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SENATE

JOINT SELECT COMMITTEE ON ROAD SAFETY

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SENATE

JOINT SELECT COMMITTEE ON ROAD SAFETY

Monday, 20 July 2020

Members in attendance: Senators Gallacher, Sterle and Ms Bird, Mr Conaghan, Mr Thistlethwaite.

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Evidence was taken via teleconference—

Committee met at 08:34

CHAIR (Mr Conaghan): I declare open this public hearing of the Joint Select Committee on Road Safety. I welcome you all here today. This is a public hearing and a Hansard transcript of the proceeding is being made. Before the committee starts taking evidence, I remind all witnesses that in giving evidence they are protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to a committee and such action may be treated by the Senate as a contempt. It is also a contempt to give false or misleading evidence to a committee. The committee prefers all evidence to be given in public, but under the Senate's resolutions which apply to joint committees witnesses have the right to request to be heard in private session. It is important that witnesses give the committee notice if they intend to ask to give evidence in camera. I remind committee members that the Senate resolved that an officer of a department of the Commonwealth or of a state shall not be asked to give opinions on matters of policy and shall be given reasonable opportunity to refer questions asked of the officer to superior officers or to a minister. This resolution prohibits only questions asking for opinions on matters of policy and does not preclude questions asking for explanations of policies or factual questions about when and how policies were adopted. Officers are also reminded that any claim that it would be contrary to the public interest in answering a question must be made by a minister and should be accompanied by a statement setting out the basis of the claim. If a witness other than a public servant objects to answering a question, the witness should state the ground upon which the objection is taken. The committee will determine whether it will insist on an answer, having regard to the ground that is claimed. If the committee determines to insist on an answer, a witness may request the answer be given in camera. Such a request may, of course, also be made at any other time.

Finally, on behalf of the committee, I would like to thank all those who have made submissions and who are represented here today. Do either of the witnesses have any additional information about the capacity in which they appear today?

Dr Crozier: I appear as the Chair of the National Trauma Committee of the Royal Australasian College of Surgeons and as a co-chair of the 2018 Inquiry into the National Road Safety Strategy, commissioned on 8 September 2017.

Prof. Woolley: I'm the Director of the Centre for Automotive Safety Research at the University of Adelaide and appearing here also as a co-chair of the inquiry mentioned by Dr Crozier

CHAIR: Thank you. I invite you to both make a brief opening statement before the committee asks questions.

Prof. Woolley: The inquiry report produced by Dr Crozier and myself, and noting the input of official advisers Lauchlan McIntosh and Robert McInerney, was delivered to parliamentarians in September 2018. The moral and ethical argument regarding action on road safety is compelling, and the inquiry identified that a drip-feed of trauma with no end in sight is likely and that we are still set to harm future generations in coming decades.

There is still no perceived crisis or urgency that is apparent. The tick responses to the recommendations outlined in the inquiry were detailed in November 2019. The strategic response to road safety is absolutely vital, and the preparation, monitoring, coordination, capacity and capability to deal with the slow trickle of deaths and trauma will have a direct relationship with future lives and injuries saved on that strategic response. While state, territory and local government have a role with the strategic planning and implementation, the federal government can also contribute to significant outcomes through its own leadership, coordination, funding and support. Of course the aspects within its jurisdiction also will be funding of infrastructure and managing vehicle standards, technology and cross-portfolio influence.

Stimulus packages and additional funding in road safety are certainly most welcome; however, it is the systemic changes identified in the inquiry that will create the necessary conditions for ultimate success. A lot of this relates to data and monitoring and the notion of a national data observatory on road safety; innovation; finding actual solutions to what is essentially a badly designed and implemented legacy of a road system; and assisting road users to be safe, and this is focused around humancentric design—a concept I can elaborate on later. Strategic planning and accountability will be vital moving forward and improvement in that regard is necessary for us to make greater achievements. Integrating harm elimination into business as usual is a main opportunity that still awaits us. The newly established federal Office of Road Safety must be empowered and resourced to perform its role and influence a lot of these outcomes. The capability and capacity must be built

everywhere—in government, in the private sector and in liaison with the community—so that we can pursue a vision of zero harm at some point in the future.

Twelve recommendations of the report have been agreed to or accepted in principle by the Transport and Infrastructure Council. Some have been completed; most are ongoing. And despite the good intent of TIC and noble statements from the TIC communiques, there has been a lack of detail regarding progress in pursuing these recommendations, so it is very difficult for me personally to judge how progress is being made. However, much hinges on the next road safety strategy, of which there has been very little information shared with stakeholders to date. I am keenly waiting to see the evidence of systemic changes in the approach to road safety into the future. Thank you.

CHAIR: Thank you, Professor Woolley. Dr Crozier, would you like to make a short statement?

Dr Crozier: Thank you. From the outset I'd like to acknowledge and pay respect to the traditional owners of the land from which I present today, the Gommerigal clan of the Dharug nation. I pay my respects to their elders past and present. I also acknowledge the disproportionate representation of our Indigenous people in death and serious injury in road crashes, particularly in central South Australia, the Northern Territory and north-west Western Australia.

I acknowledge the privilege that it has been to participate in the inquiry into the National Road Safety Strategy at the request of the Hon. Darren Chester, the then federal minister for infrastructure, on 8 September 2017. As a vascular and a trauma surgeon on staff at the Liverpool Hospital in south-west Sydney and chair of the national trauma committee of the Royal Australasian College of Surgeons it has been an extraordinary privilege to work with subject matter experts in fields well removed from medicine who've made significant commitment to reducing the burden of road crash injury and death in Australia. I particularly acknowledge Professor Jeremy Woolley and the senior advisers, Mr Lauchlan McIntosh and Mr Rob McInerney. I pause also to underscore the fact that before the sun sets today there will be another hundred Australians hospitalised with serious injury—and that is a fact. It has, though, been a privilege in the course of this work to see the extensive commitment by many people and many agencies united with a common desire to significantly reduce deaths and serious injury, and to achieve zero deaths or serious injury on our roads by 2050.

I want to also very publicly acknowledge and pay my deep respect to Senator Alex Gallacher. His presence here today is a strong testament to his steely determination and tenacious commitment to reducing crash incidents and death and serious injury on Australian roads. I commend his forthright advocacy in the Parliamentary Friendship Group of Road Safety, which is a non-partisan parliamentary oversight committee with the sole focus on reducing the burden of death and serious injury. I also particularly commend Senator Glenn Sterle. I've had the privilege of meeting him. I understand his background as a truckie and his passionate and lifelong commitment to reducing preventable death and serious injury.

I acknowledge the Hon. Matthew Thistlethwaite, who allowed me time to speak with him one-on-one earlier with regard to this significant matter. I honour and acknowledge Sharon Bird, Senator Glenn Sterle again and Rick Wilson and their genuine desire to make a real difference to the rates of death and serious injury on Australian roads. And, Chair, I acknowledge your background—a former policeman—and I do understand your commitment to reduce the burden of death and serious injury on our roads. You have seen it up close and far too frequently in your former role, and I acknowledge a special link with you today.

I've already rounded the hospital and I have completed my round of our intensive care beds. We currently have two victims of road crashes on the weekend. One spent many hours in the hospital theatres last night, having survived a motorcycle crash. His 40-year-old female pillion was killed in that crash, which happened within two kilometres of this hospital. The other was also a road crash victim, a motorcyclist. Last year in New South Wales alone 13,000 people were hospitalised with injuries from road crashes just in this one jurisdiction. To conceptualise that figure, I ask gently the panel to picture in their minds each of the nine major designated trauma hospitals in New South Wales, which average 750 beds per hospital. That includes the John Hunter Hospital in Newcastle, the Royal North Shore Hospital, Westmead Hospital, Royal Prince Alfred Hospital, St Vincent's Hospital, St George Hospital, Liverpool Hospital, Prince of Wales Hospital and Sydney Children's Hospital—our nine major trauma hospitals, each averaging 750 beds. Picture each of those beds occupied by a seriously injured survivor of a road crash and just hold that picture in your mind. The generally agreed definition of a serious injury is that 24-hour period of hospitalisation. Now picture every one of the nine major teaching hospitals; victims of road crashes; 24 hours. Now double that picture. That's the burden annually in New South Wales of our serious injury. To meet the criteria it's that simple 24-hour hospitalisation, but many of those survivors will have lifelong disabilities that will prevent their return to former employment, and frequently they will have brain injuries that

significantly impact their further relationships with partners and families for the rest of their lives. In dollar terms, that's \$3 billion this state pays to manage that health burden. We've got to do better than that.

I do commend Transport New South Wales, and particularly the Centre for Road Safety for its effective data acquisition and, more critically, its timely presentation of this information on a dashboard, which is publicly available. The aggregate pattern of death and serious injury from a variety of mechanisms on road crash is available to people with interest, and can easily be interrogated. It sets a good standard which would be ideal if it were replicated at a national level.

I again highlight the fact that, in the middle of a national coronavirus pandemic response—and it is in consequence of that that we're meeting in the way that we are today, remotely, by televid interface—we are as a nation united in a very nonpartisan way. At a national level, we have been provided with appropriate technical advice that has been incorporated and actioned and that has significantly reduced deaths or disability that might otherwise have occurred from the coronavirus. Would that were the case with our road crashes. We've got a rapid national aggregation of figures that detail the number of tests performed. We can tell the number of positive patients and the number of survivors. We can tell how many intensive-care beds are occupied by victims of coronavirus. Those dashboards are freely available to members of the community on a daily basis and to members of every level of government and the relevant responsible agencies. Wouldn't that be a wonderful standard, or template, for the management of our serious injury burden?

I want to commend here Mrs Gabby O'Neill, who has ascended to the role of chief executive of the new National Office of Road Safety. There has been a tremendous improvement in the quality of the dashboard, which highlights in a more timely fashion the deaths sustained on our roads. But I gently pass the observation that the serious injury data nationally aggregated is significantly delayed and not as intuitively available. If one interrogates that website, and the work of the National Injury Surveillance Unit at Flinders University, using Australian Institute of Health and Welfare data, most of that evidence is downloadable in an Excel file, and the serious injury data is four years in the past. That is not the standard that we need. We need to work towards a much higher quality of evidence available in a more rapid time. We have to embed the use of that measure as the template or instrument against which a lot of the measures of road safety infrastructure and other outcomes are adjudicated. I want to highlight that the information has been of great use. It has improved in its quality and timeliness with respect to deaths. We need to come a significant way, though, with the quality and availability of the serious injury data.

I want to finish, though, on a positive note. There are on that website, as there are on the Centre for Road Safety website, heat maps of local government areas where there have been no accidents resulting in fatalities for periods of five years or beyond. Those local governments are doing something right. I particularly want to commend the work out of Mildura Rural City Council, where there has been a significant involvement of community, working in a nonpartisan way, and improvement in amenity by reducing speeds on some of the secondary roads, improving the infrastructure on access roads and dramatically reducing crash rates, improving amenity in the CBD and moving the journey of safety in the right direction.

On another positive local note, I also want to highlight that, as you walk into our hospital here today, variable messaging signs alert drivers to a 30-kilometre-per-hour speed trial currently in the Liverpool CBD. This week Manly council and Liverpool City Council are two city councils that are embarking on this trial, and almost certainly that is going to deliver the improved amenity and road space safety that evidence from other trials has repeatedly demonstrated.

In closing, I commend the content of many of the proposals in many of the submissions. There is a lot of replication of the recommendations in the report that I was privileged to have co-chaired with Jeremy, assisted with the expert advice of Lauchlan McIntosh and Rob McInerney. I again want to emphasise the contribution of many agencies and the fact that significant steps in the right direction have been made. But the current reality of 100 deaths on roads in Australia each month and 100 seriously injured each day can't continue. We have to step up the scale and the scope of our response. Mr Chair, thank you.

CHAIR: Thank you, Dr Crozier. Can I also say I thank you and appreciate the vast amount of work that you do in your profession. I understand how confronting that is, having a background in policing, and I'd like to thank you and Professor Woolley for your input into the inquiry into the National Road Safety Strategy. One thing that was not lost on me is—this report is almost two years old—you both referred to the situation of over 1,000 people, last year almost 1,200 people, dying on our roads as a pandemic. As you said, we're here right now in the middle of a pandemic and there is a bipartisan approach by our governments to deal with it the best we can. If you look at the numbers of people who have died in this pandemic, compared to what happens annually on our roads, I could not be in greater agreement with you as to an urgent approach needed to attack and address this pandemic.

So, again, Professor Woolley and Dr Crozier, thank you very much for your input and thank you for your statements.

I have a number of questions. Either both of you or one of you feel free to answer the questions as you see fit. We talk of the safe-system principles. What opportunities do you see for how those principles can be incubated into the health system?

Dr Crozier: Jeremy, if you like, I'll just make a couple of comments.

Prof. Woolley: Sure. That would be fine, John.

Dr Crozier: It's a two-way journey. As I said, it has been a very significant privilege for me to have had doors of perception open as I see the benefit of prevention and learn from road safety engineers, legislators, law enforcement and a range of other agencies well removed from health. But I know that if we step outside the walls of our hospitals or our health service provision we can bring credibility to the understanding of what impact forces in crash deliver to a body and emphasise that we're actually pretty fragile creatures. Many road crashes, even at 60 kilometres per hour with good state-of-the-art restraint systems, will still result in a horrific burden of injury. So talking in partnership, particularly educational fora; moving the message that speed control is actually a very significant part of a safe system and that enforcement infringement notices, point-to-point or other speed management processes, are not about revenue raising; and delivering that message in partnership can be procured from what we see day to day with the shattered bodies. It is a two-way street, though: us being able to work in partnership with others but then, conversely, in that journey bringing in the understanding of what the impact forces do to the body.

Prof. Woolley: I might add to that, if I may. One particular challenge is completing a feedback loop with feedback from the medical profession around the nature of these injuries and mechanisms of these injuries and actually having a more genuine relationship with engineering design and engineering managers around the way the system is designed, built and operated. That remains a key challenge globally, to connect the outcomes of medical intervention with the causes and the injury mechanisms of the crashes. Greater knowledge in that area is required.

Dr Crozier: If I could make a quick supplementary in that regard, the geocoding of where a crash occurs is actually quite critical on a range of domains. It allows the linkage of the health journey with an understanding of the kinematics at the crash. It allows a much better appreciation of preventable evidence in the crash matrix. It's one of the big blockers, if you like, to the effectiveness of data acquisition. So again, on the health side, working in partnership to achieve that linkage to the geospatial coding of the site of the crash which the health geo subsequently follows. Some of the jurisdictions are better along that journey than others. It is a common point of agreement though in most jurisdictions.

CHAIR: Thank you for that. Just continuing on from a comment there by Dr Crozier, you spoke about where the crash occurs. During the inquiry, you reported that road trauma is costing the economy around \$30 billion a year. Could you just provide a bit more background to that calculation? And also, whether the cost or the impact per person is higher in rural and regional areas as opposed to those in metropolitan areas?

Dr Crozier: I'll have to take an element of that on notice to give a more detailed or finely pixilated break down. But what I will say is the truism though is that two-thirds of our deaths are on rural and regional roads. The majority of deaths are actually on rural and regional roads. There is an acknowledgement this is a 900,000 kilometre roadway system in Australia. Disproportionately more of those deaths are single-vehicle runoffs on rural and regional roads. The metropolitan component of the crash is more likely to deliver a survivor but a seriously injured survivor.

As I said, I'd have to take the question on notice but I would be very happy to get back with the aggregate of costs. What I can say is that a brain-injured patient is several million dollars; it's a payment beyond \$4 million for a seriously brain-injured person alone. And somebody who has got a spinal cord injury, quadriplegic or paralysed, it is a \$4 million whole-of-life or disability-adjusted cost for those. But those two elements of the survivors and the serious injury are the biggest component, the biggest single element of the matrix of injured in the \$30 billion spend. But I will bring the figures back to the committee before it's finished its deliberation.

Senator STERLE: It is great to hear you, Dr Crozier, and Professor Woolley. I just want to follow on from Professor Woolley's opening statement when you mentioned about since the report. I'm keen to find out what follow-up has come from your recommendations? Have you been consulted on an ongoing basis, both of you, from the Office of Road Safety or the TIC or the department?

