

# ASSESSING FITNESS TO DRIVE

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FOR COMMERCIAL AND PRIVATE VEHICLE DRIVERS



## HELP FOR HEALTH PROFESSIONALS

For guidance in assessing a patient's fitness to drive  
contact your State or Territory Driver Licensing Authority  
(see page 123 for details).

### **Assessing Fitness to Drive**

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# ASSESSING FITNESS TO DRIVE

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FOR COMMERCIAL AND PRIVATE VEHICLE DRIVERS

MEDICAL STANDARDS FOR LICENSING

AND

CLINICAL MANAGEMENT GUIDELINES

GUIDELINES AND STANDARDS FOR HEALTH PROFESSIONALS IN AUSTRALIA

Approved by the Australian Transport Council  
and endorsed by all Australian Driver Licensing Authorities



SEPTEMBER 2003

## AUSTROADS PROFILE

**Austrroads** is the association of Australian and New Zealand road transport and traffic authorities whose purpose is to contribute to the achievement of improved Australian and New Zealand transport related outcomes by:

- developing and promoting best practice for the safe and effective management and use of the road system
- providing professional support and advice to member organisations and national and international bodies
- acting as a common vehicle for national and international action
- fulfilling the role of the Australian Transport Council's Road Modal Group
- undertaking performance assessment and development of Australian and New Zealand standards
- developing and managing the National Strategic Research Program for roads and their use.

Within this ambit, Austrroads aims to provide strategic direction for the integrated development, management and operation of the Australian and New Zealand road system — through the promotion of national uniformity and harmony, elimination of unnecessary duplication, and the identification and application of world-best practice.

## AUSTROADS MEMBERSHIP

Austrroads membership comprises the six State and two Territory road transport and traffic authorities and the Commonwealth Department of Transport and Regional Services in Australia, the Australian Local Government Association and Transit New Zealand. It is governed by a council consisting of the chief executive officer (or an alternative senior executive officer) of each of its eleven member organisations:

- Roads and Traffic Authority New South Wales
- Roads Corporation Victoria
- Department of Main Roads Queensland
- Main Roads Western Australia
- Department of Transport and Urban Planning South Australia
- Department of Infrastructure, Energy and Resources Tasmania
- Department of Infrastructure, Planning and Environment Northern Territory
- Department of Urban Services Australian Capital Territory
- Commonwealth Department of Transport and Regional Services
- Australian Local Government Association
- Transit New Zealand

The success of Austrroads is derived from the synergies of interest and participation of member organisations and others in the road industry.



## NATIONAL ROAD TRANSPORT COMMISSION

The National Road Transport Commission (NRTC) is a statutory body that was created by two Intergovernmental Agreements and formally established under a Commonwealth Act in January 1992.

It reports to the Australian Transport Council (ATC), comprising Ministers from the Commonwealth, States and Territories, and is funded proportionally by nine jurisdictions. The Commission has recently undergone its second review and ATC has announced that Heads of Government have agreed to the establishment of the National Transport Commission.

The National Transport Commission will continue the NRTC's role of reforming road transport regulation and operations, with an increased emphasis on keeping implemented reforms up to date, so that national uniformity is maintained 'on the ground'.

Rail and intermodal units were established in the NRTC in July 2003. The functions of the NRTC will be formally assumed by the National Transport Commission, on the passage of legislation, establishing the new body by January 2004.



NATIONAL ROAD TRANSPORT COMMISSION

## ENDORSEMENTS AND CONTRIBUTIONS

The setting of these standards has involved extensive consultation across a wide range of stakeholders, including regulators, employers, unions and health professionals.

The following organisations endorse the standards and are gratefully acknowledged for their contribution to the process:

**All Australian Driver Licensing Authorities**  
**Australasian College for Emergency Medicine**  
**Australasian Faculty of Occupational Medicine**  
**Australasian Faculty of Rehabilitation Medicine**  
**Australasian Sleep Association**  
**Australasian Society for Infectious Diseases**  
**Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists**  
**Australian & New Zealand College of Anaesthetists**  
**Australian & New Zealand Society of Nephrology**  
**Australian Association of Neurologists**  
**Australian Diabetes Society**  
**Australian Medical Association**  
**Australian Professional Society of Alcohol & Drugs**  
**Australian Rheumatology Association**  
**Australian Society for Geriatric Medicine**  
**Cardiac Society of Australia & New Zealand**  
**Endocrine Society of Australia**  
**Gastroenterology Society of Australia**  
**Medical Oncology Group of Australia**  
**National Stroke Foundation**  
**OT Australia**  
**Royal Australasian College of Physicians**  
**Royal Australian & New Zealand College of Obstetricians & Gynaecologists**  
**Royal Australian & New Zealand College of Ophthalmologists**  
**Royal Australian & New Zealand College of Psychiatrists**  
**Royal Australian College of General Practitioners**  
**Thoracic Society of Australia & New Zealand**

The National Road Transport Commission and Austroads acknowledge the contributions of:

**Ambulance Service of NSW**  
**Audiological Society of Australia**  
**Australian Society of Otolaryngology, Head & Neck Surgery**  
**Optometrists Association of Australia**  
**Victorian Institute of Forensic Medicine**



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The National Road Transport Commission and Austroads gratefully acknowledge the role of Steering Committee members and the Reference Group:

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## LEGAL DISCLAIMER

These licensing standards and management guidelines have been compiled using all reasonable care, by relying upon the advice of particular health professional associations, and Austroads believes them to be correct at the time of printing. However, neither Austroads nor the authors accept responsibility for any consequences arising from their application.

Health professionals should maintain an awareness of any changes in health care and health technology that may affect their assessment of drivers. Health professionals should also maintain an awareness of changes in the law that may affect their legal responsibilities.

Where there are concerns about a particular set of circumstances relating to ethical or legal issues, advice may be sought from the health professional's medical defence organisation or legal advisor.

Other queries about the standards should be directed to the Driver Licensing Authority.

## FEEDBACK

It is proposed to periodically update these standards and guidelines in line with changes in medical knowledge, legal requirements and community expectations. If you have any comments or suggestions about improving the document, please complete the feedback form at the back of the book or write to:

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PO Box K659  
Haymarket NSW 2000

Alternatively, feedback can be submitted online at <[www.austroads.com.au](http://www.austroads.com.au)>.





## FOREWORD

Each year in Australia more than 1,700 Australians are killed on our roads and nearly 23,000 are seriously injured. The total economic cost of this exceeds \$15 billion annually and the accompanying social costs greatly impact on our communities.

Whilst many factors contribute to safety on the road, driver health is an important consideration and drivers must meet certain medical standards to ensure that their health status does not increase the risk of a crash in which they or other road users may be killed or injured.

In recent years the medical standards for commercial and private vehicle drivers in Australia have been published in two booklets by two separate organisations: *Medical Examinations of Commercial Vehicle Drivers*, which was last revised in 1997 by the National Road Transport Commission, and *Assessing Fitness to Drive* for private vehicle drivers, which was last published in 2001 by Austroads. These standards have been used by health professionals and driver licensing authorities to guide decisions regarding driver licensing and patient management. Following a review, it was agreed by all driver licensing authorities that there would be benefits in bringing both sets of standards and the clinical guidelines into a single publication.

This has been achieved in *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers 2003*. The revised document has been developed by the National Road Transport Commission and Austroads in consultation with a wide range of medical experts, peak medical bodies and colleges, the road transport industry and State and Territory licensing authorities.

In July 2003 the standards were approved by the Australian Transport Council of Commonwealth, State and Territory

transport ministers, and Austroads, the association of road transport and traffic authorities. All driver licensing authorities have also approved the standards.

Apart from consolidating the commercial and private vehicle driver standards, this edition provides more comprehensive guidance for health professionals conducting examinations and provides a clear outline of the responsibilities and relationships in the licensing process for drivers, health professionals and driver licensing authorities.

This publication recognises the importance of driving to our society and outlines the use of conditional licences in circumstances where the medical condition can be successfully treated by a doctor or specialist, with the resulting risk being comparable to that of the healthy population.

The National Road Transport Commission and Austroads wish to acknowledge the commitment of health professionals to road safety. We appreciate the importance of their role in this partnership with drivers, the road transport industry and licensing authorities. Together we hope to further reduce deaths and injuries from vehicle crashes on Australian roads.

Our thanks go to all who assisted in the development of these standards.



**Robin Dunlop**  
Chairman  
Austroads



**Stuart Hicks**  
Chairman  
National Road Transport Commission

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## **HELP FOR HEALTH PROFESSIONALS**

**For guidance in assessing a patient's fitness to drive  
contact your State or Territory Driver Licensing Authority  
(see page 123 for details).**

## PART A: GENERAL INFORMATION



### 1 PURPOSE OF THIS PUBLICATION

Driving a motor vehicle is a complex task involving perception, appropriate judgement, adequate response time and reasonable physical capability. A range of medical conditions, as well as certain treatments, may impair any of these factors. Such impairment may adversely affect driving ability, possibly resulting in a crash causing death or injury.

Given the many causal factors in motor vehicle crashes, the extent to which medical conditions and treatments contribute is difficult to assess. There is, however, international recognition of the potential for certain conditions to cause serious impairment and thus recognition of the need for medical standards to be established and applied.

There is also recognition that the standards for drivers of certain commercial vehicles such as heavy vehicles, passenger vehicles and bulk dangerous goods vehicles must be more stringent than those for private drivers. Commercial vehicle crashes, for example, may present a severe threat to passengers, road users and residents adjacent to the road. Such crashes also present potential threats in terms of spillage of chemicals, fire and other significant property damage.

**This publication combines the medical standards for commercial and private vehicle drivers and replaces the publications 'Assessing Fitness to Drive 2001' and 'Medical Examinations for Commercial Vehicle Drivers 1997'.**

***The primary purpose of this publication is to increase road safety in Australia by assisting health professionals to:***

- Assess the fitness to drive of their patients in a consistent and appropriate manner, based on current medical evidence.
- Promote the responsible behaviour of their patients having regard to their medical fitness.
- Conduct medical examinations for the licensing of drivers as required by State and Territory Driver Licensing Authorities.
- Make recommendations regarding conditional licences.
- Recognise the extent and limits of their professional and legal obligations with respect to reporting fitness to drive.

***With these aims in mind the publication:***

- Outlines clear medical criteria for driver capability, based on available evidence and expert medical opinion.
- Clearly differentiates national minimum standards (approved by the Australian Transport Council) for drivers of commercial and private vehicles.
- Provides general guidelines for managing patients with respect to their fitness to drive.
- Outlines the legal obligations for medical practitioners and drivers.
- Provides medical examination proformas to help guide the assessment process.
- Provides a reporting template to guide reporting to the Driver Licensing Authority if required.
- Provides links to supporting and substantiating information.
- Provides a primary source of criteria for State and Territory Driver Licensing Authorities in assessing fitness to drive.

## HELP FOR HEALTH PROFESSIONALS

For guidance in assessing a patient's fitness to drive  
contact your State or Territory Driver Licensing Authority  
(see page 123 for details).

## 2 USE OF THIS PUBLICATION

### 2.1 THE LICENSING PROCESS

**The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.**

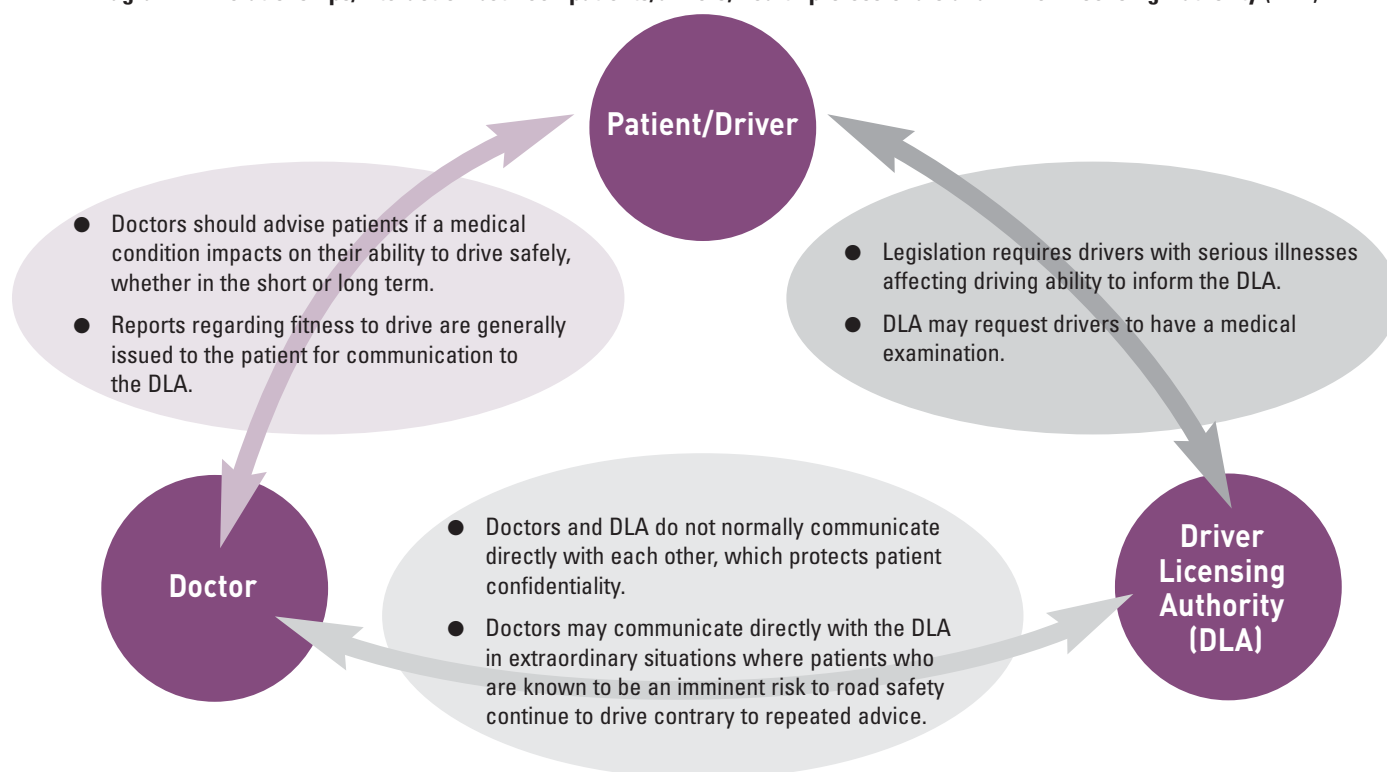
In making a licensing decision, the authority will seek input regarding a person's medical fitness to drive, either directly from the driver and/or from a medical practitioner or other health professional. The authority will also act on unsolicited reports from health professionals, the police or members of the public regarding a patient's fitness to drive.

In the licensing process, the driver, the health professional and the authority all have clearly defined roles and responsibilities as summarised in the following table and as illustrated in Diagram 1. This publication is designed to assist the health professional in undertaking their role in the context of the overall licensing process.

ROLES AND RESPONSIBILITIES		
The Driver	The Health Professional	The Driver Licensing Authority
<ul style="list-style-type: none"> <li>■ To report to the Driver Licensing Authority any condition which is likely to affect their ability to drive safely.</li> <li>■ To respond truthfully to questions from the health professional regarding their health status and the likely impact on their driving ability.</li> <li>■ To adhere to prescribed medical treatment.</li> <li>■ To comply with requirements of conditional licence as appropriate, including periodic medical reviews.</li> </ul>	<ul style="list-style-type: none"> <li>■ To assess the person's medical fitness to drive based on the relevant medical standards.</li> <li>■ To advise the person regarding the impact of their medical condition on their ability to drive and recommend restrictions and ongoing monitoring as required.</li> <li>■ To advise the person of their responsibility to report their condition to the Driver Licensing Authority if their driving is likely to endanger themselves or others.</li> <li>■ To treat, monitor and manage the person's condition with ongoing consideration of their fitness to drive.</li> <li>■ To report to the Driver Licensing Authority regarding a person's fitness to drive in accordance with legislated requirements and public safety considerations (refer page 10).</li> <li>■ To make an assessment and provide advice to the Driver Licensing Authority regarding a patient's suitability to hold a conditional licence.</li> </ul>	<ul style="list-style-type: none"> <li>■ To make all decisions regarding the licensing of drivers. The Driver Licensing Authority will consider reports provided by health professionals, police and members of the public.</li> <li>■ To make all decisions regarding the issue of conditional licences. The Driver Licensing Authority will consider the recommendations of health professionals as well as other relevant factors.</li> <li>■ To advise the public of their responsibility to report any condition to the Driver Licensing Authority if their driving is likely to endanger themselves or others.</li> </ul>

## USE OF THIS PUBLICATION

Diagram 1 – Relationships/interaction between patients/drivers, health professionals and Driver Licensing Authority (DLA)



*The above relationships are generalised and may vary between States in terms of legislative requirements. For specific requirements see Appendices 2 and 3.*

### 2.2 WHO SHOULD USE THIS PUBLICATION?

This publication is intended for use by any health professional who is involved in assessing a person's fitness to drive, including:

- Medical practitioners (general practitioners and specialists)
- Optometrists
- Psychologists
- Physiotherapists
- Occupational therapists

The publication also provides a primary source of criteria for Driver Licensing Authorities in assessing fitness to drive.

### 2.3 WHAT IS THE SCOPE OF THE PUBLICATION?

This publication is designed principally to guide and support recommendations made by health professionals regarding fitness to drive for **licensing purposes**. It sets out clear medical criteria for unconditional and conditional licences which form the medical basis of decisions made by the Driver Licensing Authority. The publication also provides general guidance with respect to patient management including short-term situations in which patients should be advised not to drive but which do not warrant action in terms of licensing.

The content focuses on common conditions known to affect fitness to drive and in particular on determining the risk of a patient's involvement in a serious motor crash caused by loss of control of the vehicle.

It is accepted that other medical conditions, or combinations of conditions, may also be relevant and that it is not possible to define all clinical situations where an individual's overall function would compromise public safety. A degree of professional judgement is therefore required in assessing fitness to drive.

Health professionals should also keep themselves up to date with significant changes in medical knowledge and technology that may influence their assessment of drivers, and with legislation that may affect the duty of either the health professional or the patient.



## 2.4 WHY SHOULD THIS PUBLICATION BE USED?

Routine use of these standards will ensure that the fitness to drive of each patient is assessed in a consistent manner. In doing so the health professional will not only be contributing to road safety, but will minimise medico-legal exposure in the event that a patient is involved in a crash.

## 2.5 WHEN AND HOW SHOULD THIS PUBLICATION BE USED?

This publication should be used to guide examination and assessment of drivers of all vehicles, i.e. drivers of **private** and **commercial** vehicles.

It should be used when:

- ***Undertaking an examination at the request of a Driver Licensing Authority or industry accreditation body.***  
Health professionals may be requested to undertake a medical examination of a driver for a number of reasons. This may be for initial licensing of a commercial vehicle driver (e.g. public passenger vehicle driver), for licence renewal of an older driver, as a requirement for a conditional licence or as a result of a vehicle crash. The nature and extent of the examination will generally be specified by the Driver Licensing Authority. The process for undertaking an examination that is requested by a Driver Licensing Authority is summarised in Diagram 4.1, page 18.
- ***Treating any patient who holds a driver licence whose condition may impact on their ability to drive safely.***  
The majority of adults drive, thus a health practitioner should routinely consider the impact of a patient's condition on their ability to drive safely. Awareness of a patient's occupation or other driving requirements is also helpful. If a potentially impairing condition is identified, the treating health professional should refer to the relevant chapter(s) but also consider the person's overall functionality with respect to the driving task. The process for assessing fitness to drive in the course of patient treatment is summarised in Diagram 4.2, page 19.

The publication contains a series of chapters relating to medical systems/diseases (Part B) as well as important general information regarding examination processes and legal considerations (Part A). Further support information, including forms to guide the examination process and reporting to the Driver Licensing Authority are included in Part C.

Within Part B, medical criteria for unconditional and conditional licences are summarised in a tabulated format and are colour coded to differentiate requirements for private and commercial vehicle drivers. Additional information, including rationale and general patient management considerations is provided in the supporting text of each chapter. The general information also covers acute medical situations which do not impact on driver licensing but do require abstinence from driving in the short term, e.g. anaesthesia. ***It is important that the health professional familiarise themselves with both the general information and the tabulated standards before making an assessment of a patient's fitness to drive.***

## 2.6 WHICH STANDARDS SHOULD BE APPLIED?

This publication outlines two sets of medical standards – private vehicle driver standards and commercial vehicle driver standards.

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

***Generally, the commercial vehicle driver medical standards apply to drivers seeking authority (or already authorised) to drive heavy vehicles, public passenger vehicles or vehicles carrying bulk dangerous goods. These standards are more stringent than the private standards and reflect the increased risk associated with motor vehicle crashes involving such vehicles. Thus:***

The **private standards** should be applied to:

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

## USE OF THIS PUBLICATION













The **commercial standards** should be applied to:

- Drivers of 'heavy vehicles', i.e. those holding or applying for a licence of class MR (Medium Rigid), HR (Heavy Rigid), HC (Heavy Combination) or MC (Multiple Combination, refer Table 1).
- Drivers applying for an authority/already authorised to carry public passengers for hire or reward (bus drivers, taxi drivers, chauffeurs, drivers of hire cars and small buses etc).
- Drivers applying for an authority/already authorised to carry bulk dangerous goods.

Other driver categories may also be subject to the commercial vehicle standards as a result of certification requirements of the authorising body or as required by specific industry standards, for example tram drivers, driving instructors, members of Trucksafe etc.

**NOTE: A person who does not meet the commercial vehicle medical criteria may still be eligible to retain a private vehicle driver licence. In such cases, both sets of standards may need to be consulted.**

**Table 1 – Choice of standard according to vehicle/licence type**

NATIONAL LICENCE CLASSES		WHICH STANDARDS TO APPLY	
		PRIVATE	COMMERCIAL
<b>Motor Cycle (R)</b> 	Motor bike or motor trike	<b>Private standards apply UNLESS driver holds or is applying for an authority to carry public passengers for hire or reward or bulk dangerous goods.</b>	<b>Commercial standards apply if driver holds or is applying for an authority to carry public passengers for hire or reward or bulk dangerous goods.</b>
<b>Car (C)</b>  	Vehicle not more than 4.5 tonnes GVM (Gross Vehicular Mass) and seating up to 12 adults including the driver.		
<b>Light Rigid (LR)</b>   	Any rigid vehicle greater than 4.5 tonnes GVM or a vehicle seating more than 12 adults, that is not more than 8 tonnes, plus a trailer of no more than 9 tonnes GVM.		
<b>Medium Rigid (MR)</b>  	Any 2 axle rigid vehicle greater than 8 tonnes GVM.		
<b>Heavy Rigid (HR)</b>  	Any rigid vehicle with 3 or more axles greater than 8 tonnes GVM.		<b>Commercial standards apply at ALL times.</b>
<b>Heavy Combination (HC)</b> 	Prime mover + single semi-trailer or a rigid vehicle plus trailer greater than 9 tonnes GVM and any unladen converter dolly trailer.		
<b>Multiple Combination (MC)</b> 	Heavy Combination vehicle with more than one trailer.		

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## 2.7 ADDITIONAL REQUIREMENTS FOR DRIVERS

While the medical standards themselves are generally and nationally applicable, the **frequency** with which drivers are required to present for examination does vary.

For example, drivers of some classes of commercial vehicles may require ongoing periodic examination to meet the requirements of certification or accreditation from a government agency. This is in addition to the requirements associated with the driver licence. Such requirements vary between States and Territories and might apply for example to:

- Drivers of vehicles which are physically difficult to drive and/or require the capacity to monitor many vehicle functions, e.g. Multiple Combinations.
- Drivers of vehicles for which the consequences of a crash are usually serious, e.g. buses and bulk dangerous goods vehicles.
- Drivers of vehicles for which the public expect a high standard of fitness, e.g. taxis and ambulances.

There are also requirements in some States and Territories for **older drivers** to undergo periodic medical assessment to ensure fitness to drive. Refer page 76.

In addition to the medical examination, a separate **skills assessment** may also be required for certain drivers or classes of vehicles.

These additional requirements are determined and directed by individual State and Territory Driver Licensing Authorities and/or by industry groups such as the Australian Trucking Association, and are outlined in **Appendix 1**.

