TRANSCRIPT

ROAD SAFETY COMMITTEE

Inquiry into motorcycle safety

Wodonga — 30 November 2011

Members

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Mr T. Languiller
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Witnesses

Dr M. Taylor, emergency department director, Albury Wodonga Health; and

Mr R. Beard, president, Albury-Wodonga branch, Ulysses Club.

The CHAIR — I welcome Dr Mike Taylor to the public hearings for the Road Safety Committee's inquiry into motorcycle safety. We have received 72 written submissions since releasing the terms of reference, in addition to contributions made through the hearing process in Geelong, Ballarat and Wangaratta. The purpose of these hearings is to obtain further evidence from selected witnesses covering our terms of reference. I thank you for attending today, Dr Taylor. You will get a copy of the Hansard transcript from today, and you are invited to correct any typographical errors and return the completed document. I ask observers to respect the rights of witnesses and keep noise and movement to a minimum and that mobile phones be turned down.

Dr Taylor, we have the opportunity to hear about your background as a medico in the emergency department in the district. We invite you to speak generally, following which we will take the opportunity to ask you questions. I encourage you to prioritise comments more directly related to your area of immediate expertise, but should you have any other insights you would like to proffer to the committee, we would be happy to take them on board as well.

Dr TAYLOR — My role currently is that I am the director of emergency at Albury hospital. I am also acting director of emergency at Wodonga hospital. The director at Wodonga left a month ago and we had trouble getting a replacement director, so I am currently trying to direct both sites.

The CHAIR — Just a couple of points: you can give us your postal address for forwarding the *Hansard* transcript, and feel free to speak a little more loudly.

Dr TAYLOR — My postal address is 3690. That is Wodonga.

My background is that I graduated medicine in 1978. I have worked in rural Victoria for virtually the whole of my career. I am a fellow of the college of general practitioners, a fellow of the college of rural and remote medicine and also a fellow of the college of emergency medicine. I was director of emergency at Bendigo for six and a half years, and after attaining my emergency fellowship I have been working at Albury for the last three years.

My expertise obviously is on the medical side and in trauma resuscitation and those areas. I did a quick search for data. We have roughly 50 motorcycle deaths a year in Victoria. I also have data from VSTORM, which reports on the injured patients — how they fare and where they go to. They mostly go to the Alfred or the Royal Melbourne Hospital. I probably do not have much more because that is all very accessible data.

From our perspective in Albury, we send most of our patients to the Alfred hospital — sometimes the Royal Melbourne Hospital but mostly the Alfred hospital. Reading through all the data it seems that we see a fair proportion of motorcycle crashes in Albury, roughly similar to the rest of the state. There is an interesting thing which is that VSTORM have a map of Victoria. Albury-Wodonga is in the interesting situation where we report to DHS, and we are basically a Victorian body, but we actually look after quite a large slice of New South Wales, which is not on the map. In fact, Albury itself is not on the map. Albury is a regional trauma centre for Victoria, but it is not a regional trauma centre for New South Wales. There are some strange anomalies there. I think Stuart Spring understands the funding arrangement, but Albury Wodonga Health is a body which is currently funded by the Victorian government. I just thought I would bring that to everyone's attention.

It is also similar on the DHS maps. We are not on the map even though we report to the Victorian government. The area we look after in Albury goes way across as far as Deniliquin, Jerilderie and Tocumwal — quite a large slice of southern New South Wales. Wagga Wagga is the next main centre; it is the regional trauma centre. Albury gets all the trauma from the whole of the Hume region. Trauma does not go to Wodonga hospital; it goes to Albury hospital and a large part of southern New South Wales.

From the medical point of view, I really do not have anything much to add. You mentioned Dr Gruen has given some good insights; I am not sure what he said. We certainly see a lot of motorcycle trauma in Albury. We have had some recent deaths from motorcycle crashes. In Albury we have about 250 cases a year go through our resus bay, of which about half are trauma. So there are about 125 trauma cases a year — that is, major traumas. As I said, the majority of those go on to Melbourne.

At this stage, are there any questions that anyone would like to ask about the medical angle?