Prof. Woolley: Yes, so I would say, since the report we've been consulted on a fairly minor basis. So whilst kept informed of some of the happenings, generally we have had to rely on the TIC communiques and

information released in the public domain to ascertain what is actually happening. Fundamentally, many of the recommendations we are aware are being worked on and no doubt there is activity behind the scenes. But most of them are connected with the development of the next road safety strategy. As far as I'm aware, there's just very little public information about how that process is going or where, indeed, they are up to. So it's very difficult for me to exercise judgement on progress against the recommendations given a lack of detail in relation to the response that's being undertaken and how it's ultimately going to be pursued.

Senator STERLE: Dr Crozier? Do you have anything to add?

Dr Crozier: No, I echo Jeremy's comments. I do want to state, though, there has been a positive move on most in terms of the voice commitment to the recommendations. I would like to state high praise for both Pip Spencer in her former role—she's now the deputy secretary—but praise also Gabby Neal, who heads the Office of Road Safety. I would make the gentle comment though that the paradox, if you like, the disparity between standing up a national cabinet to handle a coronavirus pandemic sees the rapid appointment of appropriately certified backgrounded technical people working in a nonpartisan way with political officials at every level. That is not the case in the way the Office for Road Safety has been stood up. Rather than a fully-fledged department or entity coming into existence, it's a journey of priming the business case to see the necessary people appointed by the processes of a bureaucracy and that's a journey that takes a long time. That office is some layers down in a management chain or a chain of delegated authority. The contrast, for example, with the Office of National Rail Safety Regulation, is quite a stark one. Again, I just close with that gentle comment of observation.

Senator STERLE: I know Senator Gallacher wants to follow on from these too because we were trying to pursue this in Senate estimates with the department about the involvement of the experts who wrote that report. Thank you, John, and thank you, Jeremy.

Senator GALLACHER: Good morning, John and Jeremy, it's good to see you still engaged in the fight. But I got to say, John, I'm still in awe of the work you do. It sends a shiver up my back every time I hear it. There are two quick questions from me. The comment that the chair made about \$30 billion nationally and yourself, John, about \$3 billion in New South Wales, do you have a sense there is going to be any acceptance there is an economic argument here? Aside from the horror and trauma of it all, there is an economic argument here that a proper and prudent investment will deliver to each federal, state and territory budget by not having our emergency centres clogged up every day of the week? Is there a sense that that's coming through?

Dr Crozier: There are words in support of that at a higher political level and there have been some steps in that right direction but it's not with the quantum that has been requested or recommended. A \$3 billion new investment each year, and that's newly appropriated funds specifically targeted against road safety, would deliver that return on investment across the decade ahead in a much more material way. I am trying to carefully choose the words, but the drip-feeding was the right analogy, I think, that Jeremy used in his description. Unless we embed safety as part of the build and unless we focus on that safety dividend and obligate it as Commonwealth funds are handed out then we'll continue to see the patterns of suboptimal standard in contemporary best safety practice and, unfortunately, embed a cost of death or a cost of serious injury as an inevitable price of the way we do business in the future if what we've done in the past is the same model that we carry forward.

Senator GALLACHER: Jeremy, do you have anything to add on that?

Prof. Woolley: There will be growing awareness as governments realise they do need to up the scale and have a better response to the situation. I still think we're in a bit of a trap, where whilst we're patting ourselves on the back for some of the successes of the past, and no doubt there have been some, there's not a complete understanding around the nature of the problem—that is, we've got a fundamentally and inherently unsafe road system out there. Whilst we're doing a lot of work to suppress the latent risk that's out there, it's an unstable situation where we will get surges in trauma and we will get peaks and rises in trauma and injury as time goes on because we're not addressing the core issues. What governments will hopefully slowly come around to realise is that they've got to focus more on human-centric design, managing energy in the system and having a safety net for when things go wrong. At present, it's all too easy for individuals and road users to make what we regard as everyday errors in using the system, and those errors leading to unintended injury to other individuals.

Senator GALLACHER: Finally from me on the NRSS:

Council agreed that specific and separate targets for the reduction in annual road deaths and the reduction in serious injuries by 2030 should be defined as a percentage per capita as part of the new National Road Safety Strategy, recognising population growth as an upward pressure.

Can I get a comment from both of you about that? Is that a positive step or is that shifting the goalposts?

Dr Crozier: I'm happy to start the ball rolling, Jeremy, if you like.

Senator GALLACHER: And have you been consulted about that?

Dr Crozier: I think there's some good and some bad in it. The benefit when it is amortised across populations, particularly for rural and remote regions, is that it brings into focus the great disparity of death being much more probable in those less populated regions. If that's then used as a way of preferentially diverting funds—but, again, tying them to the safety dividend with the allocation of those funds—then that's a good use of that epidemiological tool of standardising the fatal or serious injury figure with a population figure. But it is the case, if I could use a mining analogy: what's the difference in accepting three deaths in a mine in 12 months where you've got 1,000 employees; in contrast, if you've had three deaths out of 10,000 employees, would you regard that as a better outcome? In contemporary safety practice, each life is critical and each serious injury is critical. So I think we need those raw figures to guide and focus strategy and alter the outcome.

Prof. Woolley: Backing up John's comment there, I totally agree. I think the contrast between metropolitan areas and rural will be highlighted. However, if we're on a pathway to eliminating the harm and a pathway to Vision Zero, we need to take all perspectives on board. Therefore, all ways we can look at the trauma situation and death and injury need to be considered, and they all portray a different perspective. I think excluding those other opportunities, if that is the intent, is not a positive move forward. I might add that with the development of the next future strategy we need a suite of performance measures and a suite of monitoring data that will better inform us on how the system is performing as a whole. Again, we need to break away from this obsession of just looking at the ultimate outcome measure, which is of course death and serious injury, and bringing that down is ultimately is the end result we are pursuing. But we must have a greater understanding of how the system is performing and where there is opportunity for improvement.

Mr THISTLETHWAITE: Thank you, gentlemen, for your time this morning. I've got a number of questions. I won't get through all of them, so I'll eventually put them all on notice for you. I might run through them quickly, and if there is anything you felt you haven't dealt with and you'd like to add to, then perhaps you can jump in and add it. Firstly, on the issue of data, you've mentioned nationally consistent data. Can you provide to the committee—perhaps you can do this in writing—what exactly you would like collected at a national level? What would you like to see in that national data set that all of the states and territories provide on a regular basis?

In terms of vehicle safety technology, if the Commonwealth were to mandate that, what should be included in that mandate? On page 54 of your report, you talk about autoemergency braking, electronic stability control and lane departure warning. Is that it, or is there other mandated technology that you'd like to see on cars in the future? And what do you think is a reasonable time frame for the Commonwealth to mandate that? On speed management initiatives such as point-to-point cameras, I'm envisaging that, if the Commonwealth is going to provide funding for a road project, it should be mandatory that that project includes point-to-point cameras, otherwise you don't get the funding. It's as simple as that. What is your view on that? On roads, in your report you talk about roads being built to a certain standard. Is there some pro forma formula about what's in that standard? If it's a highway, does it have to meet a certain standard? If it's a suburban road, does it have to meet a certain standard? Could you go through that for us? Finally, you mention a 2030 interim target. You've provided information about that. Can you tell us of any other jurisdictions that have a similar target and how successful they've been in implementing that? That's it from me. If anyone wants to comment on any of those points, jump in and do so, but I'll put that in writing as well.

Dr Crozier: Point-to-point was part of the agreed start point of the 2011-2020 road strategy. It's an essential element. It's a proven technology. It has cheaper recurrent installation cost. It's greatly appreciated by the countries that have road users who vote or comment on it. It will deliver recurrent proven benefits in an automated same-standard way for all road users. The design intent is all road users. In terms of mandating AEB, ESC and lane departure, it's that priority to get the greatest return, and AEB should be what our Australian Design Rules have been mandating and requiring. We did it with the seatbelt requirement in cars. We drove that very hard through the Australian Design Rules process. We fail each year that goes by without AEB being an absolute requirement of all new vehicles coming into this country. It's particularly, though, the heavy vehicle component where AEB and ESC has to be an essential element of the requirement. Lane departure will deliver some benefits. The iRAP road rating system is an approved standard. It's an easily transferred, if you like, way of understanding the inherent engineering safety in the road system, and there is an Australian equivalent. The minimum three-star requirement for major access roads is a pretty common standard there.

Finally, I do commend New South Wales, in terms of its medium-term targets for 2030 and its statement towards zero death by 2056. It is a jurisdiction where there have been substantive material inclusions in the strategy taking us forward to 2056. Victoria has also done some work in that regard.

Prof. Woolley: Conscious of the time, I think that, yes, we will have to take some of those on notice and provide further written information for you. Regarding the road design element, certainly I think one of the great challenges moving forward is eliminating outdated practices. Whilst there's a fair bit of good guidance around how we can make safe roads and adopt what's probably regarded as leading practice, one of the challenges is culturally changing the engineering profession so they do embrace and adopt the seeking of solutions for harm elimination. But the reality is that, for most engineers out there, pursuing harm elimination in their road designs and the way they go about managing the road system is not the easiest pathway, and that cultural aspect is the major thing that needs to be addressed in the engineering profession around the design and operation of roads.

Mr THISTLETHWAITE: Just on that, has any engineering school or have any engineers ever consulted with you guys about road design and got your views on what should change?

Prof. Woolley: Yes, quite frequently. I've been engaged for more than a decade now working with the profession around trying to get the reform required. It comes in fits and starts. Like I said, the great challenge is the background culture that needs to be overcome here. The system is geared against going for these new innovative solutions. Largely we're still operating on road designs from before the Second World War and we're still implementing solutions that aren't well suited to road user performance. The whole science and art of ergonomics is largely lacking from road design. Until we start embracing that and addressing it we're going to continue creating problems for our future, unfortunately.

Dr Crozier: There is business modelling that Infrastructure Australia uses as it attributes and allocates funding. Safety is an element of those algorithms but there is some opportunity to further refine and increase the value of that element in the algorithms that are used for the disbursement of the funding. The algorithm that's used to distribute is a bit of a weak point in the business case modelling. Greater weight should be placed on more contemporary values for those safety estimates which are included in the algorithm by which, as I said, Infrastructure Australia disburses a significant amount of funding. About 30 per cent to 40 per cent of Commonwealth funding that goes to infrastructure goes through Infrastructure Australia. As I said, my understanding of some of that costing is that it's a somewhat dated element when it comes to the quotients around safety in the algorithm of disbursements.

Mr THISTLETHWAITE: I'll ask Infrastructure Australia about that. That's it from me. Thank you.

CHAIR: I have one final question that I'll put on notice, bearing in mind the time. Dr Crozier, you mentioned that you were receiving words from a high political level in relation to the implementation of the [inaudible] system. Under recommendation 1, creating strong national leadership, you have the role of a cabinet minister and you speak about KPIs and the role of the Office of Road Safety. In relation to the KPIs and the Office of Road Safety, how do you see the KPIs being rolled out? What are they? How do you think they would be best designed to benefit the quick implementation of the recommendations? Also, how would the Office of Road Safety take part in implementing the KPIs? If you could provide a response to that, that would be very helpful, unless you want to make a quick statement or response to it now.

Dr Crozier: I could make a very quick statement. The agreed start point for the National Road Safety Strategy ending in 2020 was a 30 per cent reduction in death and serious injury. That's a very easily understood end point. Death is a finite dichotomous variable. With 'serious injury' we've prevaricated on the definition of it and have delayed the acquisition of that. A simple, pragmatic definition agreed by all parties of hospitalisation of 24 hours is something that's relatively [inaudible] and easy to achieve with most of the contemporary ways that people are documented in the system. Those two KPIs held against the delegated obligation, if you like, of that federal ministerial role [inaudible] I acknowledge [inaudible] in federal law safety sits at the jurisdictional level and we have the problem at the federal constitutional level. There needs to be appropriate and open legislation to require in law the achievement of those two points—a 30 per cent reduction in death and a 30 per cent reduction in serious injury. To achieve that, the minister would need an effective office for national road safety which had, without fear or favour, the best of the best technical advisers appropriately equipped with the necessary resourcing to see well past a term of federal or state parliament, and, without fear or favour, to present that evidence in a transparent way, in a timely fashion and at a quality where the minister would know whether or not that modest 30 per cent reduction in both death and serious injury by a decade was achievable.

Bear in mind that we've watered down what was an obligation; we were looking at a 50 per cent reduction. That was deemed too ambitious politically. So, in an open way, the stakeholders negotiated a 30 per cent target in 2010-11. That seemed reasonable. Here, eight years down the track, we're now pushing the goalposts to the right. We'll continue to do that unless we have a single point—a federal minister—responsible, with the appropriate enabling legislation, armed without fear or favour, for the purpose of road safety.

CHAIR: Thank you. We will set 7 August as the return date for responses to questions on notice. I note the time; we've gone a little bit over. Dr Crozier and Professor Woolley, thank you very much for your attendance. Your information is invaluable to us, as is your input in the responses you've supplied. Thank you both for what you have done in the area of road trauma and for the provision of this information to us.

JOSEPH, Associate Professor Anthony, Executive Committee Member, Australasian Trauma Society

Evidence was taken via teleconference—

[09:33]

CHAIR: Welcome. Would you like to make an opening statement?

Prof. Joseph: I have a written opening statement, which will take a few minutes. Is that okay with the committee?

CHAIR: Yes, please.

Prof. Joseph: I'd like to thank the Joint Select Committee on Road Safety for the opportunity to make an oral statement to complement the written submission that the Australasian Trauma Society has made. Just to give you some background, the Australasian Trauma Society was formed in 1997 and is the only multidisciplinary society in Australasia that represents doctors, nurses, allied health and ambulance personnel who see and treat victims of trauma, including road trauma. I am the co-founder of the Australasian Trauma Society and am an emergency physician and co-director of trauma at the Royal North Shore Hospital, which is a major trauma service in Sydney.

I see firsthand the results of our inability to enact effective road safety policies. In the past, I've explained to a mother how her son was involved in a crash with a car on his moped. He suffered life-threatening chest injuries and died in the operating theatre. I've seen the results of severe head and spinal cord injuries in a young tourist who looked the wrong way while crossing the road and was hit by a car. I've seen the end results of a young driver who made a bad decision in wet weather and killed two occupants in her car. I've seen an elderly driver who hit the accelerator instead of the brake, ran into another car in the car park and spent a month in hospital recovering from chest and pelvic injuries. I've seen a motorcycle rider who was hit by a car on the on-ramp of a freeway and suffered a traumatic amputation of his leg above the knee. Finally, I've seen multiple injuries suffered by occupants in a car hit by a truck in which the brakes failed, in a Sydney suburb. This happened twice in one area. The tragedy is that all the above cases are real. Such cases would be preventable if we were able to address road safety in a methodical and evidence driven way.

I will attempt to summarise our submission regarding the terms of reference of the joint select committee. Firstly, I would like to congratulate the federal government on the implementation of a number of strategies in order to address the National Road Safety Strategy 2011-2020, which had the modest aim of reducing deaths and serious injury on our roads by 30 per cent compared to baseline. Some of the strategies include the establishment of the Joint Select Committee on Road Safety and the Office of Road Safety. The government also set up the Road Safety Awareness and Enablers Fund, the Road Safety Innovation Fund, and the National Partnership Agreement on Land Transport Infrastructure Projects. In addition, the federal government has invested \$2.2 billion in the Local and State Government Road Safety Package.

However, despite the best efforts of the federal government, the National Road Safety Strategy 2011-2020 has not achieve the stated aims of reducing deaths and serious injuries from road trauma by 30 per cent. According to the Australian Automobile Association, there were 1,188 road deaths in Australia in 2019, which was a 4.7 per cent increase in the number of deaths that occurred in 2018. According to the AAA data, there were 1,426 road trauma deaths at baseline in 2010, which means there was a 17 per cent decrease in 2019, which is well short of the 30 per cent target. The Australia New Zealand Trauma Registry annual report for 2018-19 states that there were 8,528 severely injured patients admitted to 26 major trauma centres in Australia, and 45 per cent, or 3,837, of these injuries were transport related. According to the Australasian College of Road Safety, two-thirds of deaths [inaudible] predominantly in urban Australia and associated with catastrophic and long-term consequences for the patients, their families and the community. While there is no nationally consistent definition of a serious injury, the view of the Australasian College of Road Safety is that the number of serious or non-fatal injuries due to trauma is increasing, and the annual cost to the Australian economy of road trauma is estimated to be around \$30 billion.

