

THE LEGISLATIVE SELECT COMMITTEE ON ROAD SAFETY MET AT THE NEW SOUTH WALES PARLIAMENT HOUSE, MACQUARIE STREET, SYDNEY, ON TUESDAY 3 FEBRUARY 2009.

THE COMMITTEE MET WITH **Ms CARMEL MARY DONNELLY**, DEPUTY GENERAL MANAGER AND **Ms PAMELA JEAN ALBANY** MANAGER, INJURY PREVENTIONS STRATEGY, MOTOR ACCIDENTS AUTHORITY OF NEW SOUTH WALES.

CHAIR (Mr Wing) - Ms Donnelly and Ms Albany, thank you very much for coming to help with the information that you are able to provide.

Ms DONNELLY - I am deputy general manager of the Motor Accidents Authority of New South Wales.

Ms ALBANY - I work as the road safety adviser for the Motor Accidents Authority of New South Wales.

CHAIR - First, is your compulsory insurance scheme no liability, no fault?

Ms DONNELLY - No, it is a fault-based system, although over recent years there have been a series of reforms to start to close the gaps. For children under 16, in terms of having to identify the driver at fault to make a claim, it is not necessary and they are covered for medical treatment regardless of fault. For people who are catastrophically injured, with very severe brain and spinal injuries and so on, there is a lifetime care scheme in place that is not fault based. There is a publicly underwritten add-on to the scheme to look after those people, their care and treatment needs for the rest of their life.

Since a recent round of announcements from the Government, we now pick up all of the costs of acute hospital and ambulance care, regardless of fault. I characterise it as a sort of hybrid scheme that has been migrating from a fault-based scheme to being much more inclusive. It is a privately underwritten scheme in which we regulate the insurers and we are in discussion with them all the time about the affordability, possibility and process of adding coverage to the scheme without driving the premiums beyond a feasible level. I think that would be a good characterisation of the scheme.

CHAIR - For those requiring lifetime care, do you provide ongoing funding, or do you provide accommodation facilities?

Ms DONNELLY - The funding goes to the participant. There is a lot of choice available to them about where they want to live, their care arrangements - including outside New South Wales, and indeed outside Australia potentially. Basically, there is a risk-based model for estimating the lifetime cost of the participants and splitting them into what we expect to have to cover each year. Their needs are covered, whatever they are. They may choose to be in a group residential facility or to be at home with a carer. There is a coordinator for each person and we have all the facilities to find the different suppliers that they need and work with people providing accommodation and so on. All this is tailored to each person's needs.

CHAIR - Do you provide any group care facilities? You provide funding to enable those who wish to be there, but you don't provide them. In Tasmania our compulsory scheme, MAIB, has accommodation places and staff for the long-term residents.

Ms DONNELLY - Yes, I understand that.

CHAIR - You don't have that system.

Ms DONNELLY - It's not really clearcut. Within the Lifetime Care Scheme, which has its own legislation and its own authority running it, what is guaranteed is that that person's lifetime costs are paid to them with the choice. However, over the past, and I would anticipate in the future, the board of the both the Motor Accidents Authority and the Lifetime Care can consider putting capital grants in to make sure that if there needs to be some investment in residential facilities to address the fact that there is a gap available in the market then from time to time that is possible.

CHAIR - Good. Thank you. I just wanted to open with that. You probably have a presentation that you would like to make. We would like to hear.

Ms DONNELLY - I thought I might give you a bit of an overview that will help you to see where you might be interested in focusing.

CHAIR - Thank you. I appreciate that.

Ms DONNELLY - As the committee is aware we are regulating a privately underwritten insurance scheme. Throughout the scheme we are collecting about \$1.7 billion per annum and around \$1 billion is going back in payments to claimants. We have about 10 000 claims per year and I will talk a little more about the trends in that data because I think they will add to what is available from RTA.