Mr LANGUILLER — Thank you, Dr Taylor, for giving evidence to this committee. We appreciate that very much. In terms of your data collection, what data does your organisation collect and who do you share the data with? Are you aware of any issues related to data collection and use in Victoria? Do you have any suggestions as to how data collection may be improved?

Dr TAYLOR — I had only two days notice of this meeting and I could not get any data from our hospital in that short time frame. We send all our patients to Victoria, so they end up in the VSTORM database. I rang up Peter Cameron and got his data from VSTORM; then there is the TAC data, which is on the web. They were the two sources I looked at. In terms of our own hospital, we collect data in the emergency department. We also collect data on admissions. We do not have a field specifically for motorbikes in our emergency data system, so it would have been difficult to get data on exactly how many we see.

Mr LANGUILLER — Can you elaborate on that further? How do mean? Can you take us through it? I am not cognisant of the forms or the paperwork.

Dr TAYLOR — Yes, sure. The hospital runs two separate data systems. One is called the EDIS system, which is Emergency Department Information Systems. Every patient who comes to emergency has a diagnosis put in, a doctor put in, and a time of arrival and a time of departure. There are several fields of diagnosis. You can search for shoulder dislocation or broken tibia or something like that. But to search for something like whether it was a motorbike or car accident is difficult to do accurately. The other hospital data system is the inpatient data system — I have just forgotten the name of it. They record all the patients who are admitted to Albury hospital. They can do a search on that and may be able to search on motorcycles specifically, but in the short time I had I could not get the data from that system — the lady was off sick.

The CHAIR — Could I just interpose here briefly, Mr Languiller? Could the database system be a New South Wales management system as opposed to a Victorian one that operates out of Albury?

Dr TAYLOR — I notice that we do not record the cause of injury in Albury, whereas in Victoria you have to record the cause of injury. The data goes to the Victorian Injury Surveillance Unit. We do not record the cause of injury in Albury currently. That is an anomaly.

The CHAIR — There are two emergency departments — one in Wodonga and one in Albury?

Dr TAYLOR — That is correct, yes. They have a different database, a different system and different software.

The CHAIR — But a person injured in Hume could be transferred and end up in Albury on the New South Wales system?

Dr TAYLOR — Yes, in fact the ambulance is directed not to take multi-trauma patients to Wodonga. Wodonga does not have any orthopaedic surgeons on call. They do not have any capacity to deal with multi-trauma. So the ambulances are instructed to take all the multi-traumas to Albury.

The CHAIR — Yes.

Dr TAYLOR — It could still happen that a person who is severely injured could come to Wodonga in the back of a ute or something, in which case they would probably be stabilised and transferred to Albury. Certainly ambulance cases are not taken to Wodonga.

Mr TILLEY — Just for the purposes of the committee having a better understanding of Albury Wodonga Health and it being an integrated health service, this arrangement is only about 18 months old. Traditionally, on the east side of the river Albury Base Hospital was a base hospital and Wodonga was the Wodonga District Hospital. They are now under a single administration with the CEO and administration primarily run out of the base hospital in Albury, New South Wales. In relation to trauma, it would be fair to say that A and E at Albury is the major trauma centre for this region, which takes in both sides of the river. It is a fairly large catchment area on both sides of the river, but it is administered under the Victorian legislation. It was something that was tried for five or six years. It has only been in for a short time, so it is still in its infancy and it is still going through challenges in relation to providing those health services.

Mr PERERA — Fully funded by the Victorian government?

Mr TILLEY — Funded from both sides.

Dr TAYLOR — But we report to DHS. There have been some anomalies — the data seems to be in no-man's-land. In the first year we did not seem to appear on either list — the New South Wales list or Victoria's list — so there have been hiccups in getting the data in the right place. We do have data; I am not sure where it is. I know what it is, but it does not seem to appear on the DHS lists.

Wodonga sees 28 000 emergency cases a year, and Albury currently sees 34 000. Both are going up by around 2 to 3 per cent per year. Albury generally sees more acute cases than Wodonga, but they are both quite busy. Both of them have decaying infrastructure. Wodonga has a ridiculously small department; it really has only six cubicles and it sees 28 000. It must be the smallest in the state. I have been there for only four weeks so I cannot say too much about it. Albury is a little bit better off for size. It has 12 cubicles and 2 resus bays, and it sees 34 000. It is probably half the size it should be. Wodonga is probably one-quarter the size it should be for the work it does. That is one of my main problems.