With regard to the terms of reference of the joint select committee, the National Road Safety Strategy should be guided by the implementation of the Safe System approach—safe roads, safe vehicles, safe drivers, safe speeds and post-crash care. The 2018 inquiry into the National Road Safety Strategy 2011-2020 by Professor Jeremy Woolley and John Crozier found that there was a disconnect between noble intentions, resourcing the actions and road safety practice. This resulted in implementation failure. The lack of focus on a harm-elimination agenda means that suboptimal results are unintentionally achieved, because some improvement in safety is often regarded as sufficient or is assumed.

We accept that we're making roads, vehicles and users safer, but frequently we miss the opportunity to make them safe outright. A review of the national road safety governance arrangements in 2019 found that there is a clear need for greater leadership, strengthened management, heightened accountability and more effective coordination to reduce road trauma across Australia. The Australian government has not provided sufficiently strong leadership, coordination or advocacy on road safety to drive national trauma reductions. The Transport and Infrastructure Council has not been used to enable cross-jurisdictional decision-making to drive the national harm-elimination agenda.

If there were 1,200 deaths and many thousands of injured victims annually in a military conflict, there would be a national outcry. It is possible for our country to do much better and aim for zero deaths and minimal injuries due to road trauma. Australia currently has 4.69 deaths per 100,000 population, compared to some Scandinavian countries which have 2.5 deaths per 100,000 population.

The main aim of the safe system is to build safety features into the road transport environment so that there is enough flexibility to allow for human error. This requires safe road design, safe cars with modern anticrash technology; safe speed limits; separation of vulnerable road users, including pedestrians and pedal cyclists, and trucks and cars; and encouraging people to use more public transport for both short and long trips. Surely there is now a case for governments, both federal and state, to develop the rail system for fast trips between capital and regional cities, as well as to encourage more freight to go by rail.

The successful implementation of the national road safety strategy 2021-2030, the next NRSS, should include all 12 recommendations by the Woolley and Crozier 2018 inquiry into the National Road Safety Strategy 2011-2020, which included creating strong national leadership by appointing a cabinet minister with specific multiagency responsibility to address the hidden epidemic of road trauma, including its impact on the health system; establishing a national road safety entity reporting to the cabinet minister with responsibility for road safety, which they've done; committing to a \$3-billion-a-year road safety fund, which is 10 per cent of the annual cost to the economy of road trauma; setting a zero vision target for 2050, with an interim target of vision zero for all major capital cities and high-volume highways by 2030; establishing and committing to key performance indicators in time for the next national road safety strategy that measure and report how harm can be eliminated from the system and that are published annually; undertaking a national road safety government review by March 2019, which has been done; implementing rapid deployment and accelerated uptake of proven vehicle safety technologies and innovation; accelerating the adoption of speed management initiatives that support harm elimination; investing in road safety focused infrastructure, safe system and mobility partnerships with state, territory and local governments that accelerate the elimination of high-risk roads; making road safety a genuine part of business as usual within Commonwealth, state, territory and local government; resourcing key road safety enablers and road safety innovation initiatives; and implementing life-saving partnerships with countries in the Indo-Pacific and globally as appropriate to reduce road trauma.

On the recommendations for the role of the newly established Office of Road Safety, this was instituted with the aim of improving road safety leadership and coordination across government, but it's not clear how this will be achieved. Our recommendation [inaudible] the minister responsible for road safety. There should be support for the minister through a bipartisan standing committee on road safety to implement key recommendations of the Office of Road Safety. Policy decisions should be driven by data that is robust, accurate and timely, and decisions will need to be coordinated across all levels of government—federal, state and local. It should be accountable for the implementation of various road safety targets across all jurisdictions. Federal funding should be linked to the achievement of agreed key performance indicators. This is critical to the success of the Office of Road Safety. The office should have the ability to communicate and enforce agreed and proven road safety strategies across all levels of government. It should support the latest research in vehicle safety and in building a safer capacity into the road systems. Also, there should be a peer selected governing body of the Office of Road Safety from the various institutes, professional colleges, societies and associations, which can assist with policy development and report biannually on the success of policy implementation.

The Office of Road Safety should report successes or failures regularly, at least twice a year, in a transparent and open way. This reporting should have the ability to stimulate appropriate responses from federal, state and local governments, according to their various jurisdictions. A good summary of what is required is contained in the September 2019 *Reviving Road Safety* document by the Australian Automobile Association, which spelt out the federal priorities to reduce crashes and save lives by (1) developing a national road safety hub for the collection of good road safety data, with measurable targets, transparent reporting and real accountability, (2) linking federal infrastructure funding to road safety outcomes, (3) enhancing vehicle safety standards and

encouraging the uptake of safer vehicles, and (4) assigning the Office of Road Safety a leadership role and genuine authority.

Good governance and oversight of evidence based recommendations for the reduction of road trauma from the Office of Road Safety are the key to the successful implementation of the next version of the National Road Safety Strategy 2021-30. The establishment of the Office of Road Safety is an important step in the right direction, and success or failure will depend on the right membership and a determined ability to influence policy development to decrease death or serious injury to zero by 2050. We in the Australasian Trauma Society believe that road trauma is one of the most important issues facing Australian society today. There are many Australians of all ages being injured or losing their lives unnecessarily due to lack of a coordinated and safe road transport system in this country. The way forward may be difficult but will be worth it for the good of the nation.

Thank you for the opportunity to provide a submission on behalf of the Australasian Trauma Society on the issues raised by terms of reference for the Joint Select Committee on Road Safety.

CHAIR: Thank you, Doctor, for that opening statement and thank you again for providing a submission for these public hearings. I only have a few questions for you, and then I will pass to the deputy chair. I note in your submission that the ATS supports the recommendation for the definition and collection of 'serious injury' data. What recommendations does the ATS have for the definition and whether this data can be collected?

Prof. Joseph: Currently 'serious injuries', as defined in the trauma system, are injuries with a severity score greater than 12 or those where you die as a result of the injury. This is the data collected by the Australia New Zealand Trauma Registry, a binational trauma registry. This is the information provided to all the 26 major trauma hospitals in Australia. There are other, less serious injuries, such as fractured femurs and rib fractures, which are not collected by injury severity scores greater than 12, and we recommend there be a cross-jurisdictional collection between police data and hospital data across all hospitals because the Australasian trauma registry only collects data from the major trauma centres. We need to work out some way that we can actually collect the data of these less serious injuries from the smaller hospitals which all contribute towards the overall trauma load and the definition of 'serious injuries'.

CHAIR: That leads me to my next question. What are the restrictions for obtaining or collecting the data?

Prof. Joseph: The current restrictions are that, unless you're admitted to a major trauma centre, your data is not necessarily collected by the Australian trauma registry. If we could work out some way that we could link the smaller hospitals—the regional and rural hospitals—with the major trauma centres for injuries, and they stayed at those hospitals, we would probably have a more complete picture of the serious and less serious injuries due to road trauma. If you break your leg then you're in hospital for maybe five to seven days. If you have multiple injuries, with chest and pelvic fractures and head injuries, you might be in hospital for two to three weeks. We need to be able to collect different grades of injury because they all contribute to the cost both to society and to the people suffering the injuries.

CHAIR: Is trauma data from sources other than road crashes collected routinely and consistently across jurisdictions?

Prof. Joseph: There's good data collected by the major trauma centres. It is road trauma, which is classified as blunt trauma, but injuries from falls, from assaults and from recreational injuries. Excellent data is collected by the trauma centres in those hospitals, but it's less robust when those patients present to smaller regional or rural hospitals, because the data is simply not collected or not reflected in the Australian trauma registry.

CHAIR: In terms of data collection, how do you see the Office of Road Safety supporting or undertaking that role?

Prof. Joseph: The Office of Road Safety should link closely with the Australian trauma registry. They will have good data for the serious injuries which are admitted to the major hospitals and then they need to link in with the police data from the various states and territories. That would also provide other injury data and also sometimes death data that may sometimes be difficult to collect. I think the Office of Road Safety has a very good opportunity to have a broad ranging grasp of the data across the country, because it can operate across jurisdictions.

CHAIR: Understood. Thank you. I'm conscious of the time. Senator Gallacher?

Senator GALLACHER: Thank you for your submission, Dr Joseph. Can I go to one point? You say there is now a clearly delineated cabinet minister with responsibility for road safety—the Hon. Michael McCormack—but he's got infrastructure, transport and regional development. Are you saying there is enough emphasis on the road safety section from his office? Is there a clear path into his office with an appropriate adviser on transport that you can meet and engage with?

Prof. Joseph: I'm not sure that exists at the moment. I think the Office of Road Safety is a good opportunity for those entrees to be developed, but what we're saying is that we'd like the minister to have clear responsibilities for road safety and have the support of a permanent parliamentary standing committee which would then support and implement the recommendations of the Office of Road Safety.

Senator GALLACHER: Your submission is very clear that you think that there is a cabinet member for road safety, and clearly that's within the Hon. Michael McCormack's portfolio. Others have been less supportive that the path is not all that clear and it doesn't get the attention it should, in blunt terms.

Prof. Joseph: I agree. I think that's partly because, when you look back to the National Road Safety Strategy 2011-20, you see that the KPIs haven't been clear. We've known that we need to decrease the deaths and the serious injuries, but how that's achieved has not been clear. There's been funding through the federal government. They'll provide funding for roads, but it doesn't have the levers to look at, for instance, speed, because that's a state jurisdiction along with the licensing of drivers. It does have the ability to influence the quality of the cars we import. I think that, because there's been a somewhat piecemeal approach to the whole safe system, the message has been somewhat lost and it's been difficult to achieve the traction necessary to get the end result: the 30 per cent reduction in deaths and serious injuries. If there were a federal minister specifically for road trauma who also was supported by a standing parliamentary committee and it was their job to ensure the success of the next iteration of the National Road Safety Strategy, I think we'd see a lot more gains for the implementation strategies, because it would be driven by robust data, there would be KPIs and, if there were funding attached to the achievement of the KPIs, there would be a lot more chance of successful achievement of some of the things we need to get the safe system up and working.

Senator GALLACHER: Thank you. This is sort of tied in together. The NRRS has mooted changing to percentage per capita, which is a change from the current methodology. Dr Crozier's evidence was that there's good and bad in that, and your evidence is that funding should be linked to KPIs. If it were that the regional KPIs were, in terms of single vehicle rollover deaths and the like, very high, can you see a correlation between funding and the reduction of that? Is that what you're pointing to? Where there is a pressing, urgent problem, funding should be linked to that identifiable KPI of non-performance?

Prof. Joseph: Yes, I agree. The KPIs should be short term, intermediate and long term. Fixing up the roads is more an intermediate- to long-term proposition, because there is a lot of planning and funding involved. But say you see an area where speed is definitely linked to deaths on black spots and you could easily implement point-to-point speed cameras, and this will have the effect of slowing the traffic down and decreasing the deaths. That's the sort of initiative where if you say to the states, 'If you do this, we'll fund you for this,' and they choose those KPIs, they get the funding for the roads and for doing the job in reducing the incidence of deaths or serious injuries in particular areas. So I think that linking funding to achievement of certain KPIs—and again it has to be data driven and evidence driven—is the only way we're going to achieve the end aim of decreasing deaths and serious injuries towards zero.

Senator GALLACHER: Finally from me, we know from the Senate estimates process two very cogent things. One is that there is an MP in most states who chairs a black spot committee. The second is that there is funding available for those black spot remediation projects but we have an inordinate time delay. People point the finger at local councils or local transport departments. Do you see any way of streamlining that process? We know people are killed and injured. That's identified. It's a black spot. The money is available. We have a process of a black spot committee in each state and territory, but we seem to take too long to fix it. Some of these treatments are as little as \$140,000. What do you see as the solution there?

Prof. Joseph: If there's funding attached to a certain outcome, and the state or local governments have a certain time frame to achieve that—say you're going to get \$500,000 to fix this bit of the road and you have six to 12 months to do it—you might find that they actually rise to the occasion. So I think the funding is a very strong link. We just need KPIs and time lines attached to achieving the particular KPI of, say, fixing up a black spot in a particular area. Again, I think point-to-point cameras are an excellent way of reducing deaths in black spots, because we know that, for every 10 kilometres per hour that speed increases, there's an increased rate of deaths.

Mr THISTLETHWAITE: Thanks for your evidence. You've mentioned federal funding being linked to KPIs. What should those KPIs be, in your view?

Prof. Joseph: This is something that needs to be worked out by the Office of Road Safety, but KPIs clearly need to be linked to the safe system: for instance, safe drivers—I think we need to see evidence that there are appropriate licensing processes in place, particularly for vulnerable drivers—and safe speeds. Again, decreasing your maximum speed could be a KPI. We've had instances where certain jurisdictions wanted to bring in unrestricted speed limits on certain roads, and I think that was not necessarily a very good idea for reducing road

trauma. Other KPIs would be companies or states having in their fleets cars with the latest injury reduction technology and states and territories having all their roads rated at three stars or greater, particularly the higher-volume roads. These are just examples of some of the KPIs. The targets, again, could be short, intermediate or long term to achieve these KPIs.

Mr THISTLETHWAITE: Thank you. In your submission—we've got a different numbering system to yours—at (f) you say:

Implement rapid deployment and accelerated uptake of proven vehicle safety technologies and innovation

What should those technologies be, and do you have a time frame in mind about when you think that should occur by?

Prof. Joseph: The sooner the better. I think that the government needs to make the importation of cars with the maximum lane alerting, drifting lanes and autonomous braking et cetera as soon as possible. A good place to start would be the fleets, certainly the government fleets, because we know that a lot of travel is conducted under federal, state and local government business. If those fleets could have those latest engines or engine technologies as soon as possible—within one to two years, for instance—I think that would be a suitable time frame for achieving the aims of zero deaths over 2050.

Mr THISTLETHWAITE: Thank you. I have a couple of other questions but I'll put them on notice.

CHAIR: Senator Sterle?

Senator STERLE: No, mine were answered earlier. Thank you very much, anyway, Chair.

CHAIR: Matt, do you need to put those on notice now? Is that the position?

Mr THISTLETHWAITE: I'll provide them in writing.

CHAIR: Ms Bird, are you online? No? She was online. Doctor, thank you very much for your attendance today and your submissions. Your experience and service in your profession is very much recognised and appreciated. Your evidence today will be very helpful and will assist us in moving forward as a community together. Thank you very much for your attendance.

Prof. Joseph: Thank you very much.

BILSTON, Professor Lynne, Director, Transurban Road Safety Centre and Senior Principal Research Scientist, Neuroscience Research Australia

Evidence was taken via teleconference—

[10:02]

CHAIR: Welcome. Would you like to make an opening statement?

Prof. Bilston: I would. Good morning, and thank you for the opportunity to provide evidence to the committee. I am representing Neuroscience Research Australia, NeuRA, where I lead a research program that develops effective ways of preventing injury and death in road crashes in both public health and engineering approaches. I have a particular expertise in paediatric road trauma and crashes and the effects of road crashes on children and how to prevent child injury in crashes. NeuRA partnered with the George institute and the school of public and community health at the University of New South Wales in making our submission to the committee. I'd just like to highlight a few issues related to your terms of reference which are outlined in more detail in our submission.

First, I'd like to note that, despite Australia's historical leadership in road safety dating all the way back to the 1970s and our early adoption of seatbelts, our performance against the road safety targets in the National Road Safety Strategy has stalled, as I'm sure you've heard from other witnesses. Our current business-as-usual approaches are not achieving ongoing reductions in the road toll or in non-fatal injuries, and it's my position that there is a need for a more substantive plan of action to underpin the targets of reducing the road toll. Setting the targets, which were quite ambitious, in the current Road Safety Strategy without an underlying plan of action saying how those reductions can be achieved has been ineffective. This plan of action needs to include ongoing, sustainable programs to reduce crashes rather than just one-off activities that have a limited long-term benefit.