Our aims include having an affordable scheme so we keep an eye to what the premiums are and the sustainability of the scheme. We also are looking to encourage early appropriate treatment, rehabilitation and care and a fair and prompt compensation scheme and our act provides for us to have a role in funding measures to prevent or minimise injuries from road crashes and road safety education. I guess putting it in context, while the RTA, whom I understand the committee met with yesterday, is the lead agency in New South Wales for reducing the road toll, we aim to complement their programs. We will have a particular eye to where we are seeing costs in our scheme increase and we will probably complement them by looking at particular types of injuries, and I will talk to you a little bit about the trends there.

I would say at the moment it is an interesting time for us because, with initiatives like the establishment of the Centre for Road Safety and some of the progress made in reducing the road toll in New South Wales, we are taking the opportunity to say what can our role be, where should we focus, and keep focused on the areas where we will achieve the most benefit. We are at the moment consulting and looking at the latest research and planning for our approach over the next few years.

Ms FORREST - What, in your view, can the research look at? What are the next big things we need to focus on? New South Wales has done very well in getting their seniors' rate down. So what are the next big guns?

Ms DONNELLY - What we are seeing with claims is that the frequency of claims for injuries from road crashes is travelling downwards in line with the reduced numbers of casualties that have been recorded for traffic accidents. So, overall, we are seeing benefits in the numbers of claims in line with reduced casualties but what we are seeing is that that is changing the mix of injuries that we are getting claims for. There is a faster reduction in minor injuries so that the severity mix of claims has over recent years changed towards there being more of the moderate/severe/serious injuries remaining.

Ms FORREST - Because they are not dying?

Ms DONNELLY - I think there are a number of plausible explanations. One would be that they are not dying and we have seen in the Lifetime Care Scheme a higher number of older participants than we thought. In doing the projections to set up the scheme there was a sense that perhaps people who are older perhaps would not be surviving but it seems that they are. The other thing is that there are improvements in the structural integrity and the protections within vehicles. Certainly I don't know if any members of the committee have seen crash tests, but you can see comparisons that are quite compelling between vehicles from several decades ago and now. Certainly it's more likely that someone - in my view, and I have a background in emergency services as well as motor accidents in particular - can step out of a car without an injury, whereas in the past they might have had them. So there are a few explanations, but it does seem that the residual trend is not as much of a reduction in moderate to severe range of injuries, so that gives us some challenges.

If we have a look at who claims, who is over-represented, that also informs us in deciding where we will focus our efforts. The metropolitan area of Sydney, excluding Newcastle, central coast, accounts for 65 per cent of claims, but more like 58 per cent of the cost. That is a slight differential, whereas we have five different regions, and the other end of moving from outer metro areas to the country, in the country it accounts for 16 per cent of claims but 25 per cent of the cost. So there are some differences between rural and metro that we are seeing.

More vulnerable road users - pillion passengers, motorcycle riders and pedestrians - represent relatively small numbers of claims, but they each account for a higher proportion of the costs. For instance, pedestrians are 9.3 per cent of the claims but 19.5 per cent of the cost. That also goes to severity of injury, so they are the more vulnerable road users who aren't benefiting from the engineering improvements. We established last year a partnership with some funding attached with the Motorcycle Council of New South Wales to work through some tailored approaches, funds and research to drill down in more detail to where the risk is, what the drivers are, with the idea of more focused interventions that we can design, test and evaluate.

Another big issue is young drivers aged between 17 and 25 who are around 12 per cent of the population, 14.5 per cent of licence holders, but 21 per cent of the drivers at fault in accidents that lead to injury of someone else. What we do see is that those claims

associated with drivers under 25 have a higher cost, and that tends to be associated with more severe injuries and impacts on their life, and their case for compensation is higher.

CHAIR - Twelve per cent of the population, 21 per cent at fault, and there was another -

Ms DONNELLY - 14.5 per cent of licence holders. So they are clearly over-represented, and amongst the young drivers there's also an over-representation of males compared to females.

Mr DEAN - As has previously been indicated to us, is that because they tend to drive older model vehicles and therefore the protection in the vehicles isn't as great?

