eDriving Solutions

The Development and Evaluation of an Older Driver Approved Driving Instructor Training Course

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Executive Summary

Life expectancy in the UK has increased significantly over the last decade leading to an associated increase in the number of drivers over the age of 70. Whilst age should not be seen as a bar to driving, there are a range of issues associated with the aging process that have been associated with increased risk. These issues include declining eyesight, reduced levels of flexibility, cognitive decline, and increased use of medication (Freund and Smith, 2011). There is concern that Approved Driving Instructors (ADIs) do not have the knowledge needed to support drivers as they age, making it difficult for organisations to recruit suitably qualified instructors to work on the support schemes they operate. This project aimed to deliver a classroom-based course to 300 ADIs, with the intention of improving their understanding of the issues that drivers could face as they age.

This was not possible due to Covid restrictions preventing the delivery of classroom training. The project team response to this situation was to develop an online version of the course. This online version consisted of 3 x 3.5 hour facilitated sessions, supported by two e-learning modules to be completed between sessions, covering diabetes and self-assessment. Exactly 250 ADIs received the online version of the course.

The course content covered a wide range of topics relating to older drivers including:

- Common collision types experienced by older drivers
- Changes in vision relating to:
    - Visual acuity
    - Peripheral vision loss
    - Glare recovery

- Hazard perceptions skills

- Musculoskeletal issues including:
    - Loss of flexibility and strength
    - Pain management

- Cognition including impairment through
    - Distraction
    - Fatigue
    - Medication

- Self-regulation
- Diabetes
- Preparing for driving retirement
- Professional boundaries.

The diabetes e-learning module was completed by 236 ADIs, with the module covering the development of a driver's self-assessment skills being completed 222 times.

Evaluation Method

The evaluation used an in-group design with the ADIs completing a questionnaire at 3-time points. Pre-course (T1), immediately post-course (T2), and 6 weeks post-course (T3).

Results

Of the 250 ADIs who completed the training, 195 completed the pre-course questionnaire (T1), 94 completed the post-course questionnaire (T2) and 88 completed the 6-week follow-up questionnaire (T3). In all, 30 ADIs could be matched across all 3 time points. This lower than hoped for sample size was due to a combination of ADIs completing the T1 questionnaire and then not attending the training event, or ADIs attending the training but not having completed the initial questionnaire, or not completing either the T2 or T3 questionnaire. ADIs were allowed to attend the training if they had not completed the T1 questionnaire due to concerns about recruiting enough ADIs during Covid restrictions in order to achieve anywhere close to the 300 the project required.

The evaluation found evidence that the ADI training course did increase the ADIs awareness of the types of issues they should consider discussing when working with a driver over the age of 60. The issues included: reducing car dependency, developing hazard perception skills, the need to maintain flexibility, the impact diabetes may have on their driving, and what to consider when replacing a vehicle. The evaluation also found that ADIs had a greater awareness of how age can affect glare recovery and peripheral vision.

There is evidence to demonstrate that the ADIs had an increased understanding of their professional boundaries and the need to remain within their area of expertise. No evidence was found to indicate the training would cause the participating ADIs to become overconfident with regards to the advice they provided, relating to medication or moving from a vehicle with a manual transmission to an automatic.

The ADIs found both the online facilitated sessions and e-learning elements of the course relevant and interesting. With both the online seminars and e-learning elements receiving very high satisfaction ratings:

- Ninety-eight percent agreed or strongly agreed with the statement that asked if they would recommend the training to another driving instructor.
- Ninety-eight percent agreed or strongly agreed with the statement that asked if the training had been well delivered.
- Seventy percent indicated that they had felt the course had provided them with new information.
- Seventy-six percent agreed or strongly agreed with the statement asking if the training should be mandatory for all ADIs.
- Ninety-one percent rated the diabetes model as being very useful
- A hundred percent rated the self-evaluation model as being very useful.

The finding that 76% of the sample at T2 agreed or strongly agreed with the statement asking if the training should be mandatory for all ADIs was very positive and would indicate they did find the training useful and that most recognised the profession needs to know more about these issues. Given this result, and the other results reported in this paper, it would seem appropriate that the course is recommended by the Driver and Vehicle Standards Agency as a

recommended course for all ADIs to undertake as part of their Continued Professional Development (CPD).

Summary
Taken together these findings would indicate the course was a success, at least in the short term. However, there was some evidence at T3 (6 weeks post-course) that some of the outcomes were beginning to fade. Whilst this was not a surprise, given the short-term nature of the course, it should be addressed to ensure that the positive outcomes are not lost.

Recommendations

1. Consideration should be given as to how to maintain the ADIs knowledge over the longer term. Given how well the e-learning modules were received by the ADIs it would be possible to develop a third module that acts as a reminder across the learning outcomes covered in the course. This could be sent out six months post-course.

2. As with all evaluations, several limitations need to be acknowledged. Whilst there is little doubt that the course delivered the hoped for outcomes, this in itself may not alter the ADIs behaviour when delivering an in-car session. It was not possible to complete this level of evaluation as no in-car training was being delivered over the period of the evaluation due to covid restrictions. It is therefore suggested that, once the LA scheme starts to be delivered, an evaluation is conducted to identify if this training has altered what is being delivered.

3. There is one other question that should be considered based on this research. Why are ADIs not more aware of these issues already? It should be remembered that the reduction in ability seen in drivers also impact older pedestrians and riders. Therefore, every ADI needs an awareness of these issues, in order to help the drivers they train to adapt their driving to take into account their needs. Given the changing age profile it would seem sensible for all ADIs to have a simple understanding of the issues covered by the course, possibly as part of their initial training, or as part of their continued professional development. It is therefore recommended that the Driver and Vehicle Standards Agency actively promote this course to all ADIs as part of their continued professional development.

Background to the project

Life expectancy in the UK has increased significantly over the last decade leading to an associated increase in the number of drivers over the age of 70. In the UK there are over 12 million drivers aged over 60 (Hawley, 2021) and this is set to increase as the population ages.

As a driver reaches the age of 70 onwards the risk of crash involvement increases when mileage is taken into account (Figure 1). Whilst age should not be seen as a bar to driving, there are a range of issues associated with the aging process that have been associated with increased risk. These issues include declining eyesight, reduced levels of flexibility, cognitive decline, and increased use of medication (Freund and Smith, 2011).
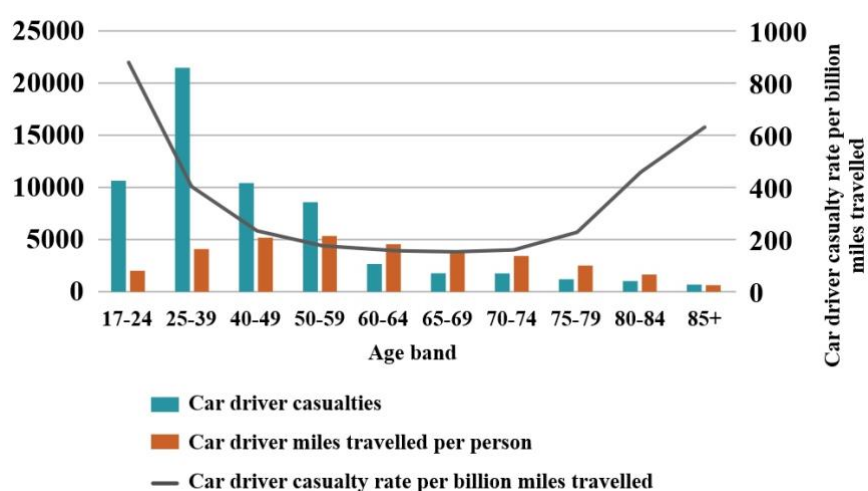
Figure 1: Car casualties 2019 (Department for Transport, (2020) Reported Road Casualties in Great Britain: 2019 annual report)

Current Support Provision in the UK

The formal provision for drivers who have health concerns is provided through a network of Driver Mobility Centres. These centres provide a vital role by completing driving assessments on behalf of the Driver Vehicle Licencing Agency and by offering a support and advice service to drivers. Approved Driving Instructors (ADI) joining Mobility Centres complete specific training courses to ensure that they have a broad understanding of the issues faced by drivers attending the centres.