Related to this, there's also very clearly a need for greater national and intersectoral coordination to achieve reductions in road trauma across the health, transport, construction and education sectors. It's my view that this coordination is best done nationally, and, while a national parliamentary standing committee on road safety, which was one of the questions we were asked to address, would be useful, a non-political body—perhaps as part of a newly-established federal office of road safety that has the day-to-day responsibility for coordinating and managing action in this area—would be very effective.

Such a body would need to coordinate consistent data collection nationally, which is a major issue with the current data systems, and to integrate differing state based crash databases and crash investigation programs so that we have a comprehensive road safety dataset that gives us the capacity to identify the causes of road trauma and track the effectiveness of programs to reduce it. This would be a much richer road safety knowledge base than the current national fatality database, which simply lists numbers of people who die, and the state based datasets, which give a bit more information on injuries but differ from state to state so it's very difficult to compare nationally and to know what progress we're making. Our submission talks about these data integration issues in a bit more detail. It's my view that another key role for such a body would be to facilitate the development and adoption of effective road safety measures across each state so that proven, effective solutions can be adopted nationally rather than each state reinventing the wheel, and redeveloping programs that may or may not work, without evidence.

There's also a need to focus road safety policy and practice on evidence based approaches. We need to know what actually works to reduce road trauma, and we need to better coordinate nationally to implement those things we know actually work to ensure that every Australian benefits, rather than the current piecemeal, state-by-state approach. Of course, this is going to require resources and infrastructure for development; rigorous evaluation of road safety programs, so that we know what really does work; and also finding ways to ensure that they get rolled out nationally, to get the maximum benefit from things that we know work.

That is going to require both implementation and research. That research needs to span the sector from basic research, which generates new ideas for reducing road trauma, all the way through to research that works out how it is most effective to implement those. At the moment, that is a big gap in the current road safety system, in that a lot of state and even federal programs are rolled out without there being good evidence on either whether or not they're effective or how to implement them most effectively to reach everybody. That also requires a research capacity in road safety. Australia used to be a leader in that, but, in the last decade or so, funding for road safety has been eroded to such a great level that many researchers who have expertise have been forced to leave road safety for other areas where they can find funding. If road safety research received as much funding per fatality as breast cancer research does, we would be able to achieve much better outcomes and ensure that programs that are actually effective in reducing road trauma could be rolled out nationally. This year, for example, road safety

research received less than one-tenth of the funding that breast cancer research has from the NHMRC, even though there are 40 per cent as many deaths in road safety as there are in breast cancer nationally.

One of the other things I want to highlight is that the road trauma data that we do have clearly shows that there is an urgent need to target intervention development and delivery to populations who are most over-represented in the injury statistics. The populations who bear the greatest burden of injury and death from road crashes include people living in regional and remote areas—one of your terms of reference—people experiencing socio-economic disadvantage and our Aboriginal and Torres Strait Islander people. The reasons for some of these higher risks are complex. They involve things such as less access to the safest vehicles, the characteristics of roads and travel patterns in non-urban areas, and a number of other factors that we really don't understand. While efforts to improve the take-up of modern technology to improve safety in crashes is one avenue—for example, vehicle safety standards—improved road infrastructure is also needed in some areas and research is required to understand the remaining factors we currently don't know how to address so that we can develop effective solutions and implement them nationally.

In summary, Australia's historical international leadership in road safety has been lost due to a lack of focus on road safety and the erosion of both federal and state programs to support the systematic, sustainable and coordinated development and implementation of effective strategies to reduce road trauma.

CHAIR: Thank you. Is the submission you're referring to the joint submission with The George Institute?

Prof. Bilston: Yes, it is.

CHAIR: Is the research you are undertaking at the moment predominantly designed for urban road environments?

Prof. Bilston: The research we're looking at at the moment involves occupants of vehicles irrespective of the road they're travelling on. We currently do research looking at motor-vehicle riders and also child and adult occupants of vehicles, which could be on any road system.

CHAIR: How does the research fit into the Safe System principles?

Prof. Bilston: There are two aspects of it that are fundamental to the Safe System approach. One is the Safer Vehicles part of the system and the other is Safer People. We look very carefully at not only the technology—an example of that might be in the child restraint research that we do, where we look at the design of the restraints and the performance of those restraints in the crashes—but also at how people use that technology. In child occupant injury, for example, we did a study that was published last year looking at all the road deaths of passengers, including child passengers, in New South Wales in the last 10 years. A large proportion of those deaths were related to children not using restraints correctly. They had the correct child restraint, but they weren't using it correctly. So a lot of our research is aimed at making sure the technology we do have is able to be easily and correctly used by people on the road—how you install a child restraint, how you make the child comfortable in the restraint and how you secure them correctly so that it can provide the best benefit.

CHAIR: You stated earlier that, rather than the Office of Road Safety, you think it would be preferable to have a private or not-for-profit organisation sitting above the implementation. What's the reason for that?

Prof. Bilston: I think what I said was that a non-political body could be part of the role of the federal Office of Road Safety. The key thing from my message there was that it needs to be somebody who has a day-to-day responsibility for not only looking at the targets and whether they are being met, but also looking at the strategy and ensuring that the strategies that are being used in the programs that are being rolled out are being done effectively and are evidence based so that we know they're going to work.

CHAIR: Wouldn't KPIs oversee that?

Prof. Bilston: KPIs are an important part of it, but one of the things we've learned from the current National Road safety strategy is that simply setting KPIs alone, without an underlying plan of action and targets that look at the rollout of that plan of action and the activities, is ineffective. So simply setting a road toll KPI is not sufficient; it needs to be underpinned with KPIs, if you wish to set them, on the actual activities that need to be done to ensure that.

Senator GALLACHER: Given that we have lagged behind in our research capability, as you pointed out in your evidence, are there any silver bullets, particularly in respect of child restraints, that are available around the world that we could act on quickly? Is there any standard for that?

Prof. Bilston: Australia probably has the safest child restraints in the world. There are no simple silver bullets. In the area of child passenger safety, the big kahuna right now is incorrect use—people don't have their children buckled into the restraint correctly or the restraint is not properly installed in the vehicle. That is about the

intersection between technology and human behaviour. So this again is about rolling out programs that we know work. We do know, for example, that child restraint installation programs such as child fitment networks work, but they are very inconsistently implemented. Although those fitting stations are widely available in urban areas, they are very restricted and very limited in regional and remote areas. One of the high-priority areas would be to look at expanding those systems and making sure everybody has access to those installation systems. But there is also more work to be done in that area to work out what other ways we can improve our restraints and how we educate parents to use them.

Senator GALLACHER: I'm sure all motorists—and certainly all parents—start out with the intent to do the right thing. If we were to give you a blank piece of paper could you write down a simple and clear methodology for what you do with a child restraint, like we do with sunscreen or whatever—a slip, slop, slap kind of thing?

Prof. Bilston: Yes. In fact, we have developed national child restraint guidelines. It is actually quite complex, because there are different types of constraints for children of different ages. We do have national guidelines that we developed in conjunction with Kidsafe and all the relevant stakeholders that outline exactly what has to be done, and we do have some simplified approaches to that. We are currently in the process of updating those, which should be published later this year through NHMRC. So that's the case. The issue is about teaching parents how to use their particular child restraints and ensuring they do it every single time they go on a journey.

Senator GALLACHER: Do you have a view on the National Road Safety Strategy moving to take into account population growth? From some quarters, that seems to be a moving of the measurement to present a more favourable view given that we haven't hit our targets.

Prof. Bilston: I don't really have a view on it. I guess my view is that, however you set the target—and I honestly think you could set it per capita or you could set it as an absolute number—the important thing is how you actually implement change. If you don't have that underpinning strategy and plan of action to actually ensure that the activities that are going to reduce the road toll happen, it really doesn't matter how you set the target.

Senator GALLACHER: I understand your earlier conversation with the chair about the oversight committee, but I think the brutal reality is that what has happened in Australia is that there is clearly a very divergent view politically, at higher levels, that road safety is the responsibility of the states and certainly the federal government has a lesser role. That was certainly the view of the three times removed minister Mr Briggs. He thought road safety was basically a states issue. We did slip and drop the ball—and then we got Darren Chester and other people who came along and took a slightly different view. Having a bipartisan oversight committee which is very rarely in disagreement, and does collect from appropriate sources all of the evidence, may well have more clout politically with a ministerial chain of responsibility than perhaps an eminently qualified independent committee outside the parliament. Do you have a view on that?

Prof. Bilston: I don't really have a view on it, as I hope you've kind of got from my evidence to date. I'm all about what actually happens on the ground and I think if that was to roll out in that way, that would be very effective. I don't think that anyone should underestimate the complexity of working with the individual states that have their own ministerial imperatives. One of the challenges here is that different aspects of road safety are a federal responsibility and a state responsibility and a local responsibility. For example, the vehicle safety regulations are national and that's one of the levers that is relatively clear. Part of the issue is that different programs get rolled out in different states in different ways, and different states have different priorities.

One of the things the federal parliamentary standing committee could achieve would be to actually direct the Office of Road Safety to better coordinate transmission of those effective programs from state to state to make sure that where there is a program that is very effective. For example, child restraint fitting stations in one state could get transmitted and rolled out across other states to stop each state from having to reinvent the wheel and reinvent the wheel in a slightly different way, which may or may not be as effective. Those are key roles I think they could have.

Ms BIRD: Thank you, Professor, for your evidence. It seems to me to be a really difficult area, so I just appreciate whatever feedback you have. Even as we develop safer technologies in vehicles such as child restraints and so forth, there can be a real gap between socioeconomic groups in accessing those and that can then impact on the prevalence of those groups seen in road trauma. Are you aware of any sort of international work on addressing that gap or what are the most effective ways? Because I find it difficult to see, other than direct government subsidies, how you would do that?

Prof. Bilston: It is quite challenging. One of the things which is a long-term outcome is, for example, ensuring that the safety of the whole vehicle fleet is high. It may be that the highest socioeconomic groups might buy new vehicles, fleets buy new vehicles but they then filter down into the second-hand market and tend to provide

vehicles for lower socioeconomic groups. Ensuring the very highest levels of safety are in all those vehicles at the new-vehicle stage rather than allowing vehicle companies to despecify vehicles that come into Australia can be one way to do that. That's a long-term outcome, obviously.

Ms BIRD: In general, the research that you're doing has indicated some factors such as the lower SES but you made the point there that there is a significant amount [inaudible]. Is it the case that organisations are putting forward for research funding and missing out? Or are there not proposals going forward because of the way priorities are working? I would just be interested in your feedback on that.

Prof. Bilston: Historically at least, what has happened is that there has been some sort of sustainable funding for road safety. One of the realities of the competitive grant system in Australia is that high-tech things tend to get funded more than things that are seen as public health and, if you like, more practical day-to-day things. One of the issues is that programs are going forward that are not getting funded.

The other issue is that a lot of the road safety research centres used to have some sustainable funding, just to keep their staff employed, from state governments and that has basically disappeared, so it's very difficult, if I get a research grant for six months, to find somebody who has got the skills, pay them for six months. They then have to go off and find other funding. For example, in the breast cancer example that I cited there is juggernaut of breast cancer researchers and survivors who drive a lot of the charitable and other funding sources and that just doesn't happen in road safety.

Ms BIRD: Thank you, Professor.

Mr THISTLETHWAITE: Thanks, Professor Bilston, for your evidence. I've visited the NeuRA crash facility and I know the great work that you guys do there, so thank you once again. I will outline a scenario which I think happens quite a bit throughout Australia with a lot of families. You have your first child. You make sure that that first fitting of that child restraint is as professional as possible. You go along to either the manufacturer of the restraint or one of the vehicle fitting centres. You drive as safely as you possibly can. The safest anyone ever drives is the first drive home from the hospital with a newborn in the car.

You might take the child restraint out one day to lay the seats down to put a bed in the back of the car or something like that and you might not put it back in properly. When you move from the initial fitting of the seat, where the baby's facing backwards, to sitting up, when you move from one of those seats into a booster seat—it's all of those occasions, isn't it, where there's a chance that something will go wrong or the driver will not do the right thing in terms of fitting, so we have problems?

Is there any way you think that there could be an enforcement mechanism available? For instance, even the police—I have been driving my car with three kids in restraints and not once have the police ever checked to look to see that those restraints are in properly or anything like that—if you get pulled over for a random breath test or something like that. Is that something that you think we should be looking at, that there are those ongoing mechanisms to check that restraints are in properly, so that you reduce that incidence of what you outlined earlier about problems with restraints not being correctly installed?

Prof. Bilston: Yes. I think there are two things that need to happen in an ongoing way and one is the education. For example, when the new child restraints laws came in in various different states between 2009 and 2013, at that time each state government had an emphasis on, 'You have to use the right type of restraint for your age,' but basically nothing has happened since. I think that's an example of a one-off program that needs to be sustained. There needs to be ongoing, sustainable education programs for parents.

I do entirely agree that there's currently pretty much no enforcement of the child restraint laws. Unless a child's actually physically roaming around unrestrained in a vehicle the police are unlikely to deal with that. That also requires training of the police, because they need be able to recognise whether it's the right restraint and whether it is installed correctly, which is quite complex.

In the longer term what we're trying to work towards is to redesign restraints so that they're, if you like, easy to use or relatively idiot-proof so it's much more difficult to use them incorrectly. So it's easy to install and easy to make sure they're used correctly and also to try and develop markings and things on a restraint so that when a parent straps their kid in every day they know to check: is the seatbelt still plugged in? So they sort of get it into a routine with those things. It is ongoing education and ongoing enforcement.

Mr THISTLETHWAITE: I know that the ultimate responsibility is, of course, with the parents, but are children educated about these issues at school? Particularly in those early years from, say, grade 1 through till about grade 6, when they're going through that transition from different restraints in the booster seats, you often find that kids will know exactly when they need to move from a restraint into a booster and what the law says. To your knowledge, is that something that is done in schools?

Prof. Bilston: It is in New South Wales. Most states have a road safety education stream in their education. I guess this is one of the things that I was getting at in terms of integrating the different sectors. I think the education sector also needs to include the Safe System approach in their education. Actually, a lot of the states do that quite well. I'm less familiar with some of the states on the west coast and exactly how they do that. But, yes, there is certainly some education that goes on there.

Mr THISTLETHWAITE: In your submission you mentioned programs that are rolled out that aren't effective. Can you give us an example?

Prof. Bilston: There are a number of programs where people think that they're effective, but there's either no evidence for them being effective or they're not effective. For example, with getting parents to choose the right type of restraint for their child, we used to do that by weight. That was completely ineffective, because, surprisingly, parents don't know how much their children weigh. So now we've gone by age, and that's much more effective. So that's about identifying what a problem is, working out whether what we're currently doing is actually evidence based and effective, and then designing something that is evidence based and actually ensuring—and going back and checking—that it's working. I guess that's my advice in general about road safety. A lot of the educational campaigns that get rolled out are never tested for whether or not they're effective, and the evaluation that gets done of them is simply, 'Have you heard the ad?' not, 'Has it changed your behaviour?' So there are a lot of educational campaigns where they may be effective or they may not; we simply don't know, because nobody ever really measures whether they change people's behaviour and improve road safety. That's difficult to do, but, if you really want to make sure that public money is invested in effective programs, then we need to be able to say, 'This works; this doesn't work,' and make sure that we're directing funding into things that we know are actually going to make a difference to road safety.

Mr THISTLETHWAITE: Like you, a lot of the other experts have pointed to this issue of data and a nationally consistent dataset. Perhaps you could take this on notice as well. Could you provide for the committee what data should be provided by the states to this national office. That would be helpful.

Prof. Bilston: I'm happy to take that on notice. I think the main issue is that each state collects all of the injury data in their own way. It's all different and they're not comparable. So there needs to be a standard set of metrics for how that gets transmitted into a national system. I think it is important, however, that for crash investigations, for example, we have a national mechanism for doing that, because it really is important that everybody's got the same thing.