Ms DONNELLY - It may well be a factor, but there is quite strong data for other causes as well. I have certainly seen data that would show that in many Western countries people who are novice drivers who have recently moved from being supervised as a learner to driving on their own without supervision have a very high rate of accidents. The quality of protection from the car would be a factor, but you have to have the accident first. So it's the incidence of their involvement in accidents that leads to an injury of a person. That is a social cost, not just an impact on all those people involved and their families. In terms of our duty as running a compensation scheme we have to say that is a significant social cost being borne by the community to pay for the compensation to pay for health care of all of those young people involved, so it continues to be a priority for us.

In looking at the types of injuries, something like 38 per cent of claims involve whiplash injuries and they represent 17 per cent of the cost.

CHAIR - That is a large percentage, isn't it?

Ms DONNELLY - It is and that is an area that we are looking at in other jurisdictions, places such as Canada and so on. It seems to be an interesting area where there is a growth in claims and a growth in costs.

CHAIR - Largely due to rear-end crashes?

Ms DONNELLY - Yes. We have been working with the other heads of CTP authorities in Australia and New Zealand to start bringing some more focus onto rear-end crashes. These are not injuries that are associated with fatality but they are still having a social cost. I suppose our focus would complement that of other agencies in saying there is still a significant impact; even though it is not about saving lives it is about quality of life going on.

Ms FORREST - You are looking at ways of mitigating that risk with seatbelt design, seat design and that sort of thing?

Ms DONNELLY - There is some research that we have commissioned looking at what is known about different designs of head rests that we have been doing in partnership with other jurisdictions. What we are aiming to do is be alert to the fact that many jurisdictions have the same issues emerging as they learn how best to avoid a certain sort of fatality or severe injury, something else that is still having a serious impact. We can

learn from each other. Some of that research has been jointly funded amongst the different jurisdictions in Australia and New Zealand.

Another significant one is fractures and so on to limbs and the trunk. It is a different pattern - about 22 per cent of the claims but 34 per cent of the cost. People may not necessarily be left with a high level of residual disability, it depends on the person, but there is a lot of treatment and impact in terms of inability to work and so on.

The sorts of cases or situations that lead people to be participants of lifetime care, such as severe traumatic brain injury and spinal cord injury, are a much lower percentage, around 1 to 2 per cent of claims but they account historically for around 20 per cent of the cost where there is lifetime care.

That sort of information I think is useful to help focus attention on the next round. We fund an injury risk management research centre at the University of New South Wales and have discussions with them about whether there is more that we could do about protection from rollover crashes which may be associated with more head or spinal cord injuries. It does become quite finely grained to start saying where is the next area where we could have a benefit.

Our objectives are reducing the incidence and the severity, contributing to that with our partners and working in partnership with community groups, the businesses and the insurers that we regulate, academics and government. Our other principle is to be more evidence-based, to look around and see what is proven to be working and take that on board as much as possible.

Ms FORREST - What do you see as the next big thing that we need to address in reducing the road toll as a whole?

Ms DONNELLY - I still see young drivers as a continuing priority.

Ms FORREST - What do we do about them?

Ms DONNELLY - You may have heard from the RTA that there have been a series of reforms such as the graduated licensing scheme. They are based on quite solid evidence that I have reviewed around what works. We are consulting and looking at how we can help support that for drivers who may have difficulty gaining the 120 hours of supervised driving. There is good evidence that just the experience reduces that spike in the incidence of accidents as soon as you get your first licence.

I heard Anne Morphet talk about the ageing population. Our evidence is that over-55s are only 15 per cent of at-fault drivers while they are 23 per cent of population and 29 per cent of licensed drivers, but we are keeping an eye on that. When we look at that issue of pedestrians as a vulnerable road-user group, we need to watch for an emergent additional risk of more frail, elderly pedestrians.

Ms ALBANY - That is very true.

Mr DEAN - Are the claims from elderly drivers increasing with the population getting older?