As well as this provision there are several driver support schemes operated by local authority road safety teams and other providers. These schemes aim to offer advice on how drivers can maintain a safe level of driving into old age. One of the issues these schemes face in delivering a service is a lack of Approved Driving Instructors who have received training on the possible issues facing drivers as they age.

Project Aim

The aim of the project was to develop, deliver and evaluate a training course that increased an ADIs understanding of the challenges a driver may face as they age. The aim was to deliver this training to 300 ADIs, creating a pool of instructors Local Authorities could draw upon

should they need to recruit for the schemes they offer. The project also aimed to develop hazard perception resources that ADIs could sign-post drivers to, if required.

Course Design

On commission of the project, eDriving Solutions Ltd (eDS) convened an expert advisory group to advise on course content. The group members are given in Table 1.

Table 1: Expert advisory group

Name	Organisation
Dr Carol Hawley	University of Warwick and CARGY Research
Rob Heard	Rob Heard Consultancy and Chair of the Older Drivers Forum
June Howlett	Buckinghamshire Council and Road Safety GB
Chris Kingsley	Queen Elizabeth's Foundation for Disabled People (QEF)
Graham Mylward	Hampshire County Council
John Sheridan	Driver and Vehicle Standards Agency (DVSA)
Sharon Goodsell	Department for Transport (DfT)
Ahmer Azim	Department for Transport (DfT)

The expert group met on 2 occasions to review and discuss the possible content of the course.

The first meeting was in Doncaster on 19th November 2019. At this meeting eDriving Solutions (eDS) presented their initial concepts relating to the content and structure of the course. The concepts presented were based on a review of the literature relating to older drivers which eDS had completed. The suggestions were broadly accepted by the group as a basis upon which to develop the course content. The subject areas presented were:

- Common collision types experienced by older drivers
- Changes in visions relating to:
    - Visual acuity
    - Peripheral vision loss
    - Glare recovery

- Hazard perceptions skills

- Musculoskeletal issues including:
    - Loss of flexibility and strength
    - Pain management

- Cognition including impairment through
    - Distraction
    - Fatigue
    - Medication

- Self-regulation
- Diabetes
- Preparing for driving retirement
- Professional boundaries.

The bulk of these subject areas were conceptualised within the training course as Thinking, Seeing, Doing. Professional boundaries were included as the training touched on medical issues and it was felt that ADIs attending the course should be able to identify the limits of their professional expertise in this respect.

A second meeting was held at Winchester on 4th Feb 2020, hosted by Hampshire County Council. At this meeting eDS were able to present a detailed lesson plan for discussion. This was accepted, with some amendments, and it was agreed that a pilot of this course should be delivered. The scheme of work for the ADI course is Appendix A to this document. Based on this scheme of work a pilot was delivered in Buckinghamshire in Nov 2019, with 10 ADIs attending. The feedback from this pilot was positive, although some changes to the running order of the course were implemented.

At this point the global pandemic prevented any further class-based session being delivered.

Pandemic response

In order to complete the project, it was necessary to move the training online. The online training consisted of 2 x 3.5 hour facilitated online seminars delivered approximately a week apart, with the sessions being delivered via Zoom. Appendix B contains the lesson plan for this delivery. This training was supplemented with 2 standalone e-learning models that ADIs were required to complete between the facilitated sessions.
These e-learning sessions covered diabetes http://demo.nvc-limited.com/diabetes/ and how an ADI could improve a driver's ability to self-evaluate their own driving http://demo.nvc-limited.com/selfevaluation/. The lesson plans for these sessions form Appendix C and D to this document. Each of the e-learning modules took approximately 30 minutes to complete.

Marketing

The scheme was actively promoted by Road Safety GB and by eDS. Road Safety GB and eDS attended two large ADI events, one at Kent with the other at Coventry in 2019. The events resulted in over 400 instructors registering an interest in the training. Road Safety GB highlighted the course on their newsfeeds and in their social media feeds.

eDS presented an online Facebook seminar to over 120 instructors in 2021 and this resulted in a further 40 instructors registering an interest. eDS created a webpage on their New View Consultant branded website. (Please note eDS is currently being renamed as New View Consultants Ltd). A member of the eDS team attended a meeting with Police Scotland's older driver working group in 2019 to promote the scheme.

Whilst this marketing resulted in a database of over 500 instructors, only half came forward for training. One possible explanation for this could be that the course moved online, and this may not have been as attractive as an in-person training course to those who registered at the National ADI events. It is also possible that many of the ADIs were not looking to take training over the lock-down periods.

Evaluation

The evaluation was based on the Kirkpatrick (1959) model of evaluation. This approach was selected as it is a widely used model that was specifically designed for the evaluation of adult workplace training. In this model the evaluation would seek to measure the participants reaction to the training, what has been learnt, if behaviour had altered as a result of the training and if the training had delivered the sponsoring organisation aims for offering the training.

Due to the Covid Pandemic it was not possible to assess if the support given by ADIs to drivers had improved, which was the targeted behaviour, as the type of older driver training course that the ADI course was designed to support had not yet recommenced. Therefore, the results presented here focus on what was learnt and how the ADI reacted to the training.

The overarching measure used to assess learning was an online questionnaire that was administered to the ADIs at 3 time points: T1- pre-course, T2 - immediately post-course, and T3 - 6 weeks post-course. The e-learning modules also included a post-test assessment.

Sample

Of the 250 ADIs who completed the training, 195 completed the per-course questionnaire (T1), 94 completed the post-course questionnaire (T2) and 88 completed the 6-week follow-up questionnaire (T3). In all, 30 ADIs could be matched across all 3 questionnaires. This lower than hoped for sample size was due to a combination of ADIs completing the T1 questionnaire and then not attending the training event, or ADIs attending the training but not having completed the initial questionnaire or not completing either the T2 or T3 questionnaire. ADIs were allowed to attend the training if they had not completed the T1 questionnaire due to concerns about recruiting enough ADIs during Covid restrictions to achieve the minimum 300 the project required.