Senator GALLACHER: You made some critical points there about the efficacy of programs. When you come back to the committee on notice, can you list a couple of examples, such as the weight verses height one. This is a key issue for any federal entity: what appears to be a very successful public campaign may not be underpinned by evidence about success in reducing injuries and death. I've got to say that the New South Wales minister's cameras on mobile phones is the other end of the scale. I'm sure that will work. That is a supremely courageous decision. But I'm really intrigued with this evidence you've given us about: it sounds good, it looks good and everybody knows the ad, but it doesn't deliver.

Prof. Bilston: Yes, indeed.

CHAIR: Professor Bilston, thank you very much for your time today and thank you for your submissions and your evidence. I'm sure that will assist us going forward with this committee.

Proceedings suspended from 10:34 to 10:47

FRAZER, Mr Peter, President, Safer Australian Roads and Highways Inc.

Evidence was taken via teleconference—

CHAIR: Welcome. I invite you to make a brief opening statement before we ask questions.

Mr Frazer: Firstly, thank you very much for allowing me to attend and to present this morning. I have some words to read; it will probably take about three minutes.

CHAIR: That's fine.

Mr Frazer: SARAH's philosophy is based on Vision Zero, and our founding concept is that everyone has a right to get home safe to their loved ones every day, without exception. Our motto, which we created, is 'Drive so others survive'. We believe that, in terms of jurisdictional responses, we must ensure that our infrastructure is designed, built and maintained to both passively and actively protect those who are vulnerable on our roads and highways. In other words, we've got to ensure that no-one is left in harm's way. But we must also ensure that we change our community attitudes to road safety, as it's a fundamental health issue, and certain aberrant behaviour and indeed criminal behaviour has a direct effect on people's lives and health in this area. We've got to emphasise that taking a person's life in any circumstance or causing grievous bodily harm to a person should never be judged as less important just because it happens on our roads. This is the way situation is currently, and it's intolerable.

Also, the avoidable deaths caused by dangerous driving, for instance, be it due to drinking, drugs, speeding or distraction, is not something a family, who are also victims of road trauma, ever get over. The victims are the families who are then looking after the long-term health of those people injured or who are grieving for the rest of their lives for the loved one so avoidably killed. We have to make certain this is seen as a community priority. Everyone's aware of the numbers: 1,200 Australians killed on our roads every year, 100 every single month, and 36,000 to 40,000 injured.

One thing we've been emphasising is what happens in our regional communities. As you would be well aware, the rate of injury and death in our regional communities is roughly five times what it is in urban areas. So we have to ensure that our rural and regional roads are built but also that the enforcement that occurs changes attitudes. We must focus on improving outcomes for those who live in regional communities. It requires improved technological enforcement. We actually have the tools to do that today. We don't have to wait into the future. We have to do it so behaviour changes out on our roads, specifically drug driving, drink driving, speeding and distraction. We have those technological instruments. Indeed, the camera enforcement technology that has just been implemented in New South Wales, with forward-facing cameras for people who are touching their phones, can also absolutely be applied to seatbelt use and speeding right now. If we can change behaviour on those roads because people have an incentive, we will save lives.

We need complementary community communication strategies to ensure that people recognise that it's their responsibility to look after [inaudible] on the roads ahead. One of the things I think we can be really proud of in terms of what's happened across our nation in response to COVID is that all that leadership across this nation has ensured that we work together. We have the same datasets. This is one of the things that came out of the report last September—that we need to ensure that the data we have is the same across the nation. We have done that very successfully with COVID. When you consider how important our response to road safety is, we need the same datasets across the nation. We have been proud to see that coordinated leadership at our national, state and local levels in response to COVID, so let's see if we can implement the same here.

With the creation of the Office of Road Safety, it's imperative that the Commonwealth leads our response and requires [inaudible] action. But also it's about funding. Where the Commonwealth is providing significant funding for our road system, whether regional or urban, we have to ensure that road safety is at the heart of anything we do. From our point of view, as every life is precious, we want to make sure that everyone gets home safe to their loved ones every day without exception.

CHAIR: Thank you, Mr Frazer. And thank you for the submissions that you've already put in to the committee. You would have heard about the Traffic Offenders Intervention Program, particularly in New South Wales. It's a six- to eight-week program that offenders are effectively made to do before they are finally sentenced in court. I'm well aware of the content of that. It strikes me as remarkable that you actually have to commit an offence to get proper education on road crashes and road trauma and the effects that they have on families, paramedics and first responders. Firstly, have you experienced the same? Secondly, what has SARAH done, or what resistance has it received, in having it changed from having to be an offender to be part of the education process?

Mr Frazer: I can indeed talk firsthand about that. I've been a Traffic Offender Intervention Program presenter over years, in fact. One of the things I believe is that we've got to talk not just to people's heads but also to

people's hearts. We're trying to garner change in our community. It's the heart that makes the difference. I introduced 1,200 people to 36,000 to 40,000 serious injuries. When you talk about, for instance, those little kids who were killed in New South Wales at the end of last year, have a look at what happened to those parents—and why? Because a person decided they would drive at high speeds while drunk—a choice. Those choices are made throughout our community every single day. We've got the opportunity to introduce this through school systems and to explain to people that this is part and parcel of our continued learning in this space. I look at P-plate drivers. They've got so many pressures on them from their peers. As you are all aware, we started the Yellow Ribbon National Road Safety Week. When I see a red P-plater who's decided to put a yellow-ribbon sticker on their vehicle, saying, 'I'm out there to protect our community', there isn't a proud moment that I have.

Should we do this within schools? Absolutely. You're probably also aware that I'm the national ambassador for the RYDA program, run by Road Safety Education. I think the RYDA program should be much better funded than it currently is, and so many other good programs. We need an integrated approach so that these programs are not just one-offs in those kids' lives, during years 11 and 12. We do some of that work in schools now, and it's part of the curriculum, but we have to emphasise this concept—that we're responsible for each other—every day without exception and when we get on the roads, especially for our P-platers, to say, 'Yeah, look, I understand that, and I'm protecting my passenger and I'm protecting all those who are on the road ahead,' as a decision. So I'm in total favour of increasing the traffic offender style program so that we're talking about two weeks over the course of secondary high school, where that becomes part and parcel of their learning. Driving a car is not only the most dangerous thing you can do; it's the most dangerous thing for all those on the road ahead. So I'm in total agreement.

CHAIR: On that note, no doubt you would have lobbied and been pushing for this. Where is the greatest resistance or blockage preventing this from occurring?

Mr Frazer: I think it's down to funding. I understand the varying priorities that state and territory governments have in this space, along with the Commonwealth and local governments. From the report that was done, we talked about—let's put in just 10 per cent of what the cost to the community is, the \$3 billion. This isn't taken seriously. Why? Because those who are affected by road trauma usually don't want to get out there and make a fuss. So it remains very quiet. It remains hidden.

Last month marked 100 months since my own beautiful daughter, Sarah, was killed. During that time 10,000 Australians were killed on the roads. Imagine if we put those names down there in Canberra to say, 'These are the people we lost during a decade of road safety.' It's unbelievable that we could even think about 10,000. Our response to COVID: when you consider what I regard as a very good, coordinated response and that we've taken it so seriously, we need to do that in the road safety space. We need to talk about personal story, we need to change hearts so that the funding that needs to go into schools, in this case, can be increased. It should be a priority.

CHAIR: In relation to your submissions on point-to-point cameras, what sort of response has your organisation had in promoting them?

Mr Frazer: I'd say it was seen as important, but quite muted in terms of the actual response. What happens is that there's this pushback. For some reason we think that people's ability to speed is part of our freedom as opposed to saying, 'This is how we have to look after each other in our society.' So because of that, instead of us saying as a community—I'll use a New South Wales example. Why is it that we only look at heavy vehicles with our point-to-point system? I remember, going back a number of years, not us but another NGO made a freedom of information request in regard to the number of cars that were speeding through the point-to-point. Having been working in that area—I used to work in a law enforcement area; my background is in policy and human rights and social justice. These are really fundamental and incredibly important to be able to see the facts of the matter. We know that vehicles are speeding through that but without having enforcement. No fines are issued for a car going through on the Federal Highway right now between Canberra and Goulburn. It's crazy. So what are we telling our community when we say speeding is something which is aberrant behaviour and can result in death and serious injury but we do nothing about it even though we've got the technology in place? Another thing is what they call the ANPR, the automatic number plate recognition system of every vehicle that's gone through. So what we are actually doing is taking out the heavy vehicles, that full step which is additional work. We're not changing behaviour and we're only focusing on one area, heavy vehicles. We need to change that so that people understand that this is a serious issue. The point-to-point camera system can be implemented, especially in regional communities, when we need to slow people down, to make certain that they all get home safe. It's very basic. It's incredibly well proven. I put in some details about the UK experience. We can save lives and we can do it today.

CHAIR: Sure. In your submission you refer to 'influencers and enablers well placed to drive change'. Who are these people, and how can you and we engage them and use them to advantage?

Mr Frazer: As I said, the importance of, firstly, those who have actually experienced it, enabling them to get out and talk to our community to drive change, is the very first thing. We've got people who are absolutely dedicated. Both at a national level we find that people driving this change are actually not peak body based but people who have lost their partners or their kids and feel passionate about driving that change. How do we enable that? Some of it becomes pretty basic in ensuring that they've got the ability, as I have. I haven't been in my full-time permanent work for three years and I've still got a family. How do we look after those people to ensure that they can get out there and do this community work to drive community change? So we have to ensure that there is a funding process that allows that. That's the first thing.

The enablers that are currently out there need to be brought into the conversation. For instance, we were talking about the Office of Road Safety. We thought that that should probably be a commission and it would have community commissioners associated with that, because what we need to do is not just have it as an arm of infrastructure. We need to see this as being incredibly important. I referenced in that submission the need to have this. If we're going to influence education and health and the like we need to have a minister for road safety position as a cabinet position. I'm with Scott Buchholz, who these days I regard as a personal friend. His position needs to be at cabinet level so that it can actually drive change. I believe in the Office of Road Safety and have fought for the Office of Road Safety, and they do good work, but we need to change the status of that so this becomes an important national priority.

CHAIR: Thank you, Mr Frazer.

Senator GALLACHER: Good morning, Peter. It's always good to see you passionate as ever. A couple of jurisdictions have the point-to-point cameras for light vehicles. Canberra, I believe, has some, and South Australia does on the Port Wakefield Road. Is there any data that's publicly available about those two operational points? Are you aware of how many passenger vehicles in Canberra or South Australia come to the fore?

Mr Frazer: I have been looking at it as an overall national issue with the implementation of that at a policy level. I've been comparing what's been going on, especially in the United Kingdom, where it's been incredibly successful because it's been implemented very widely.

Senator GALLACHER: Perhaps we can ask the jurisdictions for some evidence.

Mr Frazer: Yes.

Senator GALLACHER: I know from my experience on the Motor Accident Commission a few years ago that, when we looked at the camera on the Port Wakefield Road, we looked at it from a perspective of how many uninsured, unregistered cars there were travelling on that road, and it was 30 per cent. So, with the data that is available in the background, we need to bring that into the foreground and use it appropriately. The next question—you might be able to answer from a New South Wales perspective—is about the speed cameras that we use at the moment. Do you know what percentage of that revenue is ploughed into road safety—or does it simply go into general revenue?

Mr Frazer: I understand it's hypothecated, so that's a real positive. One of the things that I think need to be done much more often is to ensure that we have a direct relationship between camera enforcement and moving that across into road safety programs. But I understand it's hypothecated.

Senator GALLACHER: Is that true nationally?

Mr Frazer: I understand that it is, but I can't speak for all jurisdictions because I'm not aware of what happens in others. I understand it is in New South Wales, Victoria and Queensland, but I can't speak for all the jurisdictions.

Senator GALLACHER: Perhaps we can get the secretariat to make a note of that and find out what the national position is.

Mr Frazer: On that, I absolutely agree with you. I believe that that is a strategy. If people see their fine money going directly into preventative measures, I think that that's incredibly positive.

Senator GALLACHER: Okay. What do you make of the NRSS change in measurement to go to per capita versus the current methodology? Is that a positive or a negative or a fifty-fifty?

Mr Frazer: What always comes back to me is that every single life matters. So, when we start to judge things per capita and then start to argue the technicalities of whether we have an increase in the number of vehicle miles being driven et cetera, it moves away from the person and the family. We should continue to focus on that and talk about how many deaths. I think of that beautiful Transport Accident Commission ad: how many people

should be killed in Victoria? At the end of it, none. So I think we need to focus specifically on ensuring that we measure the number of people who have been lost to our community, not on per capita, because per capita doesn't help. As I said at the start, Vision Zero is our aim. So how do we make that happen? It's not just by talking about per capita change, because we may even have the number of people killed increase if we are seeing a large increase in the number of vehicles being driven and the number of kilometres being driven. So let's go back to what matters, which is the people.

Senator GALLACHER: Finally from me, what do you think of the rationale to link the investment in road safety in economic terms to a realisable output?

So if it's \$300 million in and \$500 million worth of savings in the national health system, in your organisation's view is that the way to go to try and link direct investment to realisable economic outcomes?

Mr Frazer: I absolutely do. When we consider that the costs to the community are spread and look at the way a state, territory or even local government funds that—[inaudible] An unimproved road which has had a number of serious injuries and fatalities is a burden on the health system, whether it's part of funding by the Commonwealth, the state or territory. What we need to do is say: if we do this improvement, we're actually saving money for the economy, not just infrastructure. So we need to look at the benefit-cost ratios associated with improvements in these areas, but we also need to talk globally and we need to have each of the ministries affected involved in this discussion. As I said, one of the big by-products is health—serious injury is actually going to affect the health budget, not the infrastructure budget, so we need to look at this holistically; hence, going back to my other point, we need [inaudible]

Mr THISTLETHWAITE: Thank you, Mr Frazer, for your submission and for your passion for this cause. There used to be a program called NOT A STATISTIC! Youth Driver Education Program, through which school students were subjected to a mock fatal accident and all of the stages that go with that. Are you aware if that program still continues? It used to be highlighted in the media, but I haven't heard of it for quite a while.

Mr Frazer: There are a number of programs that are operating across the nation, and some of them still use [inaudible] and focus on a crash situation. I think that as part and parcel is a good thing, but I don't think just in isolation. I think this needs to be done, as I said, as part of the curriculum with real stories. Because, at the end of the day, we're not just interested in shock and awe; we're interested in change. Being confronted by those circumstances will make people think. We want to make them think tomorrow as well as today, and this is why I say, as part of an education program from years 7 to 12, I think it's essential. Once those kids get their licence by the time they're in year 11 and 12 and they're drivers, we want front of mind: 'I'm looking after everyone on the road ahead. I'm looking after my mate in the back seat or the seat beside me, because I'd like him to be safe.' So, I think, yes, it's good.

As I say, I'm national ambassador for the rider program so I believe in these programs, but it can't just be restricted to a one-off hit, and large-style auditoriums don't necessarily provide all the background information such as how you drive, speed changes and the like. That has to be part and parcel of it. So, yes, the curriculum idea, I think, is an important one and funding [inaudible] as well.

Mr THISTLETHWAITE: You also mentioned in your submission distracted drivers—the issue of the use of phones whilst people are driving. In New South Wales recently we implemented overhead cameras. Are you aware if government and regulators that work in this space work with technology providers—in other words, with the phone companies—on solutions as well? It's always puzzled me why we can't come up with a technological solution that makes it much safer in cars. For instance, once you get in the car and the engine's started, the phone won't work if you pick it up or something like that; it'll only work through the system that's enabled via the car so using the button, if you like, on the steering wheel. Is there any work that you're aware of that is going on in that space with technology providers about providing a solution like that?

Mr Frazer: I understand that there has been discussion with Footprint New South Wales. I know that has been occurring with the Centre for Road Safety [inaudible]. I think there are technological issues associated with that because when you have multiple phones you can have one phone connected and the other not connected. I think we need to do two things. [inaudible] we have the technology there. I've actually met with Acusensus, who are the contractors for the New South Wales system. I understand they've done some work in Queensland as well. As I said, those sorts of technologies can be used for spotting not just mobile phones but also seatbelt wearing, which, as you'd be aware, is another real problem that we've got. People don't put on their seatbelts. It's basic stuff.