Ms DONNELLY - I can probably take that on notice and look more closely, but I think it is more likely - though generally claims are going down - to be a factor in the severity mix that I mentioned before. With all of us there are things you can recover from more quickly in your 20s than you will in your 40s, 60s or 80s. I would say that is probably the clearer impact

Ms ALBANY - I want to talk to you about the impact of alcohol and speeding. They are two big issues for New South Wales.

CHAIR - And generally.

Ms ALBANY - I am sure that is general. The New South Wales Government has recently introduced a new alcohol authority into New South Wales and they are beginning to really crack down on overservicing in licensed premises. There are some mechanisms to manage alcohol better. Alcohol was responsible for 25 per cent of all fatal crashes in New South Wales in the last two years.

CHAIR - Was that the main factor or a contributing one?

Ms ALBANY - It is very hard to know that, but alcohol impacts very substantially on driving practice. It would be one of the main factors.

One of the things that has been introduced here in New South Wales, and now in New Zealand and South Australia, is a list of questions asked by police when they go a particular crime event - and that includes road crashes, assaults, break and enters and those sorts of things. That questions are: have you been drinking? Where did you have your last drink? The third question is an assessment by police as to the level of effect, which they are trained to do. One of the things that was done with that data very early on - and this was introduced in New South Wales on a trial basis in the Newcastle region - was that after six months they wrote letters to individual licensees. They said, 'Over the last six months there have been X number of break and enters, X number of road crashes, X number of assaults that have emerged from your premises. We want to come and have a talk with you about your responsible service of alcohol practice'. In most cases they didn't need to do anything because the licensees knew what the responsibility was. After another six months, they wrote letters again, and they said, 'Congratulations, you have reduced the number of assaults, the number of whatever it was'. There are only two or three licensees who ignored these letters, and the police went in. This is only intelligence; you can't take that evidence to court. They went in and collected evidence and took those licensees to court. The good thing about this data collection is that it allowed the police to narrow down the area that they had to worry about in terms of irresponsible licensees, but it also had a very substantial impact on the number of assaults and road crashes in the Newcastle region. In fact, there were some crime types that were reduced by as much as 46 per cent.

Then they did a proper trial of it, by collecting data in the far west, and discovered that it was in fairly good nick. After that, they managed to get some Federal Government funding and trained every police officer in the State to collect this data, and they did validation tests on that material that was being collected. It is in very good nick and it is reporting very well.

I think that is a really good, very cheap way to deal with overservicing in licensed premises which is a major problem in many places. I think that is a good thing to do, and I was really pleased to hear that the South Australian Government late last year started to collect this data as well. It's the way in which it is used that is going to make a difference.

Ms FORREST - The positive feedback aspect is a good touch.

Ms ALBANY - Absolutely, yes. I thought it was terrific. It was the health authorities that began this process, and wrote the letters on police letterhead.

Ms FORREST - When you say health authorities, are you talking about the trauma centre doctors?

Ms ALBANY - No. I am talking about the Population Health Research Group in that region. They have published the papers that emerged from that data, which is looking very good indeed.

CHAIR - Have you heard that there was a case in Tasmania recently where a licence holder was successfully sued for providing a patron with his motorcycle keys?

Ms ALBANY - Yes, I did hear that. Yes, that was in the papers. I suspect if more cases go through the courts particularly addressing that issue, we are going to see a difference.

CHAIR - A greater deterrent on the licensee.

Ms DONNELLY - Certainly that case has been discussed amongst the heads of CTP. It's a precedent that hopefully will have a positive lesson.

Ms ALBANY - Nathan told of some topics that you might be interested in, such as psychological aspects of driving, driver education and training, the quantitative analysis of accident cases, and something about drink-driving.

CHAIR - Yes, we would like to hear about all of those. You might want to let us have what you've written there.