Another major issue we have in Albury-Wodonga is attracting emergency specialists to the area. I am currently the only emergency specialist in Albury or Wodonga. I read with some amusement that the Austin has 24 emergency specialists and they cannot cope — at one hospital! We have only one emergency specialist across two sites. There is a fairly complicated reason for that. It is difficult; being 3 hours from Melbourne you cannot really drive up for an evening and day shift, which we used to in Bendigo. In Bendigo, we would often have guys do a 2-hour drive up to do a day and an evening, then go back. Albury-Wodonga is a bit further away. It is a 3½-hour drive or if you take the aeroplane it is maybe a 4-hour trip by the time you muck around at both ends — even 5 hours.

We are a little bit isolated. It has been very, very difficult to attract medical specialists to Albury-Wodonga, especially emergency specialists. As I said, currently I am the only one here. Albury is staffed by a very experienced team of ex-GPs. We have about 11 now who have either given up general practice and just do emergency or have partly given up general practice. We have some very senior staff in Albury. Wodonga has been operating on a model of having lots of overseas-trained doctors under close supervision. Recently it has become difficult to supervise them because of the lack of senior staff. We are actively trying to recruit senior staff to Wodonga at the moment. It is our biggest priority. That is probably my biggest headache at the moment — trying to attract senior staff, especially to Wodonga.

The CHAIR — Yes, great. Tracking back into motorcycle safety, have you ridden a motorbike yourself?

Dr TAYLOR — No. I am keen cyclist, but not a motorcyclist.

The CHAIR — An off-road trail bike?

Dr TAYLOR — No.

The CHAIR — Do you have any views on the mandated wearing of protective equipment?

Dr TAYLOR — I do not have any special views. I understand that it is said to be effective, but I have not seen the data on that recently.

The CHAIR — Have you had to treat patients who have been involved in motorbike accidents with a range of injuries, which might guide a viewpoint that you may be able to develop?

Dr TAYLOR — I do not recall treating anyone where I thought, 'They should have been wearing a helmet' when they were not or anything like that. I noticed in the VSTORM data that most of the cyclists were wearing helmets, and in the TAC they were mostly wearing helmets.

The CHAIR — How about soft tissue injuries requiring plastic surgery intervention?

Dr TAYLOR — I cannot really say I have thought about it a lot. I have not seen the data on it. I understand that the protective tops and bottoms are not mandatory. That is the way I read it.

The CHAIR — Have you had occasion to deal with a potential paraplegic or quadriplegic coming into an ED?

Dr TAYLOR — Yes. It is fairly rare, but we have had some cases over the years.

The CHAIR — In your cycling, do you have a view on road behaviours and the blind spot in drivers' cars? Have you had some near misses on a bike?

Dr TAYLOR — Yes. It is pretty scary when you read the data from VSTORM and see the rate of increases in cycling deaths over the last 10 years. I think we had three cycling deaths in Albury the year before last. There has been one so far this year, and one serious accident a few weeks ago, so cycling is a bit scary. I hope that is just because there have been more cyclists on the road and maybe it just reflects that, but it is certainly a rather dangerous occupation. I noticed the rate of cycling in the VSTORM data. There were half as many cycling as there were motorcyclists, and it has increased rapidly over the last 10 years, so that is a source of concern.

The CHAIR — Have you dealt with motor vehicle accidents on many occasions?

Dr TAYLOR — Yes. We have about 125 multi-traumas a year in Albury, of which the majority would be motor accidents.

The CHAIR — Having been involved in that process in an emergency department, has that helped develop your viewpoints on safe driving, levels of experience, retesting of senior drivers? Have you had any distilled reflections that might guide your commentary?

Dr TAYLOR — Not really. Nothing specific I could say. Nothing that really stands out.

The CHAIR — Applying your lateral intelligence to the issue of safety overall, have you seen any issues relating to technology that might lead to better behaviours on Australian roads?