At T1 the ADIs were 49% female and had held an ADI licence for mean period of 11 years (Figure 2).
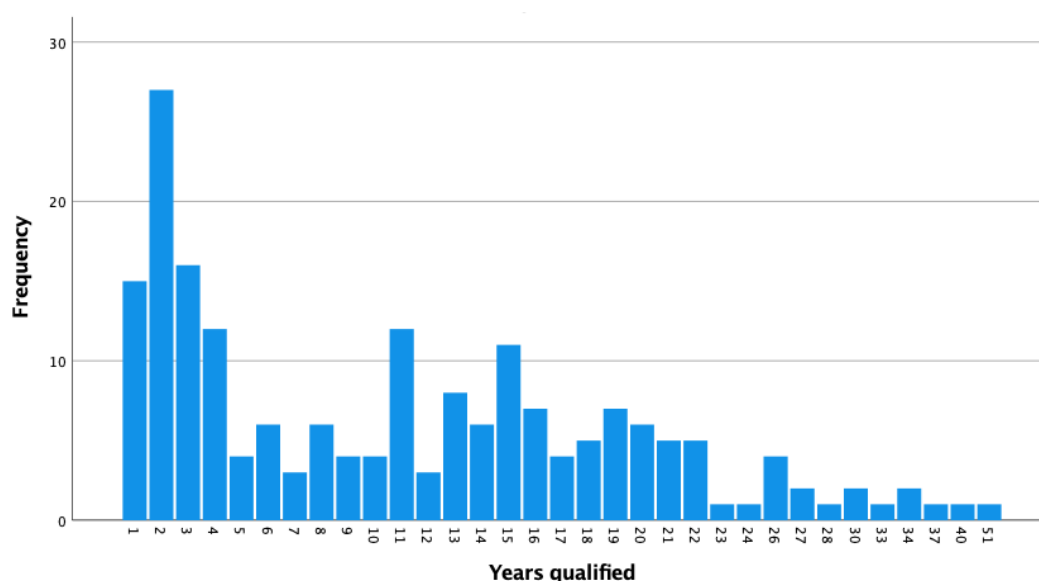

Figure 2: Number of years ADIs had been qualified

Results

Learning outcomes

The questionnaire aimed to assess what impact the training had on ADIs awareness of the key issues that drivers could experience as they age. To do this ADIs were asked to consider the following scenario:

> If you were taking a 65-year-old driver out for a refresher driving lesson how important do you think the following subjects would be to discuss with them during the session?

The 65-year age group was selected and many of the strategies being advocated for dealing with the aging process are likely to be most effective when implemented as early as possible, for example, maintaining strength and flexibility.

The ADIs were then asked to rate 10 possible Discussion Points (DP) for importance using a 7-point scale, ranging from 1 not important to 7 very important. A repeat measure ANOVA was completed, the results of which can be seen in Table 2. All results moved in the desired direction at all time points, with 4 of the DP (4, 5, 8 and 9) found to have moved significantly ($p < .05$) at both T2 and T3 compared to T1. These DP covered the use of online hazard perception training packages, reducing car dependency, what to consider when buying a new car and the need to keep a record of their own driving. The results would indicate that in these areas the ADIs knowledge had improved, and this was sustained over the period of the evaluation.

A further 3 DP (2, 7 and 10) moved significantly ($p < .05$) at T2 compared to T1. Whilst the means were still higher at T3 compared to T1, this was not found to be statistically significant. These DP covered the impact that diabetes could have on movement, the need to maintain flexibility of movement and the need to develop a driver's self-assessment skills. This result would indicate the course initially improved the ADIs understanding but that the effect had reduced by T3. However, it should be noted the mean scores at T3 remained near to the top end of scale.

Two of the DP (3 and 6) had high mean scores at T1, indicating the ADIs already had a high level of awareness of these issues prior to training. The T1 mean score was 6.56, SD = .821 for the DP covering the need for regular eyesight tests, with the mean score for the DP covering the loss of peripheral vision of 6.20, SD = 1.000, the maximum possible score was 7. Whilst the mean scores improved at both T2 and T3 compared to T1, the high means score would make it difficult for any improvement to be statistically significant.

DP 1 looked at the need to maintain strength, and again moved in the desired direction but this was not found to be significant at any time point.

These results would indicate that the course had successfully increased the ADIs awareness across 7 out of the 10 issues associated with age and driving, at least in the short-term.

Table 2: Results of the repeat measure ANOVA (Post host-hoc pairwise comparison using the Bonferroni correction)

Discussion point	If you were taking a 65-year-old driver out for a refresher driving lesson how important do you think the following subjects would be to discuss with them during the session?	N =	T1 Mean (SD)	T2 Mean (SD)	T3 Mean (SD)	F (df_{time}, df_{error}) =	$p =$
1	The need to maintain their strength	23	5.13 (1.486)	6.09 (1.041)	5.91 (1.535)	(2, 44) 2.91	.06
2	The impact diabetes could have on driver ability with regards to loss of movement	25	5.56 (1.502)	6.25* (.714)	6.12 (1.013)	(1.54, 37.08) 6.58	.01
3	That they have regular eyesight tests	25	6.56 (.821)	6.96 (.200)	6.92 (.277)	(1.26, 0.40) 4.75	.03
4	To use a computer to improve their hazard perception skills	25	3.76 (1.535)	5.52* (1.262)	5.52* (1.388)	(1.46, 35.04) 24.27	.001
5	Reducing their car dependency	25	3.92 (1.631)	5.12* (1.333)	5.00* (1.258)	(2, 48) 8.91	.001
6	That they may have lost some peripheral vision even if they are driving well	25	6.20 (1.000)	6.52 (.586)	6.44 (.651)	(1.39, 35.48) 1.39	.259
7	The need to maintain their physical flexibility into older age even if it is not yet an issue in their driving	25	5.60 (1.633)	6.44* (.712)	6.08 (1.412)	(2, 48) 4.94	.011
8	Things they need to consider when buying a new car	25	5.32 (1.345)	6.56** (.712)	6.40** (.645)	(1.44, 34.55) 15.78	.001
9	The need to keep a record of their own driving after the lesson	25	4.48 (1.735)	5.56* (1.158)	5.56* (1.227)	(2, 48) 7.70	.001
10	How to accurately self-assess their own driving performance	25	6.04 (1.020)	6.72* (.542)	6.56 (.583)	(1.23, 29.61) 6.59	.011

**Denoted statistically significant (p <.01) from T1 scores
* Denoted statistically significant (p <.05) from T1 scores

The questionnaire contained 6 further statements that looked at specific areas of concern. The ADIs were asked to indicate how strongly they agree or disagreed with the statements using a 5-point scale, the results of two-tailed repeat measure ANOVA are given in Table 3.

Item 1 looked at glare recovery, the mean scores improved at T2 and T3 compared to T1 and this was found to be statistically significant ($p <.05$). A similar result was found for item 2, which looked at the loss of peripheral vision, with the mean scores improving at T2 and T3 compared to T1. Once again this was found to be statistically significant ($p < .001$).

The third item sought to assess any improvement in the ADIs understanding of the increased importance that route planning has as a driver ages. The mean scores improved at T2 and T3 compared to T1, with the improvement found at T2 being significant ($p < .05$) at T2.

As with all road safety interventions, it was important to guard against unintended consequences of the training. Concern was raised by the project expert group that ADIs may be more likely to inappropriately recommend aging drivers change to vehicles with automatic gearboxes, as this move could lead to increased instances of pedal confusion (a term used to describe when a driver presses the wrong pedal). Item 4 specifically looked at this issue and whilst there was an increase in the mean score at T2 and T3 compared to T1 this was not found to be significant.