Ms ALBANY - I am happy to provide that. I had a look recently at the Federal Government's latest survey of community attitudes to road safety, and I discovered that a huge proportion of people support good driving practice and proper legislation to support it, but when we get on the road we behave differently. That will not surprise you. Something like 5 per cent of drivers admit to having driven in the past year when they were probably over the blood alcohol limit, 28 per cent of people consider it acceptable to speed if you are driving safely, 6 per cent of all drivers and 12 per cent of those under 25 years of age say they nearly always drive at least 10 kilometres over the speed limit -

CHAIR - Was that 65 per cent?

Ms ALBANY - No, it was 6 per cent of all drivers and 12 per cent of those under 25 years of age. I think we have a speeding issue.

Ms FORREST - They always drive at that?

Ms ALBANY - Yes.

Ms FORREST - It is not just every now and then it is always?

Ms ALBANY - No, it is always.

CHAIR - They are the ones who have admitted it.

Ms ALBANY - That's right, that's correct yes. This was a survey.

Almost one in six drivers, which is about 17 per cent, said they had dozed off at the wheel at least, with drivers more likely to have fallen asleep on trips longer than two hours when driving on country roads or driving late at night. I am particularly interested in those who say that if you are driving safely it's okay to drive fast.

Ms FORREST - It's a personal assessment of your own capacity, isn't it?

Ms ALBANY - That's correct and I suspect that in the long run we would find that the reason that we are having so many whiplash injuries is that people don't measure the distance between the car in front of them and the car that they are driving.

Ms DONNELLY - There is quite a history of studies, not just on road safety but across a whole lot of areas of public health, probably going back several decades on things such as smoking that are known to have a risk attached. Those studies indicate that many of us don't fully understand risk, find it hard to understand and make judgments when told there is a 60 per cent chance that if you do this you will be involved in an accident, as a first point. That optimism bias that suggests something might be bad for other people but I am safe is very common. It is common in many different areas of risk-taking so that is a challenge for us.

CHAIR - We had evidence about that yesterday. I am trying to remember the exact percentages but when asked if people are more likely to be at risk in certain circumstances they say no and those who feel that they are safer than the average say yes.

Ms DONNELLY - There is an article in an RACV newsletter that I could point you towards that summarises that issue in terms of driver education and training, which is one of the things that we look at if people ask us for funding for different types of training and education. This suggests that they are not all equal. Some of them can increase over-confidence and optimism bias, particularly in young people. I raise this a word of caution and I think that summary is available from RACV.

CHAIR - Thank you we would appreciate that because it is a topic of great interest to us.

Ms DONNELLY - I could leave a copy for Nathan.

It seems intuitively plausible that more training and education will work. A fair bit of our effort is going into encouraging education initiatives while evaluating them, looking

at them critically and working out we can tailor them to work better. I think that is a challenging area. That is not to say that it is not worth doing, but you need to do it the right way so that you don't have an unintended consequence.

Ms ALBANY - There is a substantial number of young people in New South Wales who probably don't have parental support to get their 120 hours of driver training before they get their licence. This is particularly true in Aboriginal communities where a lot of people simply don't have licences or licensed vehicles. I think a lot of them drive totally unlicensed. One of the things that we are contemplating at the moment is bringing together a group of people from around the State who are currently trying to drive small programs in little local governments to assist some young people to get their 120 hours. We are talking about people who do not have any financial support from parents or not much support from parents to do that. We are going to bring these groups together to share their experiences to try to find a good way to move forward on this issue.

There is a group in New South Wales called the Driver Trainers Association that manages a great deal of the driver training that goes on across New South Wales. We might be able to work with them, find volunteers from the community, have them trained by this group and then use the driver/trainer vehicles to do this training in. I understand that in Victoria where they have simply given money to local governments there are difficulties getting proper support for using the vehicles.

Mr DEAN - Pam, it has been suggested in Tasmania that within that group there is some evidence to demonstrate that they are fabricating the hours on their returns et cetera to identify with the hours needed.

Ms ALBANY - There is quite a lot of anecdotal evidence about that but I am not aware that anyone has done a proper survey on it. Even if they did, would people be honest about it? I suspect not. I suspect you are right about that, but the issue is how confident young people are to manage all the different risks that they are going to come across.