Dr TAYLOR — I noticed recently on a trip back from Sydney with my new Android that it could tell me at any time what speed I was doing, and the road signs are often 3 or 4 kilometres apart. There were several occasions when I saw a camera but did not know the speed that I was supposed to be doing. It just struck me that if the satellite knows what speed I am doing, why does someone not just tap into the satellites to know what speed everyone is doing? It must be feasible as a technological solution which has got to be out there eventually, because the satellite knew what speed I was doing.

The CHAIR — We have an interjection from the back stalls; if you would like to give us your name and your comment.

Mr BEARD — My name is Rex Beard. I am president of the local branch of the Ulysses Club.

The CHAIR — What is your postal address?

Mr BEARD — It is <address confidential>.

The CHAIR — And your comment?

Mr BEARD — My comment is with regard to GPS and monitoring of vehicles. That is an avenue that Victoria has already looked at, and it probably is only years away from being enacted.

The CHAIR — Thank you for that comment, and we look forward to further commentary later on from the Ulysses Club. So your thinking was that it may be possible to adapt that technology to regulate and monitor?

Dr TAYLOR — Yes. It is not part of my expertise, but as a layman it seemed that clearly the technology is capable. I mean, why does every car not just have a device in it that a satellite can track? Then if you ever wanted to know what speed you were doing, you could know it.

The CHAIR — As a citizen, would you regard that as an intrusion upon your liberties, if your trip from Sydney to Albury-Wodonga was data logged?

Dr TAYLOR — It is obviously a balance between safety and civil liberties. Currently you are already having your speed measured by speed cameras in any case. So you could argue the same thing for that. It is just a more efficient way of doing it. I am not saying that it is a definite. It would have to be debated, and that would

be the main counterargument, but it is just a stray comment from a layman that the technology is obviously already here.

The CHAIR — We do not have the media here today, but it could have made a good headline for tomorrow's story: 'Emergency department calls for data logging of Albury-Wodonga motorists and motorcyclists'. We can save that one.

Mr ELSBURY — Just going back to some of the comments you were making a few moments ago about data collection, how are the anomalies in your catchment area reflected in the VSTORM data? Specifically, do riders who are injured in New South Wales and sent to Victorian trauma centres get captured in the Victorian datasets and vice versa?

Dr TAYLOR — I just raised that this morning with Professor Cameron, and he got back to me straightaway on his iPad. He said he thinks that probably is an issue, and that they may be using the wrong denominator in the Hume region. I do not know the answer. There may be an anomaly in their data, and the Hume region may be using the wrong denominator for that rate.

Mr ELSBURY — I was going to go down a similar line as the chair did earlier on with regards to safety equipment, but in your experience as a professional, you have not found any experience that has said to you, 'If only this guy had been wearing a jacket, rather than this T-shirt, his arm would have been saved', or possibly, 'If he had had gloves, he would be able to play piano again'?

Dr TAYLOR — I honestly cannot recall ever really thinking that. I have been to America and seen guys riding without helmets, and that has struck me as very dangerous. I have seen lots of emergency textbooks that talk about mandatory helmets in America, which is a really big issue over there. Some states have them, and some do not. But I have not really explored the whole topic of clothing.

Mr TILLEY — Dr Taylor, I want to go back and explore a bit more on the data stuff specifically related to this area, and we have an integrated single health service for this region. Just a couple of quick simple questions in relation to the data captured. In the first instance, do we differentiate between people brought to the trauma centre, either in Albury or Wodonga, that they are either a New South Wales or a Victorian resident?

Dr TAYLOR — Yes. The address is in the data.

Mr TILLEY — With the data, can we differentiate between whether it is a motorcycle, a passenger vehicle or a heavy vehicle?

Dr TAYLOR — In the emergency data in Albury, the answer is no, because we do not record that. But in the inpatient data I think they do record that, and in Wodonga I think they have to record it as well.

Mr TILLEY — I might need to follow up on some of those points after this hearing. In that case, we are uncertain in relation to that breakdown at this stage. That is fine.

Dr TAYLOR — Uncertain, because we are talking about four different systems of data.

Mr TILLEY — I appreciate the position that you would be in. You are treating patients, trying to manage and so on.