Another area of concern raised by the expert group was the complex area of driving whilst using medication. The course aimed to increase the awareness of the law in this area without presenting the information in a way that suggested it is always legal to drive when using prescribed medication. Item 5 looks at this issue and whilst there was some movement in the mean scores these were not significant.

Table 3: Results of the repeat measure ANOVA (Post host-hoc pairwise comparison using the Bonferroni correction)

Item	Please indicate how much you agree or disagree with the following statements:	N =	T1 Mean (SD)	T2 Mean (SD)	T3 Mean (SD)	F (df$_{time}$, df$_{error}$) =	p =
1	Whilst all drivers can be temporarily blinded by a bright light (glare) young drivers will recover their sight much faster than older drivers in their 70s	30	3.83 (1.177)	4.63* (1.033)	4.67** (.479)	(1.67, 48.54) 8.30	.001
2	A person's ability to see to the sides when they are looking ahead (peripheral vision) remains relatively constant as they age	30	2.20 (805)	1.60** (.814)	1.60** (.498)	(2, 58) 8.65	.001
3	Many of the issues experienced by older drivers can be overcome through careful journey planning	30	3.80 (.610)	4.27* (.640)	4.13 (.507)	(2, 58) 6.91	.002
4	Suggesting that an older driver changes to a car with automatic transmission is a safe option to prolong their driving career	30	2.93 (.907)	3.13 (.900)	3.43 (.774)	(2, 59) 3.49	.03
5	Drivers are legal to drive if they are using medication prescribed by their doctor	29	2.86 (1.060)	3.45 (1.021)	2.97 (1.052)	(2, 56) 3.48	.03

**Denoted statistically significant (p <.01) from T1 scores
* Denoted statistically significant (p <.05) from T1 scores

It was also felt to be important that the course increased the ADIs understanding of their professional boundaries relating to the limits of their expertise, and the importance of signposting a driver to other professions where necessary. Two open text questions explored this: 'What does the term professional boundaries mean to you as a driving instructor?' followed by 'Can you give an example of how this would relate in a session to a driver in their 60s?'. The responses were reviewed to identify if they contained any reference that strayed outside of their own expertise. At T1 only 4% of responses to the question to 'What does the term professional boundaries mean to you as a driving instructor?' were found to do so, but this improved to 98% at T2 and 77% at T3. At T1 only 6% of responses to the question to 'Can you give an example of how this would relate in a session to a driver in their 60s?' were found to do so, but again this improved to 78% at T2 and 67% at T3.

It should be noted that, whilst the responses at T1 did not cover the specific elements that the course aims to address, the answers did cover other aspects of professional boundaries. The following quotes were typical examples of the responses received at T1.

To keep not only physical distance from the pupil i.e. not touch them nor lean into their driving space but maintain a professional stance during conversations and don't become too friendly nor relay our own opinions of others which might lead to prejudices in the pupil.
ADI 18

Find out how they would like you to help them what they think they need to improve. Give assistance when they require it.
ADI 23

Below is an example of the types of answer given at T2 and T3.

ADI can advise on driving issues but if medical issues are suspected should advise that driver refers to medical experts
ADI 29

If a driver in their 60s was asking for an opinion on how to manage their diabetes in relation to their driving, we could ask what advice their GP has given them for managing their diabetes. We could ask if they follow that to the letter. And anything passed that would require signposting them to discuss their concerns with their GP.
ADI 53

ADI reaction to the online facilitated training

At T2 the ADIs were asked how strongly they agreed with 3 statements relating to relevance and delivery of the training they had received. Seventy six percent of the sample (N = 105) at T2 agreed or strongly agreed with the statement asking if the training should be mandatory for all ADIs. Ninety eight percent agreed or strongly agreed with the statement that asked if they would recommend the training to another driving instructor. Ninety eight percent agreed or strongly agreed with the statement that asked how well the training was delivered. Seventy percent indicated that they had felt the course had provided them with new information.

These were a very positive set of results and would indicate the training was very well received by the ADI.

E-learning

The 2 e-learning modules developed to supplement the online facilitated sessions provided additional training, covering diabetes and the development of driver self-evaluation skills. The diabetes module was completed by 236 ADIs, with the self-evaluation module being completed by 222 ADIs. A 10-question multi-choice quiz was incorporated into the end of each of the modules to assess learning. Both modules achieved a 100% pass rate, to pass ADIs needed to correctly answer 6 out of the 10 test questions. The mean pass scores were 8 for the diabetes module and 9 for the self-evaluation module.

Three items were included into the T2 questionnaire to assess the ADIs reaction to the modules. The results for these 3 items are shown in Figures 3, 4 and 5. These results clearly demonstrate that the ADIs felt that the e-learning was of good quality, with 99% rating it as good or very good. They also clearly felt that the subject areas were useful to them, with 91%

rating the diabetes model as being very useful and 100% of ADIs rating the self-evaluation model as being very useful.
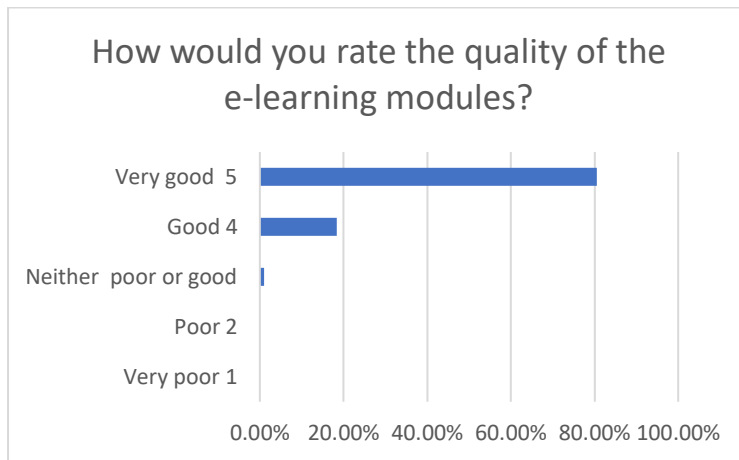

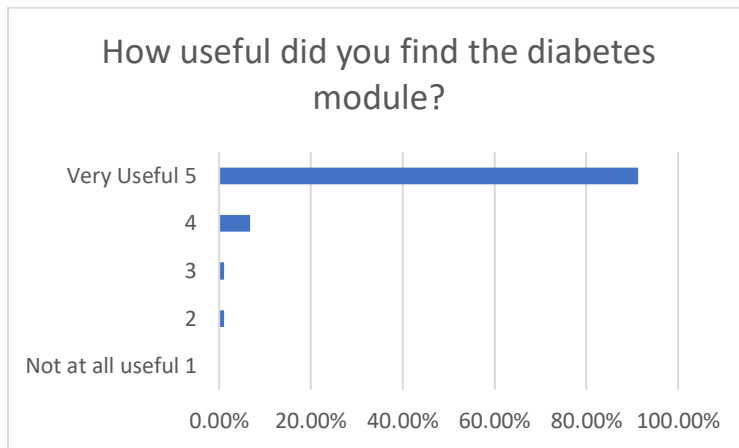*Figure 3: How would you rate the quality of the e-learning modules?*

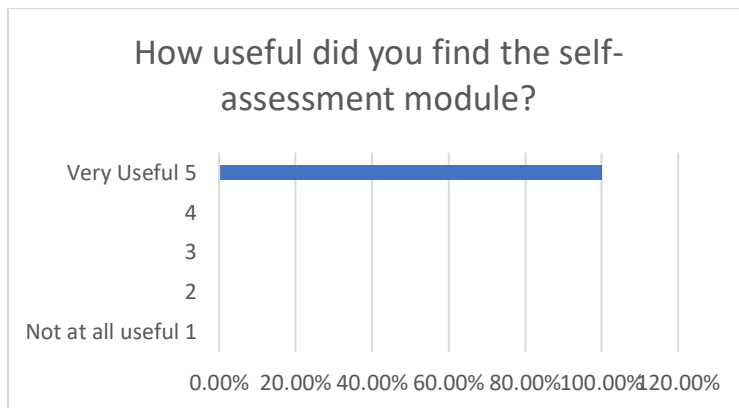*Figure 4: How useful did you find the diabetes module?*

Figure 5: How useful did you find the diabetes module?