Ms DONNELLY - I think it is worth also highlighting that when it comes to evaluating graduated licensing schemes and some of the reforms requiring the 120 hours, there is that individual perspective of whether everybody is compliant. At a population level, the bottom line is do we see fewer young people causing accidents and injuries to themselves and others and fatalities. So I think there will be a question as that becomes evaluated. If the majority comply, are we going to get enough safety benefit? I would not lose sight of that. My personal opinion would be that there are many areas of legislation and you do not get 100 per cent compliance but if the majority complies then there is an overall social benefit.

Ms ALBANY - The next topic that you gave me was the quantitative analysis of accident causes. We have a number of different sources of data and I suspect you have the same. We have police data, claims data, the New South Wales health data in terms of admissions to hospital and we have New South Wales ambulance data. In the past we have actually linked the Roads and Traffic Authority's crash data with the hospital in-patient data, and there was a fairly high linkage there. In fairness to police, they watch somebody being put into an ambulance and they say they are going to hospital but they are not always admitted and sometimes they are treated in emergency departments and sent home. Sometimes they obviously are admitted. By linking that data we gained a

much better sense, apart from New South Wales data, of cases that do not end up in hospital. That is important to us because it is road trauma that we are most concerned about rather than deaths. Deaths are important but the State plan asks the Roads and Traffic Authority to concentrate on bringing down the road death rate. Our issue is the claims data and the cost of the claim set-up that we have, and if that data starts going up in terms of serious trauma then it is going to cost us more.

Ms FORREST - So is there any payout with a death?

Ms DONNELLY - Yes, there is.

Ms FORREST - Is it a defined amount?

Ms DONNELLY - It isn't necessarily a defined amount. It depends on the impact on the relatives that may be there and funeral expenses and so on. I do not in any way want to appear to be diminishing the importance of a fatality but serious injuries are also a tragedy for people, with a huge ongoing impact, that often the community is not aware of. When we are talking about 400 fatalities in a year but 10 000 injuries you can see that we try to add value by saying the RTA has the responsibility for fatalities and will add value by thinking more about what else can be done around the injuries.

Just to pick up on what Pam has said, we are fortunate to have a partnership with New South Wales Health and the RTA where we fund the Injury Risk Management Research Centre at the University of New South Wales, as well as other researchers. We work with them where we may feel we would like some more information about the causes - the factors that are associated with accidents - and often it does involve pulling data from different sources and a quite complex task of providing the full picture of data. There is a cost to that but we contribute to making that possible.

Ms ALBANY - That centre has all of the datasets that are relevant to road safety at the moment. To quote current New South Wales Health data, there has been an increase in motorcyclists being hospitalised between 1999 and 2006 in New South Wales. There has been an increase in motor vehicle occupants being injured in the same period. There has been an increase in pedal cyclists being injured in that time and there has been a slight increase in pedestrians being injured, particularly older pedestrians.

Ms DONNELLY - I think, contextually, going back to the data there about motorcycles, it is well to be aware that the registrations of motorcyclists have increased. So we are seeing an increase in motorcycles on New South Wales roads.

Ms ALBANY - There is also an increase in pedal cyclists.

Ms DONNELLY - So that probably goes to your earlier question about keeping an eye on emerging trends of vulnerable road users.

Ms FORREST - As we encourage healthy lifestyles and try to beat child and older people obesity issues, bike riding seems a healthy activity. Is part of your consideration liaising with the relevant government departments in building dedicated bike tracks rather than wanting to share the main roads with the other vehicles?

Ms DONNELLY - I think we need to go down that path. We have been working to sponsor a conference that will be held later this year with some of the other partners and some are saying it needs to be within a broader social health, environment health and public health context.

We are looking at how we can structure the CTP scheme and premiums to create the right incentives; with more registrations of motorcycles. Perhaps that is driven by economic conditions, fuel price increases and so on. We have been looking at the way that we structure the CTP premiums so that for the next level of bikes from the very small ones - bikes of a size that you can learn to ride on - the premium category and the price go up. We are looking at how we can change the way we structure things to create incentives for people to use a bike up to, say, 700cc because it is cheaper than moving to the next category and they tend to be safer.