Dr TAYLOR — I know at Albury we could not get data straightaway from our emergency system, and then we were looking at the inpatient system to see if they had cracked it. I only had two days warning, so I did not have time to check it out.

Mr TILLEY — Yes. I appreciate that. We will follow up in relation to motorcycles and if there is any capturing of whether it is an on-road incident or an off-road incident. We will pursue that.

Dr TAYLOR — The Victorian injury surveillance data does record that. We do not do that in Albury, but perhaps we should.

Mr TILLEY — Even though it is Victorian-administered Victorian legislation?

Dr TAYLOR — Perhaps we should do that.

Mr TILLEY — All right, we will not press on that. In your contribution you mentioned earlier — and I thank you for it — that there were about 125 transfers annually to either the Alfred or — —

Dr TAYLOR — That is a guess. There were roughly 125 multi-traumas in Albury; and transfers out — I did not get the figure on that, but trauma to the Alfred — probably 3 a month, so 30-odd a year. That data is easy to get, but I do not have it here in my head.

Mr TILLEY — It is certainly something to pursue later. Of those, are we able to establish if they are from road trauma and whether it is from a breakdown or from a motorcycle crash?

Dr TAYLOR — Yes. It is going to be road hazards, pedestrians and motorcyclists for the moment — and cyclists.

Mr TILLEY — Which leads me to the transfers. You mentioned that it is predominantly transfer by air, so, whether it be by rotary wing or by fixed wing, can you give us some commentary in relation to those transfers?

Dr TAYLOR — Most transfers to Melbourne are by air because that is the most convenient for the ambulance service, because it does not take a car off the road for 7 hours, so most transfers are by air. The helicopter is just on the edge of its range in Albury, so they try not to do helicopter transfers very often from Albury.

Mr ELSBURY — So they would be flying into Essendon, would they?

Dr TAYLOR — Yes, fly to Essendon and then transfer to the Alfred or the Royal Melbourne.

Mr ELSBURY — Sorry, just had to stick up for Essendon Airport again.

Mr TILLEY — In relation to rotary wing response in this region, what is available to the area where there is a call for specifically a rotary wing aircraft?

Dr TAYLOR — There is one based in Bendigo which can get to Albury. To be honest, we do not use it very often; maybe it lands in Albury about twice a year, and we have not really explored the exact reason for that. We do not have one based in Albury. Most of our stuff is transferred by fixed wing. I cannot answer that question either, really, but the nearest helicopter, I think, is based in Bendigo. The only case I can recall was a fella who had a dissected aorta and whom we had to get to Melbourne and we could not fly in by fixed wing. He was helicoptered out, and I think the helicopter came from Bendigo to Albury and took him to Melbourne. It was at the very end of its range getting to Melbourne.

Mr TILLEY — In the past, did we do some transfers to the ACT as well?

Dr TAYLOR — I think there have been a few in the past, but we tend to use Melbourne almost exclusively now.

Mr TILLEY — Just covering off, I suppose — you see some air ambulance rotary wing aircraft from time to time, specifically during the ski season, pretty well refuelling before they go back. As a separate issue from this, are they flying into the resorts and transferring directly from the resorts and just going south, or is it — any knowledge or information in this area?

Dr TAYLOR — We have had a few come from the resorts to Albury, then stabilise, then fixed wing to Melbourne. It has happened occasionally, yes. I think these questions are probably best answered by the ambo, I think.

Mr TILLEY — We are pursuing — yes. We have to ask everybody.

Dr TAYLOR — That is fair enough. That is my experience — that we do not use the helicopters very much.

Mr LANGUILLER — Just following on from Mr Tilley, if I may. Thank you again, and I say that we are very conversant to your principal job, duty and passion to look after patients and all of that and not to

necessarily focus too much on data collection and administration of that type. We do understand that. If I can just explain that the accuracy of data collection may give governments and agencies the possibility of developing good policy and good legislation that hopefully will lead on to preventing those injuries in the first place, and that is the context within which we want to ask you further questions in relation to data collection. When a person arrives at your emergency department, do they ask questions or look into things like, 'Was he or she wearing' — in the case of a motorcyclist — 'protective gear'? For example, a jacket or trousers. Do you have that level of information?