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## 2.8 WHERE TO GO FOR MORE INFORMATION AND GUIDANCE

### Licensing and administrative aspects

For further guidance with respect to the administrative process or licensing aspects of assessing a patient's fitness to drive health professionals are advised to contact the Driver Licensing Authority in their State or Territory (refer **Appendix 8**).

### Medical aspects

While not all Driver Licensing Authorities have medical officers on staff, they are best placed to assist or to refer health professionals who require guidance with particular cases (refer **Appendix 8**).

### Legal and ethical issues

For clarification of the legislation guiding assessment of drivers, health professionals are advised to contact the Driver Licensing Authority (refer **Appendix 8**). For general advice regarding legal or ethical issues health professionals should contact their professional defence organisation.

### 3 ASSESSING FITNESS TO DRIVE

The aim of determining fitness to drive is to minimise the risk to the individual and other road users, while maintaining appropriate independence and employment for the individual. The following pages outline general principles and considerations for assessing driver fitness including the legal, ethical and medical issues to be considered. These principles should be considered in conjunction with the specific standards outlined in Part B of this publication.

#### 3.1 REQUIREMENTS OF THE DRIVING TASK

Driving is a complex task requiring a reasonably high level of skill on the part of the individual driver and the ability of that driver to interact with both the vehicle and the external environment at the same time.

All drivers must:

- sense information from the external environment, instrument displays and the vehicle;
- process and interpret this information and decide what to do;
- implement these decisions via use of the steering wheel, floor pedals, gear lever and other controls.

This process occurs within an environment of complex contributing factors including:

- the individual driver's experience, training and attitude;
- their physical, mental and emotional health, including fatigue and the effect of prescription and non-prescription drugs;
- the road system, e.g. signs, other traffic, road layout, etc;
- legal requirements, e.g. speed limits, blood alcohol concentration;
- the natural environment, e.g. night, extremes of weather, glare;
- vehicle and equipment characteristics, e.g. type of vehicle, braking performance, maintenance etc;
- personal requirements, destination, appointments etc.

For commercial or heavy vehicle drivers there are a range of additional factors including:

- business requirements, e.g. rosters (shifts), driver training, contractual demands;
- additional legal requirements, e.g. log books, licensing procedures;
- further vehicle issues including: size, stability, load distribution;
- duty of care to passengers;
- risks associated with carriage of dangerous goods;
- additional skills required to manage the vehicle (e.g. turning, braking etc);
- demands associated with long periods spent on the road.

Given these factors, it follows that several body systems need to be functional to ensure safety of the driving task. Adequate vision and other sensory input is needed to acquire relevant information; cognitive processes must be intact and supported by sound circulatory and metabolic functions; and locomotor capacity needs to be sufficient to execute control of the vehicle.

The assignment of medical standards for vehicle drivers is based on an evaluation of the public safety risk, where

*Risk = likelihood of the event x severity of consequences*

Commercial vehicle drivers generally spend considerable time on the road, thus increasing the likelihood of a motor vehicle crash. They may also drive a vehicle of considerable weight and/or may carry passengers or dangerous goods – factors that increase the severity of the consequences of a motor vehicle crash. On the other hand, motor vehicle crashes involving private vehicle drivers are likely to have less severe consequences. Therefore, to ensure that the risk to the public is similar for private and commercial vehicle drivers, the medical fitness criteria for the latter must be significantly more stringent so as to reduce the risk of an illness-related crash to a minimum. The standards outlined in this publication reflect these differences.

The standards also acknowledge and allow for the variability in risk amongst different commercial vehicle drivers. The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy vehicle on his own property may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

Diagram 2 illustrates the many factors influencing the driver's ability to undertake the task safely.

**Diagram 2 – Factors influencing the driving task**

Driving tasks and performance are influenced by a range of factors relating to the individual, the vehicle, and wider organisational and environmental influences. This diagram presents a schematic model with a central core of individual factors being influenced in a complex interaction by successive layers of factors related to the motor vehicle, the organisation and regulation of work and the variable nature of the external working environment.

**ENVIRONMENTAL FACTORS**

Night/day, rain/glare,  
road surface, signage

**ORGANISATIONAL FACTORS**

Regulations, business requirements,  
rosters, appointments, time of day

**THE VEHICLE**

Type of vehicle,  
load etc

**INDIVIDUAL FACTORS**

Vision, cognitive function,  
decision making, behaviour,  
locomotor systems, etc.



### 3.2 LEGAL AND ETHICAL CONSIDERATIONS

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### 3.2.1 The Jurisdiction

Under the National Driver Licensing Scheme, the Driver Licensing Authority issuing the driver licence and the driver's residential address should be the same jurisdiction.

#### 3.2.2 The Driver: duty to report

National uniform law requires a patient to advise their own Driver Licensing Authority of any permanent or long-term injury or illness that affects his or her safe driving ability. This law can impose penalties for failure to report. (Refer Appendix 3 for further details).

This requirement exists in all States and Territories, except Western Australia, at the time of publication.

As well as the legal obligations described above, a patient may be liable at common law if he or she continues to drive knowing that he or she has a condition that is likely to adversely affect driving. Drivers should be aware that there may be long-term financial and legal consequences where there is failure to report an impairment to the Driver Licensing Authority.

In the case of medical examinations requested by the Driver Licensing Authority, patients also have a duty to declare truthfully their health status to the examining health professional.

Brochures describing the responsibilities of patients, examining professionals and licensing authorities are available free of charge from State and Territory Licensing Authorities. See Appendix 8 (p123) for contact details. This information is also available from the Austroads website:  
[www.austroads.com.au](http://www.austroads.com.au)

#### 3.2.3 The Health Professional

##### 3.2.3.1 Confidentiality and Privacy

Health professionals have both an ethical and legal duty to maintain patient confidentiality. The ethical duty is generally expressed through codes issued by professional bodies. The legal duty is expressed through legislative and administrative means, and includes measures to protect personal information about an individual specifically.

It is recognised that the patient-professional relationship is built on a foundation of trust. Patients disclose highly personal and sensitive information to health professionals because they trust that such information will remain confidential. If such trust is broken, many patients would be likely to either forego examination/treatment and/or modify the information they give to their health professional, thus placing their health at risk.

Although confidentiality is an essential component of the patient-professional relationship, there are, on (very few) occasions, ethically and/or legally justifiable reasons for breaching confidentiality. With respect to assessing and reporting fitness to drive, the duty to maintain confidentiality is qualified in certain circumstances in order to protect public safety.



For example, in situations where the patient is unable to appreciate the impact of their condition, or to take notice of the health professional's recommendations due to cognitive impairment, or if driving continues despite appropriate counselling and is likely to endanger the public, the health professional should consider reporting directly to the Driver Licensing Authority. In the Australian Capital Territory, New South Wales, Queensland, Tasmania and Victoria statute provides that health professionals who make such reports to the Driver Licensing Authority, without the patient's consent but in good faith that a patient is unfit to drive, are protected from civil and criminal liability (see Appendix 3 for more specific details).

In South Australia and the Northern Territory current legislation goes further and imposes mandatory reporting. A positive duty is imposed on health professionals to notify the relevant authority in writing of a belief that a driver is physically or mentally unfit to drive (see Appendix 3 for more specific details). **NOTE: In South Australia this legislation is under review. In Western Australia, at the time of publication, there is no legislated requirement for mandatory reporting nor does the statute indemnify those who make a report to the Driver Licensing Authority without the patient's consent.**

**It is preferable that any action taken in the interests of public safety should be taken with the consent of the patient wherever possible and should certainly be undertaken with the patient's knowledge of the intended action.** The patient should be fully informed as to why the information needs to be disclosed to a third party, in this case the Driver Licensing Authority, and be given the opportunity to consider this information. Failure to inform the patient will only exacerbate the patient's (and other's) feelings of mistrust in the patient-professional relationship.

It is recognised that there might be an occasion where the health professional feels that informing the patient of the disclosure may place the health professional at risk of violence. Under such circumstances the health professional must consider how to appropriately manage such a situation (refer 3.5.10 Patient-Professional Conflict, page 24).

In making a decision to report directly to the Driver Licensing Authority it may be useful for the health professional to consider the following points:

- the seriousness of the situation;
- the risks associated with disclosure without the individual's consent or knowledge, balanced against the implications of non-disclosure;
- the health professional's ethical and professional obligations;
- whether the circumstances indicate a serious and imminent threat to the health, life or safety of any person.

### ***Examinations requested by a Driver Licensing Authority***

The situation where a patient presents for a medical examination at the request of a Driver Licensing Authority generally presents a slightly different scenario with respect to confidentiality.

In this situation, the patient will present with a form or letter from the Driver Licensing Authority, requesting an examination for the purposes of licence application or renewal, or as a condition of a conditional licence. The completed form will generally be returned by the patient to the Licensing Authority, thus there is no risk of breaching confidentiality or privacy, provided only information relevant to the patient's driving ability is included on the form to be returned to the Driver Licensing Authority.

### ***Privacy legislation***

All health professionals should be aware of the National Privacy Principles, the Information Privacy Principles and other privacy legislation applicable in their jurisdiction (e.g. Health Records legislation) when collecting and managing patient information and when forwarding such information to third parties.

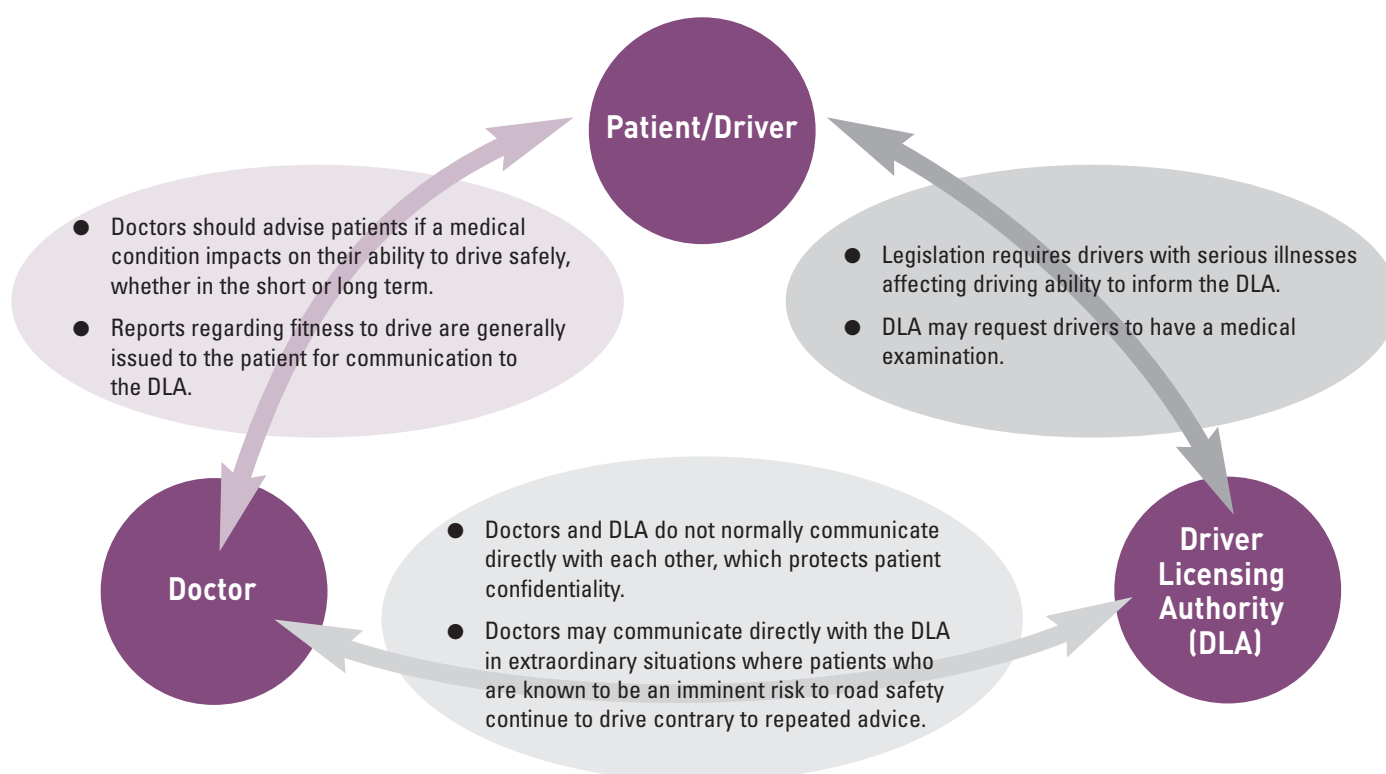
## **3.2.3.2 Equal Employment Opportunity (EEO) and Discrimination**

The purpose of the standards, particularly for commercial vehicle driving, is to protect public safety. They should not be used as a barrier to employment per se. The provision for a conditional licence to be granted where appropriate should assist employability without compromising road safety. The criteria have been set following a process of wide consultation.

Commonwealth and State or Territory legislation exists to provide protection for workers against unfair discrimination based on disability. A patient may be informed that should they suspect they are being unfairly discriminated against based on the disability outlined on the conditional licence, they could contact their union or the Human Rights and Equal Opportunity Commission or the relevant commission in their State or Territory.

## ASSESSING FITNESS TO DRIVE

Diagram 1: Relationships/interaction between patients/drivers, health professionals and Driver Licensing Authority (DLA)



The above relationships are generalised and may vary between States in terms of legislative requirements. For specific requirements see Appendices 2 and 3.

### 3.3 FORMS

#### 3.3.1 When conducting an assessment at the request of a Driver Licensing Authority

When conducting an assessment at the request of a Driver Licensing Authority the key form is the **Medical Certificate**. This form certifies the patient's fitness (or otherwise) to drive and is the mechanism for communication between the health professional and the Driver Licensing Authority, albeit via the patient/driver. It should be completed with details of any medical criteria NOT met as well as details of recommended restrictions and monitoring requirements for a conditional licence. Medical information not relevant to the patient's fitness to drive should not be included on this form for privacy reasons.

**A blank certificate is provided to the patient by the local Driver Licensing Authority and presented at the time of consultation for completion and signing by the health professional. The completed form is returned to the patient/driver for forwarding to the Driver Licensing Authority. The forms used by each State or Territory differ in certain administrative aspects but generally follow the format of the Model Medical Certificate shown in Appendix 2.1.**

The Driver Licensing Authority may provide two additional forms to guide the examination process. These include a **Patient Questionnaire** and a **Clinical Examination Proforma** (see 3.3.3 and 3.3.4 below). These forms are designed to facilitate the examination process and provide a standardised recording format for the health professional – they should generally not be returned to the Driver Licensing Authority. If these forms are not issued by the particular Driver Licensing Authority, copies may be taken of the forms in Appendix 2 or from the PDF version of the standards available on the Austroads website <[www.austroads.com.au](http://www.austroads.com.au)>. Model forms are also included in Appendix 2 of this publication. Each Driver Licensing Authority will adopt a slightly different form to suit their administrative requirements.

#### 3.3.2 When assessing fitness to drive in the course of patient treatment

If, in the course of treatment, a patient's condition is found to impact on their ability to drive safely, the health professional should, in the first instance, encourage the patient to report their condition to the Driver Licensing Authority (refer page 16).



A standard form, **Medical Condition Notification Form**, has been produced to facilitate this process. Refer Appendix 2.4, or <www.austroads.com.au>. If necessary, the health professional may feel obliged to make a report directly to the Driver Licensing Authority using a copy of this form. Most Driver Licensing Authorities will also accept a letter from the treating practitioner or specialist.

The health professional may also find the model **Patient Questionnaire** and **Clinical Examination Proforma** tools useful.

**Note that such reporting is not required for temporary conditions.** Such conditions do not impact on licence status (refer to page 22) but the patient should be advised not to drive until the temporary situation is resolved.

### 3.3.3 Patient Questionnaire (Appendix 2.2)

This self-administered questionnaire is a screening tool to help identify conditions that might affect safe driving ability. Completion of the questionnaire may be a formal requirement of the examination (e.g. for commercial vehicle drivers) in which case a copy of the questionnaire will generally be provided by the Driver Licensing Authority. It may also prove useful when undertaking an assessment of a patient in the course of treatment as described above. The results of the patient questionnaire will guide the clinical examination. It should be filed in the patient's history and not passed to the Driver Licensing Authority. Note that the health professional may need to guide or assist with completion of the questionnaire if literacy or cultural background presents a barrier to self-administration by the patient. The limitations of self-administered questionnaires are acknowledged; however, the patient is required to sign a truthfulness declaration in the presence of the examining health professional.

### 3.3.4 Clinical Examination Proforma (Appendix 2.3)

The model Clinical Examination Proforma is another tool designed to help guide the examination process. It provides a standard format for recording the results of the examination that should then be filed in the patient's history. As for the Patient Questionnaire, completion of the Clinical Examination Proforma may be a formal requirement of the examination. The completed Clinical Examination Proforma is generally not to be forwarded to the Driver Licensing Authority for reasons of privacy. If a Driver Licensing Authority wishes to obtain the Clinical Examination Proforma as a matter of routine, this should follow discussions with the State and Commonwealth Privacy Commissioners and the relevant State/Territory branch of the Australian Medical Association.

**NOTE: The model forms are general in nature and suited for use by the examining General Practitioner. They are not intended for the more detailed and specific examinations undertaken by a specialist.**

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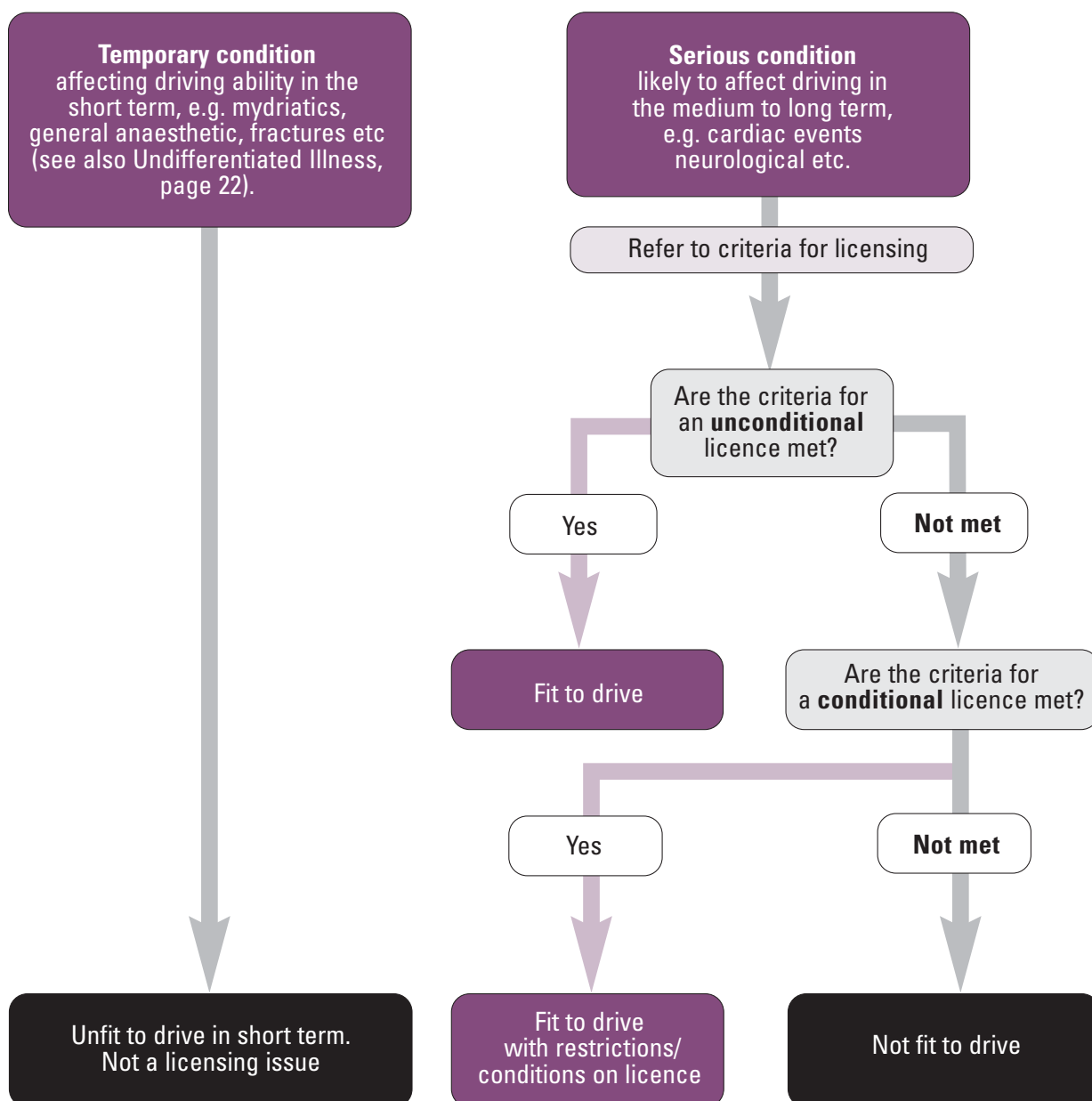
## 3.4 THE ASSESSMENT AND REPORTING PROCESS

The process of assessing fitness to drive is based on the decision-making processes outlined in Diagram 3 overleaf. The exact nature and extent of the examination will depend on the circumstances and the reasons for the examination. Details of the process and administrative requirements are described in this section and further illustrated in Diagrams 4.1 and 4.2 (pages 18 and 19). Note also the further considerations outlined in **Section 3.5**.

## ASSESSING FITNESS TO DRIVE

**Diagram 3 – Flow chart of medical decision-making process when assessing fitness to drive.**

The process of assessing fitness to drive is based on the decision-making processes outlined below. The exact nature and extent of the examination will depend on the circumstances and the reasons for the examination.



**(1) Consider the type of licence held or applied for**

The type of licence held or applied for will determine which medical standards are to be referred to (commercial or private). In the case of examinations requested by a Driver Licensing Authority, the authority will identify the type of licence on the request. In cases of assessment as part of an ongoing therapeutic relationship, the health professional will need to determine from the patient what sort of driver licence or authority they hold. Given the potential for patients to withhold information if their mobility or livelihood is threatened, it is helpful for health professionals to be aware of their patient's occupations as a matter of course.

The health professional should refer to the table on page 6 to determine which standards to apply.

The medical standards for commercial vehicle drivers are more stringent than those for drivers of private vehicles. Thus a person who is not eligible for a commercial vehicle licence may still be eligible for a private vehicle driver licence. In such cases, both sets of standards may need to be consulted.

**(2) Take a history**

As with any clinical assessment, the first step involves taking a careful history, noting in particular:

- Whether the person has ever been found unfit to drive a motor vehicle in the past, and the reasons;
- Whether there is any history of epilepsy, syncope or other conditions of impaired consciousness including sleep disorders; neurological conditions; psychiatric disorders; problems arising from alcohol and/or drugs; diabetes; hypertension and other cardiovascular conditions, especially ischaemic heart disease; locomotor disorders; hearing or visual problems.
- Whether the person has a history of motor vehicle incidents;
- Whether they are taking medications which might affect driving ability;
- The existence of other medical conditions which, when combined, might exacerbate any road safety risks (see 3.5.5 Multiple Disabilities, page 22);
- The nature of their current driving patterns and needs, for example, how frequently they drive, for what purposes, over what distances, whether they travel at night, etc.

The **Patient Questionnaire** (Appendix 2.2) may form a useful basis for the history taking. The questionnaire is a tool for the health professional and should be filed in the patient's medical history. It should not be forwarded to the Driver Licensing Authority. Refer also to 3.3 Forms, page 12.

**(3) Undertake a clinical examination**

**When examining a patient to assess their fitness to drive, the functionality of various body systems is addressed as outlined in PART B of this publication. The clinical examination with respect to these body systems should focus on determining the risk of the patient's involvement in a serious motor crash caused by inability to control the vehicle and/or inability to act and react appropriately to the driving environment.**

This publication focuses on common conditions known to affect fitness to drive, including conditions/procedures likely to affect driving either temporarily or in the longer term. It is accepted that other medical conditions may also be relevant and that it is not possible to define all clinical situations where an individual's overall function would compromise public safety. For example, where a person has a systemic disorder or a number of medical conditions, there may be additive or cumulative detrimental effects on judgement and overall function (refer 3.5.5 Multiple Disabilities, page 22 and Older Drivers, page 76).

