. In most cases, having a medical condition will not stop people from driving, as the licensing authority is able to issue a conditional licence. This means that the person may continue to drive as long as certain conditions or restrictions are met. Conditions may include driving during daylight hours only, the wearing of glasses or corrective lenses when driving or attending the doctor for a periodic review and providing a report to the Driver Licensing Authority. A doctor may make recommendations to the Driver Licensing Authority about a conditional licence but the authority will make the final decision.

If people are issued with a conditional licence it is their responsibility to comply with any driving restrictions or other conditions and to be reviewed by their doctor as required.

Q. What happens if a driver doesn’t follow their doctor’s advice?

A. If a person continues to drive despite their doctor’s advice and they do not report their condition to the Driver Licensing Authority, they are not fulfilling their legal responsibility. If they are involved in a crash under these circumstances and it is found that their health condition was a contributing factor, they may be prosecuted and their insurance may not be valid.

If a person’s doctor is aware that they are continuing to drive and feels that their driving is a serious risk to them and other road users, the doctor may feel obliged to notify the Driver Licensing Authority directly.

Q. Where can you find out more information?

ASSESSING FITNESS TO DRIVE 2012

Summary of changes

1. **New simplified structure**
   
   *Assessing Fitness to Drive* has been extensively revised, drawing on recent research and expert opinion on the impact that various chronic medical conditions have on driving ability and crash risk.

   The new edition features a simplified structure which focuses on conditions likely to affect fitness to drive, including:
   
   - Blackouts
   - Cardiovascular conditions
   - Diabetes
   - Dementia and cognitive impairment
   - Seizures and epilepsy
   - Other neurological conditions
   - Musculoskeletal conditions
   - Psychiatric conditions
   - Sleep disorders
   - Alcohol and substance misuse
   - Vision and eye disorders

   Chapters that cover mainly short-term conditions, such as anaesthesia and pregnancy, have been deleted in favour of more detailed general information included in Part A.

   Chapters that cover organ failure, such as renal, liver and respiratory failure, where the main effect on driving is through end-stage cognitive effects, have been deleted. Reference to the cognitive effects of these conditions is included in the neurological chapter, where more detailed guidance is included about the approach to the assessment of cognitive capacity.

   The deletion of these chapters is also consistent with the need to focus on the functional implications of various medical conditions, rather than the diagnosis.

   Thus the original 23 chapters have been reduced to 10.

2. **Other features**
   
   The new edition also features:
   
   - improved general guidance on driver assessment and management
   - a focus on functionality rather than diagnosis which supports fairness in application
   - improved guidance with respect to multiple medical conditions and age-related change
   - flow charts to facilitate clinical decision making
   - information about medico-legal responsibilities
   - links to supporting consumer information
   - a comprehensive index.
There is more comprehensive guidance regarding the role of practical driver assessments in assessing driver capacity, including the assessment of multiple medical conditions and age related decline.

It is hoped that these features will aid in the understanding of the impact that medical conditions may have on driving and facilitate patient management.

The key changes to specific chapters are described below.

3. Changes to standards – by chapter

Blackouts

A new chapter has been developed on blackouts, which draws together the various causes of blackout and cross refers to relevant chapters where appropriate (e.g. epilepsy, diabetes, cardiovascular, sleep disorders). This facilitates assessment of drivers suffering a blackout and supports consistency of management across these conditions.

The chapter also outlines medical criteria for blackouts of unknown cause. These drivers are now managed as for those experiencing a first seizure.

- For private vehicle drivers this means a **six-month non-driving blackout-free period** (previously two months) before being considered for a conditional licence;
- For commercial vehicle drivers it means a **five-year non-driving blackout-free period** (previously six months) before being considered for a conditional licence.

Cardiovascular conditions

Notable changes include:

- Grouping of conditions according to clinical categories to support usability (e.g. ischaemic disease).
- A reduction in the non-driving period for commercial vehicle drivers following acute myocardial infarction, from three months to four weeks, reflecting improvements in assessment methods.
- The inclusion of age adjustment regarding the Bruce stress test for commercial vehicle standards relating to acute myocardial infarction, angina, angioplasty, coronary artery bypass grafts, heart failure, heart transplant and hypertrophic cardiomyopathy.
- A reduction in the non-driving period for private vehicle drivers following syncope due to cardiovascular causes, from three months to four weeks.
- A new requirement for specialist involvement in recommending conditional licenses for private vehicle drivers with implanted cardiac defibrillator, hypertrophic cardiomyopathy congenital disorders and aortic aneurism, reflecting the complexity of these conditions.
- Setting of a minimum non-driving period of six months for commercial vehicle drivers following cardiac arrest, aligning it with the period for private vehicle drivers (previously the non-driving period was at the discretion of the treating specialist).
- Improved clarity regarding the intent of the standards relating to high blood pressure, being to manage the risk of sudden incapacity due to a cardiovascular event, and a clear cut off point in this regard. Establishment of a level at which commercial drivers should not drive pending further assessment and treatment (greater than 200 systolic/110 diastolic).
Diabetes
Notable changes include:

- An increased focus on severe hypoglycaemic events and lack of hypoglycaemia awareness as particular risks to driving, with improved guidance regarding recognition and management.
- An allowance for commercial drivers treated with metformin to be reviewed for licensing purposes by their general practitioner, with the agreement of their specialist – this seeks to address the logistical difficulties often encountered in accessing specialists, but also acknowledges that routine management of these patients is often undertaken by the general practitioner.
- Recognition of comorbidities that may also impact on fitness to drive including sleep apnoea, peripheral neuropathy, visual fields and cardiovascular disease.
- Inclusion of a flow chart to help guide management through the progressive stages of the disease.