Dr TAYLOR — No, we do not have that information, but it may be written freestyle.

Mr LANGUILLER — Maybe the paramedics do to some extent.

Dr TAYLOR — It may be written freestyle in the doctor's notes or something like that. That is the only way you might pick it up; we do not actually collect a field of data. The injuries around the state of Victoria are really quite extensive, as you know, and it does actually take quite a lot of time to collect on the scene. It is up to 2 or 3 minutes per case, and if you multiply by 20 000 cases, you have 60 000 minutes, so it does not come through to you. It is actually a cost to the organisation to collect that data, but I agree — it is obviously very important to have the data, but it is a very expensive resource to collect, because there is not actually a dedicated data collector collecting the data. It is put in by doctors and nurses, and it does take a substantial amount of time.

Mr LANGUILLER — And they are busy, aren't they? They have a primary duty to get the person through.

Mr TAYLOR — They have lots of other task to do, and although I agree it is very important to have it, it is quite an expensive resource to collect from a doctor's point of view.

Mr LANGUILLER — Indeed. Thank you for that.

Mr ELSBURY — Just in relation to first-on-scene work, especially in an area like this which is fairly remote with few road users around at the best of times, what do you think of first aid training specifically for motorcyclists, so if someone comes off their bike, one of their mates knows what to do instead of doing the normal CPR work?

Mr TAYLOR — Yes, it seems like a very good idea. Probably the main thing is mobile phone access and making sure that they carry a mobile phone because calling for help is probably the most important part of first aid in that situation. If they are able to do basic chest compressions and so on, that would be helpful, but if they were riding without a mobile phone, that would be disastrous.

Mr PERERA — Through your experience or observation, can you say that motorcycle road accidents are seasonal?

Mr TAYLOR — Yes. I looked at the data and they do seem to be seasonal. I think it is more in summer. That was the way it read.

Mr PERERA — Does that mean that more rides are taken during summer?

Mr TAYLOR — I had a quick scan of the data last night because of this meeting and it seemed like it was mainly weekend rides and more in summer. That is the way it appeared to me. So it is like half of it of the injuries are on weekends.

Mr PERERA — Does it have any impact on the grand prix at Phillip Island?

Mr TAYLOR — I do not know.

Mr PERERA — What are the specific outcomes you would like to see from this inquiry?

Mr TAYLOR — I have not actually seen the terms of reference to the inquiry.

The CHAIR — Just to help you then — and we will make sure that you have a copy of the terms of references before leaving — we are looking at rider education, rider training, road design and interactions between both cyclists and motorists. You might be able to extrapolate from your experience as a cyclist,

because there are some parallel issues. So I will take that question from my colleague Mr Perera just little bit further. From your experience as a cyclist, have you had some thoughts on what could improve road safety outcomes for road users?

Mr TAYLOR — The general belief in the cycling community is that Victorian drivers are some of the worst in the world as regarding cyclist safety and respect for cyclists. A lot of motorists do not seem to understand that you are allowed to ride two abreast on a road. They just do not realise that. A lot of motorists do not understand that you are supposed to give 2 metres leeway to a cyclist as well.

The CHAIR — How many metres' leeway?

Mr TAYLOR — I think it is 2 metres.

The CHAIR — I think there is a debate on this; in fact I think there is a meeting taking place in Melbourne this very day, which is being put on by the institute of engineers, which is looking at a 1-metre clearance which they are campaigning for, but I do not think even that is specified or mandated in Victoria.

Mr TAYLOR — Anyway I think a lot of motorists do come far too close when they are passing a cyclist. A lot of motorists seem to think they have automatic right of way over cyclists as well. If they come through a roundabout, they assume that because they are in the vehicle they have got right of way automatically and a cyclist does not have any right of way. I think cyclists have to live in fear of motorists and assume that every motorist is going to kill them.

The other issue is the car doors. There are times when you deliberately give car doors a big leeway and then a motorist will come behind you and beep at you because you are in their part of the lane. The biggest risk probably is the car-door issue for cyclists. It is a very dangerous sport. Lots of people who have ridden overseas a lot say, 'It's really bad in Australia, and Victoria is especially bad. Melbourne is terrible'.