The model **Clinical Examination Proforma** (Appendix 2.3) provides a useful guide and template for a general assessment of fitness to drive. It also provides a convenient standardised record for such examinations.

Additional tests or referral to a specialist may be required if and when clinical examination raises the possibility of potentially significant problems.

### (4) *Consideration of the clinical examination results in conjunction with patient's medical history, driving history and driving needs*

Upon consideration of the information available the health professional may draw one of a number of conclusions about the patient's fitness to drive:

- (a) The person has a temporary condition that may impact on driving ability in the short term but will not affect licence status.
- (b) The person complies with all medical criteria appropriate to the type of licence held or requested.
- (c) The person does not meet the unconditional licensing criteria but medical treatments and/or vehicle or driving modifications may enable them to drive safely under a conditional licence (refer 3.5.1, page 20).
- (d) The person does not meet the medical criteria for an unconditional or conditional licence.
- (e) The health professional is in doubt about the patient's fitness to drive.

Where doubt exists about a patient's fitness to drive or when the patient's particular condition or circumstances are not covered precisely by the standards, review by a specialist experienced in the management of the particular condition is warranted. In cases where that specialist may still be uncertain about the relative merits of a particular case, a practical driver assessment is one option that may be appropriate (refer 3.5.8, page 23). Ultimately, the case may need to be referred to the Driver Licensing Authority for assessment.

**NOTE: It is the Driver Licensing Authority who is ultimately responsible by law for making the licensing decision. It is sufficient for a professional in such circumstances to prepare a report for the Driver Licensing Authority stating the facts and his or her opinions clearly.**

Where a condition of significance with respect to driving is suspected but not proven (e.g. angina) the health professional should proceed to investigate this. Where there is doubt about the safety of the driver continuing driving while the condition is being investigated the patient should be advised accordingly. Refer Undifferentiated Illness 3.5.4, page 22.

### (5) *Inform and counsel the patient*

**Health professionals should routinely advise patients about the ways in which their condition may impair their ability to drive safely. As part of this process, the patient becomes better informed about the nature of his or her condition, the extent to which he or she can maintain control over it, the importance of periodic medical review and the need for regular medication where appropriate.**

In the case of **temporary conditions** which may affect driving ability in the short term, the examining health professional should provide appropriate advice about not driving as recommended in this document and should, with the patient's consent, seek support as required from family members. Notification to the Driver Licensing Authority is not required in such instances.

In the case of an **examination requested by a Driver Licensing Authority**, the counselling process is made relatively straightforward due to the fact that the patient is actively seeking an examination as part of a licence application or renewal, or as a requirement of a conditional licence. As such, they will be expecting to be required to return the report to the Driver Licensing Authority in order to complete the licensing process. Should the patient be found unfit to drive, the health professional will take a conciliatory and supportive role while explaining fully the risks posed by the patient's condition with respect to driving a vehicle. The health professional should be particularly aware of the needs of the patient whose livelihood is likely to be affected as a result of the licensing recommendations (refer Help for Patients 3.5.13, page 24). There are also special considerations for dealing with individuals who are not regular patients (refer 3.5.12 page 24).

The situation may be more challenging in cases of patients assessed to be unfit to drive in the course of their regular treatment. In such situations the health professional may be seen by the patient to be making the licensing decision (even though this is not the case). Nonetheless, where the health professional believes that continued driving or continued unconditional driving would be likely to be dangerous, the patient should be informed of the risk to him or herself, and to others, of continuing to drive. Where possible, it is helpful to involve a family member or friend in this counselling process. The driver should be encouraged to report their condition voluntarily to the Driver Licensing Authority and indeed should be reminded of their legal obligation to do so (currently in all States and Territories, except Western Australia). Refer Legal and Ethical Considerations, page 10.

**The standards in this publication should be consulted when dealing with any such situation since they carry an authority that is *not* imposed on the driver by the health professional but by the national consensus of the Driver Licensing Authorities.**

Information brochures may be available from the Driver Licensing Authority to support the patient counselling process (refer contacts Appendix 8). Driver information is also available from the Austroads website <[www.austroads.com.au](http://www.austroads.com.au)>.

## (6) Report to the Driver Licensing Authority as appropriate

In the case of an examination requested by a Driver Licensing Authority, the reporting process involves completion of the **Medical Certificate**, which is provided by the Driver Licensing Authority via the patient. Only information relevant to the patient's ability to drive should be included on the certificate and it should be signed by the examining professional. The original of the Medical Certificate should be provided to the patient to return to the Driver Licensing Authority and a copy should be kept on file in the patient's medical record. Additional forms used in the examination, such as the Patient Questionnaire or Clinical Examination Proforma, should generally not be sent to the authority but should be retained in the patient's history in case clarification is sought from the Driver Licensing Authority (refer 3.3.4, page 13). Since the patient generally returns the Medical Certificate to the Driver Licensing Authority there is no need for signed consent in this regard. The patient may however be asked by the Driver Licensing Authority to provide signed consent for the Driver Licensing Authority to contact the health professional to provide additional information about their condition for the purposes of assessing their fitness to drive.

In the case of assessments made in the course of patient treatment, when encouraging patients to self-report their condition to the Driver Licensing Authority, the health professional should complete a copy of the **Medical Condition Notification Form** (Appendix 2.4) and provide this to the patient to take to the Driver Licensing Authority. The Driver Licensing Authority will also accept a letter describing the patient's condition and the nature of any driving restrictions recommended.

If the health professional is aware that a patient is continuing to drive and is likely to endanger the public, despite counselling and despite the driver's own obligation to report, reasonable measures to minimise that danger will include notification of the Driver Licensing Authority (see Legal and Ethical Considerations, page 10).

A copy of the model **Medical Condition Notification Form** (Appendix 2.4) should be used for this purpose with additional information provided as deemed necessary by the health professional.

The patient should be informed of the health professional's intent to report.

## (7) Record keeping

Appropriate records should be maintained should further information be required by the Driver Licensing Authority. The model forms included in Appendix 2 are designed to assist in this regard.

## (8) Follow-up

As with the provision of any health or medical advice, the advising health professional will, as a matter of course, discuss the patient's driving status as part of routine follow-up if this is a significant issue. If the patient continues to drive despite advice to the contrary, the practitioner may choose to notify the Driver Licensing Authority as indicated above.

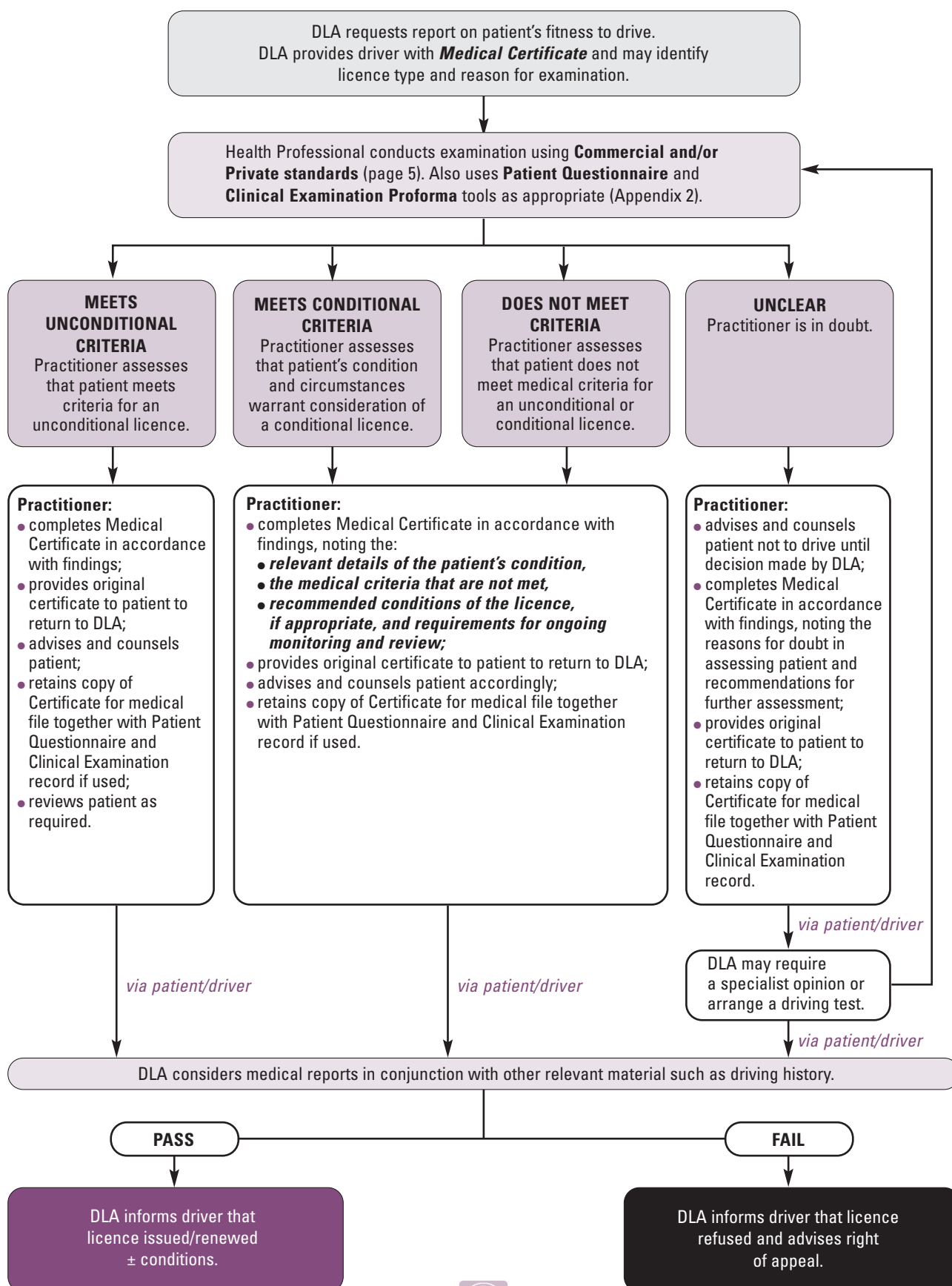
There is however no legal obligation for the health professional to actively contact the patient or the Driver Licensing Authority to check that the patient has self-notified of their condition. Indeed this would be contrary to privacy legislation.

If the patient did not attend the Driver Licensing Authority and subsequently became involved in a vehicle crash as a result of their condition/illness, the health professional would not be at risk unless it could be demonstrated that they were aware of the patient's continuing driving and were also aware of the imminent and serious risk (refer Legal and Ethical considerations, page 10).

## THE MEDICAL ASSESSMENT AND REPORTING PROCESS

**Diagram 4.1 – Conducting an examination at the request of a Driver Licensing Authority (DLA)**

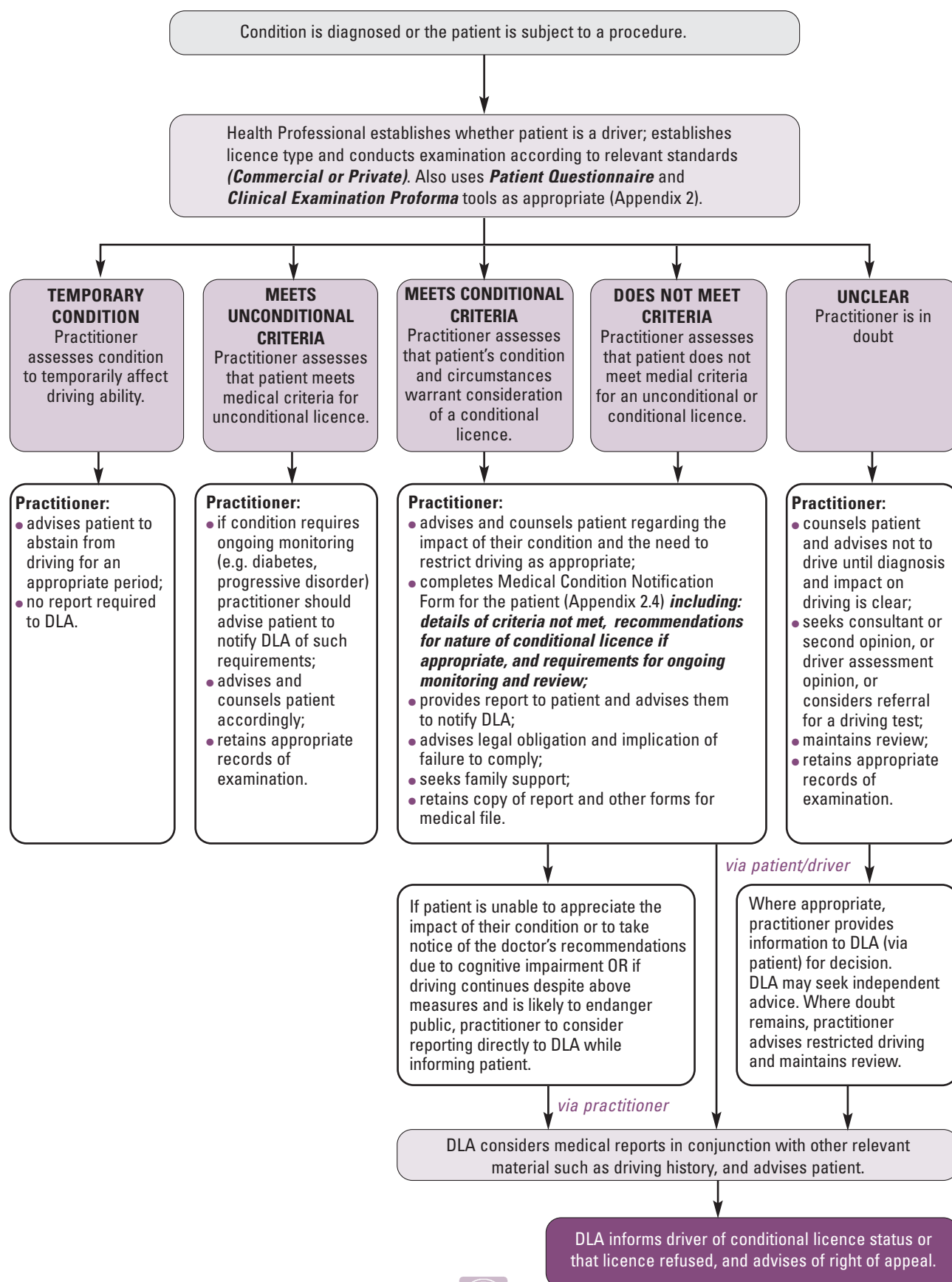
The following flow chart summarises the process involved when an examination and report is requested by a Driver Licensing Authority.



## THE MEDICAL ASSESSMENT AND REPORTING PROCESS

**Diagram 4.2 – Assessing and reporting on fitness to drive in the course of patient treatment**

The following flow chart summarises the process involved when a health professional assesses fitness to drive in the course of treating a patient.



### 3.5 FURTHER CONSIDERATIONS

#### 3.5.1 Conditional Licences

A conditional licence may be recommended by the examining health professional for drivers who have not met the criteria, but whose medical treatments and/or vehicle or driving modifications may enable them to drive safely. It offers an alternative to withdrawal of a licence and enables individualisation of decision-making, but must not subvert the need to protect public safety. **By law, the final decision regarding conditional licences rests with the Driver Licensing Authority.** Such a decision is based on the health professional's opinion and on road safety considerations. In some cases, e.g. reduced limb strength, a special assessment by an occupational therapist or physiotherapist may be required to determine the suitability of a conditional licence.

**The authority will allocate a conditional licence on the basis that any additional risk posed by the person driving is acceptable.**

Where a health professional recommends a conditional licence the authority should be advised of the following:

- which criteria were not met;
- the likely adequacy of treatments or modifications;
- the plan to monitor the driver's performance and the medical condition, including timeframes for review;
- what conditions or restrictions are recommended.

This information is needed so that the authority can make an informed decision and determine what conditions will be endorsed on the licence. In the case of examinations requested by a Driver Licensing Authority, this information should be included on the Medical Certificate provided by the authority. For reports made to Driver Licensing Authorities as a matter of course, the Medical Condition Notification Form (Appendix 2.4) includes fields for the health professional to recommend conditions, restrictions and review periods.

Where licence suspension or the imposition of conditions or restrictions is recommended, advice should be provided regarding alternative means of transport. Reference may also be made to Disabled Car Parking/Taxi Service (refer to Appendix 5, page 119).

A list of example licence conditions or vehicle modifications is shown in the following table (next page). These are indicative only and will vary with individual medical conditions and type of licence. They include standard conditions which will appear on the driver's licence (e.g. corrective lenses, automatic transmission, hand controls). They also include conditions which are 'advisory' in nature and as such may not appear on the actual licence (e.g. take medication as prescribed, built-up seat/cushions, not to drive more than xx hours in any 24 hour period etc).

Conditional licences should be subject to **periodic review** so that the disease process is monitored including the compliance with treatments. The frequency of formal review with regard to licence status is sometimes specified in the publication but often is left to the judgement of the health professional given the variations in severity of a disease and the possible effects on driving. In the course of recommending a conditional licence, health professionals should advise the Driver Licensing Authority of the period for which a conditional licence could be issued before formal review. This may be months or years depending on the disease in question, and differs from the ordinary follow-up consultations that a health professional may be offering in the course of management of the disease.

At the time of periodic review or during general management of a patient's condition, it may become apparent that the patient no longer meets the requirements of the conditional licence because their health has deteriorated for some reason. The process for managing such patients follows the same principles as outlined in section 3.4 and the flowcharts on pages 18 and 19. The doctor will complete the appropriate report forms and advise the patient to inform the Driver Licensing Authority of their changed circumstances with respect to fitness to drive.

**In the case of commercial vehicle drivers, the opinion of a medical specialist is required for recommendation of a conditional licence. This requirement reflects the higher safety risk for commercial vehicle drivers and the consequent importance of expert opinion.** In rural or remote areas, however, where access to specialists may be difficult, the Driver Licensing Authority may agree to a process in which:

- initial assessment and recommendation for the conditional licence is provided by a specialist;
- ongoing periodic review for the conditional licence is provided by the treating GP, with the approval of the specialist.



**Table 2 – Licence Conditions**

The following table includes examples of licence conditions that might be recommended for certain illnesses or disabilities. **These examples are illustrative only.** They should not be regarded as mandatory or superior to advice given in Part B. In the case of driving restrictions, the health professional can support the patient in this matter by indicating the patient's driving needs, but the final decision/responsibility rests with the Driver Licensing Authority.

EXAMPLE OF DISABILITY/SITUATION	EXAMPLE OF VEHICLE MODIFICATION/RESTRICTION
Left leg disability Left arm disability	Automatic transmission
Short stature	Built-up seat and pedals.
Loss of leg function	Hand-operated controls must be fitted
Loss of right leg function	Left foot accelerator must be fitted
Reduced lower limb strength	Power brakes only
Reduced upper limb strength	Power steering only
Reduced upper limb strength or in association	Steering knob must be fitted with hand controls
EXAMPLE OF DISABILITY/SITUATION	EXAMPLE OF PERSONAL RESTRICTIONS
Short leg/s	Built-up shoes to be worn
Hearing deficiency	Hearing aid must be worn and operating
Deafness, both ears	Vehicle to be fitted with two external rear view mirrors and other devices as required to assist recognition of emergency vehicles
Need for ongoing review	Medical report to be provided – must state time period
Eye sight deficiency	Must wear prescribed corrective lenses
Eye sight deficiency	Optometric/ophthalmological report to be provided – must state time period
Loss of limb function	Prosthesis required
Degenerative diseases	Review by driver assessor to be provided – must state time period
Diabetes/epilepsy	Required to have taken medication regularly as prescribed
With certain medication	Zero blood alcohol
Night blindness	Driving in daylight hours
Age-associated deteriorations, e.g. attention	Driving off-peak only
Multiple sclerosis	Not to drive when temperature more than 25° C unless vehicle air conditioned
Fatigue	Not to drive more than XX hours in a 24 hour period
Age-associated deteriorations	Only to drive within XX km radius of place of residence

In addition to the above examples, the Driver Licensing Authority may consider issuing a conditional commercial vehicle licence in certain circumstances. For example, in situations where crash risk exposure is reduced:

- 'Off road' driving of commercial vehicles e.g. in quarries or other properties where public vehicle access is limited.
- Where driving is not the primary occupation – e.g. mechanics who need to test drive the vehicle, primary producers who need to get product to market and only need to drive a couple of times a year, drivers who need to move buses rather than carry public passengers.

### 3.5.2 Reinstatement of Licences

Situations may arise in which the illness of a patient who has previously been unlicensed or on a conditional licence improves to such an extent that their licensing status warrants reconsideration. Under such circumstances a letter or notification to this effect (refer Appendix 2.4) from the treating health professional will prompt the Driver Licensing Authority to consider reinstatement of the appropriate licence. The health professional should include in the report:

- details of the criteria previously not met;
- the response to treatment and the prognosis;
- the duration of improvement; and
- other relevant information including consideration of the driving task (for example, the requirements of a person who drives occasionally to the shops are likely to be different from those of a person undertaking extensive interstate travel).

### 3.5.3 Temporary Illnesses or Disabilities

There are a wide range of conditions which temporarily affect the ability to drive safely. These include conditions such as post-major surgery, severe migraine, injuries to limbs, and so on. These conditions are self-limiting and hence do not impact on licence status; therefore the licensing authority should not be informed. However, the treating health professional should provide suitable advice to such patients regarding driving safely, particularly for commercial vehicle drivers. The text in various sections of Part B gives further guidance on this matter. **NOTE: This publication does not attempt to address every condition or situation which might temporarily affect safe driving ability.**

### 3.5.4 Undifferentiated Illness

A patient may present with symptoms which could have implications for their licence status but the diagnosis is not clear. Investigation of the symptoms will mean that there is a period of uncertainty before a definitive diagnosis is made and before the licensing criteria can be confidently applied.

Each situation will need to be assessed individually, with due consideration being given to the probability of a serious disease which will affect driving and to the circumstances in which driving is required. However, patients presenting with symptoms of a potentially serious nature, for example chest pains, blackouts, delusional states, dizzy spells, and so on, should be advised not to drive until their condition can be adequately assessed.

During this interim period, in the case of private vehicle drivers, no formal communication with the Driver Licensing Authority is required. After a diagnosis is firmly established and the standards applied, normal notification procedures apply if needed.

In the case of a commercial vehicle driver presenting with symptoms of a potentially serious nature, the driver should be advised to cease driving and to notify the Driver Licensing Authority. The practitioner should give consideration to the impact on the driver's livelihood and proceed to investigate the condition as quickly as possible.

### 3.5.5 Multiple Disabilities

Where a vehicle driver has a systemic disorder (e.g. autoimmune disease), multiple injuries (e.g. after a motor vehicle crash), a number of concurrent medical conditions or a dual diagnosis, there may be an additive or a compounding detrimental effect on judgement and overall driving function. For example, combinations of impaired vision, hearing, locomotor dysfunction, mental illness, and the effects of long-term medication. This is an important issue with older drivers who are likely to suffer simultaneous decline in a number of areas. In the case of older drivers, it is however important to consider functional ability rather than make judgements simply on chronological age (refer Older Drivers, page 76).

The health professional should bear in mind that, even where individual body system criteria are met, it is important to integrate all clinical information about the driver and consider it with regard to the driving task. The key issue to bear in mind is: ***is there a likelihood that the person will be unable to control the vehicle and act and react appropriately to the driving environment?***

Health professionals must also be mindful that the threshold of tolerance of disability is much less for commercial vehicle drivers than for private vehicle drivers because of the potential severe consequences of a motor vehicle crash. In some cases an on-road driver assessment may be useful. Alternatively, the opinion of a relevant specialist such as a geriatrician may be obtained.

### 3.5.6 Progressive Disorders

Often diagnoses of progressive disorders are made well before there is any need to question whether the patient remains safe to drive.

In a mobile society, people frequently make choices about employment, place of residence and recreational and social activities based on the assumption of continued access to a car. Changing jobs, home and social contacts takes a great deal of time and places substantial emotional demands on patients and their families.

It is therefore recommended that the patient be counselled appropriately where a progressive condition is diagnosed that may result in future restrictions on driving. It is important to give the patient as much lead-time as possible to make the lifestyle changes that may later be required. Assistance from an occupational therapist may be valuable in such instances.