Also there's speeding. Speeding is one of the things that we can do stuff about if we change behaviour. I do like the fact that we have got the system being introduced in New South Wales right now where we're not advising

people that they're now going to be monitored. It's randomised. I realise that that happens in other states, but that was a change. It has been resisted as well. That is a change that's necessary. People have to be aware that they could be monitored. They're on a public road. It's not a privacy issue. We need to be able to do that so that their behaviour changes.

Then it has to be reinforced with a communications strategy, which, as I said, starts off in schools and then continues. I've been driving now for 45 years. Hopefully, it doesn't look like I'm in my mid-60s. The reality is that I have never been retested. I have worked in a road authority, but I haven't been compulsorily retested on my knowledge. We have continuous learning, but we don't have it for road safety in that space. I believe that, as part of my renewal every five years, I should be required to update my skills. Why don't we do that? Why do we see the ability to drive a vehicle as a once off? I passed when I was 17 and one day, and on 8 September this year I'll be renewing it again, all those years later. It should be that I get tested that my knowledge has not faded and I'm actually required, as part and parcel of being allowed to drive a vehicle which has the ability to kill people [inaudible]—

Mr THISTLETHWAITE: You mentioned the effectiveness of point-to-point speed technology. In your view should we be looking at recommending something like, if there's federal funding available for a road project, you only get the funding if you're willing to install that point-to-point technology? Should that be a condition of receiving the funding?

Mr Frazer: I absolutely believe passionately in it because anything that will change behaviour [inaudible] and prevent serious injuries. Yes, so as part and parcel of Commonwealth funding we should be requiring all new roads or all upgraded roads to have a point-to-point camera system. I suggest in my submission that for regional communities that could be spaced 10 or 20 kilometres apart. It's also a fairer system because, if somebody has inadvertently gone over the speed limit, point-to-point allows them to slow down so that when they go through the second or third camera they're not judged as having done the wrong thing.

About five kilometres from where I live we have a normal speed camera. I'm so aggravated by the fact that I see everyone hit the brakes as they go through it and then accelerate. What are we actually telling people if we don't say change your behaviour? Here's a system that's fair to you because it means that, if you have inadvertently sped up, you can slow down. By having this fairer system we would actually reduce the number of people being seriously injured and killed. So I'm a great advocate of point-to-point across the nation and certainly with an emphasis on regional communities, which actually suffer up to five times the death and serious injury rate as our urban Australians.

Mr THISTLETHWAITE: Thank you. That's it from me, Chair.

CHAIR: Senator Sterle?

Senator STERLE: Peter, it is really good to see you again, mate. I'm sorry I can't be there with you. I want to raise with you one of my pet hates. Pre COVID I was reintroducing myself to Australia's major freight routes, which I hadn't seen for years. I went up the Toowoomba bypass, the big multimillion-dollar piece of road infrastructure up in there Queensland, and I also did the Hume Highway out of Melbourne, and I could not believe that we are spending—and this is governments of both colours—massive amounts of money on infrastructure, which we should, but there is no pull-off area for heavy vehicles. When I did the Toowoomba bypass and was climbing that range I was thinking to myself that, if a truck were to spit out a piston through the exhaust or snap a crankshaft, you'd see 50-odd tonne of freight pulled up on the side of the road—and I've got to tell you, Peter, plastic triangles with red reflectors are not going to stop a nasty incident. What are your thoughts about the lack of consultation from governments of all persuasions to talk to the road safety experts and Australia's heavy vehicle industry? When we're going to spend hundreds of millions of dollars, should we not think about some pull-off lanes or extending the bitumen by another four or five metres? What are your thoughts, Peter?

Mr Frazer: Of course, I was brought into this space because my own beautiful daughter, who'd broken down on the Hume Freeway in a 1.5 metre emergency lane not built to specification—that road should have been a minimum of 2.4 to three metres, considering the fact it was beside a 1,600 metre guardrail—putting her directly in harm's way, and she and the tow truck driver would eventually be killed, and my daughter was left in pieces on that road. So do I believe that our road infrastructure should be built to standard? [inaudible] We pull together all the jurisdictions and we say [inaudible] and then we exempt ourselves from having to build those hard shoulders, those emergency lanes. We forget that the people who need to use those—when there's an incident, they need to be protected. The most basic thing we can do is give them the space to be safe.

I do a lot of work with the trucking industry, as you know, Senator, and it frustrates me that we don't take this seriously. We need to say, 'If we've set a standard,' as Australia does, 'that these roads should be a minimum of 2.4 metres wide—that's the minimum they should be—then we've got to allow for that to be built; we've got to allow for trucks, those heavy vehicles, to be able to get off the road and protect both the people coming behind and the driver or any other passengers that they've got if they need to survey that vehicle. They need to be out of harm's way. How incredibly basic a requirement for our road infrastructure is that? It is basic road safety. I'm in total agreement, and we've been an advocate for ensuring that our roads are built to standard. Indeed, I think the first point in my submission was to ensure our roads are built to standard.

Senator STERLE: Has any government—state or the feds—actually invited you into the room when they have been planning massive infrastructure projects, or any infrastructure projects, to sit down with you and seek your experience?

Mr Frazer: The answer's no. Indeed, as I mentioned, I actually thought with our Office of Road Safety that it would be a commission and there would be community commissioners—especially, using my own example, where I have a background in policy. I understand the issues and the trade-offs that need to be made. Let's just speak on behalf of community. We don't have that. I do believe that we used to, but we don't have it now. So I believe that, as part and parcel, there should be that community consultation, especially at a high level, where we're starting to make these important policy decisions. No, I haven't been invited in. Certainly I'm hoping that that would become a formal process.

Having said that, there have been instances where ministers have asked me to provide my opinion on certain things, and I've been incredibly appreciative of that. I also know that those individual ministers actually want to make a change. I think that having the community be able to support them across all persuasions is something that we need to do. We need to have that national leadership, as you and I have said many times, to say, 'Here's what we have to do as a nation.' Just as we have done with our COVID response, 'Here is what we have to do,' and bring the community into that because we can be a partner in helping that change.

Senator STERLE: Peter, you're right, and we have spoken many, many times about this. There is a role for the Commonwealth to play as well as the states; there's no argument. But what would that consultative body look like, Peter? Who would be on it? The federal minister?

Mr Frazer: I believe the Office of Road Safety, just as an example, could actually be extended. Even if we're not talking about a commission, they could act as a consultative body and become part and parcel of that process. At different times—I will use the New South Wales government this time; we have been doing a review what happens with local government—I have been fortunate that I have been called in as a community representative. I think we need the same sorts of concepts at the level of the Office of Road Safety, certainly with the assistant minister as the chair of that, or indeed with the Deputy Prime Minister as the chair. I know both of those gentlemen believe in this in terms of ensuring that we've got community participation. So I do believe that that's a recommendation which could be made and hopefully actioned in the future.

Senator STERLE: Peter, mate, all of us around the table at the moment are committed to road safety. Road safety is not one political colour or the other because there is not a single member of parliament who wakes up any morning and it doesn't hit home when we see deaths on our roads. So where is the stumbling block, Peter, in your expertise and in the years you've been doing this? All the ministers say the right thing. No arguments. But where does it hit the wall—I shouldn't use that terminology, sorry. Where does it fall off the front of everyone's mind? Is it within the bureaucracy? Is the bureaucracy funded well enough? We really need to dig this out because no-one is going to pick a fight with you or I on this one; we're all on the same page.

Mr Frazer: In some of my opening comments, I think it's the fact that, firstly, road trauma is hidden. If it were more exposed it would become a greater priority for the community and therefore for our leaders. Since my own beautiful daughter died, 10,000 Australians have been killed. My own beautiful daughter's name might come to mind, or maybe a recent one, but it's quickly forgotten. The trouble is that we have those within who are affected, but they aren't the ones who stand up and say, 'We've got to push change,' because a lot of the time they're rolled up and trying to just live. So we need to have [inaudible]. That's part of the work that I do, speaking up on her behalf, and also because I can talk about it firsthand.

We need to have that engagement as a standard. For instance, when we talk about National Road Safety Week, we've been fortunate and we now have all the jurisdictions involved with that. We have to have that promoted as an important national event because it's another instrument for change. I think those are the very large contextual things that we need to do together—the politicians and community and industry. We can do that, and there's the goodwill to do it. We need to raise the profile of why we need to save lives and prevent those serious injuries. So having a community representation on our national board, and to have it run bipartisanly, would be a really

positive thing. Also talk about achievements. What's actually changed? What positive things have been done? How are we sitting together—because I believe it should involve each of the jurisdictions—and how do we work together with one aim: to make certain that everyone gets home safe to their loved ones, every day, without exception.

Senator STERLE: Yes. As Jeremy and John said today—and I fully support the AAA's submission and all the experts who signed on there—if we had 1,200 deaths in another industry, my goodness me, Australia would be throwing hundreds of millions of dollars at it.

Just to cap that, and I'll leave it on this, we talk about the 1,200 killed each year. We talk about the 30,000 injured and the \$30 billion cost to the economy. But if the Office of Road Safety were to collate that evidence and get it out there, in the front of minds, it would be a barbecue stopper—because when does it stop being a barbecue stopper? We talk about this when our kids get their licences. Every parent is on edge. We know that. Yet when it rolls through to the upper echelons of governments, it's just a case of 'Well, that's the price of doing business.' That was more of a comment, I'm sorry, Chair. Peter, keep up the great work, mate.

Mr Frazer: We have to change that concept, that this is the price of moving goods from this place to the other, of transport for people. We have to ensure, as I said, that we see a reduction in the number as being our aim, because that's the thing that matters: to make certain everyone gets home safe.

CHAIR: Thank you very much, Glen, and there's no need to apologise; we're in furious agreement on everything that you've said. Peter, thank you very much for your evidence today and thank you for making the submissions, and, sincerely, thank you for your dedicated advocacy in this area. It is very much appreciated. I'm sure everybody on the committee would agree with me. I would like to have you in the room, in the future, and make sure that we make the right decisions, going ahead. Thank you, Peter.

Mr Frazer: I thank the committee for their time today. It's been an honour and a privilege to be here and speak to you all, so thank you very much.

GAFFNEY, Mrs Tia, Principal Professional Leader (State Lead) Transport Safety, Australian Road Research Board**McTIERNAN, Mr David, National Leader, Transport Safety, Australian Road Research Board**

Evidence was taken via teleconference—

[11:32]

CHAIR: Welcome. Do you have any comments about the capacity in which you appear?

Mrs Gaffney: I would add that I am the state leader in Victoria for transport safety.

CHAIR: Thank you, Ms Gaffney. I'd like either of you to make a brief opening statement before the committee asks questions.

Mr McTiernan: Thank you. I do have a brief prepared statement and, at the end of that, we'll welcome any questions. Good morning, and thank you for the opportunity to meet and discuss our submission to the Joint Select Committee on Road Safety. Tia and I are both engineers with considerable experience in investigating road crashes and developing solutions to the causes of these crashes and to the death and serious injury that's happening on our roads.

Before joining ARRB, I worked for 16 years in local government on a daily basis managing road networks in road design, traffic management and road safety. Tia's background is in automotive engineering, designing and testing, primarily in the US, and, since coming to Australia, she's had over 10 years experience as a forensic crash investigator. In joining up, we've each decided to apply our practical experience to improving the research and knowledge available to road practitioners.

ARRB is Australia's national transport research organisation. We are not a government agency but were established 60 years ago by Australia's government road agencies to undertake applied research into the management of its road network. Our purpose is to develop Australian expertise and knowledge, to provide the country's road practitioners with an understanding and technical guidance to allow them to do their work efficiently and effectively. Our role in road safety has very much been the development of practical knowledge to improve the design and operation of our roads, to save lives by preventing road crashes from occurring and reducing the potential for people to be killed or seriously injured.

Before you you have the submission which we made earlier this year. Turning to the terms of reference in that submission, we'd just like to highlight several key points before taking any questions. On the first one, our submission is that Australia has done well in addressing the fatal and serious injury issue that we have on our roads. When considering the reductions in the deaths by measures such as 100,000 population or registered vehicles or distance travelled, Australia can show a success in meeting a 30 per cent reduction target. Clearly, however, in raw measures—that is, the total number of deaths, which is the main target, and the number of serious injuries—our performance, while noteworthy, does full short of the target. There is more that Australia needs to do if we are to achieve Vision Zero, a target that we believe is not negotiable.

With respect to the second point, at a personal level the impact of road trauma is incalculable. The devastation of losing a loved one or the lifelong impact of suffering a serious brain injury or needing a carer are obvious. For society, the economic impact is unsustainable. At an estimated \$30 billion each year, the cost of road trauma impacts adversely on our economy and on our ability to deliver other worthwhile programs. And of course the impact is disproportionate on our regional and remote communities, who are likely to suffer 10 times more death and serious injury risk than exists in our cities and major metropolitan areas. It impacts the socially and economically disadvantaged more than those who are better placed in society. It is our view that a parliamentary standing committee on road safety is needed. Such a standing committee would provide a focus for national leadership on road safety. It would ensure that parliament is provided a more direct input to coordinate road safety action, to provide leadership but not necessarily the ownership.

On reference (d), measures to ensure state and territory government agencies incorporate Safe System principles, first and foremost we believe that most of the state and territory jurisdictions are doing well to advance road safety. We acknowledge that some are doing better than others. We do believe there needs to be greater leadership and cooperation across the country. There needs to be better integration of road safety across the full spectrum of government departments, and, importantly, there needs to be technical support of local government. With over 80 per cent of the roads owned and managed by local government, the nation and the states and territories will not achieve Vision Zero without taking local government on the journey.

We've got three areas—we've probably got more but there are three that I'll bring up—of suggested improvement, not just at the state and local level but also at the federal level. Firstly, the Black Spot Program

model should be restructured to better align with the Safe System delivery. Allocating funding based on past fatal serious injury crashes limits the potential to invest in effective and network-wide road safety improvement. Secondly, all road infrastructure funding should be linked to a demonstration of road safety improvements. A number of metrics can be applied, but perhaps the simplest—and it has been referenced by others who have given evidence today—is improving the star rating of the road that is being invested in. Thirdly, there is a need to improve practitioner skills and capabilities. Coming from local government, I understand where there are limitations in how an engineer develops their skills and understanding of road safety. But it also should involve the private consulting and developer industry. The people who serve local government and state government to develop new roads and new communities have a serious lack of skills and capability in road safety as well.

Valuable lessons and insights are being missed under the current approach of documenting and investigating road crashes and contributing causal factors. Tia will have far more to talk about on that during the Q&A part. We do believe, as others have said today, that a new blameless approach that reviews crashes to Safe System principles is required. If this were adopted, Australian engineers and practitioners across the country could learn where the vulnerabilities lie and what responses are necessary to prevent fatal and serious injury crashes continuing to occur, not just at road infrastructure level but across all the Safe System pillars.

In recommending strategies or performance measures and targets, our submission goes into it in a lot more detail, but we certainly believe that strategies and actions need to be inclusive of the whole community working together collaboratively, and performance measures and road safety targets need to be challenging but achievable. They need to be inclusive of all stakeholders, not just government and road managers.

In terms of the Office of Road Safety, we do believe it should take a leadership role in coordinating national delivery of road safety actions. We welcome the government's setting up of the office, and perhaps there needs to be some consideration of its resourcing, skills and perspective so that it can engage more actively in leadership in road safety across the country, pulling together each of the jurisdictions and all of the 500-plus local governments that we have.

In terms of the final term of reference, we do believe that there needs to be a review of the method of coding crash data in Australia. We believe that it needs to allow greater consistency across jurisdictions and therefore give more accurate reporting of fatal and serious injury occurrences. Importantly, in that, in the interaction I've had with the Office of Road Safety and with BITRE, there needs to be greater cooperation in sharing the data that's available. It is an area that's held with the states, not with the federal government.