On completion of training

Once the ADI had completed the course they were sent a certificate of completion and were added to the Road Safety GB list of ADIs who have completed the course. This list is available for all member of Road Safety GB on request.

Discussion

The project was to deliver a classroom-based course to 300 approved driving instructors that aimed to improve their understanding of the issues drivers could face as they age. In the end, 250 ADIs received the online version of the course. The online version consisted of 3 x 3.5 hour facilitated sessions supported by two e-learning modules to be completed between sessions. The e-learning module covering diabetes was completed by 236 ADIs, with the module covering the development of a driver's assessment skills completed 222 times.

Based on this evaluation there is clear evidence that the ADI training course did increase the ADIs awareness of the types of issues they should consider discussing when working with a driver over the age of 60. The issues include holding discussions relating to the importance of reducing car dependency, developing hazard perception skills, the need to maintain flexibility, the impact diabetes may have on their driving, and what to consider when replacing a vehicle. The evaluation also found that ADIs had a greater awareness of how aging impacts on glare recovery and peripheral vision.

There is evidence to demonstrate that the ADIs had an increased understanding of the need to remain within their area of expertise and to avoid giving advice in areas they are not qualified to do so. There is no evidence to indicate the training will cause the participating ADIs to become overconfident with regards to the advice they give relating to medication or moving from a vehicle with a manual transmission to an automatic.

The ADIs found both the online facilitated sessions and e-learning elements of the course relevant and interesting. With both the online seminars and e-learning elements receiving very high satisfaction ratings. Whilst only 70% indicated that they had felt the course had provided them with new information it should be remembered that is a subjective opinion, that seems to be at odds with the other findings which indicate there had been positive move in their awareness across a range of issues.

The finding that 76% of the sample agreed or strongly agreed with the statement asking if the training should be mandatory for all ADIs was very positive and would indicate they did find the training useful and that most recognised the profession needs to know more about these issues. Given this result, and the other results reported in this paper, it would seem appropriate that the course is recommended by the Driver Vehicle and Standards Agency as a recommended course for all ADIs to undertake as part of their Continued Professional Development (CPD).

Taking these findings into account, the evaluation would have to conclude the course was a success, at least in the short-term. However, there was some evidence that at T3 (6 weeks post-course) some of the outcomes were beginning to fade. Whilst this was not a surprise, given the short-term nature of the course, it will need to be addressed to ensure that the positive outcomes are not lost.

Recommendations

1. Consideration should be given as to how to maintain the ADIs knowledge over the longer-term. Given the evident level of enjoyment by the ADIs for the e-learning modules it would be possible to develop a third e-learning module to act as a reminder across all learning outcomes. This could be sent out six months post-course.

2. As with all evaluations, there are several limitations that need to be acknowledged. Whilst there is little doubt that the course delivered the hoped for outcomes, this in itself may not alter the ADIs behaviour when delivering an in-car session. It was not possible to complete this level of evaluation as no in-car training was being delivered over the period of the evaluation due to covid restrictions. It is therefore suggested that, once the LA scheme starts to be delivered, an evaluation is conducted to identify if this training has altered what is being delivered.

3. There is one other question that should be considered based on this research. Why are ADIs not more aware of these issues already? It should be remembered that the reductions in ability seen in drivers also impact on older pedestrians and riders. Therefore, every ADI needs an awareness of these issues, in order to help the drivers they train to adapt their driving to take into account their needs. Given the changing age profile it would seem sensible for all ADIs to have a simple understanding of the issues covered by the course, possibly as part of their initial training, or as part of their continued professional development. It is therefore recommended that the Driver Vehicle and Standards Agency actively promoted this course to all ADIs as part of their continued professional development.

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Appendix A – ADI Classroom Course Scheme of Work

Time	Section	Learning outcomes for each section
Day 1		
15 mins	Introduction – presumed start time is 9.00	Administration, introductions, health and safety, course rules, aims and learning objectives.
15 mins	Ice breaker	To create a positive learning environment.
15 mins	About the project aims and objectives	To provide the ADI with an overview of the project and the course aims and objectives
15 mins	Introduction to seeing, doing, thinking	To introduce the ADI to the **seeing** (Vision and hazard perception), **doing** (strength flexibility and coordination) and **thinking** (cognitive ability) concept that underpins the course
15 mins	Collision analysis	To develop the ADIs understanding of common collisions experienced by older drivers and possible causation factors
30 mins	Seeing	To increase the ADIs understanding of how vision may alter as we age and related coping strategies
10:30	**Break**	
60 mins	Hazard perception	To develop the ADIs understanding of: • How hazard perception skills may decline as we age and how these can be further developed • How to use the online hazard perception support module
	Lunch	
45 mins	Doing	To increase the ADIs understanding of the need to promote, through signposting, the maintenance of physical fitness and its relationship to the driving task
90 mins	Thinking	To increase the ADIs understanding of how speed of processing, medication, task load and fatigue can impact on an older driver's abilities and related coping strategies
14:45	**Break**	
	Diabetes	To increase the ADIs understanding of how diabetes can impact on a wide range of driving-related medical conditions and the need to encourage the driver to ensure management of the condition.
45 mins	Professional boundaries	To increase the ADIs understanding of the need to maintain professional boundaries when working with older drivers
30 mins Finished (16.00)	Summary	To summarise the main points of the learning and look forward to the next day's learning

Day 2		
20 mins	Revision	To create a positive learning environment. To identify and address any areas of weakness from the previous day's training
40 mins	Facilitating a session	To provide the ADI with a semi-structured session plan and to explore possible issues that may occur when delivering the session.
30 mins	Reportable conditions	To increase an ADIs knowledge of what a reportable condition is, considering Seeing, Thinking and Doing
10.30	**Break**	
25 mins	Vehicle adaptations	To increase the ADIs understanding and awareness of the types of simple adaptations that may help a driver. To increase understanding of the potential dangers of suggesting a driver moves from a manual transmission to an automatic transmission
45 mins	Self-evaluation skills and self-regulation	To increase the ADIs understanding of what self-evaluation is and how to promote this, linked to driver self-regulation
30 mins	Planning for driving retirement	To increase the ADIs understanding of the need to promote active travel and encourage drivers to think about how they can reduce their personal reliance on a car
20 mins	Signposting to further assistance	To increase the ADIs awareness of organisations that may be able to offer further support, assessment and training for a range of issues that may impact on the elderly
12.20	**Lunch**	
	Other road users	To increase the ADIs understanding of how they can inform other road users about older drivers
	Personal plans	For the ADI to complete their personal plan. Discuss any from those who are willing to share
30 mins	Summary	To provide a simple summary of the course and for the ADIs to complete a personal plan relating to how they will use the course content
30 mins	Complete post-course evaluation	
15.00	**End of course**	