### 3.5.7 Role of the Specialist

To ensure equity of access, medical assessments of drivers of both commercial and private vehicles should be able to be conducted by any general practitioner. However, where doubt exists about a patient's fitness to drive or when the patient's particular condition or circumstances are not covered precisely by the standards, review by a specialist experienced in the management of the particular condition is warranted and the general practitioner should make the referral as appropriate.

In the case of commercial vehicle drivers, the opinion of a medical specialist is required for recommendation of a conditional licence (refer to page 20). This requirement reflects the higher safety risk for commercial vehicle drivers and the consequent importance of expert opinion.

**NOTE: The opinion of a specialist is relevant only to their particular speciality. The general practitioner is in a good position to integrate reports from various specialists in the case of multiple disabilities to help the Driver Licensing Authority make a licensing decision.**

### 3.5.8 Driver Assessments

A practical driver assessment may be required in addition to a medical examination in order to make definitive recommendations regarding a person's fitness to drive. Such an assessment is designed to assess the impact of injury, illness or the ageing process on driving skills including judgement, decision-making skills, observation and vehicle handling.

Depending on the individual situation, the assessments may involve:

- Evaluation of the driver's functional status including cognitive function, physical strength and skills, reaction time etc.
- Evaluation of their understanding and application of road law.
- Evaluation of the need for specialist equipment or vehicle modifications.

Recommendations following assessment may relate to licence status, the need for rehabilitation or retraining, licence conditions and reassessment.

Processes for initiating and conducting driver assessments vary between the States and Territories. Practical assessments may be conducted by occupational therapists or other persons approved by the particular Driver Licensing Authority. The assessments may be initiated by the examining health professional or by the Driver Licensing Authority.

For a list of Occupational Therapists qualified in driver assessment see Appendix 9 or contact your local Driver Licensing Authority (Appendix 8).

### 3.5.9 'For cause' Examinations

Special examinations called '**for cause**' examinations may also be requested by the Driver Licensing Authority out of concern for driving behaviour such as recurrent motor vehicle crashes or other reasons. Under such circumstances, it is desirable that all aspects of the driver-vehicle-road system (see The Driving Task, page 8) be considered, for example fatigue factors in the case of a commercial vehicle driver. A full medical history and history of any motor vehicle crashes should be taken and a complete physical examination conducted. While attention should be given to conditions discussed elsewhere in this publication, particularly alcohol/drug misuse, unusual conditions or the effect of multiple small disabilities affecting the driving task also warrant consideration, investigation and, where justified, specialist referral.

### 3.5.10 Patient-professional Conflict

Because most people consider a driver licence critical to continued independence, employment and recreation, the risk of it being withdrawn can evoke strong emotions. It is not rare for patients to be affronted by a challenge to their driver licence and to direct their hostility at their health professionals.

Health professionals may be subject to abuse and to threats of violence. It is clear, in such circumstances, that the professional is quite unable to assist the patient and has little, if any, capacity to influence the broader issue of public safety. In this situation the health professional can be under no obligation to make a recommendation regarding fitness to drive since he or she will be constrained by any future relationship with the patient, including the issue of intimidation. In such circumstances the health professional may elect to refer the driver to another practitioner or may refer to the Driver Licensing Authority without recommendation.

These standards serve as a basis for the decisions made by Driver Licensing Authorities. The authorities themselves will take all reasonable steps to obtain the information required to make a valid and defensible decision. Driver Licensing Authorities recognise that it is their role to enforce the laws on driver licensing and road safety and will not place pressure on health professionals that might needlessly expose them to risk.

### 3.5.11 Conflict of Interest

It is expected that the health professional will be able to act objectively in assessing a patient's fitness to drive. If this cannot be achieved, health professionals should be prepared to disqualify themselves and refer their patient to another practitioner.

### 3.5.12 Dealing with Individuals who are not Regular Patients

Care should be taken when health professionals are dealing with drivers who are not regular patients. For some drivers, the potential prohibition on driving may encourage them to deceive practitioners about their health. If a practitioner has doubts about an individual's reason for seeking a consultation, the following options should be considered:

- Ask permission from the individual to request their medical file from their regular practitioner.
- Conduct a more thorough examination of the individual than would usually be undertaken.
- Ask the driver to complete and sign the Patient Questionnaire in your presence (refer to Appendix 2.2).

### 3.5.13 Help for Patients

Following an assessment, a patient may be informed that they may be required by the Driver Licensing Authority to rescind their licence or drive on a conditional licence, which may lead to the patient being upset, frustrated or angry, particularly if their livelihood is threatened. Offering some direction for the patient as to where they can go for help may alleviate those concerns and fears.

- Vocational assessors will assess a person's ability to rehabilitate, retrain and reskill for another industry, or a new sector within the industry.
- Commonwealth Rehabilitation Services Australia <[www.crsrehab.gov.au](http://www.crsrehab.gov.au)> offer a full range of services and assistance.
- Men's Line Australia, phone 1300 78 99 78, <[www.menslineaus.org.au](http://www.menslineaus.org.au)>.
- All States also offer Women's Help Lines.

### 3.5.14 Payments for Examinations and Assessments

Payment for examinations by health professionals is generally NOT the responsibility of the Driver Licensing Authority.

With respect to 'for cause' examinations or assessments, the cost of a referral made by the Driver Licensing Authority may, in some States/Territories, be met by the authority. This should be clarified directly with the relevant authority.

#### **Medical practitioners**

Payments for medical practitioner examinations of private vehicle drivers are the responsibility of the licence holder or applicant. They are at least partly rebatable under Medicare (refer to Medicare Benefits Schedule).

Payments for examinations of commercial vehicle drivers are not rebatable under Medicare unless the person is unemployed at the time of the examination and the examination is undertaken solely for employment purposes. Otherwise the cost of the examination is borne by the person or the employer. Refer Medicare Benefits Schedule. Commercial vehicle drivers may claim the cost of medical examinations as an expense for taxation purposes.

The AMA recommends that the examination fee be based on a consultation exceeding 25 minutes but less than 45 minutes at the AMA rate (Level C, Item 36 for vocationally registered general practitioners).

Where an examination is extended for clinical reasons the patient must be advised of any additional costs that will be incurred.

### ***Other health professionals***

Optometrist consultations are at least partly rebatable under Medicare.

### **3.5.15 Appeals**

Each State and Territory has an appeal system for situations where patients feel the Driver Licensing Authority has treated them unjustly. The Driver Licensing Authority will inform drivers of the appeal process when informing them of the licensing decision.

### **3.5.16 Rehabilitation of Commercial Drivers**

In the event of non-renewal of a commercial vehicle licence efforts should be directed to retraining and redeployment of drivers commensurate with their health status.

### HELP FOR HEALTH PROFESSIONALS

For guidance in assessing a patient's fitness to drive  
contact your State or Territory Driver Licensing Authority  
(see page 123 for details).

## PART B: MEDICAL STANDARDS

## MEDICAL STANDARDS – FOREWORD

Within Part B, the **medical criteria for unconditional and conditional licences** are summarised in a tabulated format and are colour coded to differentiate requirements for private and commercial vehicle drivers. The medical standards are expressed in terms of 'criteria NOT met' and thus provide clear guidance as to the requirements for licensing purposes.

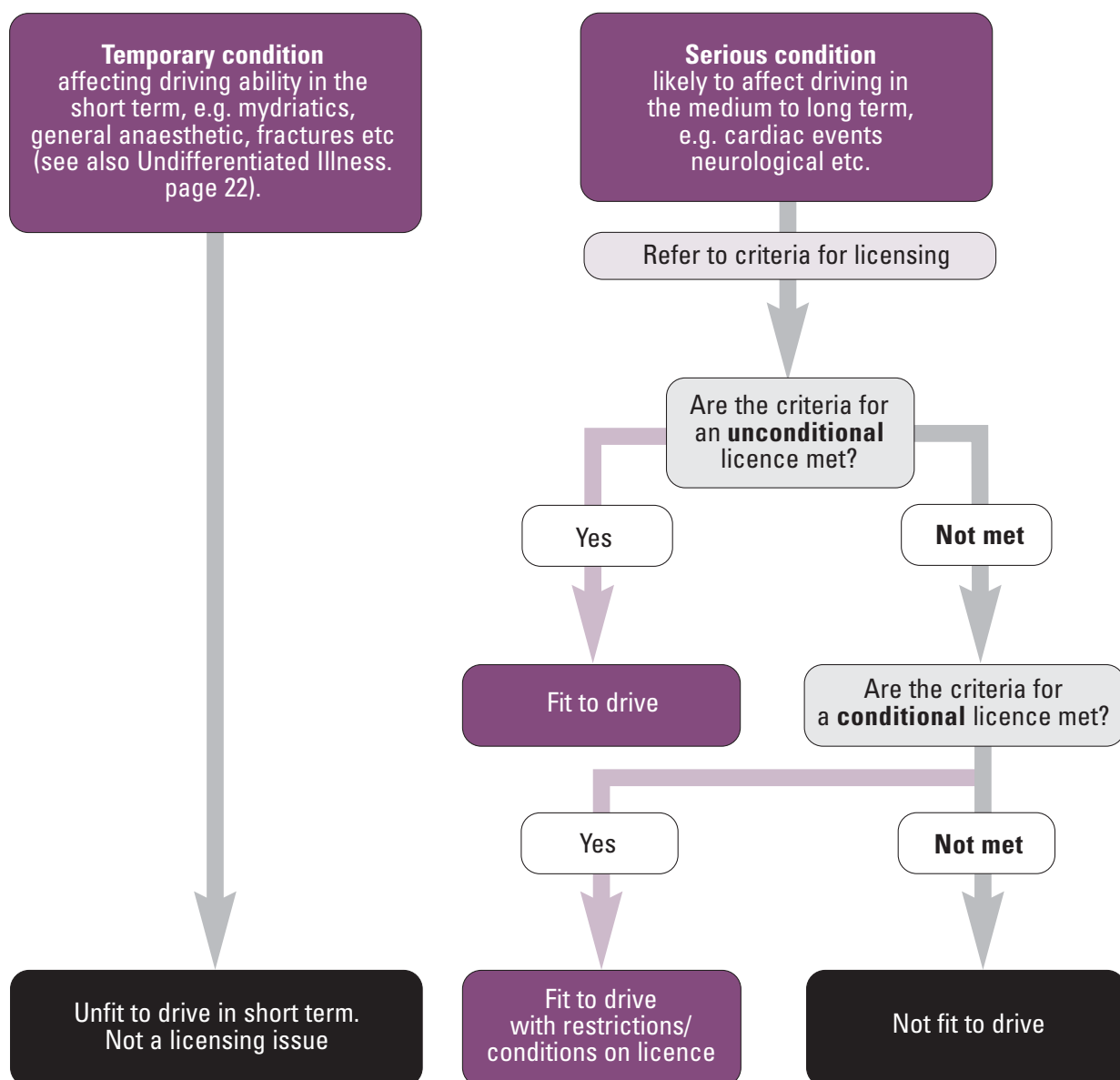
Additional information, including rationale and general patient management considerations, is covered in the supporting text of each chapter. The general information also covers **temporary medical situations** which do not impact on driver licensing status but will warrant advice regarding safety of driving in the short term, e.g. post-general anaesthesia.

***It is important that health professionals familiarise themselves with both the general information and the tabulated standards before making an assessment of a patient's fitness to drive.***

Note that specialist advice may be useful regarding assessment of private or commercial vehicle drivers.

For each of the standards, the level of evidence for that standard are noted according to the NHMRC requirements (NHMRC. *How to use the evidence: assessment and application of scientific evidence*, 2000. <[www.nhmrc.health.gov.au/nhmrc/publications/pdf/cp69.pdf](http://www.nhmrc.health.gov.au/nhmrc/publications/pdf/cp69.pdf)>). Where a level of evidence is not specified, the evidence is based on 'expert opinion'.

The process of assessing fitness to drive is based on the decision-making processes outlined below. The exact nature and extent of the examination will depend on the circumstances and the reasons for the examination.





## 1 ALCOHOL DEPENDENCY

### 1.1 RELEVANCE TO DRIVING TASK

- 1.1.1** There is an abundance of research that shows that, with increased levels of intoxication, there is a disproportionate increase in the risk of a motor vehicle crash. With a Blood Alcohol Concentration (BAC) of 0.05, a driver is twice as likely to be involved in a fatal crash as one with no alcohol. At 0.10 a driver has seven times the relative risk and, at 0.15, a 25 times greater risk of a fatal crash.
- 1.1.2** Problem or addicted drinkers are of particular concern for road safety. Such drinkers are involved in one third to one half of all alcohol-related crashes, although they only represent around 10% of the adult population.
- 1.1.3** In countries where there are laws less restrictive than in Australia, it has been shown that less experienced drivers have alcohol-related crashes at lower BACs than more experienced drivers. This supports the differing BACs mandated in our graduated licensing system, and in the case of commercial vehicle drivers 'zero' BAC is mandated (refer to Appendix 4). It also supports paying particular attention to inexperienced and young drivers with regard to drinking behaviour and driving.
- 1.1.4** A further negative effect of alcohol on driving relates to the long-term alcohol abuser. Organ damage resulting from chronic alcohol intake includes effects on liver, brain, and peripheral nerves. The many manifestations of organic brain damage associated with longer-term alcohol abuse are incompatible with safe driving (refer to Neurological Disorders, page 71).
- 1.1.5** The use of alcohol in conjunction with some illicit, over-the-counter and prescribed drugs creates an increased risk of crashes while driving.

### 1.2 DRINKING BEHAVIOUR

#### 1.2.1 Drinking and Driving

- 1.2.1.1** The State and Territory alcohol limits for driving are outlined in Appendix 4 (page 118).
- 1.2.1.2** Drivers who must comply with zero blood alcohol must not drive after drinking any alcohol.
- 1.2.1.3** Any alcohol can affect driving performance. It is difficult to determine the level of impairment, as the effect is unique for every person, and for every drinking session. The effect can, for example, alter according to the health and fitness level of the drinker, the amount of food ingested, the time period of drinking and the presence of other drugs or substances. Because the effect can be unpredictable and inconsistent, the best advice is that if you drink alcohol, don't drive, or if you drive, don't drink alcohol.
- 1.2.1.4** Since it is legal for most drivers to have some alcohol in their system and still drive, a rough guide as to how much alcohol people can consume and remain under 0.05 is provided by the Australian Transport Safety Bureau (ATSB). The ATSB advises that women drink no more than one standard drink in the first hour, then only one drink per hour thereafter (standard drinks are defined below) up to the NHMRC recommended limits (refer to 1.2.3, page 30). To stay under 0.05 men are advised to drink no more than two standard drinks in the first hour, then no more than one standard drink per hour thereafter up to the NHMRC recommended limits. It is noted that this is a rough guide only and that for many individuals this amount of alcohol will put them over the limit (e.g. a person with a small build or one who is ill).

**Table 3 – Definition of Standard Drinks**

BEVERAGE	STRENGTH	VOLUME	ALCOHOL CONTENT	GLASSES PER Standard Drink
Beer – Superlight	0.9%	5 x 285mL	10 grams (2 grams/glass)	5
Beer – Light	2%–3%	2 x 285mL	10 grams (5 grams/glass)	2
Beer – Regular	4%–5%	285mL	10 grams	1
Table Wine	12%	100mL	10 grams	1
Fortified Wine	18%	60mL	10 grams	1
Spirits	37%	30mL	10 grams	1

**1.2.1.5** Note that for some categories of licence, the different States and Territories have more stringent BAC limits. In Appendix 4 (page 118), there is a summary of alcohol limits according to vehicle type and State or Territory to which the practitioner can refer when advising a patient on drinking and driving.

## 1.2.2 Binge Drinking

**1.2.2.1** Binge drinking has been defined as the intermittent consumption of alcohol to intoxication in short periods of time (6 standard drinks for a male and 4 for a female). During ‘binges’ persons may exhibit behaviour similar to that of problem drinkers and should be considered hazardous with regard to driving. A practitioner who is aware that their patient does ‘binge drink’ should advise of negative consequences including State or Territory BAC laws (see page 118) and possible crash involvement.

## 1.2.3 Hazardous Drinking

**1.2.3.1** Harmful or hazardous drinking has been defined by the NH&MRC. For males: 5 or more drinks on 7 days/week OR 7 or more drinks on 4–6 days/week OR more than 12 drinks on 2–3 days/week. For females: 3 or more drinks on 4 days/week OR 5 or more drinks on 2–3 days/week OR more than 6 drinks on 2 or fewer days/week. Medical practitioners need to advise a patient what these patterns of drinking mean in terms of driving demands in the short or long run. There is evidence that brief interventions by a doctor can reduce consumption levels and the risk of motor vehicle crashes in such individuals.

**1.2.3.2** Further information may be obtained from the document *The Handbook for Medical Practitioners and other Health Care Workers on Alcohol and other Drug Problems*, Commonwealth Department of Human Services and Health.

## 1.2.4 Alcohol Dependence

**1.2.4.1** Patients with alcohol dependence are significantly over-represented in the total number of alcohol-related crashes.

**1.2.4.2** Alcohol dependence is a syndrome the key elements of which are:

- Narrowing of the drinking repertoire (every day’s drinking is similar to the day before).
- Salience of drinking (priority given to maintaining alcohol intake, and neglect of previously important work and social activities).
- Increased tolerance to alcohol.
- Withdrawal symptoms on stopping drinking.
- Relief or avoidance of withdrawal symptoms by further drinking.
- Subjective awareness of compulsion to drink (impaired control, urges or cravings).
- Reinstatement of drinking after abstinence.

**Three or more of the above fit the International Classification of Diseases (ICD) criteria for dependence.**

- 1.2.4.3 Drivers who are known by their medical practitioner to be alcohol dependent and frequently intoxicated to the extent that their ability to drive a motor vehicle is likely to be impaired, should have this disability recorded in their medical records and should be counselled accordingly (refer to page 16).
- 1.2.4.4 Should the patient continue to drive despite advice to the contrary, the medical practitioner should consider the substantially increased risk posed to other road users and take reasonable measures to minimise that risk, including notification of the Driver Licensing Authority (refer to page 17).

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### 1.3 EFFECT OF HABITUAL INTOXICATION ON OTHER DISEASES

- 1.3.1 Persons who are frequently intoxicated and who also suffer from certain other medical conditions are often unable to give their other medical problems the careful attention required.

#### 1.3.2 Alcohol and Epilepsy

Many patients with epilepsy are quite likely to have a seizure if they miss their prescribed medication even for a day or two, particularly when this omission is combined with inadequate rest, emotional turmoil, irregular meals and alcohol. Patients under treatment for any kind of epilepsy are not fit to drive any class of motor vehicle if they are frequently intoxicated.

#### 1.3.3 Alcohol and Diabetes

Patients with diabetes and on insulin have a special problem when they are frequently intoxicated. Not only may they forget to inject their insulin at the proper time and in the proper quantity, but also their food intake can get out of balance with the insulin dosage. This may result in a hypoglycaemic reaction or the slow onset of diabetic coma. Such persons should not drive at all until they no longer drink excessively.

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### 1.4 ALCOHOL AND MEDICATION

- 1.4.1 Some medications are incompatible with ingestion of alcohol (e.g. some sedatives). Where alcohol is thought to be a problem, medical practitioners should advise the patient accordingly and consider alternative medication where available. If necessary the practitioner may need to take appropriate steps to restrict driving whilst on medication e.g. reporting the problem to the Driver Licensing Authority.

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### 1.5 ALCOHOL AND ILLICIT DRUGS

- 1.5.1 The use of alcohol in association with a number of 'recreational' drugs such as marijuana potentiates their effect, and significantly increases the risk of a crash. Therefore where alcohol is thought to be a problem, consideration should also be given to illicit drug use and appropriate steps taken.

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### 1.6 MEDICAL STANDARDS FOR LICENSING

- 1.6.1 Medical criteria for unconditional and conditional licences are outlined in the following table.

- 1.6.2 The Audit questionnaire should be applied as shown in section 5 of the Patient Questionnaire (Appendix 2.2), and scored as follows:

- Questions 5.1 – 5.8, scores are 0,1,2,3,4, from left to right.
- Questions 5.9 and 5.10, scores 0,2,4, from left to right.
- Thus total maximum score is 40.

A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption. Referral to a specialist in alcohol should be considered, particularly in the case of commercial vehicle drivers. Patients with alcohol problems who are not truthful may score lower on their questionnaire than should be the case.

## MEDICAL STANDARDS FOR LICENSING – ALCOHOL DEPENDENCY

CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Alcohol Dependency</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there is alcohol dependency.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task:</p> <ul style="list-style-type: none"> <li>● If the person is being treated satisfactorily; <b>and</b></li> <li>● There is absence of end organ effects which affect driving (as described elsewhere in this publication).</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there is alcohol dependency.</li> <li>● If the person has a strong history of alcohol abuse and clinical evidence of abuse is limited to biochemical findings without clinical signs.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to frequent review</b>:</p> <ul style="list-style-type: none"> <li>● If the person has stopped drinking for a substantial period; <b>and</b></li> <li>● Demonstrates good evidence of insight into the problem; <b>and</b></li> <li>● Is compliant with treatments; <b>and</b></li> <li>● Shows no evidence of end organ damage relevant to driving as specified elsewhere in this publication.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

#### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

#### Further reading

Arnedt, J.T., et al, *Simulated driving performance following prolonged wakefulness and alcohol consumption: separate and combined contributions to impairment*, Journal of Sleep Research, 9(3), 233–241, 2000.

Liguori, A.D., et al, *Alcohol effects on mood, equilibrium, and simulated driving*, Alcoholism, Clinical and Experimental Research, 23(5), 815–821, 1999.

## 2 ANAESTHESIA

### 2.1 RELEVANCE TO DRIVING TASK

- 2.1.1** Post anaesthesia, both physical and mental capacity may be impaired for some time thus affecting a patient's ability to drive safely. This is applicable to both general and local anaesthesia. The effects of general anaesthesia will depend on factors such as the duration of anaesthesia, the drugs administered, and the surgery performed. The degree of effect of local anaesthesia on driving ability is dependent on dosage and region of administration. A further factor to consider is the effects of analgesics and sedatives (refer to Drugs – Prescription and OTC, page 53).

### 2.2 GENERAL MANAGEMENT GUIDELINES (including temporary conditions)

- 2.2.1** In cases of post-operative recovery following surgery or procedures under general or local anaesthesia, it is the responsibility of the surgeon and anaesthetist to advise patients not to drive until physical and mental recovery is compatible with safe driving. Following minor procedures under local anaesthesia without sedation (e.g. dental block), driving may be acceptable immediately following the procedure. Following brief surgery or procedures with short-acting anaesthetic drugs, the patient may be fit to drive after a normal night's sleep. After longer surgery or procedures requiring anaesthesia, it may not be safe to drive for 24 hours or more.

### 2.3 MEDICAL STANDARDS FOR LICENSING

- 2.3.1** Anaesthesia does not affect licence status because it is a temporary condition.

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### The presence of other medical conditions

Whilst a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities page 22, Older Drivers, page 76).

#### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

#### Reference:

Lichtor, J., Alessi, R., Lane, B. *Sleep tendency as a measure of recovery after drugs used for ambulatory surgery.* Anesthesiology 2002;96:878–883

## 3 CANCER

### 3.1 RELEVANCE TO DRIVING TASK

- 3.1.1** The site and degree of advancement of the cancer is a prime consideration as to whether a patient remains fit to drive. This is particularly important for cerebral tumours. Refer elsewhere in this publication for advice regarding other specific organ involvement, e.g. liver metastases.
- 3.1.2** Cancers requiring intervention with opioids, chemotherapy or radiotherapy may prove deleterious to driving ability if such treatment presents side effects which interfere with an individual's functional capacity.

### 3.2 GENERAL MANAGEMENT GUIDELINES

- 3.2.1** Cases should be assessed on an individual basis regarding the site of the cancer, the response to chemotherapy **and radiotherapy**, and any side effects. This will involve assessing the patient's functional capacity, site of the tumour and what medication the patient is taking. Patients should be advised accordingly.
- 3.2.2** If the tumour involves the brain the patient should not drive subject to a medical assessment (refer to the standards below).
- 3.2.3 Palliative care.** Patients with cancer are often prescribed opioids, particularly for palliative care. If such patients are otherwise fit to drive and are on a stable dose of regularly administered opioids, then, in normal circumstances, they should be able to drive a private vehicle, but commercial vehicle drivers will require careful individual assessment. (Refer also to Drugs – Prescription and OTC).