So, with that, I'll ask if Tia wants to add anything more. Otherwise, we welcome any questions you may have.

Mrs Gaffney: No, I've got nothing at this time. I'm just happy to answer any questions.

CHAIR: Thank you, Mr McTiernan, for those opening comments. My electorate would be determined to be regional and, in some parts, remote, and one of the statistics you've just provided is that it's up to 10 times more likely for there to be accidents. We've seen the statistics that over two-thirds of deaths occur in regional and remote areas. Your report identifies that rural and remote area crashes typically involve intersection crashes in rural city centres where speed is less than 60 kilometres per hour, and undivided high-speed road crashes or run-off road crashes and head-on crashes with high severity. In the view of the ARRB, are the state and local governments prioritising those issues in rural and regional areas?

Mr McTiernan: No, I don't believe they are, but I believe it's because of a number of factors. One is perhaps a lack of understanding of how those particular elements of their road infrastructure are contributing to the road safety problem. With 530-odd councils, particularly in remote and regional areas, they're not particularly well-resourced to be able to undertake the analysis required. They rely very much on their state or territory jurisdiction to guide them as to where the crashes are, and that relies a lot on the relationship they may have with their road agency. So a lack of awareness and a lack of skills and capability to do the analysis and to interpret the data and to be current in the latest research are probably really hampering how effective local government can be. It's not through a lack of passion or engineering skills and judgement; it's just really about understanding and having a focus on road safety in particular. Tia, did you have anything you wanted to add to that one?

Mrs Gaffney: I'd just add that a lot of times the funding comes through in the Black Spot Program, and so, while they may be able to fix one specific location, they are still going to have an enormous amount of risk on their entire network, and that is why David highlighted that that approach maybe needs to be revised.

CHAIR: Further to that, would you consider that the star rating is limited by the councils' funding and perceived lack of skills?

Mr McTiernan: At the moment, the Austroads methodology has been applied to the national highway network. It has been applied to the majority from all the networks managed by the state and territory jurisdictions,

and that was a key target within the current National Road Safety Strategy. There is no requirement for local government to do that at the moment, which I think is a gap in our understanding of where risk exists across the nation. Having said that, it requires an investment in skills and it requires an investment in funding for that analysis to be undertaken. ARRB was involved at the very outset in doing risk assessments in the nation 20 years ago. It has evolved over that time to become—I think Peter Frazer referenced it—iRAP, led by Rob McInerney. In Australia it's been applied initially by the AAA and more recently in the last six years has been adopted as ANRAM by the state and territory road agencies by Austroads. The mechanisms are there but there is still the need to invest in that skill and to support local government to apply it to their road network. That would be the limitation there—not necessarily their capability but their ability through funding.

CHAIR: You identified continuing professional development and training. What does that actually look like? How do you see that improving and incorporating the safe system principles?

Mr McTiernan: When I did my engineering degree in the late eighties, early nineties, and road safety never came up. There was nothing in my civil engineering degree. To a large extent, there still isn't in undergraduate engineering degrees. Road safety training was on the job. In fact, there was no postgraduate training in road safety when I graduated. It's still a very limited opportunity at the moment. So for engineers in particular—and I will only speak from an engineering perspective—the undergraduate courses need some injection of road safety. That is happening slowly. The University of New South Wales, for example, does have a human factors and road safety semester being delivered. I've been a guest lecturer at that but it's only dealing with fourth-year engineering students at one university. I can't speak for every university but I know Associate Professor Jeremy Woolley, who spoke at the start of today, at University of Adelaide, will have some influence in that.

Certainly if we continue with the state system approach, it needs to be embedded at the undergraduate level, not just within engineering but with town planners and others who have a direct impact professionally on road infrastructure. It also needs to be provided at a postgraduate level either as formal courses or certainly as continuing professional development and engaging, as I said, not just the road managers but the consulting fraternity, and making the development community aware of their contribution. They are building hundreds, if not thousands, of kilometres of new roads every year in new developments, in urban developments yet they're not necessarily supporting the road safety outcomes. Tia?

Mrs Gaffney: Yes, I think that's a really good point. It's also about making that training accessible to regional areas. In some cases it's about going out to them and delivering training to them rather than expecting people to come in to a CBD area. A lot of times that is just not going to be possible. So in a lot of cases it really is about reaching out and going to those areas where it is needed.

Mr McTiernan: As a follow-up, it was set up for 60 years ago was to provide that knowledge transfer, that industry-level delivery of training and it's certainly something that Tia and I have been involved in—going out to local governments in regional Queensland, with the support of TMR, Transport Main Roads in Queensland—to really inform them about the type of low-cost but effective road safety treatments they could do. The attendance, firstly, was phenomenal, and the feedback we received was that they were grateful and that they found it valuable in their understanding of how to take on road safety in their local government areas.

CHAIR: Is that continuing in that form to the local councils?

Mr McTiernan: Not directly in that form; it depends. ARRB has a requirement to have a funded role in delivery. With the support of road agencies, we have an ad hoc delivery of training. There is certainly training provided via Austroads when new guides or research reports are published. Austroads makes it as an awareness to the industry and makes it freely available. But for ARRB, we get commissioned to deliver that training, often with the support of the local road agency, sometimes on a commercial basis and sometimes in-house. A group of councils may seek to engage us in delivering some training they have heard about or seen elsewhere.

Senator GALLACHER: Do I detect in your evidence in respect to black spots that there's an opportunity to essentially evaluate 100 blackspot treatments and apply that methodology prospectively, before the deaths and injuries occur? Is that the tenor of what you're saying?

Mr McTiernan: I was around in local government when the Black Spot Program first started. In my council in particular we were quite successful, fortunately, in getting a lot of black spot funding because the criteria required the number of deaths and serious injuries. There was some proactive approach to it, which was road safety audit based. The engagement of that funding will follow that model today.

Increasingly, road agencies are applying a safe system lens to some of the treatments. But I still believe the black spot funding is fundamentally—as a colleague of mine termed it—driving by looking in the rear vision mirror. If you need to wait for deaths and serious injuries to occur to gain funding, we will never get to Vision

Zero. Don't get me wrong, from a community point of view and for you in the policy and governance area, the black spot funding always has value and will always have value. We need to treat locations where people have been killed or seriously injured. But I think it could be more effective if we change that mix and apply a criteria which is more proactive and using something such as AusRAP, such as ANRAM, predictive. We have enough research and experience now purely looking at infrastructure to know the types of elements of a road where we can predict a crash will happen. We can apply that to a black spot style program and start to get ahead of the curve—if I can use that more common term these days.

Senator GALLACHER: Excellent. I just wanted to draw that out. I thought that was what you were saying. The second point is, organisations like CASR in South Australia would map basically every crash in metropolitan Adelaide. If you ended up with a scenario where there are multiple incidents, crashes, injuries, and even fatalities at uncontrolled right-hand turns, it seems to me like a no-brainer to fix that; however, we get pushback on traffic flow. If the right-hand turn lane is not long enough, controlled turns mean the through-put of that road is reduced. How do we fix that contest that traffic management people have?

Mr McTiernan: That's a challenging question, because anything we do where we are spending and investing public money, we need to make sure we get a return on it. For a long time, road safety was playing catch-up. Mobility was the reason we were providing and investing in roads. In the last 10 years that has changed and there has been a more balanced approach, balancing road safety and mobility. A phrase I've often referenced in different forums is: there's no point getting somewhere if you can't get there safely; if you have a crash, you're not getting there at all. So there needs to be that balance between mobility and safety, absolutely. But it shouldn't come at the expense of arriving, as Peter Frazer termed, there alive. There's no point in having a very efficient network if we end up having crashes everywhere. I think it's about making road safety business as usual, embedded. Make it as core to every decision we make. I would argue that it's still a long way to go. As a road designer, in the minds of road designers, it's still not necessarily uppermost. If they design to the standard, they feel that it's safe and that is not always the case.

Senator GALLACHER: Rather than just straight speed management of a road, where do you put the indication of time over distance? Plenty of roads now will say, 'You're 12 minutes away from Darlington,' or, 'You're 12 minutes from a recognisable point up the road.' The analogy we have in Adelaide is: a motor bike and a concrete truck take off in Port Adelaide and end up 40 kilometres away at exactly the same traffic light, except one has sped up and stopped, sped up and stopped. Time over distance seems to be a way of managing flow and taking some of the stop-start out of the arterial roads in cities in particular. What do you think of that?

Mr McTiernan: I'll refer that to Tia in a moment, as I'm sure she's got quite a bit to say on it. There's a community attitude issue that needs to be addressed. We always seem to be in a hurry to get somewhere, but, as you said, the great leveller is congestion and traffic lights, particularly in our metropolitan areas. One of the other things I've said in different forums is road safety practitioners, road safety people such as myself and the whole industry, have often forgotten to bring the community along on the journey. We've talked about it technically; we've developed guidelines. I think there needs to be a change in community attitude about how quickly they need to get somewhere and what the effect is, as you outlined. But Tia may have more on this. She's a great advocate of speed management.

Mrs Gaffney: It's important to highlight that availability of data, and a lot of people have raised this. When people are given this information, and particularly what you just highlighted about journey duration and how that journey duration changes when you change speed or anything else—it's a little bit like the COVID situation: we can't imagine telling people to do things without that daily information that is right there, that's available. We've got the maps, everything is nationally consistent and I'm able to make decisions about my family because I have that information available to me. I think that is really a take-home point I've got from this morning, which is having the data, having the right data, and giving that data a national picture so that people can make these decisions is really what is needed. If you tell someone that if they speed they're only gaining 37 seconds on their journey then that is an important thing to know.

Senator GALLACHER: Yes, at the cost of \$500.

Mrs Gaffney: That's right.

Mr THISTLETHWAITE: Thanks, Mrs Gaffney and Mr McTiernan. The last part of your submission highlights the importance of consistency in the codification of data. Am I right in assuming that the barrier is a political one here, in that if you do move to a nationally consistent approach then some states are going to have to change the way they collect data and that may result in increases in particular areas that they see as a political risk? Is that the major sticking point here?

Mr McTiernan: Again, I will certainly defer the greater time to Tia; she's far more informed on this than I am. There may be an element to that, but I really can't speak to it. One of the issues is certainly the lack of consistency in defining crashes. I think how they go about collecting it will remain the same, and that is primarily via the police. An area that we've been advocating for several years is this blameless investigation methodology. It would not take away or detract at all from the police investigation. They are there for a very specific purpose: identify who did wrong and then determine if there's a prosecution required.

As researchers, it is difficult to get data sets from road agencies. There is no national data set or database per se. It is collated by what the jurisdictions provide to an organisation or department such as BITRE. As a national research organisation, we would have to approach each road agency to get their data. What they provide us at the moment can be limited, it can be quite sanitised more for legal reasons or privacy concerns et cetera. For example, we cannot get data that will identify the actual date of the crash. We'll get the month of the crash; we might get the day of the crash, but not the date for fear that that data could be used to breach someone's privacy. It makes getting access to that data—some jurisdictions provide it readily on a web based download, others you have to write to them and sign away all sorts of privileges and then you get some data set.

That is the limit that I am concerned about and that I believe needs to be addressed nationally. How that's addressed is perhaps more the political question. Maybe there is some core—again, a number of people have mentioned, 'Look at what we've been able to achieve through COVID-19?' On a daily basis I can see how many people in New South Wales, in my jurisdiction, have been diagnosed with COVID-19 without fear of privacy concerns, yet we have to wait up to 18 months to find out the final vetted crash data, which puts us well behind in being responsive, which was perhaps an earlier question. But Tia is more informed and passionate about the blameless investigation, and no doubt will have a lot more to add.

Mrs Gaffney: As engineers, obviously we're always asking what is the problem that we're trying to solve. In this case it's about reducing fatal and serious injury crashes. The definition of fatality, as we know it, is currently quite well defined; the definition of serious injury is not. If we're talking about mitigating crashes, we're really fundamentally talking about mitigating energy. So how do we change how energy is transferred in crashes? We've talked a bit about barriers and things that like. It might involve vehicle technologies or whatever it might be. We need to define the injury level that we are willing to first start out with, and say, 'Are we going to try to mitigate all injuries, from a broken toe to a serious brain injury, or are we going to focus more on the types of injuries that are the most costly in terms of harm, in terms of lifelong trauma?' It is very important—very important—to separate out these injury levels. I don't know if there was evidence earlier this morning about this, but in my view it's a very important thing because when you bulk all of the injuries and all of the hospitalisations into one category it is very difficult as an engineer to fix that without having more information about what those are. That's really what that's about.

Mr THISTLETHWAITE: Mrs Gaffney, has there been an attempt to get cooperation to get this nationally consistent approach? Why has it failed so far?

Mrs Gaffney: At the time when they defined what a hospitalisation meant for serious injuries it really was probably about how it was an easy thing to define. I believe that we have everything that we need to do this. We are in a digital age at this point in time. We're in a digital age where a computer could, ideally, go in and define what these levels are. I'm not a medical expert; I would defer to any medical expert. But certainly we can do a much better job than we're doing, starting now in 2020. We would want to know what percentage of these are serious head injuries. What percentage of these are serious spinal injuries? And we can then, if we've got this holistic model, relate that back to specific vehicle types or specific vintages of vehicles or specific geographic locations. Having that picture about how, for some reason, we've got a lot of serious brain injuries happening with this particular vehicle in this particular area means it then becomes a well-defined problem that we can attack as engineers, as a system, rather than doing what we've been doing.

Mr THISTLETHWAITE: If we had that nationally consistent approach, would that assist in developing those alternatives to the Black Spot Program as a method of funding for this area?

Mrs Gaffney: Absolutely, because at the end of the day it's about understanding risk, it's about understanding what's contributing to the risk and what aspects of the system have more weight than others. Is it, as you've highlighted, with the educational programs of drivers? Is it the drivers that we need to educate or is it enforcement or is it vehicle technology or is it the road?

Where do we need to invest the money, and how does that get divided up? So it is about understanding that risk holistically as a system.

Mr THISTLETHWAITE: Thank you. That's it from me, Chair.

CHAIR: Thanks, Matt, Ms Bird, do you have any questions?

Ms BIRD: I won't, because of the time, but can I just say that a particular area of interest to me is the education and training aspect, and I found the evidence on the application of that to the professional class involved in road safety, not just the users, was really useful. So I just wanted to say thank you for that.

CHAIR: Mr McTiernan and Mrs Gaffney, thank you very much for your attendance today and for your submissions and your evidence. It's extremely helpful and hopefully will help us as a committee to move forward and work towards Vision Zero. So thank you for your attendance today.

Mr McTiernan: Thank you for the opportunity.

Mrs Gaffney: Thank you very much.

ALLAN, Dr Geoff, Chief Executive, Austroads

BOBBERMEN, Mr David, Program Manager, Road Safety and Design (including Registration and Licensing), Austroads

Evidence was taken via teleconference—

[12:06]

CHAIR: I note that we're a little bit late, and I apologise for that, but I think, bearing in mind these are the last witnesses for the day, we might plough through. I now welcome representatives from Austroads. I invite either of you to make a brief opening statement before the committee asks any questions. Would you like to make an opening statement?

Dr Allan: We would. I'll start and then I'll hand over to David. Thank you again very much for your time, senators and members. Austroads works with [inaudible] road departments, including the Commonwealth's, to implement an agenda for reducing the likelihood and consequences of road crashes. Our work has been acknowledged by Professor Woolley and Dr Crozier in their report and was also referred to by a number of witnesses. Austroads is the peak body for road and transport agencies across Australasia. We started our existence in 1930, working with those state and territory road transport agencies to improve road transport practice. We changed our name to Austroads in 1990.

One of our program areas has traditionally been in road safety. Dave is our program manager of road safety and design. As part of the program, one of the things we do is a road safety task force. The task force is where we work with state and territory officials in relation to developing our guide application and other software and also to monitor trends in what's occurring across different jurisdictions in relation to road safety and to share road safety practices. We have also worked with the Commonwealth government in the design and implementation of the current National Road Safety Strategy, and David is currently working with the Office of Road Safety on the new Road Safety Strategy.