Appendix B – Lesson plans for online facilitated sessions

Online session 1

Duration 3.5 hours

Slide title & number	Learning outcomes	Description of activity	Resources
1 - Title	Facilitator to introduce course		Zoom – PC / Phone / Tablet
2 - Housekeeping	Set out the ground rules for the course	Facilitator to read the slide	
3 – The what and the why	To understand why this training is needed.	Facilitator to read the slide	
4 – Road Safety GB	To understand what Road Safety GB does	Facilitator to read the slide	
5 - Aims	To understand the aims of the training	Facilitator to read the slide	
6 – Ice breaker exercise	To recognise the difference between training and education. To recognise the main issues drivers start to experience from the age of 60	Facilitator splits group into sub-groups of 3 – 4. Asks each group to nominate a spokesperson, then asks them to discuss and come up with answers for each question. This will then be fed back to the whole group.	
7 – Learning objectives	For an ADI to understand how the aging process can impact on driving	Facilitator to read the list to the group	
8, 9, 10, 11 – Collisions	To understand: • aging driver crash involvement • how aging drivers are liable to suffer more severe injuries • common types of collisions	Facilitator builds a discussion around each slide and asks for thoughts from the group	
12 – Why is this	To understand that driving can be broken down into 3 core elements of: • seeing • thinking	Facilitator to read the slide	

	doing		
13 - Title	Introduction to Seeing		
14 – Seeing the basics	To understand how our eyes work	Facilitator shows the video then explains that this is how our eyes work. Our eyes can only focus on a small area at any one time, so they take lots of 'snapshots', and our brain puts them together while also 'filling in any blanks' to create a whole picture – or maybe not.	
15 – Saccadic masking	To understand why we aren't aware of our eyes moving lots of times per second to build up a picture of the world around us.	Facilitator to explain saccadic masking – how our eyes momentarily stop seeing until they focus on the next point of interest.	
16 - Seeing	To understand other issues related to seeing and driving	Facilitator to explain: **Glare recovery** – how long it takes our eyes to recover from glare – it increases as we get older from around 3 seconds in our teens to around 11 seconds (and up to 30 seconds or more) from our 60's upwards. **Visual acuity** – clarity of vision. As we age the lenses in our eyes become less pliable and the muscles that control that flex become weaker, meaning we find it more difficult to bring into focus what we see. This starts to happen from around 40 years of age. **Useful field of vision** – Loss of vision to the sides. For every decade of life, we lose between 1 and 3 degrees of vision to the sides (peripheral vision). So, by the time we reach our 70's we have potentially lost a sizeable chunk of vision to the sides. This is highlighted by the fact that older drivers find it more difficult to identify hazards from the sides. **Blind spots** – Macular degeneration can often develop without the person being aware of an issue, as the brain	

		'fills in the gaps'. This condition creates blind spots, areas of defective light sensitive cells, at the back of the eye. This can have serious consequences when trying to identify hazards.	
v17, 18 – Seeing – Coping strategies	For the group to identify as many possible coping strategies for: • glare recovery • visual acuity • useful field of vision • blind spots	Group exercise – Facilitator to put group back into their sub-groups and ask them to come up with as many coping strategies for each issue. Then discuss the suggestions when group back together. Facilitator to reveal our list of coping strategies and discuss if not already covered.	
19 – Other ideas to discuss	For the group to understand other options.	Facilitator to expand on each bullet point.	
20 – Hazard perception	For the group to understand how video-based hazard perception training can improve a person's skill in this area.	Facilitator to read the slide	
21 – Hazard perception	For the group to recognise which element of hazard perception is most important.	Group exercise – put the group into sub-groups and ask them what they would promote on a lesson. Visual search – actively looking for hazards, is the most element.	
22 – Scanning	For the group to understand the importance of scanning	Facilitator shows the video clip and explains the concept of using far, middle, near, and rear to scan the road. Important message is to keep the eyes moving.	
23, 24, 25 – Additional resource	To familiarise the group with the Hazard perception training tool	Facilitator explains how to use the hazard perception training tool to help develop a drivers hazard perception skills	
26 – Seeing and HPT summary	To summarise the learning from this section	Group exercise – in sub-groups get the clients to come up with 4 things they would now focus on when delivering a session to a driver over the age of 60.	

		Check suggestions against the list on the screen	
28 – Doing	Introduction to Doing section		
29 – Things to consider	For the group to understand the implications of: • restricted head movement • restricted bending • Restricted shoulder / arm movement • Pain • Loss of proprioception	Facilitator to explain each of the implications of each of the conditions	
30, 31 – Strength and movement	For the group to recognise coping strategies to possibly overcome these issues	Group exercise – sub-groups to come up with coping strategies and compare with the suggestions on the screen	
32 - Thinking	Section title		
33 - thinking	For the group to recognise the main issues	Facilitator to read the slide	
34, 35 - Medication	To understand the importance of using medication responsibly	Group exercise – sub-groups to discuss what the law is with regards to medication and driving. Answers to be discussed with the group and checked against the discussion points on slide 35	
36 – Task load / fatigue	For the group to recognise how task load and fatigue can affect driving	Facilitator to read each point and expand as appropriate.	
37 – Cognitive impairment	For the group to understand how cognitive impairment can affect driving	Facilitator to read the screen and expand on each bullet point. Main point to pull out of this is that if you suspect one of the associated conditions is a likelihood then they would have to signpost the driver to their GP for further investigation	
38, 39 – Thinking	For the group to develop possible coping strategies	Group exercise – subgroups to come up with coping strategies and share with the main group for discussion. Compare with the suggested coping strategies on slide 39	
40 - Summary	Recap of learning from this presentation	Facilitator to ask the question and check answers against the list.	
41 – Next time	What we will be looking at next time.		

Online Session 2

Duration 3.5 hours

Slide title and number	Learning outcome	Description of activity	Resources
1 – Title		Facilitator to introduce the course	Zoom – PC / Phone / Tablet
2, 3 – Revision	To check learning from last session	Group exercise – facilitator to put group into subgroups and ask them to list all the things we spoke about on the last session. Then compare the groups recall with the list on screen 3.	
4 – Diabetes	To check understanding of the diabetes module.	Group exercise – facilitator to put the group into their subgroups and ask them to create a list of how they think diabetes would impact on a driver. The whole group would then discuss all answers.	
5 – Professional boundaries	To understand the concept of professional boundaries and how this relates to working with an aging driver.	Group exercise – Subgroups to define what they think is meant by professional boundaries. Feedback ideas to main group and compare with list on slide.	
6, 7, 8 – Facilitating a session	To understand how to facilitate a session with an aging driver.	Facilitator to read slide 7 and expand as necessary. Slide 8 is an aging driver session template. Facilitator to read the template and explain that this is just a suggested template and can be chopped and changed to suit.	
9, 10 – Reportable conditions	To understand what a reportable condition is.	Facilitator to explain that a reportable condition is anything that impacts on seeing, thinking, or doing.	
11 – New vehicle considerations	To recognise the importance of considering new vehicle features when purchasing a vehicle.	Group exercise – subgroups to create a list of features they would advise aging drivers to look for when purchasing a new vehicle.	