Mr ELSBURY — They have just started a campaign of trying to teach drivers that over 1 metre is better for passing a cyclist.

Dr TAYLOR — I honestly thought that was mandatory and that it was already in the road rules. There is probably a widespread ignorance about what the road rules actually are with regard to cyclists.

Mr BEARD — Can I interrupt while you are talking about pushbikes?

The CHAIR — Yes.

Mr BEARD — Again, my name is Rex Beard. It is interesting that you talk about a 1-metre clearance between a pushbike and a vehicle. If you are on a country road and confronted by two cyclists riding abreast, and if the road is undulating and you have no warning that there are cyclists — if you come up over a rise, there is a car coming the other way and you have two cyclists riding side by side on a small country road — that 1-metre rule instantaneously, if it were in Victoria, would go out the door straightaway.

Talking about pushbikes, we all have a car licence. I would assume everyone in this room has a car licence. When you put somebody on a pushbike with a car licence, all of a sudden road rules go straight out the door. They ride on the incorrect side of the road, and you can be confronted with them at an intersection where you are turning left and around the corner comes a pushbike on your side of the road. It is an education thing that is not getting through. Just because they have a car licence and then hop on a pushbike, that does not mean they can break the law in any shape or form. You could quote incidents that have happened on Beach Road in Melbourne, where they have unofficial cycle races every Saturday or Sunday morning that have resulted in a guy being killed on a pedestrian crossing by a pushbike. People on pushbikes, and I assume also on motorbikes, seem to think that just because they are on two wheels a lot of the four-wheel road rules do not apply to them. Thank you very much for listening to me.

The CHAIR — I note those comments. The death to which you refer would be that of Mr James Gould a number of years ago at a pedestrian crossing in Mentone. There was also another cyclist killed near Normanby Street, Brighton, just earlier this year. It is a dangerous activity, and I think there needs to be heightened awareness on the part of all road users that under the Road Safety Act 1986 a bicycle is also regarded as a

vehicle for the purposes of the act with the same rights and obligations as other vehicles on the road, including four-wheel sedans.

Dr Taylor, I will put one other question to you. Do you have any other thoughts you would like to convey to us as an inquiry that might be directed towards improving road safety outcomes for motorcyclists? If you do not at this stage, you are welcome to communicate with us upon reflection.

Dr TAYLOR — Nothing springs out at the moment.

The CHAIR — Dr James Taylor has been doing a study involving correlating the date, time and place of bike accidents with a view to feeding into improved traffic and safety outcomes in one part of Melbourne. It may be of interest to you to find out what his data collection headings might be that might be useful into the future. There might be someone working with you who could correlate some of that information for the north-east of Victoria so that people could be better guided in the decision-making process. One of our issues relates to the accuracy of data.

Another term of reference is off-road riding and trail bikes. Have you had any experience in dealing with that in a trauma sense?

Dr TAYLOR — Yes. We occasionally see one of those.

The CHAIR — Do you have any thoughts on that activity or improving safety outcomes for trail bike riders.

Dr TAYLOR — I am not sure. I do not think they are registered to ride, are they? They can basically ride an unregistered bike off the road. Is that correct? I am not sure about registration for off-road riding.

The CHAIR — I will defer to my policing colleague regarding trail bike riders and registration for off-road use. It is my understanding that in state forests and national parks you are obliged to be registered for off-road use. Also on farms — —

Mr TILLEY — For farm application they have to be registered if they are used on a highway.

Dr TAYLOR — Only if they are on the road, not if they are off the road.

The CHAIR — Otherwise, on a farm itself registration is not required.

Dr TAYLOR — I have no major thoughts there.

The CHAIR — We appreciate your time and your contribution to public health through your role as the ED director in the north-east. Should you have ideas you would like to contribute, feel free to engage either through your local member or through the parliamentary committee. I note that our work is best performed when we have ongoing engagement with the key stakeholders in the system. You have highlighted an issue in relation to data collection, and we will be examining that to ensure that it feeds into the statistical base in Victoria. Thank you for your time.

Witnesses withdrew.