I'll just turn briefly to terms of reference 3 and 7 in relation to the work of the Office of Road Safety and then the parliamentary committee. National leadership has always been very important to road safety, including at a Commonwealth government level and at the parliamentary level. This is the sixth time I've appeared before Senator Gallacher and Senator Sterle in relation to various matters of road safety. The recommendations made to the Commonwealth and the federal parliament have been very useful.

With that, I'll hand over to our program manager of road safety and design, David Bobbermen, to talk about what Austroads does.

Mr Bobbermen: I noticed Geoff's line wasn't very good there. Can you hear me okay?

CHAIR: We can hear you fine.

Mr Bobbermen: Thank you. It is probably best if I just give a quick summary. We look after the five pillars of road safety. We've added an extra one internally in Austroads to look at the integration of the four pillars. We've done a lot of work in that space, as well as specifically in each of the areas of roads, speeds, vehicles and people. Our research has been comprehensively structured to respond to all the significant risks across road networks, and I present on that each year at the national road safety conference. I probably could go into any of those specific areas. I'm probably best to be led by your questions about explaining any detail.

CHAIR: Thank you. I'm particularly interested in the predictive modelling that Austroads is undertaking. Could you talk us through that predictive modelling and any constraints that you're facing in that area?

Mr Bobbermen: Sure. In 2017 we undertook a key interventions project where we did the first round of modelling which aggregated national data for fatalities and gave an estimation of serious injuries. I'll explain a little bit about the reason why. That influenced our response in the 2018-20 action plan in terms of feedback to the federal government and how that could be structured.

In terms of more recent actions, we've been matching hospital records with road safety records for serious injuries. We have a good dataset for fatalities across the country because of what the road jurisdictions collect. It's mandatory to collect fatality information and they collect that with the police agencies. But for serious injury data there's a problem in that if we only go on road safety records it underestimates the true view of serious injuries, because there's probably in the order of about 25 per cent that go unrecorded on the road network and are unlocated. The only way we get that scale of information is matching it with hospital records. So we have been undertaking a project, along with the federal government's BITRE organisation, to collect and match that serious injury data. We're probably about four months away from having a national dataset for serious injury data matched with jurisdictional hospital records. The challenge here has been legislative requirements and the

constraints of legislation in the hospital system, in terms of accessing their data, which has slowed that project down. But we'll have, for the first time, a national dataset.

CHAIR: With the implementation of the safe system framework, on page 5 you state that there's a higher burden of road trauma among Aboriginal people. Could you expand on that statement for me?

Mr Bobbermen: Yes. There could be a number of aspects to this that are contributing. We know, for example, and I think previous speakers have identified, that in remote areas crash rates are 15 times greater. The best information we've got is a BITRE report, which collected that data back in 2016—somewhere around then. It plots the data. In terms of urban areas, in terms of per 100,000 population, we're performing just as well as the best countries around the world. Our sparse road network and, particularly, our remote areas are where the issues are. How do we provide support for those areas? I think that's where this issue of remoteness comes in and how we need to support remote areas.

CHAIR: Does that data contain such things as the make and model of the vehicle, the type of roadway, whether there was any other intervening act? Do you receive that type of data as well when you are dealing with regional, remote and, in particular, Indigenous people?

Mr Bobbermen: I don't collect the data because I'm not in a government agency [inaudible]. We only aggregate what's available. Again, in the remote areas I think there's a high percentage of that data. We'll know from the records whether we can break it down in different areas. It's unreported. We actually get the information and identify it through the hospital matching processes where we don't have a road safety record but we have a hospital match process.

CHAIR: Thank you for that.

Mr THISTLETHWAITE: Thanks for your submission. Mr Bobbermen, you mentioned that you're four months away from a national dataset. Can you tell us, and you may wish to provide this on notice, what actual data will be provided in that national dataset?

Mr Bobbermen: All state records, I understand, except Western Australia hospital records. There will be some estimation in that, and that's because of legislative requirements in providing records outside the state. There are some changes going on in Western Australia at the moment to allow that, but for this first version of data record we will have fatality records, which we collect very well in terms of location and the crash; serious injury records that have been collected by police in terms of location; and then there will be an extra set of records which won't necessarily have location, which are those crashes which haven't been able to be matched with location based data through the police system, which will be hospital records. It's because that's so large. A component of that is also vulnerable road users—cyclists and pedestrians.

Mr THISTLETHWAITE: Will that definition of serious injury become a standard definition, and will all of the states and territories comply with that into the future?

Mr Bobbermen: At the moment, different states may have slight differences in classifying a serious injury in the hospital system—outside the road safety agency system. Through this project, we'll be influencing and getting a standard definition for the way that that should be recorded in the future.

Mr THISTLETHWAITE: That's great.

Mr Bobbermen: The difference is probably—in terms of the scale of the way that it changes the datasets because of the definition of serious injury—nothing relevant and as large as the amount of records that are in the unlocated serious injury data just collected through the hospital system. You've got to remember, these are historical records. I hope we get onto proactive ways of identifying road safety risk, because we're only talking here about reactive locations of where crashes occur. The previous research that we've undertaken in Austroads has identified that that's really a small proportion—the large amount of crashes occur at locations where crashes haven't occurred before.

Mr THISTLETHWAITE: Who will the data be provided to? To the national Office of Road Safety?

Mr Bobbermen: The national Office of Road Safety are a part of this process, because they're a member of Austroads and get access to this data. However, there are some conditions on the use. Because we're actually getting use of this identified data, matching it and de-identifying the records, the aggregate view should be available to all jurisdictions, as well the public, but we'll just wait and see through the recording process. This will be the first time, so there are a few decisions that need to be made on how we present that info.

Mr THISTLETHWAITE: Your submission mentions driver distraction. Can you outline some of the work that you're doing there, particularly around mobile phone use in vehicles.

Mr Bobbermen: With distraction, we initiated some work in Austroads to commence that research. Queensland undertook a major research project in this space, though we didn't duplicate it, because Queensland are a member of Austroads anyway. So we didn't want to duplicate that. NTC are doing some work with regard to technology based aspects and also things that don't involve the technology aspects and what they can do through regulation. Through those two areas comes the largest amount of research that we've been using to inform jurisdictions across Australia and New Zealand—Australia and New Zealand are the Austroads members.

Mr THISTLETHWAITE: It's a data collection exercise at the moment? It's not at the stage of making recommendations about reform?

Mr Bobbermen: Out of the research project that Queensland have undertaken they have identified a number of areas where distraction could be addressed. There's been no decision—well, I can't speak on behalf of government and what they are going to do as part of reforms.

Mr THISTLETHWAITE: Dr Crozier and Professor Woolley appeared before us this morning. In their report in response to the National Road Safety Strategy they have recommended an interim target for 2030. What is your organisation's view of that interim target?

Mr Bobbermen: In the last 10 years of the National Road Safety Strategy, everyone has signed up to a 30 per cent reduction in crashes. I think there are some jurisdictions that, on average, have got close to that—around 25 per cent reduction in fatalities. On serious injury data, we will know a little bit more once we get the records and we will be able to make some estimations because the records go for seven years.

Going forward, I think the World Health Organization were looking at about 50 per cent reduction being a target. In signing up to that, what we are trying to do across the world is really taking on a shared understanding of ways that we can reduce crashes across the networks.

Mr THISTLETHWAITE: Thank you. The final question I have relates to road design and point-to-point technology. A few people have submitted that, from the Commonwealth's perspective, we should be looking at making this technology compulsory on any federally funded road project, particularly in rural and regional areas. What's your view of that approach?

Mr Bobbermen: We undertook some work particularly about enforcement practices just recently. We've identified that this is going to provide the quickest means to get road safety benefits. Working with the Australian Road Research Board about two years ago, I identified a 10-kilometre-an-hour reduction in all speeds—if all drivers, irrespective of the speed limit, drove 10 kilometres an hour slower, it would save 400 lives and prevent thousands of serious injuries. The main thing here is that it would add five minutes to the average trip. Our stakeholder and public expectation is that we can't afford to take an extra second. How much can we afford in extra travel time to give us more response time in crashes? That's what's going to have the biggest benefits. Queensland, for example, just made changes to their regulations with regard to point-to-point cameras to enable speed changes within a point-to-point zone and being able to calculate those changes and then still apply it. Camera technology can be implemented very quickly. If we want to do it through infrastructure, it would probably take about five years from when we first develop our plan to the time the first construction projects get implemented. That's just because of the time of scoping, program development, design, construction and then a year of implementation and operating. It's probably about five years.

My analysis of the total road network for infrastructure responses is that, say we were going to put barriers down along the centre lines of roads, which we know mitigates crashes, it would take us 2,000 years to do it across the whole Australian road network—and that's if we put all the infrastructure funding into barriers. People don't understand the scale of this. They easily make commitments to things but don't really understand the practical application. That's why coming back to people oriented responses can give us very quick wins in road safety benefits. That was identified in our 2017 analysis of key interventions. Speed mitigation matters were identified three times. We have a project that we're undertaking this year to try to give better guidance about the types of enforcement measures that can be used in different types of networks across the country.

There's very good information coming out of New South Wales at the moment on the reduction of distraction because of cameras. I know all the other jurisdictions are now considering that. So that's probably something we should be progressing heavily.

Mr THISTLETHWAITE: Great. Thank you.

Mr Bobbermen: Could I just finish off that question about the road aspect and the infrastructure spend. I think all chief executives of road authorities need to be able to say—

Mr THISTLETHWAITE: Hello?

Mr Bobbermen: Hello. I'm back.

Mr THISTLETHWAITE: I think our Cisco session must have been time limited and we all dropped out at once.

Senator STERLE: I've dropped my 20c pieces in, so I'm back!

Dr Allan: I can hear you. I've just come back.

ACTING CHAIR (Mr Thistlethwaite): Thank you. We've just got to wait for the chair to come back. Sharon or Glenn, do you have any questions?

Senator STERLE: I do, Matt.

Ms BIRD: Yes, I do, if you want to continue on with that.

ACTING CHAIR: Yes, you go, Sharon.

Ms BIRD: Thanks very much for your evidence, gentlemen. I'm not sure if you were able to hear any of the evidence just before from the Australian Road Research Board. One of the issues they were exploring was the skills and knowledge embedded in both degrees and postgraduate studies to ensure that people working in engineering, particularly at the local government level, actually have good road safety knowledge. I notice that in your submission, when you were talking about Commonwealth government responsibilities, you covered the issues that are normally covered, but this—the skills and knowledge development—is a bit different for me. I'm interested in your view on whether that could potentially be part of a Commonwealth responsibility.

Dr Allan: As to whether it has traditionally been a Commonwealth responsibility, I think it probably hasn't, but I'll hand over to David to give a more detailed response.

Mr Bobbermen: Within Austroads, I think about three years ago, we made all our material—research reports, guides—free to everyone in the public. So it's all stakeholders; there are no constraints on anyone accessing the best guidance that we have in Australia and New Zealand.

The second thing is that we now deliver webinars, and those webinars are probably more informative and discipline-specific to the different practitioners that undertake road safety mitigation treatments and assessments. That's comprehensively provided for all the research and all the guideline updates from Austroads.

Dr Allan: David McTiernan, when he did give evidence, did acknowledge those and the benefit of those in helping local [inaudible] practitioners.

Ms BIRD: Yes. Having been a councillor—quite a while ago—I'm very conscious of the wide disparity of capacity at the local government level. We have city councils which are huge and significant and have large staffing numbers through to small, remote and rural councils who are doing the best they can pretty much on a shoestring. Being able to fund people with the qualifications into positions on those small councils, and them actually finding the time and means to do things like webinars and so forth, is a challenge. I'm just interested in your views on where you've seen good practice, if I can put it that way, maximised. What helps that happen?

Mr Bobbermen: In 2017, when I came into the Austroads role, the first thing I identified was 50 per cent of the crashes are on local government road networks. How are we supporting local governments? State jurisdictions, usually, easily have the capacity in their specialised units to do analysis, program development et cetera. What we undertook was to produce a guideline and a specific webinar for local governments. So, for the first time, we have a local government guidance document for road safety, which collates all the information together succinctly for local government, for the responsibilities that they undertake at a local government level. That's available freely on our website.

We also have a webinar, with regard to that. It was one of our largest attended webinar sessions, because of the number of local governments dialling in to that session, and, I believe, it's still high, in terms of access of that webinar and the guidance document post that implementation.

Ms BIRD: That's good to know. Do you have some data you could share—it's fine to take it on notice—about the percentages of councils that are participating in your activities and variation in those councils, particularly regional, rural and so forth?

Mr Bobbermen: Yes. That report will provide some of that info and we can provide it out of session, anything extra.

Ms BIRD: Thank you.

Senator STERLE: Gentlemen, I don't know if you were listening earlier, but we were hearing from Mr Peter Frazer from SARAH. One of my frustrations when infrastructure is built is that the transport—I don't think

enough of the transport industry is consulted, because I want to use the example of the Toowoomba bypass. Did you have any involvement in that?

Mr Bobbermen: First of all, we don't get involved in specific projects. Our guidance materials and the specialist practitioners from the various jurisdictions, who might be providing advice to the specific projects, come indirectly from Austroads. So, yes, we are, because of the guidance materials we provide.

Senator STERLE: Mr Bobbermen, when you say the 'guidance materials', do you put in there pull-off areas, so heavy vehicles can get off the road? Do you have those—what's the word?—KPIs, for want of a better word, those initiatives? Do you supply them? Is that your role?

Mr Bobbermen: In our guidance material, we've provided passing lanes. They're applied in various locations. I know, on the Toowoomba range—I've driven up there—there are certainly passing-lane opportunities, on that, where there are two lanes going up the hill, so you can overtake. In terms of application across the network, the jurisdictions would be best able to provide where they provide that info.

As part of our guidance material, we provide how the crash risk can be reduced by applying standards. So the chief executive—as far as we know, there is no guidance like what we've just released, as part of network-wide road design, around the world. That's because of the spatial challenge we have in Australia. We have to develop and implement an easier approach to assess the preventative crash risk, not the blackspot historic crash locations but the crash risk that's inherent with every design.

That's been published recently, now, with our new guidance material. That allows jurisdictions to assess not just for high-standard roads, such as motorways and highways, but also for the low-standard roads, what the crash risk is and star rating as well as potential FSIs that would be realised on every road. By doing that, the chief executives, now, through their specialist teams, are able to say, 'If I've got so many dollars, how can I get the best outcome, in terms of that investment?'

Senator STERLE: Mr Bobbermen, I appreciate the attempt to answer. Just so you know, I've had a little bit of experience on the highways. I asked a simple question about the Toowoomba bypass. I didn't need a lecture on overtaking lanes; I know what an overtaking lane is. My concern that I am trying to get to, Mr Bobbermen, is: is there anyone in this nation that says that, when a B-double—so we have 50-odd tonnes of metal, or a road train where we can have up to 100-odd tonnes, before we get to the quads—is stuck on a road because there's no room to pull off, it's not the truck driver that's going to get killed if they hit that vehicle at high speed? That's all I asked. Thank you very much for the bureaucratic answer, but do you, in your guidelines, consult with experts like Mr Frazer and those from the heavy-vehicle industry? I will talk about the Hume Highway. I support the barriers. But if you talk to the truckies coming out of Melbourne, which I did last November, they are furious because there is nowhere for them to pull off on the side of the road. I'm not saying, 'Get rid of the safety railing.' I'm just asking: do you guys actually consult with others? If it's not your role, just say, 'No, it's not our role, Glenn,' and I'll go, 'Fine, thanks very much.'

Mr Bobbermen: In terms of implementation, it's not our role. It's the jurisdiction's role to consult for specific roads.

Senator STERLE: Okay. Thank you very much.

CHAIR: Does anyone else have further questions of Dr Allan or Mr Bobbermen? None. Dr Allan and Mr Bobbermen, thank you very much for your time today, for your submissions and for your evidence. It's very much appreciated and well received. No doubt it will assist us, as a committee, with our future endeavours.

That concludes today's hearing. Thank you to all the witnesses who have appeared. Thanks to Hansard and Broadcasting services, and to the secretariat and the Office of Road Safety.

Committee adjourned at 12:37