Hearing
The changes made in relation to hearing are limited – there remains a hearing standard for commercial vehicle drivers, however allowance has been made for those with congenital conditions. The need for further research in this area is acknowledged.

Dementia and cognitive impairment
The dementia and cognitive impairment standards are included as a separate section within the neurology chapter. Guidance on the assessment and management of dementia with respect to driving has been significantly expanded, and applies to all forms and causes of dementia (e.g. AIDS, organ failure, Huntington’s), not just Alzheimer’s disease. A diagnosis of dementia now necessitates a conditional licence for private drivers, reflecting the progressive nature of the condition and the need for ongoing monitoring.

Seizures and epilepsy
The seizures and epilepsy chapter has undergone significant revision to support assessment and management of various forms of seizure and epilepsy, and to provide greater clarity around the criteria for licensing.

This includes the introduction of a ‘default standard’ which identifies default non-driving seizure-free periods for private and commercial vehicle drivers who have suffered one or more seizures (12 months for private and 10 years for commercial vehicle drivers).

Following the default standard there are listed a series of variants of epilepsy (including certain seizures) for which a reduction in the restrictions may be considered, for example, first seizure, childhood seizures, safe seizures and sleep-only seizures.

In addition to the reductions in restrictions for particular seizure types, there is also an allowance for ‘exceptional cases’ in which a conditional licence may be considered for private or commercial vehicle drivers on the recommendation of the treating specialist. This enables individualisation of licensing for cases not necessarily covered by the standard and where the person is considered to be safe to drive. This hierarchy provides a logical and fair basis for decision making regarding licensing.
Other neurological conditions
Notable changes include:

- waiving of the requirement for periodic review for stable conditions such as cerebral palsy
- inclusion of a specific standard for subarachnoid haemorrhage
- improved guidance on the management of head injury and intracranial surgery
- a new standard encompassing ‘other neurological conditions’ that may not be specified in the standard.

Musculoskeletal conditions
Extensive expert consultation resulted in significant redevelopment of the musculoskeletal conditions chapter, including improved guidance regarding assessment considerations and the requirements of the driving task, and examples of potential vehicle modifications. The criteria are more functionally focused, rather than condition focused.

More detailed guidance regarding practical driver assessments is also included in Part A of the publication.

Psychiatric conditions
Improved guidance regarding the specific impacts of various psychiatric conditions on driving ability has been included in the revised chapter. This includes impacts of schizophrenia, bipolar disorder, depression, anxiety disorders and personality disorders, as well as the impacts of medication. General guidance is also provided on how the mental state examination can be used to assess the various functions required for safe driving.

The criteria for licensing focus on functional capacity rather than diagnosis. This will be fairer for those patients with mild to moderate disease.

Sleep disorders
There are no changes to the licensing criteria for sleep disorders, however, greater clarity in the expression of the standards may influence their application. Provision is made for use of home-based sleep studies which will support assessment in more remote areas or where access to specialist services is limited.

Substance misuse
The revised standards include a new chapter which combines drug and alcohol misuse. It focuses on drug and alcohol dependence, highlighting the key assessment and management considerations. There is a reduced focus on acute impairment due to alcohol and drugs because it is not a licensing issue.

The specific medical criteria relating to substance misuse have been revised to provide greater clarity for examining health professionals and to support consistent management. This includes:

- focusing on functional cognitive effects rather than the dependency states per se
- introducing a non-driving period linked to a defined period of ‘remission’ as a requirement for consideration of a conditional licence. Remission is defined as abstinence or where the substance use has reduced in frequency to the point where it unlikely to cause impairment.

Information about the effects of various medications (as distinct from substance misuse) is provided in Part A of the publication.
Vision and eye disorders

Notable changes include:

- A flow chart supports understanding and application of the visual acuity standard. More specific guidance is also provided in the table regarding the factors to be taken into account when considering a conditional licence as well as the limits of acuity at which a licence will not be considered.

- Modification has been made to the visual field requirements for private vehicle drivers – this has been reduced from 120 degrees to 110 degrees because this is the field for one eye and so does not exclude one-eyed drivers from holding a private licence.

- Monocular commercial vehicle drivers do not meet the criteria for an unconditional licence. They need to be assessed on an individual basis by an ophthalmologist or optometrist. Where a conditional licence is granted the health of the remaining eye must be assessed on an annual basis.

- Reference to night blindness has been removed as it is not able to be easily tested for and there are no objective criteria to quote. The main concern is reduction of visual fields, which are covered in the standard.
## Contacts for information & media interviews

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<td>• Medical content</td>
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<td>• Requests for expert medical interviews</td>
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<td>• General information about the review including the process for updating the</td>
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<td>standards, and public and stakeholder consultation</td>
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<td>• National transport issues, including safety and productivity</td>
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