Ms FORREST - Are you looking setting your premiums for cars with more safety features higher than for those without?

Ms DONNELLY - I have commissioned some of the people who advise us around the scheme, because I am responsible for the regulation of that scheme as well as the road safety, to look at small cars again. Historically there was a sense that a larger car is more protected, a smaller car is less so. I do not think it is as clear-cut anymore with different improvements, particularly in those that have had a higher ANCAP safety rating. Also, there are larger policy considerations, such as environmental footprint, encouraging that. I think that we are prepared to look at how we can contribute in terms of regulating a CTP scheme, to have the right sort of incentives and reinforcement for behaviours that are not just safer but have good policy outcomes more broadly.

Ms FORREST - You want to encourage people to get rid of their older cars when they see that over a matter of years the costs become significant.

Ms DONNELLY - One of the features of our scheme is that it is not a simple, flat rate. It is very risk-based. We contribute to breaking up the different risk categories for different types of vehicles, in different parts of New South Wales. That is part of the regulatory framework, but we also encourage insurers to reward safer drivers. There is a choice of insurers for one, so it is competitive, but the other feature is that they are allowed to set the price depending on your personal circumstances, the age of the car, the age of the driver, your history with claims with losing demerit points. They do not all use the same features, but they need to be based on data. It is a system where managing your risk is rewarded in a lower premium. I think that adds to that whole ecosystem of making safer behaviour desirable, normal and rewarded.

Ms ALBANY - The one vehicle I would never drive is a four-wheel drive as 80 per cent of four-wheel drives are involved in rollovers.

Ms FORREST - Is that taking trucks out of the mix, or is that including trucks?

Ms ALBANY - That does not involve trucks. Because they are high they are much more likely to roll, so 80 per cent of the rollovers are four-wheel drives. The question is how good is the roof protection?

Ms FORREST - The bullbar on the front has absolutely no benefit at all in a rollover.

Ms DONNELLY - I should probably add to that and say that we looked at four-wheel drives a few years ago. While there are design features around four-wheel drives that are different to those of other cars, in our claims history this continues to be balanced out by the fact that people who own four-wheel drive cars tend to be lower risk drivers. They tend to have a better driving record, with fewer accidents.

Ms FORREST - A lot of them - and this would be the same as it is Melbourne - use them to drive around town, to drop their kids at school. They do not actually go four-wheel driving but have them nicely polished in nice, leafy suburbs.

Ms DONNELLY - I think that is part of the picture.

CHAIR - Guzzling up fuel.

Ms FORREST - Well that is true, too.

Ms DONNELLY - The full picture that I was talking about before is that there is the impact of the accident but you have to have the accident first.

CHAIR - I thought they had a greater inclination to capsize.

Ms DONNELLY - That is what Pam was saying.

CHAIR - I am sorry, I was speaking with Nathan at that time.

Ms DONNELLY - But on the other side of it, they tend to be associated with drivers who have fewer accidents.

Ms FORREST - Have you looked at the hours spent on the road? I made a comment about driving around to school and dropping the kids off, which indicates that some of these four-wheel drive vehicles are obviously having a lot of rollovers. You might not spend a lot of time on the road and on the rare occasion, once a year on their holiday they go out and -

Ms DONNELLY - It is an interesting question. I think four-wheel drives will be an area that we will continue to monitor to see if the pattern changes. We are looking more at how are they showing up in claims associated with injuries. We did a study a couple of years ago looking at whether or not they had a worst what we call 'cost per policy', which is driven by how many accidents and then how costly they are, to see whether they should be in a category of their own in terms of pricing to send a signal. We found that they were not really different to the average family car. Our understanding is a four-wheel drive may have particular risks in aggressivity, rollover or whatever but if the frequency of accidents is low because the drivers' profile is they just go to the shops, then it does not drive our claims experience. We keep monitoring those issues, but basically the underlying logic is if this sort of vehicle and driver is not driving up the social costs, then we are not going to set up a structure that is going to have their premium go up.