### 3.3 MEDICAL STANDARDS FOR LICENSING

- 3.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

## HELP FOR HEALTH PROFESSIONALS

For guidance in assessing a patient's fitness to drive  
contact your State or Territory Driver Licensing Authority  
(see page 123 for details).

## MEDICAL STANDARDS FOR LICENSING – CANCER

CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Cancer</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has evidence of primary or secondary cancer within the brain.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● <b>3 months</b> after successful treatment of tumour; <b>and</b></li> <li>● If the person is likely to remain stable and physical and mental abilities are judged by the treating specialist to be adequate for safe driving.</li> </ul> <p>Occupational therapist assessment may be helpful.</p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has evidence of primary or secondary cancer within the brain.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● <b>3 months</b> after successful treatment of tumour; <b>and</b></li> <li>● If the person is likely to remain stable and physical and mental abilities are judged by the treating specialist to be adequate for safe driving.</li> </ul> <p>Occupational therapist assessment may be helpful.</p>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities page 22, Older Drivers, page 76).

### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

## 4 CARDIOVASCULAR DISEASES

### 4.1 RELEVANCE TO DRIVING TASK

- 4.1.1** Evidence suggests that people who develop severe and even fatal coronary attacks while driving may have sufficient warning to slow down or stop before losing consciousness, since less than half result in property damage and injury. However, sometimes no warning occurs or a warning sign is misinterpreted or ignored, and this may result in severe injury or death to the driver and other road users.
- 4.1.2** Collapse from ischaemic heart disease (non-fatal and fatal) appears to account for around 15% of sudden illness crashes, which in turn account for about 1 in 1,000 reportable crashes. Thus ischaemic heart disease poses a relatively small but increased risk.

### 4.2 GENERAL MANAGEMENT GUIDELINES (including temporary conditions)

- 4.2.1** Although the medical and surgical treatment of ischaemic heart disease may lead to alleviation of symptoms and improve life expectancy, coronary arteriosclerosis tends to be a progressive process and the risk of heart attack, collapse and sudden loss of consciousness is greater than in healthy populations. When assessing a patient with cardiovascular disease, the health professional should consider any symptoms of sufficient severity to be a risk while driving.
- 4.2.2** Patient examination will find some people with established heart disease. These people clearly have increased risk over the general population. A stress ECG should be performed if clinically indicated.
- 4.2.3 Suspected Angina Pectoris.** Where chest pains of uncertain origin are reported, every attempt should be made to reach a positive diagnosis and the patient counselled in the meantime to restrict his or her driving until licence status is determined, particularly in the case of commercial vehicle drivers. If the tests are positive or the person remains symptomatic and requires anti-angina medication for the control of symptoms, the criteria listed for proven angina pectoris apply (see Medical Standards for Licensing table).
- 4.2.4 Cardiac surgery** may be performed for various reasons including valve replacement, excision of atrial myxoma, correction of septal defects, etc. In some cases this is curative of the underlying disorder and so will not affect licence status for commercial or private vehicle drivers (refer also to Table 4 – Non-driving periods). In other cases the condition may not be stabilised and the effect on driving safety and hence on licence status needs to be individually assessed. All cardiac surgery patients should be advised regarding safety of driving in the short term as for any other post-surgery patient.
- 4.2.5 Deep venous thrombosis** may occur in association with surgery or from clotting disorders etc. A risk to driving occurs if a pulmonary embolus arises. DVT needs to be assessed with regard to the likelihood of recurrence over a long period to gauge the effect on licensing status. A DVT arising in the course of surgery is unlikely to have an effect on licence status, because it is self-limiting. Treatment often involves anti-coagulants and this section should also be referred to. (Refer to item 4.3.3).
- 4.2.6 Anti-coagulant therapy** may be used for disorders of cardiac rhythm, following valve replacement, for deep venous thrombosis, etc to lessen the risk of emboli. However, if not adequately controlled, there is a risk of bleeding which in the case of an intracranial bleed may acutely affect driving. Persons on private licences may drive if the treating doctor considers indices of their treatment to be satisfactory, but commercial vehicle drivers do not meet the criteria and may drive only with a conditional licence.
- 4.2.7 Effects of driving on the heart.** A further problem in those who have established ischaemic heart disease is that driving causes occasional emotional and sensorimotor arousal leading to a faster heart rate and fluctuation in blood pressure. Most drivers will also occasionally need to carry out heavy work, e.g. when loading/unloading, or when changing a tyre, or carrying out unforeseen repair or maintenance activity. Theoretically any of these factors could trigger angina, or even infarction.
- 4.2.8 Risk factors.** Several well known pre-disease risk factors occur in the general population: age, sex, blood pressure (especially if uncontrolled); high blood fats; family history; and sedentary lifestyle. However, routine risk factor screening is NOT required as there is insufficient evidence to prove that screening prevents car crashes. Drivers in whom multiple risk factors are known to exist should be reviewed annually.



**4.2.9 Non-driving periods.** A number of cardiovascular incidents and procedures affect short-term driving capacity as well as long-term licensing status, e.g. AMI, aneurysm repair etc. Such situations present an obvious driving risk which cannot be addressed by the licensing process in the short-term. The patient should be advised not to drive for the appropriate period, as laid out in the following table. The recommendations regarding long-term licence status (including conditional licences) should be considered once the condition has stabilised and driving capacity can be assessed as per the licensing standards outlined in this chapter (page 38 onwards).

**Table 4 – Suggested non-driving periods post cardiovascular events or procedures**

Event/Procedure	Minimum non-driving period for private vehicle drivers	Minimum non-driving period for commercial vehicle drivers
Acute Myocardial Infarction	2 weeks	3 months
Aneurysm repair	4 weeks	3 months
Angioplasty	2 days	4 weeks
Cardiac arrest	6 months	As determined by the treating specialist
Cardiac defibrillator	6 months after cardiac arrest	N/A
Cardiac pacemaker insertion	2 weeks	1 month
Coronary Artery By-pass Grafts	4 weeks	3 months
Deep Vein Thrombosis	2 weeks	As determined by the treating specialist
Heart/Lung transplant	6 weeks	3 months
Pulmonary embolism	6 weeks	As determined by the treating specialist
Syncope	3 months	3 months

### 4.3 MEDICAL STANDARDS FOR LICENSING

**4.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

**4.3.2** Standards for **chronic disorders** are made on the presumption that the disorder is stable and well controlled. If this is not the case, a specialist consultation should be conducted. A conditional licence may be recommended after initial assessment by an appropriate specialist. The patient should be reviewed annually by the medical practitioner.

MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
	<i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	<i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<p><b>Acute Myocardial Infarct</b>  <b>See also Angioplasty</b>  <b>See also Coronary Artery Bypass Grafting (CABG)</b></p>	<p><b>The person should not drive for at least 2 weeks after an AMI.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had an acute myocardial infarction.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review:</b></p> <ul style="list-style-type: none"> <li>● At least <b>2 weeks</b> after an uncomplicated AMI.</li> </ul> <p>Fitness thereafter should be assessed in terms of general convalescence. More than one AMI requires cardiologist appraisal.</p>	<p><b>The person should not drive for at least 3 months after an AMI.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had an acute myocardial infarction.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to periodic review:</b></p> <ul style="list-style-type: none"> <li>● At least <b>3 months</b> after an uncomplicated AMI.</li> <li>● If the clinical history is one of minimal symptoms; <b>and</b></li> <li>● There is an exercise tolerance of greater than 9 minutes (men) and 6 minutes (women) on the Bruce Treadmill Test (or equivalent protocol); <b>and</b></li> <li>● There is no evidence of severe ischaemia, i.e. less than 2mm ST segment depression on an exercise ECG and absence of a large defect on a stress perfusion scan; <b>and</b></li> <li>● There is an ejection fraction of 40% or over.</li> </ul> <p>The presence of other risk factors should also be considered.</p>
<p><b>Aneurysms Abdominal and Thoracic</b></p>	<p><b>The person should not drive for at least 4 weeks post repair.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has aortic aneurysm, thoracic or abdominal.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review:</b></p> <ul style="list-style-type: none"> <li>● At least <b>4 weeks</b> after repair.</li> <li>● If the condition is minor; <b>or</b></li> <li>● If the condition has been adequately treated.</li> </ul>	<p><b>The person should not drive for at least 3 months post repair.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has aortic aneurysm, thoracic or abdominal.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review:</b></p> <ul style="list-style-type: none"> <li>● At least <b>3 months</b> after repair.</li> <li>● If the condition is minor; <b>or</b></li> <li>● If the condition has been adequately treated.</li> </ul>
<p><b>Angina</b></p>	<p>A person with angina which is usually absent on mild exertion and who is compliant with treatment may drive without licence restriction and without notification to the Driver Licensing Authority, <b>subject to periodic review.</b></p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person is subject to angina pectoris.</li> </ul>

## MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
Angina (continued)	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person is subject to angina pectoris at rest or on minimal exertion despite medical therapy, or has unstable angina.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to periodic review</b>.</p>	<p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to periodic review</b>, in the following circumstances:</p> <ol style="list-style-type: none"> <li>1. If a Bruce Treadmill Test (or equivalent protocol) of greater than 9 minutes (men) and 6 minutes (women) and thallium or sestamibi scan show no evidence of myocardial ischaemia.</li> <li>2. If myocardial ischaemia is demonstrated a coronary angiogram may be offered. If that shows lumen diameter reduction of less than 70% in a major coronary branch, and less than 50% in the left main coronary artery, the person may be granted a conditional licence, <b>subject to annual review</b>.</li> <li>3. If the result of the angiogram shows a lumen diameter reduction of equal to or greater than 70% in a major coronary branch and less than 50% in the left main coronary artery (or if an angiogram is not conducted) the person may be granted a conditional licence: <ul style="list-style-type: none"> <li>● If the clinical history is one of minimal symptoms; <b>and</b></li> <li>● There is an exercise tolerance of greater than 9 minutes (men) and 6 minutes (women) on the Bruce Treadmill Test (or equivalent protocol); <b>and</b></li> <li>● There is no evidence of severe ischaemia, i.e. less than 2mm ST segment depression on an exercise ECG and absence of a large defect on a stress perfusion scan; <b>and</b></li> <li>● There is an ejection fraction of 40% or over.</li> </ul> </li> </ol> <p>The presence of other risk factors should also be considered. Where surgery or angioplasty is undertaken to relieve the angina, the criteria listed in the table below apply.</p>
Angioplasty	<p><b>The person should not drive for at least 2 days after the angioplasty.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had coronary angioplasty.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b> after angioplasty providing:</p>	<p><b>The person should not drive for at least 4 weeks after the angioplasty.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had coronary angioplasty.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● At least <b>4 weeks</b> after the angioplasty.</li> <li>● If the clinical history is one of minimal symptoms; <b>and</b></li> </ul>

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MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
Angioplasty (continued)	<ul style="list-style-type: none"> <li>● If there was no AMI immediately before or after angioplasty; <b>and</b></li> <li>● There is no angina on mild exertion; <b>and</b></li> <li>● There are no electrocardiographic changes, arrhythmias, hypertension or other conditions rendering person unfit to drive.</li> </ul>	<ul style="list-style-type: none"> <li>● There is an exercise tolerance of greater than 9 minutes (men) and 6 minutes (women) on the Bruce Treadmill Test (or equivalent protocol); <b>and</b></li> <li>● There is no evidence of severe ischaemia, i.e. less than 2mm ST segment depression on an exercise ECG and absence of a large defect on a stress perfusion scan; <b>and</b></li> <li>● There is an ejection fraction of 40% or over.</li> </ul>
Anti-coagulant therapy	No specific standard. Refer to general management guidelines in text (page 36).	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person is on anti-coagulant therapy.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist or haematologist, and the nature of the driving task, and <b>subject to annual review</b>:</p> <ul style="list-style-type: none"> <li>● If the therapy is satisfactory.</li> </ul>
Arrhythmia	<p><b>Atrial Fibrillation</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If an episode of fibrillation causes dizziness or syncope.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the condition is stabilised for <b>at least 1 week</b> before driving is resumed.</li> </ul> <p><b>Paroxysmal Arrhythmias</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>● If there was near or definite collapse.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If treatment is satisfactory; <b>and</b></li> <li>● There are no haemodynamic disturbances.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a history of recurrent or persistent arrhythmia, which may result in syncope or incapacitating symptoms.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the condition has been cured surgically (e.g. Wolf-Parkinson White syndrome); <b>or</b></li> <li>● If the condition has been successfully treated medically for <b>at 3 three months</b>.</li> </ul> <p>If the person is taking anti-coagulants refer to anti-coagulant therapy above.</p>
Cardiac Pacemaker	<p><b>The person should not drive for at least 2 weeks after insertion of pacemaker.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If a cardiac pacemaker is required.</li> </ul>	<p><b>The person should not drive for at least 1 month after insertion of pacemaker.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If a cardiac pacemaker is required.</li> </ul>

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MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Cardiac Pacemaker (continued)</b>	<p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● At least <b>2 weeks</b> after insertion of the cardiac pacemaker; <b>and</b></li> <li>● If no other condition renders driver unfit to drive.</li> </ul>	<p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist with expertise in electrophysiology, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● At least <b>1 month</b> after insertion of the cardiac pacemaker.</li> <li>● After consideration of the relative risks of pacemaker dysfunction (see also Cardiac Defibrillator).</li> </ul>
<b>Cardiac Defibrillator (AICD)</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a cardiac-defibrillator implanted for ventricular arrhythmias.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the AICD has been implanted for an episode of cardiac arrest and the person has been asymptomatic for <b>6 months</b>; <b>or</b></li> <li>● If the AICD has been prophylactically implanted for at least <b>2 weeks</b>; <b>or</b></li> <li>● If it is <b>2 weeks</b> after a planned generator change of an AICD; <b>and</b></li> <li>● There is no other cardiac condition as per this publication, which would render the person unfit to drive.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a cardiac-defibrillator implanted for ventricular arrhythmias.</li> </ul>
<b>Cardiac Arrest</b>	<p><b>The person should not drive for at least 6 months following a cardiac arrest.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has suffered a cardiac arrest.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● At least <b>6 months</b> after the arrest; <b>and</b></li> <li>● Providing there is no other cardiac condition as per this publication which would render the person unfit to drive.</li> </ul> <p>A shorter period than 6 months may be considered subject to specialist assessment if the cardiac arrest has occurred within 48 hours of an acute myocardial infarction, or if the arrhythmia causing the cardiac arrest has been addressed by a radio frequency ablation surgery or by pacemaker implantation.</p>	<p><b>The non-driving period following a cardiac arrest should be determined by the treating specialist.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has suffered a cardiac arrest.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to periodic review</b>, dependent on:</p> <ul style="list-style-type: none"> <li>● After an appropriate non-driving period; <b>and</b></li> <li>● Depending on the cause of the cardiac arrest and response to treatment.</li> </ul>

MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Congenital Disorders</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a complicated congenital heart disorder.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the person is asymptomatic on moderate exertion with no arrhythmias or other conditions rendering the person unfit to drive.</li> </ul> <p>Cardiologist assessment is recommended for complex presentations.</p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a complicated congenital heart disorder.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If there is a minor congenital heart disorder such as pulmonary stenosis, atrial septal defect, small ventricular septal defect, bicuspid aortic valve, patent ductus arteriosus or mild coarctation of the aorta; <b>and</b></li> <li>● There are no other disqualifying conditions.</li> </ul>
<b>Coronary Artery Bypass Grafting (CABG)</b>	<p><b>The person should not drive for at least 4 weeks after CABG.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● Following CABG.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● At least <b>4 weeks</b> after CABG.</li> <li>● If angina pectoris and dyspnoea are absent on mild exertion; <b>and</b></li> <li>● There is minimal residual musculoskeletal pain after the chest surgery; <b>and</b></li> <li>● There is no other cardiac condition as per this publication which would render the person unfit to drive.</li> </ul>	<p><b>The person should not drive for at least 3 months after CABG.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● Following CABG.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to annual review</b>:</p> <ul style="list-style-type: none"> <li>● At least <b>3 months</b> after CABG.</li> <li>● If angina pectoris and dyspnoea are absent on mild exertion; <b>and</b></li> <li>● There is minimal residual musculoskeletal pain after the chest surgery; <b>and</b></li> <li>● There is no other cardiac condition as per this publication which would render the person unfit to drive.</li> </ul>
<b>Deep Vein Thrombosis (DVT)</b>	<p><b>The person should not drive for at least 2 weeks after a DVT.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has deep vein thrombosis which is liable to recurrence or embolus.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● At least <b>2 weeks</b> post event; <b>and</b></li> <li>● Depending on the cause of the thrombosis and the response to treatment.</li> </ul>	<p><b>The non-driving period following DVT should be determined by the treating specialist.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has deep vein thrombosis which is liable to recurrence or embolus.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● Following an appropriate non-driving period; <b>and</b></li> <li>● Depending on the cause of the thrombosis and the response to treatment.</li> </ul>

## MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Dilated Cardiomyopathy</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a dilated cardiomyopathy.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the person is asymptomatic on moderate exertion with no arrhythmias or other conditions rendering the person unfit to drive.</li> </ul> <p>Cardiologist assessment is recommended for more complex presentations.</p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a dilated cardiomyopathy.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to annual review</b>:</p> <ul style="list-style-type: none"> <li>● If there is an ejection fraction of 40% or over.</li> </ul>
<b>ECG Changes:</b> <i>Strain Patterns, Bundle Branch Blocks, Heart Block, etc.</i>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the conduction defect is causing symptoms.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● <b>2 weeks</b> after commencement of satisfactory treatment (see also pacemakers).</li> </ul>	<p><b>An ECG is not routinely required for commercial vehicle driver examinations and should only be undertaken if clinically indicated.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has an electrocardiographic abnormally, for example left or right bundle branch block, pre-excitation or changes suggestive of myocardial ischaemia or previous myocardial infarction.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and subject to annual review:</p> <ul style="list-style-type: none"> <li>● If the condition has been cured surgically; <b>or</b></li> <li>● If the condition has been successfully treated medically for at least <b>3 months</b>; <b>or</b></li> <li>● There is an exercise tolerance of greater than 9 minutes (men) and 6 minutes (women) on the Bruce Treadmill Test (or equivalent protocol); <b>and</b></li> </ul> <p>There are no other disqualifying conditions. (See also pacemakers).</p>
<b>Heart Failure</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If symptoms arise on moderate exertion.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If there is a satisfactory response to treatment.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has heart failure.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to annual review</b>:</p> <ul style="list-style-type: none"> <li>● If there is an exercise tolerance of greater than 9 minutes (men) and 6 minutes (women) on the Bruce Treadmill Test (or equivalent protocol); <b>and</b></li> </ul>

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MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES (continued)		
CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
Heart Failure (continued)		<ul style="list-style-type: none"> <li>● There is an ejection fraction of 40% or over; <b>and</b></li> <li>● There is a satisfactory response to treatment; <b>and</b></li> <li>● The underlying cause of the heart failure is considered.</li> </ul>
Heart Transplant	<p>The person should not drive for at least <b>6 weeks post-transplant</b>.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had a heart or heart/lung transplant.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a transplant cardiologist, and the nature of the driving task, and <b>subject to periodic review</b>.</p> <ul style="list-style-type: none"> <li>● At least <b>6 weeks</b> after transplant.</li> </ul>	<p>The person should not drive for at least <b>3 months post-transplant</b>.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had a heart or heart/lung transplant.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a transplant cardiologist, and the nature of the driving task, and <b>subject to at least annual review</b>.</p> <ul style="list-style-type: none"> <li>● At least <b>3 months</b> after transplant.</li> </ul>
Hypertension	<p>A person with hypertension consistently less than 200/110 (treated or untreated) may drive without licence restriction and without notification to the DLA. They should be reviewed by their treating doctor periodically regarding progression of the illness.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person's sitting blood pressure is consistently 200/110 or greater (treated or untreated); <b>or</b></li> <li>● If there is end organ damage which will impair safe driving as per this publication.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the blood pressure is well controlled; <b>and</b></li> <li>● There are no significant side-effects from the medication.</li> </ul>	<p>A person with hypertension consistently less than 200/110 (treated or untreated) may drive without licence restriction and without notification to the DLA. They should be reviewed by their treating doctor periodically regarding progression of the illness.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person's sitting blood pressure is consistently 200/110 or greater (treated or untreated); <b>or</b></li> <li>● If there is end organ damage (cardiac, cerebral, or retinal) which will impair safe driving; <b>or</b></li> <li>● If treatment results in marked postural hypotension or impaired alertness.</li> </ul> <p>The presence of other factors should also be considered.</p> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to annual review</b>:</p> <ul style="list-style-type: none"> <li>● If the person is treated with anti-hypertensive drug therapy and effective control of hypertension is achieved (ideal blood pressure less than 140/90 but no greater than 150/95) without appreciable side effects over a four week follow-up period; <b>and</b></li> </ul>

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## MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
Hypertension (continued)		<ul style="list-style-type: none"> <li>● If there is no evidence of damage to target organs relevant to driving, or associated ischaemia, or other forms of heart disease; <b>and</b></li> <li>● If causative factors have been treated.</li> </ul>
Hypertrophic Cardiomyopathy (HCM)	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has HCM.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the person is asymptomatic on moderate exertion; <b>and</b></li> <li>● The person is not subject to syncope or arrhythmias.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has HCM.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the person is asymptomatic; <b>and</b></li> <li>● The left ventricular ejection fraction is 40% or over; <b>and</b></li> <li>● The person is able to complete 9 minutes (men) 6 minutes (women) of the Bruce Treadmill Test (or equivalent ) without significant cardiac symptoms <b>or</b> significant ST segment (&gt;2mm) shift; <b>and</b></li> <li>● There is an absence of severe LV hypertrophy, a family history of sudden death, or ventricular arrhythmia on Holter testing.</li> </ul>
Pulmonary Embolism	<p><b>The person should not drive for at least 6 weeks after a pulmonary embolism.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a pulmonary embolus due to a cause which may recur.</li> </ul> <p>The non-driving period following pulmonary embolism should be determined by the treating specialist.</p> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● At least <b>6 weeks</b> after the event; and</li> <li>● If the underlying cause of the embolus is satisfactorily treated.</li> </ul>	<p><b>The non-driving period following pulmonary embolism should be determined by the treating specialist.</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has suffered a pulmonary embolism.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● After an appropriate non-driving period; <b>and</b></li> <li>● Depending on the cause of the embolus and response to treatment.</li> </ul>
Strokes	See Neurological Disorders (refer to page 71)	See Neurological Disorders (refer to page 71)

MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR DISEASES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<p><b>Syncope due to Hypotension (Vasovagal and autonomic dysfunction)</b></p>	<p>The person should not drive for at least <b>3 months</b> after syncope.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the condition is severe enough to cause episodes of loss of consciousness without warning.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b> depending on:</p> <ul style="list-style-type: none"> <li>● Identification of the underlying cause; <b>and/or</b></li> <li>● The institution of satisfactory treatment.</li> </ul>	<p>The person should not drive for at least <b>3 months</b> after syncope.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the condition is severe enough to cause episodes of loss of consciousness without warning.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to at least annual review</b> depending on:</p> <ul style="list-style-type: none"> <li>● Identification of the underlying cause; <b>and/or</b></li> <li>● The institution of satisfactory treatment.</li> </ul>
<p><b>Valvular Heart Disease</b></p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has symptoms on moderate exertion.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● Subsequent to successful surgery or other treatment.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has any history or evidence of valve disease, with or without surgical repair or replacement, association with symptoms or a history of embolism, arrhythmia, cardiac enlargement (on chest X-ray greater than 16cm), abnormal ECG, high blood pressure; <b>or</b></li> <li>● If the person is taking anti-coagulants. A conditional licence may be issued subject to the criteria specified on page 40 in relation to anti-coagulant therapy; <b>or</b></li> <li>● If mitral stenosis is present with echocardiograph evidence of moderate (valve area &lt;1.5cm<sup>2</sup>) or severe stenosis.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a cardiologist, and the nature of the driving task, and <b>subject to annual review</b>:</p> <ul style="list-style-type: none"> <li>● If the person's cardiological assessment shows mild valvular disease of no haemodynamic significance, and there is no other cardiac condition as per this publication which would render the person unfit to drive; <b>or</b></li> <li>● <b>3 months</b> following successful surgery and there is no other cardiac condition as per this publication which would render the person unfit to drive.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### **Licensing responsibility**

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### **Conditional licences**

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### **The nature of the driving task**

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### **The presence of other medical conditions**

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

#### **Reporting responsibilities**

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

#### **Further reading**

Akiyama, T., et al, *Resumption of driving after life-threatening ventricular tachyarrhythmia*, New England Journal of Medicine, 345(6), 391–397, 2001.