		Each subgroup to feedback with discussion and compare with list on screen	
12, 13 – Self-regulation	To understand the importance of self-regulation	Facilitator to read the slide and ask the questions to the group. Brief answers. Facilitator then explains the self-evaluation model • Ooh moments – Self-monitoring to identify trigger events that cause the driver to react in a way they hadn't planned (Near miss, etc.) • Self-identification – get the driver to ask themselves why that event happened (identify the error) • Self-analysis – what could the driver have done differently to have avoided the event? • Self-development – What will the driver do next time?	
14 – Planning for driver retirement	To understand the impacts of retiring from driving. To recognise what you can do to help a driver to prepare for driver retirement	Group exercise – Subgroups to discuss what they feel are the impacts of retiring from driving. Subgroups then discuss what they can do to help prepare a driver for retiring from driving. Feedback answers to the group and discuss. Then compare with the list on the slide	
15 – Support	To recognise the importance of being able to signpost drivers to expert advice.	Group exercise – Subgroups to come up with suggestions as to who they can signpost aging drivers to contact for age-related driving issues. Feedback to group and discuss, then compare with list on slide.	
16 – Other road users	To understand how the information in this course can be used to inform other road users of the issues facing aging drivers.	Facilitator to ask this as an open question to the group and note the answers given. Then expand on each of the considerations.	
17 – Discussion points for aging drivers	To understand what needs to be discussed when speaking to aging drivers.	Recap exercise – facilitator to go through the list, check understanding and expand as necessary.	

18 – Personal Plans	To help consolidate the learning over the two sessions	Facilitator to explain to the group the importance of completing their own personal plan (will be emailed out to them), to help them use the information they have gained from the course.	
19 – Summary	Summarise the learning	Facilitator to read the slide.	

Appendix C – Online diabetes e-learning module lesson plan

Duration 45 mins

Slide title and number	Learning outcome	Description of activity	Resources
1 – Title			PC / Phone / Tablet
2 – Instructions			
3 - Introduction	To understand that the module will focus on the main types of diabetes – Type 1 and Type 2	Approved Driving Instructor (ADI) to select Type 1 diabetes	
4 – Type 1 Diabetes	To understand what Type 1 diabetes is	ADI to read the slide	
5 – Click box		ADI to select Type 2 diabetes	
6 – Type 2 Diabetes	To understand what Type 2 diabetes is.		
7 – Thinking, Doing, Seeing	To understand the long-term effects of how high blood sugar levels can cause complications which can damage parts of the body. To understand how diabetes can affect a person's ability to think and feel (emotions). To understand how diabetes can affect a person's vision To understand how diabetes can affect a person's ability to do certain things	ADI to explore each section of the diagram.	
8 – Other complications	To understand other complications of diabetes: • Hypos • Hypers • DKA • HHS	ADI to explore each section	

9 – Is diabetes a notifiable illness	To understand when diabetes should be reported to the Driver and Vehicle Licensing Agency (DVLA)	ADI to read the slides	
10 – Do motor insurance companies need notifying	To understand when it is necessary to notify motor insurance companies of diabetes	ADI to read the slide	
11 – Professional boundaries	To understand what is meant by professional boundaries.	ADI to read the slide	
12 – Advice to clients	To understand what advice could be given to clients who have diabetes.		
13 – Summary	To reflect on the key learning outcomes from the module	ADI to read the slide	
14 – Knowledge test	To check the ADIs learning from the session	ADI to complete the quiz	
15 - End			

Appendix D – Online self-assessment module lesson plan

Duration – 45 minutes

Slide number and title	Learning outcome	Description of activity	Resources
1 – Title			PC / Phone / Tablet
2 – Instructions			
3 - Introduction	To understand that self-evaluation and regulation is an important part of safe driving. To understand the importance of drivers continually learning from the driving experiences – particularly older drivers.	Approved Driving Instructor (ADI) to	
4 & 5 – Self-regulation	To understand the importance of self-regulation and why it's important for drivers.	ADI to read the slide	
6, 7, 8, 9, 10 – Developing Self-evaluation skills	To understand the model of Self-evaluation: - Self-monitoring - Self-identification - Self-analysis - Self-development	ADI to read each slide	
11, 12, 13 – Developing self-evaluation skills	To understand how an ADI can help a driver to develop their self-evaluation skills using the self-evaluation model.	ADI to read each slide	
14 – The Feedback loop	To understand what the feedback loop is and how it is to be used effectively	ADI to read the slide	

15 – Areas of self-regulation	To understand areas of self-regulation that could be relevant to aging drivers.	ADI to read each section	
16 - Summary	To summarise the learning from this e-learning module	ADI to read the slide	
17 – Knowledge quiz	ADI To complete the quiz to check understanding of the learning that has taken place		
18 – End			

Appendix E - The Ageing Driver - Pre-course evaluation T1

By completing this questionnaire, you will be helping us (New View Consultants Ltd.) to evaluateRoad Safety GB's online Ageing Driver course. The information you provide will be held in confidence and it will not be possible to identify any individual from any information or reports werelease into the public domain. Your data will be anonymised within 6 months of completing this questionnaire, we may need to share this anonymised data with other researchers and Road Safety GB. If you have any questions about the evaluation, please contact neil.beeson@nvc- limited.com.

1. Name:

2. Are you happy to receive a 6-week follow-up online questionnaire from us?

☐ Yes, I am happy to receive a 6-week follow-up online questionnaire.No, I do not wish to participate in the
☐ follow-up evaluation

3. Please insert your email address so we can send you the 6-week follow-up onlinequestionnaire.

4. In what year did you qualify as an ADI?

5. Please indicate how much you agree or disagree with the following statements: Whilst alldrivers can be temporarily blinded by a bright light (glare), young drivers will recover their sight much faster than older drivers in their 70s

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Neither agree nor disagree
- [ ] Agree
- [ ] Strongly agree

6. A person's ability to see to the sides when they are looking ahead (peripheral vision)remains relatively constant as they age.

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Neither agree nor disagree
- [ ] Agree
- [ ] Strongly agree

7. Many of the issues experienced by older drivers can be overcome through carefuljourney planning

- Strongly disagree
- [ ] Disagree
- [ ] Neither agree nor disagree
- [ ] Agree
- [ ] Strongly agree
- [ ]

8. Suggesting that an older driver changes to a car with automatic transmission is a safeoption to prolong their driving career

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Neither agree nor disagree
- [ ] Agree
- [ ] Strongly agree

9. Drivers are legal to drive if they are using medication prescribed by their doctor

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

10. What does the term professional boundaries mean to you as a driving instructor?

☐

11. Can you give an example of how this would relate to a session to a driver in their 60s.

☐

12. If you were taking a 65-year old driver out for a refresher driving lesson how important do you think the following subjects would be to discuss with them during the session? Theneed to maintain their strength

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

13. The impact diabetes could have on driver ability with regards to loss of movement

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

14. That they have regular eyesight tests

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

15. To use a computer to improve their hazard perception skills

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

16. Reducing their car dependency

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

17. That they may have lost some peripheral vision, even if they are driving well

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

18.   The need to maintain their physical flexibility into older age, even if it is not yet an issuein their driving

☐   1: Not important
☐   2
☐   3
☐   4
☐   5
☐   6
☐   7: Very important

19. Things they need to consider when buying a new car

☐   1: Not important
☐   2
☐   3
☐   4
☐   5
☐   6
☐   7: Very important

20. The need to keep a record on their own driving after the lesson

☐   1: Not important
☐   2
☐   3
☐   4
☐   5
☐   6
☐   7: Very important

21. How to accurately self-assess their own driving performance

☐   1: Not important
☐   2
☐   3
☐   4
☐   5
☐   6
☐   7: Very important

22.   Journey Planning: Please write a short outline of what you would specifically cover withan older driver relating to journey planning.