Ms FORREST - Is there any evidence that four-wheel drivers are more likely to be in collisions with bikes, pedestrians and other more vulnerable road users?

Ms DONNELLY - I might have to take that one on notice, to look at that in particular. That is a good question.

Ms FORREST - They tend to be much higher and it is certainly harder to see. When I have driven a big Pajero four-wheel drive, I find it harder to see small people.

Ms ALBANY - I am sure you are right.

Ms DONNELLY - I am happy to look at our data and take that on notice if you like.

CHAIR - Ms Albany, do you have any more points on your sheet?

Ms ALBANY - The only thing that I was going to talk a bit about is some of the things that we are planning over the next four years. I have to say upfront that this has not been signed off by the board as yet, so we are going to have to wait for that to happen. One of the interests that we have is we have done an assessment of local government areas across New South Wales that have high claims rates. We have also had a look in the Roads and Traffic Authority's data to see those local governments that have high crash rates. I worked for more than 12 years for New South Wales Health before I came to the Motor Accidents Authority and I was very conscious that in all that time I worked there I was called into any number of meetings, both by the Local Government and Shires Association and by the Department of Road Safety office, which is mostly funded by the Roads and Traffic Authority, and assured that they worry about roads, they worry about the engineering of roads. I know that there are incidents where, for instance, motorcyclists find themselves going off the road simply because engineers have built up roads so they are that much higher and they do not understand that they have to move accordingly. So there is not an understanding at the moment in most local government areas that road safety and the way that we construct roads often impacts on the outcome of road crashes.

That is one of the things that we want to try to work with with those local governments areas that have high crash rates and high claims rates across New South Wales.

Ms FORREST - Particularly with the rural councils you get a lot of gravel moving into the middle intersections and things like that, and that is a problem for motorcyclists and other cyclists.

Ms ALBANY- Correct. They are very vulnerable. We want to work with police to really crank up the use of that alcohol data that was mentioned earlier on. We would like to work with police to try to train the police across the State to try to be a little bit more explicit in their collection of crash data. At the moment there are some gaps.

We think that with the injury risk management research working with us on that we might be able to train police to get them to submit that data. That is the case with ambulance officers as well. We are very conscious of the fact that we are not the authority, and we want to work with the road authority and be useful.

CHAIR - On a support basis?

Ms ALBANY- That is correct, yes. That is the basis on which I have written the forward plan, and that is how we are going to manage it.

CHAIR - Thank you very much for that. We have about two and a half minutes left.

Mr DEAN - A quick question in relation to four- wheel drives. Due to evidence of high rollover statistics, and I was aware of some of them, do you believe that the licensing position we currently have is adequate in those circumstances? In other words, you can get a licence to drive a very small four-cylinder vehicle and immediately you can jump into a four-wheel drive and tear off in it.

Ms DONNELLY- I think you are asking me what is the solution to that issue.

Mr DEAN - Yes.

Ms DONNELLY - We will need to have some supporting data when we report to the agency - certainly in other areas such as motorcycles, when we are talking to the Motorcycle Council, about their different training or different licensing. To answer your question , the first thing that we have been looking at is some research to see whether there are design improvements, not leaving it up to the general behaviour and the licensing and reliance on people being appropriately licensed when they get behind the wheel of the car. If there is some research that can be done to show how the impact of a rollover on the human body can be reduced then that is the sort of bottom line of safety that will require changes necessarily to the way people behave and think when they are in the car.

In the first instance, that is what we have been looking at doing along with the University of New South Wales.

CHAIR - Ms Donnelly and Ms Albany, thank you very much. Perhaps we can have some informal discussion while this is being packed up and if we have time. We must conclude the formal session in order for the packing up to occur. Thank you very much for coming and giving us your time and the benefit of your knowledge. It has been very helpful.

THE DISCUSSION CONCLUDED.