Cardiovascular Disease and Driving <[www.csanz.edu.au](http://www.csanz.edu.au)>.

Li, H., et al, *Potential risk of vasovagal syncope for motor vehicle driving*, The American Journal of Cardiology, 85(2), 184–186, 2000.

Lurie, K.G., et al, *Resumption of motor vehicle operation in vasovagal fainters*, The American Journal of Cardiology, 83(4), 604–606, 1999.

Petch, M.C., *Driving and heart disease*, European Heart Journal, 19(8), 1165–77, 1998.

## 5 DIABETES

### 5.1 RELEVANCE TO DRIVING TASK

**5.1.1** Diabetes may affect a person's ability to drive, either through loss of consciousness in a hypoglycaemic episode or from end organ effects on relevant functions, including effects on vision, the heart, the peripheral nerves and vasculature of the extremities, particularly the feet. The main hazard in people with insulin-requiring diabetes is the unexpected occurrence of hypoglycaemia.

### 5.2 HYPOGLYCAEMIA

**5.2.1** A 'defined' hypoglycaemic event relevant to driving is one of sufficient severity to cause impairment of perception or motor skills, abnormal behaviour or impairment of consciousness. It is to be distinguished from mild hypoglycaemic symptoms such as sweating, tremulousness, hunger, tingling around the mouth, etc which are common occurrences in the life of a person with diabetes treated with insulin and some hypoglycaemic agents.

**5.2.2** Hypoglycaemia may be caused by many factors including non-compliance or alteration to medication, unexpected exertion or irregular meals. Irregular meals may be an important consideration with long-distance commercial driving or those operating on shifts. Impairment of consciousness and judgement may develop rapidly and result in the loss of control of a vehicle.

**5.2.3** The driver should be advised not to drive after a defined hypoglycaemic episode or after a hypoglycaemic episode experienced while driving until they have been cleared by the primary care physician or specialist.

**5.2.4** The driver should also be advised to take appropriate precautionary steps to avoid hypoglycaemic episodes, for example:

- self monitoring of blood glucose levels;
- carrying of glucose in the vehicle;
- compliance with specified review periods (GP or specialist); and
- cessation of driving should a hypoglycaemic episode occur.

### 5.3 MEDICAL STANDARDS FOR LICENSING

**5.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

**5.3.2** For diabetes-related end organ damage, for example diabetic retinopathy, see the appropriate chapter.

## MEDICAL STANDARDS FOR LICENSING – DIABETES

CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Diabetes controlled by diet alone</b>	A person with diabetes controlled by diet alone may drive without licence restriction and without notification to the Driver Licensing Authority. They should be reviewed by their treating doctor periodically regarding progression of the illness.	A person with diabetes controlled by diet alone may drive without licence restriction and without notification to the Driver Licensing Authority. They should be reviewed by their treating doctor periodically regarding progression of the illness.
<b>Non-Insulin Requiring Type 2 Diabetes Mellitus</b>	<p>A person with Non-Insulin Requiring Diabetes Mellitus may drive without licence restriction and without notification to the Driver Licensing Authority, <b>subject to 5 yearly review</b> providing they have no complications as per this publication.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has end organ complications which may effect driving, as per this publication; <b>or</b></li> <li>● If the person has 'defined' hypoglycaemic episodes.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review:</b></p> <ul style="list-style-type: none"> <li>● If the end organ effects and/or hypoglycaemic episodes are satisfactorily treated, with reference to the standards in this publication.</li> </ul> <p>In the event of a <b>defined hypoglycaemic episode</b> occurring in a previously well-controlled person they generally should not drive for <b>6 weeks</b> depending on identification of the reason for the episode, and a specialist opinion. In the event of a defined hypoglycaemic episode being associated with a motor vehicle crash the Driver Licensing Authority must be notified.</p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has non-insulin requiring diabetes mellitus on oral hypoglycaemic agents.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a specialist in Diabetes or Endocrinology, and the nature of the driving task, and <b>subject to at least annual review:</b></p> <ul style="list-style-type: none"> <li>● If the condition is well controlled and the patient compliant with treatment; <b>and</b></li> <li>● There is an absence of defined hypoglycaemic episodes as assessed by the specialist, the patient has awareness (sensation) of hypoglycaemia, and the patient is taking agents that provide the minimum risk of hypoglycaemia; <b>and</b></li> <li>● There is an absence of end organ effects which may affect driving as per this publication.</li> </ul>
<b>Insulin-Requiring Diabetes Mellitus (both Types 1 and 2)</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has Insulin Requiring Diabetes Mellitus.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to at least 2 yearly review:</b></p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has Insulin Requiring Diabetes Mellitus.</li> </ul> <p>A conditional licence may be granted by the Driver Licensing Authority, taking into account the opinion of a specialist in Diabetes or Endocrinology, and the nature of the driving task, and <b>subject to at least annual review:</b></p>

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## MEDICAL STANDARDS FOR LICENSING – DIABETES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Insulin-Requiring Diabetes Mellitus (both Types 1 and 2). (continued)</b>	<ul style="list-style-type: none"> <li>● If the condition is well controlled; <b>and</b></li> <li>● There is an absence of defined hypoglycaemic episodes and there is awareness of hypoglycaemia sufficient to stop driving a vehicle; <b>and</b></li> <li>● There is an absence of end organ effects which may affect driving, as per this publication.</li> </ul> <p>In the event of a <b>defined hypoglycaemic episode</b> occurring in a previously well-controlled person they generally should not drive for <b>6 weeks</b> depending on identification of the reason for the episode, and a specialist opinion. In the event of a defined hypoglycaemic episode being associated with a motor vehicle crash the Driver Licensing Authority must be notified.</p>	<ul style="list-style-type: none"> <li>● If the condition is well controlled and the patient compliant with treatment; <b>and</b></li> <li>● There is an absence of defined hypoglycaemic episodes as assessed by the specialist, the patient has awareness (sensation) of hypoglycaemia, and the patient is taking agents that provide the minimum risk of hypoglycaemia; <b>and</b></li> <li>● There is an absence of end organ effects which may affect driving as per this publication.</li> </ul> <p>In the event of a <b>defined hypoglycaemic episode</b> occurring in a previously well-controlled person they should not drive for a period determined by a specialist. In the event of a defined hypoglycaemic episode being associated with a motor vehicle crash the Driver Licensing Authority must be notified.</p>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

#### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

#### References

NHMRC, Diabetes and driving, Canberra, 1992.

#### Further reading

Cox, D.J., et al, *Progressive hypoglycemia's impact on driving simulation performance. Occurrence, awareness and correction*, Diabetes Care, 23(2), 163–170, 2000.

*Qualifying individuals with insulin-treated diabetes to operate commercial motor vehicles*, Federal Motor Carrier Safety Administration, Washington DC, November 2001.

Laberge-Nadeau, C., et al, *Impact of diabetes on crash risks of truck-permit holders and commercial drivers*, Diabetes Care, 23(5), 612–617, 2000.

MacLeod, K.M., *Diabetes and driving: towards equitable, evidence-based decision-making*, Diabetic Medicine, 16(4), 282–290, 1999.

Weinger, K., et al, *The perception of safe driving ability during hypoglycemia in patients with type 1 diabetes mellitus*, The American Journal of Medicine, 107(3), 246–253, 1999.

## 6 DRUGS – ILLICIT

### 6.1 RELEVANCE TO DRIVING TASK

- 6.1.1** Many of the physiological effects of illicit drugs are similar to both alcohol and psychoactive prescription drugs. Their usage is therefore likely to cause a significant safety hazard. This is particularly so where illicit drugs are used in combination with prescription drugs or alcohol.
- 6.1.2** Illicit drugs are by their nature psychoactive (or psychotropic). This means their detrimental effects in road safety terms are not limited to their demonstrated physiological effects on the skills required to drive a vehicle, but extend to their psychological or behavioural effects. Drivers under the influence of these drugs have a higher propensity to behave in a manner incompatible with safe driving. This may involve but not be limited to risk taking, aggression, feelings of vulnerability, narrowed attention and poor judgement.
- 6.1.3** Stimulant drugs such as **amphetamines and cocaine**, which produce a heightened sense of well being, uninhibited behaviour, increased aggression and risk taking behaviours obviously have a potential for causing road crashes (also see Psychiatric Disorders, page 80). These drugs have been used to combat fatigue while driving, and while they may initially increase alertness and efficiency, their effect is notoriously unpredictable and may be accompanied by marked changes in mood and behaviour. The use of illicit (and licit) stimulants to counteract the effects of fatigue carries with it the risk of 'fatigue rebound'. This is observed when the effect of the drug wears off and is associated with profound sleepiness, which can result in a driver suddenly falling asleep at the wheel, with obvious consequent risk of accident.
- 6.1.4** There is little information about driving and the short or long-term effects of drugs such as **LSD, heroin and so-called 'designer drugs'** (e.g. Ecstasy, Angel Dust). However, the known clinical effects of these drugs indicate that they have adverse effects on driving skills and judgement. Given their significant affect on mood and behaviour, their use is clearly not compatible with the complex driving task.
- 6.1.5** **Cannabis** can impair psychomotor functions related to driving skills and has been shown to have adverse effects on driving skills and judgement. However, there is still debate about the duration of impairment outside laboratory experiments.
- 6.1.6** **Methadone** abuse is not compatible with safe driving. However, it is recognised that methadone may be prescribed for narcotic addiction and in some circumstances such persons may be eligible for a conditional licence (refer to table on the next page).
- 6.1.7** **Alcohol.** The combination of alcohol with illicit drugs is especially dangerous.

### 6.2 GENERAL MANAGEMENT GUIDELINES

- 6.2.1** Careful individual assessment must be made of drivers using illicit psychoactive drugs. Additional advice from those involved in specialised treatment centres will frequently be necessary and ongoing assessment is likely to be crucial, including blood tests. Patients with 'dual diagnosis' in particular may require specialist assessment regarding driving.
- 6.2.2** Users of illicit drugs are unlikely to volunteer information about their condition. This creates a problem in identifying cases of illicit drug use.
- 6.2.3** The habitual use of illicit drugs is incompatible with safe vehicle driving. Occasional use of these drugs also requires very careful assessment. In particular, the health professional should be satisfied that their usage is not going to affect a commercial vehicle driver in the performance of his or her duties.
- 6.2.4** Apart from advising the known occasional user against driving when under the influence, the health professional should take more active steps to prevent driving, especially where a commercial vehicle driver licence is involved (refer to page 16, Counselling and Reporting, and page 10, Legal and Ethical Considerations).
- 6.2.5** Where continual and habitual drug use is known to exist (refer to Licensing Standards on the next page), the health professional should counsel the patient and advise the Driver Licensing Authority accordingly (refer to pages 15, 16, 17, and page 10, Legal and Ethical Considerations).
- 6.2.6** There are many useful community information resources for patients, including the Australian Drug Foundation website <[www.adf.org.au/dd/index.htm](http://www.adf.org.au/dd/index.htm)>.



### 6.3 MEDICAL STANDARDS FOR LICENSING

6.3.1 Medical criteria for unconditional and conditional licences are outlined in the following table.

MEDICAL STANDARDS FOR LICENSING – DRUGS – ILLICIT		
CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Illicit drugs</b>  <b>Narcotic analgesic abuse, methadone (illicit use), and other illicit drug use</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there is clear evidence of abuse or dependence.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the response to treatment is satisfactory.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there is clear evidence of abuse or dependence.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● For persons who are compliant with treatment for illicit drug addiction (including methadone or buprenorphine medication); <b>and</b></li> <li>● The severity of the addiction(s), the response to treatment and the driving requirements are taken into account.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

#### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

#### Further reading

Liguori, A., Gatto, C.P., Robinson, J.H., *Effects of marijuana on equilibrium, psychomotor performance, and simulated driving*, Behavioral Pharmacology, 9(7), 599–609, 1998.



## 7 DRUGS – PRESCRIPTION AND OVER THE COUNTER (OTC)

### 7.1 RELEVANCE TO DRIVING TASK <sup>1,2,3</sup>

- 7.1.1 There is some controversy surrounding the effects of prescription drugs, medication or over-the-counter (OTC) drugs on the driving task and crash involvement.
- 7.1.2 A summary of studies in 1992 showed that the interaction between personality, mental state, performance situation and psychoactive drugs is complex. The more behaviourally toxic compounds may increase the relative risk of an industrial accident or road crash.
- 7.1.3 Studies conducted in 1983 and 1990 suggest that psychoactive drugs are contributory factors to accidents in general (not just motor vehicle crashes). A 1990 study in the UK demonstrated that patients taking benzodiazepines or other tranquillisers are five times more likely to experience a serious motor vehicle crash than non-drug users.
- 7.1.4 Medical evidence and crash statistics show that the interaction between some drugs (e.g. sedatives and psychoactive drugs) and alcohol can be extremely dangerous.

### 7.2 GENERAL MANAGEMENT GUIDELINES

- 7.2.1 In all cases when health professionals are prescribing or dispensing medications (including OTC and 'alternative' medications), they should consider any possible effects on driving skills and inform the patient. Failure to do so may have medico-legal consequences for the practitioner in the event of a crash involving the patient, particularly in the case of commercial vehicle drivers.
- 7.2.2 All drugs can have unexpected consequences, some of which may affect the ability to drive. Therefore, prescription or dispensing of any drug for the first time should be accompanied by a general warning to the patient to be vigilant for responses that may affect ordinary activities including driving. A similar warning should accompany changes in dose, or the addition of other drug treatment.
- 7.2.3 Problems affecting fitness to drive may arise with short-term use of drugs when the condition being treated does not itself preclude driving, e.g. drowsiness due to (older generation) antihistamines for hay-fever. The subjective effects of the drug should be determined by a test dose before driving is attempted.
- 7.2.4 Legitimate long-term medication for therapy or prophylaxis should not automatically preclude granting of a driver licence, but many drugs can diminish the capacity to drive safely in addition to any such effects of the disorder being treated. Successful treatment will often increase the safety of a driver by control of the disorder, e.g. effective prevention of seizures. Issues relating to drug treatment of chronic disorders such as epilepsy, psychiatric conditions and diabetes are dealt with in the relevant sections devoted to these diseases. Patients receiving continuing long-term drug treatment should be evaluated for their reliability in taking the drugs according to directions and their understanding of the possibility that the effect of the drug may be unexpectedly affected by factors such as drug interactions. They should also be assessed for their acceptance that their medicines can have undesired consequences that may affect their ability to drive safely.
- 7.2.5 The following table lists medications (including prescription drugs and components of some OTC medications) that can affect driving ability by causing drowsiness or by affecting coordination or alertness. The list is indicative rather than comprehensive and health professionals should always refer to product information of medications to assess the likely effect on driving performance. Combined effects of prescribed and OTC medications should also be considered. When such medicine is prescribed or dispensed adequate counselling should be provided and labelling requirements complied with.
- 7.2.6 There are many useful community information resources for patients, including the Australian Drug Foundation website <[www.adf.org.au/dd/index.htm](http://www.adf.org.au/dd/index.htm)>.

### 7.3 MEDICAL STANDARDS FOR LICENSING

- 7.3.1 There are no medical standards affecting driving status which are related to medication per se. Criteria are set for the underlying disease/body system as shown elsewhere in this publication.

MEDICATION		COMMENT
<b>Analgesics</b>	<i>Codeine and other opioids (see methadone below), Narcotics, Propoxyphene</i>	Patients should be cautioned about driving if using these medications due to sedative side effects.
<b>Antiarrhythmics</b>	<i>Flecainide, Mexiletine</i>	Patients should be cautioned about driving when being stabilised on such drugs.
<b>Anticonvulsants</b>	<i>Carbamazepine, Clonazepam, Phenytoin Sodium, Sodium Valproate</i>	Once stabilised and cleared to drive, patients should be warned about dosage changes and the addition of other medication.
<b>Antidepressants</b>	<i>Amitriptyline, Clomipramine, Imipramine, Trimipramine, Mianserin, Doxepin</i>	The newer antidepressants should be used in preference if driving is an important issue. All patients should be cautioned when commencing these medications.
<b>Antiemetics</b>	<i>Metoclopramide</i>	Patients should be cautioned that this may affect ability to drive.
<b>Antihistamines</b>	<i>Older antihistamines are well known to cause drowsiness and impair driving ability</i>	The non sedating antihistamines should be used in preference. Patients should be cautioned when starting these drugs.
<b>Anti-hypertensives</b>	<i>Beta blockers, Nifedipine, Prazosin, Clonidine, Methyldopa</i>	All drivers should be cautioned when starting new medication, for example regarding possible dizziness due to excessive fall in blood pressure, especially in hot environments.
<b>Anti-inflammatories</b>	<i>Allopurinol, Indomethacin, Ketoprofen, Tiaprofenic Acid</i>	Medication should be checked carefully for possible side effects. For joint problems see also Musculo-Skeletal Disorders.
<b>Antimicrobials</b>	<i>Griseofulvin, Norfloxacin, Metronidazole</i>	Patients should be warned that these drugs may affect ability to drive, especially in combination with alcohol.
<b>Minocycline</b>		Patients should be cautioned of possible effects on balance.
<b>Anti-parkinsonian</b>	<i>Amantadine, Benhexol, Bzotropine, Biperiden, L-dopa</i>	All patients starting on new medication should be warned about the side effects. Ensure frank discussion about driving ability.
<b>Antipsychotics</b>	<i>Chlorpromazine, Fluphenazine, Thioridazine, Trifluoperazine</i>	All patients using these medications should be warned against driving while being stabilised.
<b>Lithium</b>		Lithium has a low therapeutic index, thus patients should be warned of the prodromal toxic signs (fatigue, muscular weakness, drowsiness, etc), the need to seek medical advice and the dangers of driving if such symptoms arise.
<b>Methadone</b>		Patients may drive if under periodic review and stable. They should be cautioned about the effects of dosage changes.
<b>Sedatives</b>	<i>Diazepam, Flunitrazepam, Oxazepam, Lorazepam, Nitrazepam, Temazepam, Amylobarbitone, Chloral Hydrate</i>	Chronic sedative use is undesirable in general but in particular is likely to impair the ability to drive. Risks are increased if doses are not stable.
<b>Stimulants</b>	<i>Dexamphetamine, Methylphenidate, Phentermine, Ephedrine, Diethylpropion</i>	Stimulants may induce increased aggressiveness (see Psychiatric Disorders, page 80) and risk taking, particularly at high doses. Fatigue and depression usually follow the central stimulation. They may affect a patient's reactions and adversely influence the ability to drive and use machines. Patients should be cautioned accordingly. Amphetamines may only be prescribed in accordance with State prescribing and driving regulations.
<b>Topical Eye Medication</b>	<i>Timolol, Pilocarpine, Hydrochloride, etc</i>	Eye medication may affect vision or have systemic effects and patients should be counselled accordingly.

### References

1. *Classification of medicines according to their influence on driving ability.* Grenez, M. V. et al. Acta Clin Belg Suppl; 1999; 1; 82–8.
2. *Relations among chronic medical conditions, medications, and automobile crashes in the elderly: a population-based case-control study.* McGwin, G. Jr et al. Am J Epidemiol; 2000; 152; 424–31.
3. *Driving ability in cancer patients receiving long-term morphine analgesia.* Vainio, A. et al. Lancet; 1995; 346; 652–3.

### Further Reading/Reference Material

- Austrorads report *Drugs and Driving in Australia*, 1999.
- British Medical Association Website on Driving under the influence of drugs <[www.bma.org.uk](http://www.bma.org.uk)>.
- Ogden, E., and Brous, D., *Medicines and Driving – A Code of Practice for Health Care Professionals*, Report No. GR/99–7, 2000.
- Victorian Parliamentary Road Safety Committee Report, Effects of Drugs (Other than Alcohol) on Road Safety in Victoria 1996.

## 8 EPILEPSY

### 8.1 RELEVANCE TO DRIVING TASK

**8.1.1** Epilepsy is a common disorder with a cumulative incidence of 2% of the population, with 0.5% affected and taking medication at any one time <sup>5</sup>. Fortunately, the majority of cases respond well to treatment with a terminal remission rate of 80% or more <sup>5-11</sup>. The majority suffer few seizures in a lifetime and about half will have no further seizures in the first one or two years after starting treatment <sup>8,10</sup>. Some cases may eventually cease medication and in other selected cases surgery has proven beneficial.

Seizures vary considerably, some being purely subjective experiences, e.g. some simple partial seizures, but the majority involve some impairment of consciousness (e.g. absence and complex partial seizures) or loss of control (e.g. focal motor, simple or complex partial or myoclonic seizures). Convulsive (tonic-clonic) seizures may be generalised from onset or secondarily generalised with partial onset. Seizures associated with loss of awareness, even if brief or subtle, or loss of motor control have the potential to impair the ability to control a motor vehicle <sup>12,13</sup>.

**8.1.2** Estimates of the relative casualty crash risk of drivers with epilepsy compared with other drivers has varied from 1.0 to 1.95 <sup>14-16</sup> (and in one exceptional study 7.0 <sup>17</sup>). Around 11% of crashes of drivers with epilepsy are felt to be seizure-related <sup>14</sup>. Reported estimates of the prevalence of epilepsy-related crashes vary between 0.01% and 0.3% of all crashes <sup>2, 18-22</sup>.

**8.1.3** Complex partial seizures without aura, secondarily generalised seizures and generalised tonic-clonic seizures are the types most implicated in crashes. Simple partial seizures, complex partial seizures with aura and absence seizures are less frequently, and myoclonic seizures are rarely implicated <sup>23</sup>. Some patients may have seizures that are 'safe' from the point of view of driving. Examples include seizures that have occurred only during sleep, some, but not all, simple partial seizures ('auras'), and seizures that are consistently preceded by a prolonged warning or premonition (provided that full control is retained during the period of such premonitory symptoms) <sup>13</sup>. There are also examples where seizures only occur at a particular time of day, especially in the first hour after awakening. A restricted licence may be acceptable in such instances (see 8.3.4).

**8.1.4** While driving is a privilege rather than a right, the lack of a driving licence can be socially disabling. Ease of transport is diminished and there are restrictions of opportunity for employment, recreation and independent living: the lack of a licence may also impair the capacity to engage in financial and commercial transactions. The criteria applied to private vehicle licences are based upon the concept of what is an acceptable risk, i.e. that which may be directly attributed to the potential for a seizure, a risk that is additional to the background risk for motor vehicle crashes that all drivers will have. Such background risk varies greatly, being dependent upon age, gender and driving experience <sup>1,24</sup>, and this variation colours the approach for an acceptable seizure-related crash-risk. In Australian conditions and with criteria applied over many years the contribution of seizures to accident statistics is only 0.025–0.053%, which is clearly acceptable <sup>22</sup>.

Commercial vehicle driving exposes the driver and the public to a relatively greater risk because of the increased time spent at the wheel as well as the generally greater potential for injury from motor vehicle crashes involving commercial vehicles. For this reason, the acceptable risk of an illness-related accident for commercial driving is much less, and because it is reasonable to anticipate a degree of flexibility in employment opportunity the criteria applied are much stricter. As a rough guide, for private licences they correspond to a seizure-risk of about 20–50% p.a., compared with about 1–2% p.a. for commercial licences and 2–4% p.a. for restricted commercial licences. Some lenience in the last group is envisaged for those who need a commercial licence but whose driving of large and potentially damaging vehicles is restricted or unnecessary <sup>25</sup>.

### 8.2 GENERAL MANAGEMENT GUIDELINES

**8.2.1** In general, responsible individuals with well-managed epilepsy (as demonstrated by an appropriate seizure-free period) may be considered fit to drive by the Driver Licensing Authority. Individual responsibility on the patient's behalf means personal accountability for management of their condition in conjunction with the support of a medical practitioner. The authorities will rely heavily on the treating practitioner's and/or consultant's reports.