Thank you for completing this pre-course evaluation.

By completing this questionnaire, you will be helping us (New View Consultants Ltd.) to evaluate Road Safety GB's Ageing Driver course. The information you provide will be held in confidence and it will not be possible to identify any individual from any information or reports we release into the public domain. Your data will be anonymised within 6 months of completing this questionnaire,we may need to share this anonymised data with other researchers and Road Safety GB. If you have any questions about the evaluation, please contact neil.beeson@nvc-limited.com.

1. Name:

2. Please indicate how much you agree or disagree with the following statements: Whilst alldrivers can be temporarily blinded by a bright light (glare), young drivers will recover their sight much faster than older drivers in their 70s

☐ Strongly disagree
☐ Disagree
☐ Neither agree nor disagree
☐ Agree
☐ Strongly agree

3. A person's ability to see to the sides when they are looking ahead (peripheral vision)remains relatively constant as they age.

☐ Strongly disagree
☐ Disagree
☐ Neither agree nor disagree
☐ Agree
☐ Strongly agree

4. Many of the issues experienced by older drivers can be overcome through careful journey planning

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

5. Suggesting that an older driver changes to a car with automatic transmission is a safe option to prolong their driving career

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

6. Drivers are legal to drive if they are using medication prescribed by their doctor

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

7. The course I have just completed provided me with little new information

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

8. I would recommend this course to other driving instructors

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

9. I feel this should be mandatory training for all driving instructors

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

10. The course was well delivered by the facilitator(s)

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

11. What does the term professional boundaries mean to you as a driving instructor?

12. Can you give an example of how this would relate to a session to a driver in their 60s.

13. If you were taking a 65-year-old driver out for a refresher driving lesson how important do you think the following subjects would be to discuss with them during the session? Theneed to maintain their strength

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

14. The impact diabetes could have on driver ability with regards to loss of movement

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

15. That they have regular eyesight tests

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

16. To use a computer to improve their hazard perception skills

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

17. Reducing their car dependency

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

18. That they may have lost some peripheral vision, even if they are driving well

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

19. The need to maintain their physical flexibility into older age, even if it is not yet an issuein their driving

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

20. Things they need to consider when buying a new car

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

21. The need to keep a record on their own driving after the lesson

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

22. How to accurately self-assess their own driving performance

☐ 1: Not important
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7: Very important

23. Please write a short outline of what you would specifically cover with an older driver relating to journey planning.

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24. Do you have any further comments about the course?

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25. How did you rate the quality of the e-learning modules?

☐ Very poor
☐ Poor
☐ Neither poor nor good
☐ Good
☐ Very good

26. Using a scale of 1 to 5 (where 1 is not at all useful and 5 is very useful), how useful did you find the Diabetes module? 45

☐ 1 - Not at all useful
☐ 2
☐ 3
☐ 4
☐ 5 - Very useful

27. Using a scale of 1 to 5 (where 1 is not at all useful and 5 is very useful), how useful did you find the Self-evaluation module?

☐ 1 - Not at all useful
☐ 2
☐ 3
☐ 4
☐ 5 - Very useful

Thank you for completing this post-course evaluation.

Appendix G - The Ageing Driver - Post-course evaluation T3

1. By completing this questionnaire, you will be helping us (New View Consultants Ltd.) to evaluateRoad Safety GB's online Ageing Driver course. The information you provide will be held in confidence and it will not be possible to identify any individual from any information or reports werelease into the public domain. Your data will be anonymised within 6 months of completing this questionnaire, we may need to share this anonymised data with other researchers and Road Safety GB. If you have any questions about the evaluation, please contact neil.beeson@nvc- limited.com.

2. Name:

3. In what year did you qualify as an ADI?

4. Please indicate how much you agree or disagree with the following statements: Whilst alldrivers can be temporarily blinded by a bright light (glare), young drivers will recover their sight much faster than older drivers in their 70s

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Neither agree nor disagree
- [ ] Agree
- [ ] Strongly agree

5. A person's ability to see to the sides when they are looking ahead (peripheral vision remains relatively constant as they age.

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Neither agree nor disagree
- [ ] Agree
- [ ] Strongly agree

6. Many of the issues experienced by older drivers can be overcome through carefuljourney
   planning

☐   Stongly disagree

☐   Disagree

☐   Neither agree nor disagree

☐   Agree

☐   Strongly agree

7. Suggesting that an older driver changes to a car with automatic transmission is a safeoption to
   prolong their driving career

☐   Strongly disagree

☐   Disagree

☐   Neither agree nor disagree

☐   Agree

☐   Strongly agree

8. Drivers are legal to drive if they are using medication prescribed by their doctor

☐   Strongly disagree

☐   Disagree

☐   Neither agree nor disagree

☐   Agree

☐   Strongly agree

9. What does the term professional boundaries mean to you as a driving instructor?

10. Can you give an example of how this would relate to a session to a driver in their 60s

11. If you were taking a 65-year-old driver out for a refresher driving lesson how important do you think the following subjects would be to discuss with them during the session? Theneed to maintain their strength

- [ ] 1: Not important
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7: Very important

12. The impact diabetes could have on driver ability with regards to loss of movement

- [ ] 1: Not important
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7: Very important

13. That they have regular eyesight tests

- [ ] 1: Not important
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7: Very important

14. To use a computer to improve their hazard perception skills

- [ ] 1: Not important
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7: Very important

15. Reducing their car dependency

☐ 1: Not important
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7: Very important

16. That they may have lost some peripheral vision, even if they are driving well

☐ 1: Not important
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7: Very important

17. The need to maintain their physical flexibility into older age, even if it is not yet an issuein their driving

☐ 1: Not important
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7: Very important

18. Things they need to consider when buying a new car

☐ 1: Not important
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7: Very important

19. The need to keep a record on their own driving after the lesson

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

20. How to accurately self-assess their own driving performance

☐ 1: Not important

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7: Very important

21. Journey Planning: Please write a short outline of what you would specifically cover with an older driver relating to journey planning.

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22. Do you, or have you, done any work for Driving Mobility Centres?

☐ Yes

☐ No

23. Do you, or have you, delivered training for a Local Authority Older Driver scheme?

☐ Yes

☐ No

24. Please give an example of how you have used this training with a younger driver?

[ ]

25.   How useful did you find the course?

[ ]   1 - Not at all
[ ]   2
[ ]   3
[ ]   4
[ ]   5 - Very useful

26.   How would you rate the presenters' delivery of the presentation?

[ ]   1-Very poor
[ ]   2
[ ]   3
[ ]   4
[ ]   5 – Excellent

27.   How could the content of the presentation be improved?

[ ]

28.   Do you have any further comments?

[ ]

29.   Thank you for completing this post-course evaluation.