**8.2.2** It is extremely important that the patient's specific epilepsy syndrome and seizure types are identified so that an adequate evaluation of the person's driving safety can be undertaken (including the risk of further seizures) and the appropriate therapy instituted. **Thus any licence-holder experiencing a seizure or recurrent seizures should be referred to an appropriate consultant for detailed evaluation.**

It is crucial that the following aspects of disease management be taken into account in the assessment of driver fitness:

- The patient must have been free of seizures for the specified period (see medical standards below).
- The patient must continue to take anti-epileptic medication regularly when and as prescribed.

- The patient should ensure adequate sleep is had and not drive if sleep deprived.
- The patient should avoid other circumstances or the use of substances that are known to increase the risk of seizures.

**8.2.3** All licence holders who need active management of epilepsy should be under periodic review, including, where necessary, at least annual specialist appraisal.

### 8.3 MEDICAL STANDARDS FOR LICENSING

**8.3.1** Medical standards for licensing and the requirements for conditional licences are outlined in the table (page 57). A confirmed diagnosis of epilepsy will mean that the criteria for an unconditional licence are not met either for a private or a commercial driver. The table outlines recommended seizure-free periods after which resumption of driving under a conditional licence may be permitted by the Driver Licensing Authority on the advice of a suitably qualified consultant. In considering the recommended seizure-free period, the Driver Licensing Authority will generally accept the longer period, but may consider a shorter period on the recommendation of a consultant experienced in the management of epilepsy. Relevant considerations will include response to treatment, previous seizure frequency, the nature of seizures, the syndromal diagnosis and the patient's reliability and compliance with treatment. Further considerations, particularly in the case of commercial drivers, may be the size and condition of the vehicle, duties to be performed and the hours to be worked (for example, the requirements of an occasional driver in a farming situation versus those of a multiple combination vehicle driver).

**8.3.2 The initial or isolated seizure.** The occurrence of a seizure in the holder of any licence warrants consultant assessment. The assessment may reveal that the seizure was likely to have been an isolated non-epileptiform event, or alternatively a diagnosis of epilepsy may be made.

Whether due to epilepsy or any other cause, an isolated seizure in a commercial vehicle driver presents a considerable risk and will require immediate notification of the Driver Licensing Authority by the driver, and suspension of driving (see table).

In the case of a private vehicle driver, the consultant should advise the patient not to drive until the diagnosis is determined and a decision can be made regarding their future licence status. Should the seizure be judged to be an isolated non-epileptiform event the recommended non-driving period is 6 months (see table). It is important for Driver Licensing Authorities to acknowledge that an isolated seizure is not necessarily synonymous with epilepsy, and administrative and reporting systems should reflect this in order to avoid the stigma often associated with a diagnosis of epilepsy.

Should a diagnosis of epilepsy be made the patient should be managed accordingly. The table overleaf species non-driving periods for drivers diagnosed with epilepsy.

**8.3.3** Recurrent seizure. In the event of a recurrent seizure in a person previously seizure-free and on a conditional licence, a consultant review should be obtained; in remote areas the GP should initially consult the neurologist by phone. In the case of a private vehicle driver, where a clear and reversible or non-recurring provocation is identified and overcome and/or corrected (e.g. illness, drug-interaction, sleep deprivation or antiepileptic medication-withdrawal) driving should be suspended for 1 month. If no clear cause is determined driving should be suspended for 3 months. A recurring seizure in a commercial vehicle driver will require immediate notification to the Driver Licensing Authority by the driver and suspension of driving.

**8.3.4 'Safe seizures'.** Where seizures occur only at a particular time of day (e.g. in the first hour after awakening) a restricted licence, limiting driving to certain hours or circumstances, may be acceptable. It is essential that patients experiencing such 'safe' or possibly 'safe' seizures be the subject of consultant review and that their assessment includes appropriate documentation of the factors that are important to their driving safety, and the corroboration of eye witnesses whenever possible.

**8.3.5 Medication non-compliance.** Where non-compliance with medication is suspected by the treating doctor, the doctor may recommend to the Driver Licensing Authority a driver licence conditional upon periodic medical review, including drug-level-monitoring where appropriate.

**8.3.6 Medication withdrawal.** In patients stabilised on medication over a suitable period, the consultant may attempt a withdrawal of medication. The patient should not drive for the full period of withdrawal and for 3 months thereafter unless withdrawal is advised by an experienced consultant on the basis that the risk of seizure-recurrence is low. The patient will already be on a conditional licence, thus notification of the Driver Licensing Authority is not required. Should the medication withdrawal be successful, as demonstrated by an extensive seizure-free period, the treating consultant may support an application to the Driver Licensing Authority to grant an unconditional licence. For commercial vehicle drivers, withdrawal of medication is not compatible with continued driving (refer to the table).

**8.3.7 Concurrent conditions.** Where epilepsy is associated with other impairments or conditions, the relevant sections covering those disorders should also be consulted.

## MEDICAL STANDARDS FOR LICENSING – EPILEPSY

CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Initial or Isolated Seizures</b> (an isolated seizure is not necessarily synonymous with Epilepsy)	<p>A person who has had an initial or isolated seizure should be advised not to drive pending confirmation of diagnosis.</p> <p>Should the seizure be diagnosed as an isolated non-epileptiform event, a non-driving period of <b>6 months</b> should be recommended (shorter periods may be recommended by consultants experienced in the management of epilepsy).</p> <p>If epilepsy is confirmed or seizures recur the patient should be managed as for recently diagnosed epilepsy (see below) and should notify the Driver Licensing Authority.</p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had a seizure due to any cause.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority taking into account the opinion of a specialist in epilepsy and the size and condition of the vehicle, the duties to be performed and the hours to be worked <b>(with conditions that may include limited and/or restricted use)</b>:</p> <ul style="list-style-type: none"> <li>● If the person has had a single provoked seizure event; <b>and</b></li> <li>● Provocative factors can be avoided reliably; <b>and</b></li> <li>● Has been seizure free for one year; <b>and</b></li> <li>● Takes no anti-epileptic medication; <b>and</b></li> <li>● The EEG shows no epileptiform activity.</li> </ul>
<b>Epilepsy – general requirements</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has epilepsy.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority after seizure-free periods as shown below and subject to <b>at least annual review</b> (shorter periods may be recommended by consultants experienced in the management of epilepsy). The Driver Licensing Authority will take into account the opinion of the treating doctor/GP regarding the response to treatment and the driving requirements,</p> <p><b>Seizure free periods:</b></p> <p><b>Recently diagnosed epilepsy.</b> Seizure-free period of <b>6 months</b> from start of therapy (or 3 months on the recommendation of an experienced consultant).</p> <p><b>Chronic epilepsy</b> (history of previously uncontrolled seizures). Generally a seizure-free period of <b>2 years</b>. A shorter period only on recommendation of an experienced consultant where there is clear evidence of seizure control (e.g. following adjustment and stabilisation of anti-epileptic drug treatment).</p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has epilepsy.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority taking into account the opinion of a specialist in epilepsy (who may recommend variation of the seizure-free periods in exceptional circumstances), and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the person has a past history of febrile seizures or of benign childhood epilepsy; <b>and</b></li> <li>● Does not take anti-epileptic medication; <b>and</b></li> <li>● The EEG shows no epileptiform activity.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>● If the person has a past history of a single seizure event; or of seizures occurring only under provocative circumstances that can be avoided reliably; <b>and</b></li> <li>● Has been seizure free for five years; <b>and</b></li> <li>● Takes no anti-epileptic medication; <b>and</b></li> <li>● The EEG shows no epileptiform activity.</li> </ul>

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## MEDICAL STANDARDS FOR LICENSING – EPILEPSY (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
Epilepsy – general requirements (continued)	<p><b>Seizures only in sleep.</b> Seizure-free period of <b>12 months</b> since the last seizure while awake.</p> <p><b>Epilepsy treated by surgery.</b> A period of <b>12 months</b> following surgery.</p>	<p><b>OR</b></p> <ul style="list-style-type: none"> <li>● If the person has epilepsy and is taking anti-epileptic medication; <b>and</b></li> <li>● Maintains at least annual review and compliance; <b>and</b></li> <li>● Has been seizure free for five years; <b>and</b></li> <li>● Has had no more than three seizures in the preceding ten years; <b>and</b></li> <li>● The EEG shows no epileptiform activity.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>● If the person has epilepsy and has had surgical treatment; <b>and</b></li> <li>● Maintains at least annual review; <b>and</b></li> <li>● Has been seizure free for five years; <b>and</b></li> <li>● The EEG shows no epileptiform activity.</li> </ul> <p><b>OR</b></p> <p>Taking into account the size and condition of the vehicle, the duties to be performed and the hours to be worked (<b>with conditions including limited and/or restricted use</b>):</p> <ul style="list-style-type: none"> <li>● If the person has epilepsy and is taking anti-epileptic medication; <b>and</b></li> <li>● Maintains periodic review <b>and</b> compliance; <b>and</b></li> <li>● Has been seizure free for five years; <b>and</b></li> <li>● The EEG shows no epileptiform activity.</li> </ul> <p><b>OR</b></p> <p>Taking into account the size and condition of the vehicle, the duties to be performed and the hours to be worked (<b>with conditions including limited and/or restricted use</b>):</p> <ul style="list-style-type: none"> <li>● If the person has had a single provoked seizure event; <b>and</b></li> <li>● Provocative factors can be avoided reliably; <b>and</b></li> <li>● Has been seizure free for one year; <b>and</b></li> <li>● Takes no anti-epileptic medication; <b>and</b></li> <li>● The EEG shows no epileptiform activity.</li> </ul>
Epilepsy – special situations	<p><b>Recurrent Seizure.</b> If a person on a conditional licence, who has previously been well controlled, has a recurrence of a seizure due to <b>an identifiable and non-recurring provocation</b> such as illness,</p>	<p><b>Recurrent Seizure.</b> Recurrence of seizure in a commercial vehicle driver requires immediate suspension of driving and reporting to the Driver Licensing Authority by the driver.</p>

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## MEDICAL STANDARDS FOR LICENSING – ELIPEPSY (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Epilepsy – special situations (continued)</b>	<p>drug interaction or sleep deprivation, they should not drive for <b>1 month</b>. If the cause is <b>not identified</b> the patient should not drive for <b>3 months</b>.</p> <p>If a person on a conditional licence has a seizure causing a motor vehicle crash, they should not drive for at least <b>1 year</b> and a consultant opinion is essential. The Driver Licensing Authority should be notified.</p> <p><b>Withdrawal of Medication</b></p> <p>The person should not drive <b>for the full period of withdrawal and for 3 months thereafter</b>. Where withdrawal is on the recommendation of a consultant experienced in the management of epilepsy on the basis that the risk of seizure-recurrence is low, driving need not be curtailed.</p> <p>Should there be a recurrence of seizures, the person should not drive for <b>1 month</b> after resuming previously effective medication.</p> <p>If the patient refuses to resume medication they should not drive for <b>2 years</b> (shorter periods may be recommended by consultants experienced in the management of epilepsy).</p> <p>Generally a person who is being considered for withdrawal of medication will be on a conditional licence and the Driver Licensing Authority need not be notified of a program of withdrawal of medication.</p>	<p><b>Withdrawal of Medication</b></p> <p>Withdrawal of medication is not compatible with continued driving of commercial vehicles.</p>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect on fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

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## 9 GASTROINTESTINAL DISORDERS

### 9.1 RELEVANCE TO DRIVING TASK

**9.1.1** There is little data to support the assumption of a higher crash rate as a result of gastrointestinal disorders.

#### 9.1.2 Hepatic encephalopathy<sup>1-5</sup>

**9.1.2.1** Hepatic encephalopathy describes the spectrum of potentially reversible neuro-psychiatric abnormalities seen in patients with liver dysfunction after other neurological causes or metabolic causes are excluded. The vast majority of patients have established chronic liver disease with signs of chronic liver disease and sometimes those of encephalopathy such as asterixis and the fetor hepaticus.

**9.1.2.2** The driving ability will be impaired firstly because of the disturbed diurnal sleep pattern (insomnia and hypersomnia) but further by impaired consciousness with levels of consciousness potentially fluctuating, and also by focal neurological signs which occasionally develop in such patients.

**9.1.2.3** Treatment of hepatic encephalopathy is the treatment of the underlying liver disease and reversing of factors that can precipitate encephalopathy.

**9.1.2.4** There is no differentiation between commercial and private vehicle drivers in respect of hepatic encephalopathy.

**9.1.2.5** There is dispute regarding the cognitive function of patients with chronic liver disease and portal hypertension without signs of porta systemic encephalopathy. Two studies have addressed driving motor vehicles in this group of patients and in one study 60% of patients were considered unfit to drive and 25% considered questionable. In a second study of real-life driving conditions in Chicago the results in those patients studied were not different from healthy controls.

### 9.2 GENERAL MANAGEMENT GUIDELINES

**9.2.1** As a general rule, gastrointestinal disorders should not interfere with a patient's ability to drive. Acute conditions require appropriate advice regarding driving but have no affect on licence status. It should be noted that seatbelts are required to be worn after ileostomies and colostomies (see page 121). As there are no specific conditions which absolutely preclude employment as a commercial vehicle driver, there are no specific mandatory tests or examinations for the gastrointestinal tract.

**9.2.2** The diagnostic pointers to the presence of chronic liver disease include peripheral signs such as muscle wasting, spider telangiectasis and palma erythema. Signs of hepatic decompensation will include jaundice, ascites oedema as well as the above, while signs of hepatic encephalopathy will include altered mentation, fetor hepaticus and asterixis.

**9.2.3** Not to be ignored are the potentially subtle disturbances of mentation that can occur in the absence of overt liver failure. An indication that hepatic encephalopathy is developing might include a disturbed sleep pattern. Patients may also develop fleeting neurological signs such as hemiplegia.

**9.2.4** Assessment of patients with chronic liver disease for fitness to drive will require referral to a specialist whose predominant interest is liver disease.

### 9.3 MEDICAL STANDARDS FOR LICENSING

**9.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

# MEDICAL STANDARDS FOR LICENSING – GASTROINTESTINAL DISORDERS

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
	<i>Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	<i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Hepatic Failure</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has chronic liver disease and clinical evidence of hepatic encephalopathy.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● Dependent on satisfactory treatment and the underlying cause.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has chronic liver disease and clinical evidence of hepatic encephalopathy.</li> </ul> <p>If the person has chronic liver disease and no overt evidence of hepatic encephalopathy they may still have impaired cognitive and motor skills and will need to be assessed on an individual basis by their hepatologist.</p>
<b>Liver Transplants</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● After a liver transplant.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>, taking into account:</p> <ul style="list-style-type: none"> <li>● Noting the reason for the transplant; <b>and</b></li> <li>● Taking into account the stability of the transplant and the biochemical and haemodynamic response.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● After a liver transplant.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● Noting the reason for the transplant; <b>and</b></li> <li>● Taking into account the stability of the transplant and the biochemical and haemodynamic response.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

## Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

## Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

## The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy vehicle may be quite different from that of an interstate

multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

## The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

## Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

### References

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### HELP FOR HEALTH PROFESSIONALS

For guidance in assessing a patient's fitness to drive contact your State or Territory Driver Licensing Authority (see page 123 for details).

### 10 HEARING

#### 10.1 RELEVANCE TO DRIVING TASK

- 10.1.1** Mild to moderate hearing loss does not appear to affect a person's ability to drive safely. It may be that a loss of hearing is well compensated for since most people who are hard of hearing are aware of their disability and therefore tend to be more cautious and to rely more on visual cues.
- 10.1.2** While driving ability per se might not be affected by a hearing deficiency, responsiveness to critical events is an important safety consideration for drivers of commercial vehicles. These drivers therefore require a reasonable level of hearing in order to ensure their awareness of changes in engine or road noises which may signal developing problems, and their awareness of horns, rail crossings, emergency signals and sirens<sup>1,2,3</sup>.
- 10.1.3** Hearing sufficient to converse with passengers is not a matter that affects safe driving and hence is not covered by these criteria. However, standards may be set for Occupational Health and Safety purposes.

#### 10.2 MEDICAL STANDARDS FOR LICENSING

- 10.2.1** Medical criteria for unconditional and conditional licences are outlined in the table opposite.
- 10.2.2** Note that only drivers of commercial vehicles are required to meet a hearing standard for the reasons outlined above. Compliance with the standard should be clinically assessed initially and if there is doubt about the person's hearing then audiometry should be arranged.
- 10.2.3 Conditional Licences for Commercial Drivers:** In addition to appropriately fitted hearing aids, various engineering solutions are available to help compensate for the risk to safety that may arise from a hearing disability. These include:
- Mirrors appropriate to the vehicle to enhance rear view;
  - Alerting devices that provide a warning signal (visual display) when sirens, horns, and other loud noises are detected;
  - Technologies providing (visual) warning signals to guide safe truck operation, e.g. air pressure in braking systems, tyre pressure monitoring, etc.

These may be considered in recommending a conditional licence for a commercial vehicle driver. They are also valuable considerations for any hearing-impaired driver (as noted below).

- 10.2.4** While hearing loss is not considered to preclude driving a private car, persons with severe hearing losses should be advised regarding their loss and their limited ability to hear warning signals, etc. Persons with hearing aids should be encouraged to wear them when driving. Engineering solutions such as additional mirrors (as mentioned above) might also be recommended upon consideration of the needs of the individual driver.

## MEDICAL STANDARDS FOR LICENSING – HEARING

CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
Hearing	<p><b><i>There is no hearing standard for private vehicle drivers.</i></b></p> <p><b><i>See General Management Guidelines (page 64).</i></b></p>	<p>Compliance with the standard should be clinically assessed initially and a possible hearing loss measured by conducting audiometry.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has an unaided average hearing threshold level of equal to or greater than 40dB in the better ear. (Average hearing threshold is the simple average of pure tone air conduction thresholds at 500, 1000, 2000 and 3000 Hz).</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an ENT specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the standard is met with a hearing aid.</li> </ul> <p>Further assessment of the person may be arranged with the Driver Licensing Authority and advice may be sought regarding modifications to the vehicle to provide a visual display of safety critical operations.</p>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

**Licensing responsibility**

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

**Conditional licences**

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

**The nature of the driving task**

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

**The presence of other medical conditions**

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

**Reporting responsibilities**

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

**References**

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## 11 HIV / AIDS

### 11.1 RELEVANCE TO DRIVING TASK

**11.1.1** The human immunodeficiency virus (HIV) is highly neurotropic and may cause neurological effects which affect driving ability. However, the advent in recent years of highly active antiretroviral therapy (HAART) for patients has had a significant impact on their prognosis and their well-being. As a result, there has been a substantial reduction in neurological sequelae particularly AIDS dementia and progressive multifocal leukoencephalopathy (PML), so the risks when driving are greatly reduced<sup>1-4</sup>.

**11.1.2** If the disease progresses to AIDS then various organs relevant to driving may be affected, such as the eyes.

### 11.2 MEDICAL STANDARDS FOR LICENSING

**11.2.1** In the previous edition of these standards HIV positive patients did not meet the medical criteria for driving commercial vehicles, and hence required notification to the Driver Licensing Authority. These patients could, however, drive with a conditional licence. The recent improvements in therapy have led to a change in the medical standards.

**11.2.2** Drivers who are HIV positive or have AIDS and are under treatment may drive all types of vehicles for which they are licensed without notification to the Driver Licensing Authority and without requiring a conditional licence, providing they meet the criteria set out in this publication for end organ damage which may arise as a complication of the disease, e.g. vision.

**11.2.3** Where notification of a complication which affects driving is needed, the requirements of the Privacy Act should be observed as with all other conditions (refer to Part A, page 11).

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

#### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

#### References

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## 12 METABOLIC AND ENDOCRINE DISORDERS (excluding Diabetes)

### 12.1 RELEVANCE TO DRIVING TASK

**12.1.1** Metabolic or endocrine disorders (Addison's Disease, Adrenal or Cushing's Disease, Hyperthyroidism, Hypothyroidism, Parathyroid Disease, Pheochromocytoma, Pituitary Disorders, Insulinoma) can cause many symptoms ranging from generalised asthenia, localised muscle weakness, spasm to tetany, sudden episodes of dizziness or unconsciousness. Unless controlled by adequate treatment, individuals so afflicted may have an increased risk of a crash.

### 12.2 MEDICAL STANDARDS FOR LICENSING

**12.2.1** There are no specific criteria regarding licensing status for metabolic and endocrine diseases. Because of the diverse manifestation of these conditions, each person will require individual assessment regarding likelihood of acute loss of control of their vehicle.

**12.2.2** If there is a real risk of acute loss of control then the criteria would not be met; a conditional licence might be recommended for private vehicle drivers dependent on stability of control of the condition, but in the case of commercial drivers an appropriate specialist's opinion must be obtained.

**12.2.3** Specific defects which may be associated with an endocrine disorder may also need evaluation, e.g. effects on visual field from pituitary tumours or exophthalmos in hyperthyroidism.

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

#### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

### 13 MUSCULOSKELETAL DISORDERS

#### 13.1 RELEVANCE TO DRIVING TASK

- 13.1.1** There is little published data on the risk of a crash and/or loss of control of a vehicle due to musculoskeletal disorders.
- 13.1.2** A motor vehicle driver must be able to carry out many complex muscular movements in order to control a vehicle properly. A person must have an adequate range of movement of the hips, knees, ankles, shoulders, elbows, wrists, fingers and the ability to rotate the head is particularly important to permit scanning of the environment. Muscle power should be adequate to control the vehicle.
- 13.1.3** Vehicles with clutches and manual transmissions require drivers to have four functioning extremities. The lower extremities are required to operate clutch, brake and accelerator pedals, and the upper extremities are needed to steer, shift gears and operate other controls.
- 13.1.4** It is, however, possible to drive safely with quite severe impairment. Adaptive equipment can be installed in many vehicles (e.g. hand operated brake and accelerator, automatic transmission and height adjustable seats) which enable many impaired drivers to operate vehicles safely.
- 13.1.5** Physical demands on drivers of certain vehicles (e.g. buses, trucks) may be substantial and should be considered by the health professional.

#### 13.2 GENERAL ASSESSMENT AND MANAGEMENT GUIDELINES (including temporary conditions)

- 13.2.1** The aim of a medical assessment is to detect those drivers who have difficulty in controlling motor vehicles per se, or a specific motor vehicle type, and to identify those drivers who would benefit from a specific vehicle adaptation.
- 13.2.2** In many cases a functional assessment by a driver assessor or other paramedic endorsed by the local Driver Licensing Authority may be required. If neither of these is practicable a driving test could be recommended.
- 13.2.3 Disability of Cervical Region.** Persons with severe neck pain and **very reduced** mobility including that arising from wearing soft collars or braces should be advised not to drive for the duration of their treatment. Some loss of neck movement is allowable if the vehicle is fitted with adequate outside mirrors. In the case of permanent disability, the criteria may not be met (refer to table).
- 13.2.4 Disability of Thoracolumbar Region.** Persons with severe pain and reduced mobility of the thoracolumbar region, including those required to wear a brace or body cast that severely limits mobility, should be advised not to drive for the duration of their treatment. In the case of permanent disability, the criteria may not be met (refer to table).
- 13.2.5 Arthritis.** Painful joints may arise due to inflammatory or degenerative arthritis. Persons who have persistent pain and marked reduction in range of movement in shoulders, elbows, wrists, hands, hips, knees, ankles or feet may not meet the criteria (refer to table). They may be usefully assessed by a driver assessor.
- 13.2.6 Post surgery including joint replacement.** Patients should generally not drive for 6 weeks post major orthopaedic surgery. A driver assessor opinion may be obtained if there is ongoing limitation of function.

#### 13.3 MEDICAL STANDARDS FOR LICENSING

- 13.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.
- 13.3.2** The driver should wear any prosthesis prescribed and the vehicle should be equipped with appropriate modifications. Initially, the person will have to demonstrate proficiency in driving a light vehicle such as a car, prior to being assessed in a heavy vehicle, if appropriate. A minimum 40-minute driver assessment will need to be undertaken by the driver in the presence of a heavy vehicle driving instructor and an occupational therapist with training in the area of driver assessment.
- 13.3.3** In many circumstances a conditional licence will depend on a suitable modification to the vehicle. For a conditional licence for a private vehicle such as a car, a driving test may be required in the modified vehicle.
- 13.3.4** The needs of motorcyclists are very different due to the type of controls and task in terms of balance and agility. These patients should cooperate with their health professional and get clearance from a driver assessor or the Driver Licensing Authority before riding.



## MEDICAL STANDARDS FOR LICENSING – MUSCULOSKELETAL DISORDERS

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
	<i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	<i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Musculoskeletal Disorders</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there is amputation or congenital absence of a limb (whole or part) required to operate a hand or foot control; <b>or</b></li> <li>● If there is ankylosis or chronic loss of joint movement of sufficient severity that control of vehicle is not safe; <b>or</b></li> <li>● If there is rotation of the cervical spine such that it is chronically restricted to only a few degrees of movement.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b> (if the condition is progressive) taking into account factors such as:</p> <ul style="list-style-type: none"> <li>● Report of a practical driver assessment*;</li> <li>● Any modification to the vehicle;</li> <li>● The benefit of treatments, prostheses or other devices.</li> </ul> <p>*All disabled motorcyclists will need to be assessed by a driver assessor.</p> <p>A practical driver assessment is helpful for most final decisions.</p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there is amputation or congenital absence of a limb (whole or part) required to operate a hand or foot control; <b>or</b></li> <li>● If the thumbs are missing from both hands; <b>or</b></li> <li>● If rotation of the cervical spine is chronically restricted to less than 45° to the left or right; <b>or</b></li> <li>● If chronic pain and restriction of peripheral joint movement interferes with the relevant movements or concentration such that a vehicle cannot be operated safely; <b>or</b></li> <li>● If there is ankylosis or chronic loss of joint movement of sufficient severity that control of vehicle is not safe.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to practical assessment and periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the person has a lower limb prosthesis for a below knee amputation and does not have to operate a foot pedal with the prosthesis, and the clutch pedal (if present) has been modified for use by a prosthesis. Automatic transmission and/or modification to hand controls may also be required. A spinner knob will be needed if a power-assisted handbrake control has been added; <b>or</b></li> <li>● The person has the forefoot, first metatarsophalangeal joint or large toe amputated; <b>or</b></li> <li>● The person has less than a thumb and two fingers on each hand or only one arm, provided a spinner knob or other device is fitted to the vehicle; <b>or</b></li> <li>● There is pain and stiffness in any joint, or a joint replacement, having regard for the range of movement and muscle power required to operate a heavy vehicle and the task of getting in and out of vehicles.</li> </ul> <p>A practical driver assessment is helpful for most final decisions.</p>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

### **Licensing responsibility**

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

### **Conditional licences**

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

### **The nature of the driving task**

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

### **The presence of other medical conditions**

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

### **Reporting responsibilities**

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

**14 NEUROLOGICAL DISORDERS (excluding Epilepsy and Syncope)****14.1 RELEVANCE TO DRIVING TASK**

- 14.1.1** At present, no empirical evidence can be cited about the incidence of vehicle crashes across a given population of drivers suffering from a neurological disorder. However, it is very likely that symptoms which are common to many neurological conditions, such as potential spontaneous loss of consciousness, confusional states, impairment of muscular power and coordination etc. are deleterious to the safe handling of a motor vehicle.

**14.2 GENERAL MANAGEMENT GUIDELINES**

- 14.2.1** The patient with a neurological disorder must be assessed to determine whether the sum of symptoms and signs, being physical, mental and behavioural is compatible with driving.
- 14.2.2** Any impairment of consciousness or awareness, or the presence of confusion or loss of visual fields or vertigo, is usually incompatible with driving. Muscular power and coordination should be adequate to control the motor vehicle safely.
- 14.2.3** If the practitioner is concerned about a patient's ability to drive safely, the patient should be urged to seek the assistance of a driver assessment service or appropriate allied health assessment (refer to Appendix 9).
- 14.2.4 Dementia and other cognitive impairments.** The person should not drive if there is significant impairment of memory, visuospatial skills, insight or judgement or if there are problematic hallucinations or delusions. Baseline and periodic review are required as most forms of cognitive impairment and dementia are progressive. Relatives may provide valuable information about driving ability; however, this information needs careful assessment. If unsure refer to a driver assessor. Where a driver assessment is refused by the patient, then consideration should be given to reporting the matter to the Driver Licensing Authority. Referral to a neuropsychologist may be helpful in cases of cognitive impairment.
- 14.2.5 Intellectual impairment.** The severity of intellectual impairment should be judged individually and rely on appropriate professional advice, including neurological and neuropsychological advice. The Driver Licensing Authority will require a test by a driver assessor before considering issue of a licence or conditional licence.
- 14.2.6 Stroke.** In the event of a stroke the person should not drive for a minimum of 1 month post event (3 months for subarachnoid haemorrhage) if there is significant neurological, perceptual or cognitive deficit. Return to driving depends upon physician assessment and, where appropriate, evaluation by a driver assessor. A visual field defect need not necessarily exclude driving but the patient must meet all visual criteria specified in this publication (see page 98). Dense hemiplegia, visual field defect, visual or sensory neglects and receptive dysphasia require specialist assessment and clearance in accordance with these standards.
- 14.2.7 Transient Ischaemic Attacks.** TIA may recur or be harbingers of a full stroke. Commercial vehicle drivers who have had only one transient ischaemic episode should be referred to an appropriate specialist to determine their licensing status. If an underlying cardiac pathology for such episodes is identified any conditional licence would be based upon the prognosis of that condition, and the likelihood of continued recurrence.
- 14.2.8 Multiple Sclerosis.** Multiple Sclerosis may progress to cause poor coordination, weakness, vertigo, memory loss, significant cognitive impairment, or visual impairment, any of which may impair driving.
- 14.2.9 Peripheral Neuropathy.** Peripheral neuropathy may impair driving due to difficulties with sensation (particularly proprioception) or severe weakness developing.
- 14.2.10 Limb control.** A loss of control of the limbs caused by paralysis, paresis or other neurological conditions may not necessarily prevent a person from driving safely. However, vehicle controls may require modification and a conditional licence may be recommended.
- 14.2.11 Intracranial surgery.** In the event of intracranial surgery the person should not drive until cleared by a relevant specialist (neurosurgeon/neurologist). (See also Epilepsy – surgery).
- 14.2.12 Head Injury.** A person who recovers from a loss of consciousness of less than 24 hours with no complications does not present any special risk. Similarly, immediate seizures which occur within 24 hours of a head injury are not considered to be epilepsy, but part of the acute process. Persons who have had minor head injuries should not drive immediately afterwards.

## NEUROLOGICAL DISORDERS

The occurrence of persisting functional disturbances requires careful assessment to determine the driver's future licence status particularly for commercial vehicle drivers. This may include neuropsychological testing and practical driver assessment as well as referral to a neurologist.

### 14.3 MEDICAL STANDARDS FOR LICENSING

**14.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

MEDICAL STANDARDS FOR LICENSING – NEUROLOGICAL DISORDERS		
CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Berry Aneurysms and other vascular malformations of the brain</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a Berry Aneurysm or other vascular malformation.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● After consideration of the risk and the benefits of any treatments.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a Berry Aneurysm or other vascular malformation.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● After consideration of the risk and the benefits of any treatments.</li> </ul>
<b>Cerebral Palsy (See also Neuromuscular and/or Cognitive Disorders)</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the capacity to control a vehicle is impaired due to musculoskeletal or cognitive or neurological causes.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>, taking into account:</p> <ul style="list-style-type: none"> <li>● The severity of the disabilities;</li> <li>● The interaction between multiple disabilities;</li> <li>● The response to treatments; and</li> <li>● Suitable vehicle modifications.</li> </ul> <p>A driver assessment may be helpful.</p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the capacity to control a vehicle is impaired due to musculoskeletal or cognitive or neurological causes.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>, taking into account:</p> <ul style="list-style-type: none"> <li>● The severity of the disabilities;</li> <li>● The interaction between multiple disabilities;</li> <li>● The response to treatments; and</li> <li>● Suitable vehicle modifications.</li> </ul> <p>A driver assessment may be helpful.</p>
<b>Dementia and other cognitive impairments</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there is significant impairment of memory, visuospatial skills, insight or judgement or if problematic hallucinations or delusions.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person's dementia or cognitive impairment is confirmed.</li> </ul>

continued next page

## MEDICAL STANDARDS FOR LICENSING – NEUROLOGICAL DISORDERS (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Dementia and other cognitive impairments (continued)</b>	<p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>, taking into account:</p> <ul style="list-style-type: none"> <li>● Report of any driver assessment; and</li> <li>● Response to treatment.</li> </ul> <p><b>Intellectual Impairment (IQ &lt; 70)</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met for intellectual impairment of such severity that it may effect driving safely.</p> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>, taking into account:</p> <ul style="list-style-type: none"> <li>● The results of a driver assessment; and</li> <li>● The effect of any other disabilities on driving.</li> </ul>	<p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b> after consideration of the following:</p> <ul style="list-style-type: none"> <li>● The cause of the condition and likely response to treatment;</li> <li>● Any appropriate neuropsychological tests; and</li> <li>● The results of a practical driving test.</li> </ul> <p><b>Intellectual Impairment (IQ &lt; 70)</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met for intellectual impairment of such severity that it may effect driving safely.</p>
<b>Head injury (Acquired brain injury)</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had head injury causing chronic functional disturbances.</li> </ul> <p>A conditional licence may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and subject to periodic review, taking into account factors including:</p> <ul style="list-style-type: none"> <li>● Medical assessment;</li> <li>● Neuropsychological testing;</li> <li>● Driver assessment (see also Cognitive Impairment); and</li> <li>● Other disabilities which may impair driving as per this publication.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had head injury causing chronic functional disturbances.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>, taking into account factors including:</p> <ul style="list-style-type: none"> <li>● Medical assessment;</li> <li>● Neuropsychological testing;</li> <li>● Driver assessment (see also Cognitive Impairment); and</li> <li>● Other disabilities which may impair driving as per this publication.</li> </ul>
<b>Neglects – patient perceives, but does not respond appropriately)</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there are neglects present.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>, taking into account:</p> <ul style="list-style-type: none"> <li>● Report of a driver assessor; and</li> <li>● Absence of other disabilities which may affect driving as per this publication (especially visual field defects).</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If there are neglects present.</li> </ul>

## MEDICAL STANDARDS FOR LICENSING – NEUROLOGICAL DISORDERS (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Neuromuscular conditions</b> <b>(Multiple Sclerosis, Parkinsons Disease, Peripheral Neuropathy, etc)</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has Parkinsonism, multiple sclerosis, degenerative peripheral neuropathy, progressive muscular dystrophy or any other severe neuromuscular disorder which has progressed so as to impair driving.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to at least annual review</b>, taking into account:</p> <ul style="list-style-type: none"> <li>● Response to treatments;</li> <li>● Report of a driver assessor; and</li> <li>● Modifications to the vehicle.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has Parkinsonism, multiple sclerosis, degenerative peripheral neuropathy, progressive muscular dystrophy or any other severe neuromuscular disorder.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a neurologist or rehabilitation specialist, and the nature of the driving task, and <b>subject to at least annual review</b>, if the disability is limited to minor effects on driving, taking into account:</p> <ul style="list-style-type: none"> <li>● Response to treatments;</li> <li>● Report of a driver assessor; and</li> <li>● Modifications to the vehicle.</li> </ul>
<b>Strokes</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had a stroke.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>, taking into account factors such as:</p> <ul style="list-style-type: none"> <li>● Extent of recovery from the stroke;</li> <li>● Residual lesions such as loss of visual field;</li> <li>● Report of a driver assessor; and</li> <li>● Likelihood of recurrence.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had a stroke.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the stroke was caused by a condition which has now been satisfactorily treated. A satisfactory recovery from the stroke, including perceptual deficits, must also be demonstrated.</li> </ul> <p>Cases of berry aneurysm should be referred to an appropriate specialist.</p>
<b>Transient Ischaemic Attacks</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had two or more transient ischaemic attacks.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the aetiology of the attacks has been identified, the underlying cause removed, and the person has had a 6 month period free of attacks.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has had two or more transient ischaemic attacks.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an appropriate specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the aetiology of the attacks has been identified, the underlying cause removed, and the person has had a 6 month period free of attacks.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### **Licensing responsibility**

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### **Conditional licences**

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### **The nature of the driving task**

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### **The presence of other medical conditions**

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

#### **Reporting responsibilities**

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

#### **Further reading**

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Hawley, C.A., *Return to driving after head injury*, Journal of Neurology, Neurosurgery and Psychiatry, 70(6), 761–766, 2001.

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Lipski, P.S., *Driving and dementia: a cause for concern*, Medical Journal of Australia, 167(8), 453–454, 1997.

Schultheis, M.T., Garay, E., DeLuca, J., *The influence of cognitive impairment on driving performance in multiple sclerosis*, Neurology, 56(8), 1089–1094, 2001.



### 15 OLDER DRIVERS

(See also Multiple Disabilities, page 22).

#### 15.1 GENERAL CONSIDERATIONS

- 15.1.1** Advanced age is not in itself a barrier to driving. Therefore, in assessing an older person's ability to drive safely, it is important to consider his or her functional ability, rather than chronological age. Some Driver Licensing Authorities have requirements for medical examinations and testing of older drivers when they reach a certain age. These requirements vary from State to State and are included in Appendix 1.
- 15.1.2** There are a number of conditions, which become more prevalent with age and which reduce the capacity to drive safely. Thus, apart from using this section of the publication, the health professional may need to refer to other sections for guidance (e.g. cardiovascular, neurological). Reference to the general notes on Multiple Disabilities (page 22) and Conditional Licences (page 20) is also advisable. Note that, even where medical standards are met for a particular condition, the health professional is required to integrate all clinical information about the driver and consider it with regard to the driving task. The key issue to bear in mind is: *will the person's ability to drive and cognitive capacity put him/herself or other road users at risk*. Note that the threshold of tolerance of disability is much less for commercial vehicle drivers than for private vehicle drivers because of the potential severe consequences of a motor vehicle crash.

#### 15.2 RELEVANCE TO DRIVING TASK

- 15.2.1** It is known that, after the age of 70, the average driver has a higher collision rate per kilometre travelled when all factors are taken into account. In addition, fatality risk increases with age, partly as a result of increasing fragility. Despite this demonstrated increase in risk, the term 'older driver' is used without reference to any specific age group. This is because age-associated driving defects may begin to affect some individuals from as low age as 40 but others at a far more advanced age.
- 15.2.2** Although the rate of physical and mental decline varies greatly from person to person, the physiological changes that accompany ageing eventually affect the ability to drive safely. The borderline between acceptable decline, which may be compensated for by long experience and voluntary limitation of driving, and hazardous deterioration, is often hazy. In examining the older driver, particular attention should be paid to mental alertness, reaction time, muscular coordination as well as insight into these limitations and their potential impact on driving. The possible side effects (including age-dependent effects) of drugs, such as antihypertensives, tranquillisers and hypnotics should be considered.
- 15.2.3** If the practitioner is concerned about a patient's ability to drive safely, they may advise the patient to seek the assistance of a driver assessment service or appropriate allied health assessment. In many cases, referral to a geriatrician may assist if there is doubt about a patient's fitness to drive.

#### 15.3 PHYSICAL FUNCTIONING

- 15.3.1** Often an older driver may have several minor physical defects, each of which taken separately may not affect driving ability very much. However, when taken together, these defects may make driving potentially dangerous, particularly if the defects are accompanied by some slowing of ability to convert perception and judgement into timely action.
- 15.3.2** The medical practitioner should consider the following possible age-associated changes:
- vision;
  - reaction times;
  - hearing;
  - upper and lower limb strength/movement; and
  - neck and trunk movement range.

#### 15.4 MENTAL FACULTIES

- 15.4.1** While an older person's physical condition may be adequate, it is important that mental ability is taken into account in assessing capacity to drive safely, particularly where there is evidence of early dementia. Assessments such as Mini Mental State tests may be helpful. Adequate cognitive functioning is important to the driving task.



The patient's driving competence should be assessed with regard to the following:

- attention;
- concentration;
- hallucinations and delusions;
- insight;
- judgement;
- memory;
- problem-solving skills;
- thought processing; and
- visuo-spatial skills.

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## 15.5 DRIVING TESTS

**15.5.1** If the health professional has any doubt about an older person's ability to drive safely, a driving test should be recommended to the Driver Licensing Authority. Alternatively, it may be preferable for the driver to seek driver rehabilitation services and have their driving capabilities reviewed by a driver assessor.

**15.5.2** Elderly people required to do a driving test may feel anxious. The health professional or driver assessor might suggest that confidence may sometimes be improved with one or two driving lessons.

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## 15.6 RESTRICTIONS AND CONDITIONAL LICENCES

**15.6.1** In cases where an older person is not fully fit to drive in all circumstances, the health professional may suggest some restrictions under which driving could be performed safely. A general and more detailed discussion of conditional licences is outlined on page 20 including a listing of example restrictions. Note that driving restrictions should always be measurable or quantifiable such as:

- daylight driving only;
- only to drive an automatic vehicle;
- restricted to driving within \_\_\_\_ km of residence; or
- not to drive on 100 km/h roads etc.

**15.6.2** Suggested conditions and restrictions should be communicated to the Driver Licensing Authority for a final decision in this regard. The Medical Condition Notification Form included in Appendix 2.4 is designed to facilitate this process. The driver's medical condition and driving performance (motor vehicle crashes) should be monitored on a regular basis as part of the conditional licence provision.

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## 15.7 PATIENT INFORMATION

**15.7.1** The health professional should explain to the patient the reasons for recommending any restrictions on licensing. Driver Licensing Authorities in each State and Territory produce easy to read and comprehensive guides for older drivers which are provided at no cost. The health professional may wish to have copies of such resources on hand to provide guidance to their older patients.

### HELP FOR HEALTH PROFESSIONALS

For guidance in assessing a patient's fitness to drive  
contact your State or Territory Driver Licensing Authority  
(see page 123 for details).

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

### **Licensing responsibility**

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

### **Conditional licences**

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

### **The nature of the driving task**

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

### **The presence of other medical conditions**

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

### **Reporting responsibilities**

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

### **Further reading**

Ageing and Transport – *Mobility Needs and Safety Issues*, Executive Summary, OECD, November 2001.

Dubinsky RM, Stein AC, Lyons K. *Practice parameter: Risk of driving and Alzheimer's disease* (an evidence based review) *Neurology*, 54: 2205–2211, 2000.

*Evaluation of a referral assessment tool for assessing functionally impaired drivers: Stage 2*, Monash University Accident Research Centre, October 2001.

Lipski, P.S. *A survey of General Practitioners attitudes to older drivers on the New South Wales Central Coast*, Department Geriatric Medicine, Gosford Hospital.

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## 16 PREGNANCY

### 16.1 RELEVANCE TO DRIVING TASK

**16.1.1** In normal circumstances, pregnancy should not be considered a barrier to driving. However, conditions that may be associated with some pregnancies should be considered when advising patients. These include:

- fainting or light-headedness;
- hyperemesis gravidarum;
- hypertension in pregnancy; and
- post caesarean section.

A caution regarding driving may be required depending on the severity of the symptoms and the expected effects of medication.

### 16.2 GENERAL MANAGEMENT GUIDELINES

**16.2.1** Seatbelts must be worn in a motor vehicle and the lower belt fitted to run as low as possible. Refer Seatbelt Use, page 120.

**16.2.2 Gestational diabetes.** If the diabetes occurs only in pregnancy, it should not affect driver licensing status; however, general advice should be provided and the condition monitored (refer to Diabetes, page 48).

**16.2.3 Post natal depression.** A caution regarding driving may be required depending on the severity of the symptoms. If the condition is self-limiting it should not affect driver licensing status. Refer also to Psychiatric Disorders, page 80. Effects of medication should also be considered (refer to Drugs – prescription and OTC, page 53).

### 16.3 MEDICAL STANDARDS FOR LICENSING

**16.3.1** There are no medical standards which affect driver licence status because pregnancy is a temporary condition.

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

#### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

### 17 PSYCHIATRIC DISORDERS

See also: Neurological Disorders – page 71, Alcohol – page 29, Drugs - Illicit – page 51

#### 17.1 RELEVANCE TO DRIVING TASK

- 17.1.1** There is little empirical evidence in relation to the precise effect of alterations in mental state on driving ability. However, it has been reported that more than 50% of fatally injured drivers had experienced interpersonal or vocational stresses during the 12 months preceding their crashes, compared with 18% of a control group. In a study of people with schizophrenia and manic depression (bipolar disorder), it was reported that the motor vehicle crash rate was twice that among mentally ill drivers when compared to an age-adjusted sample.
- 17.1.2** Driving is a complicated psychomotor performance, which depends on fine coordination between the sensory and motor systems. It is influenced by factors such as arousal, perception, learning, memory, attention, concentration, emotion, reflex speed, time estimation, auditory and visual functions, decision making and personality. Complex feedback systems interact to produce the appropriate coordinated behavioural response. Anything that interferes with any of these factors to a significant degree may impair driving ability. This is particularly important for commercial vehicle drivers.

#### 17.2 GENERAL MANAGEMENT GUIDELINES

- 17.2.1** Persons with any substantial mental illnesses (whether acute or chronic) should not drive commercial vehicles because of the severe consequences of a motor vehicle crash, although a conditional licence may be considered in some circumstances on the recommendation of a treating psychiatrist (refer to table opposite).
- 17.2.2** An acute episode of mental illness (e.g. psychosis, acute mania or panic attack) poses a substantial risk. In the case of a private vehicle driver, the health professional should advise a person in this situation not to drive until their stability is determined and a decision can be made regarding their future licence status. Such an episode in a commercial vehicle driver would mean the medical criteria for licensing are not met and appropriate and immediate steps should be taken.
- 17.2.3** Evidence confirms that driver competency is adversely affected when the driver is in a state of stress or anxiety in excess of individual norms. It is therefore recommended that such people be cautioned regarding their driving until the causative stressors are resolved.
- 17.2.4** Some medications for mental illness may affect driver alertness and coordination. However, the use of more modern drugs with less side-effects (especially antipsychotics) may improve compliance and therefore reduce symptoms incompatible with driving. Practitioners should refer to the chapter on Drugs – Prescription and OTC on page 53.
- 17.2.5** Persons who have a personality disorder often show disregard for social values and the law; they may have a history of aggressive, irresponsible or erratic behaviour, which may be evidenced by repeated traffic violations and civil charges. Such people may sometimes benefit from psychiatric interventions but may also need to be managed through administrative or legal channels regarding their holding a licence.
- 17.2.6** Specialist advice may need to be sought regarding drivers who have complex conditions such as ADHD or Tourettes Syndrome.
- 17.2.7** Where a mental health condition is associated with epilepsy or illicit drug use, the relevant section should also be referred to.

#### 17.3 MEDICAL STANDARDS FOR LICENSING

- 17.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

## MEDICAL STANDARDS FOR LICENSING – PSYCHIATRIC DISORDERS

CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Psychiatric disorders</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a chronic psychiatric disorder (e.g. psychotic states, severe depression) which impairs perceptual, cognitive or motor functions; <b>or</b></li> <li>● If the person has a chronic psychiatric disorder which causes behaviour incompatible with safe driving (e.g. violence, aggression); <b>or</b></li> <li>● If the person is taking psychoactive drugs which will impair driving performance on a long-term basis.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the condition is well controlled; <b>and</b></li> <li>● The medication has minimal side-effects which may affect driving.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has an acute or chronic psychosis, whether schizophrenic, bipolar (manic or depressive phase) or other depressive psychosis; <b>or</b></li> <li>● If the person has a personality or psychiatric disorder with features such as aggression, violence, etc which are hazardous to driving; <b>or</b></li> <li>● If the person is taking psychoactive drugs which will impair driving performance on a long-term basis; <b>or</b></li> <li>● If the person's judgement or perceptual, cognitive or motor function is affected by mental disorder (e.g. ADHD); <b>or</b></li> <li>● If the examining doctor believes that there is a significant risk of a previous psychotic condition relapsing.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a psychiatrist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the condition is well controlled and the person is compliant with treatment over a substantial period; <b>and</b></li> <li>● The person is taking medication that minimises the risk of cognitive or other side effects that might affect driving.</li> </ul>

## HELP FOR HEALTH PROFESSIONALS

For guidance in assessing a patient's fitness to drive contact your State or Territory Driver Licensing Authority (see page 123 for details).

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

### **Licensing responsibility**

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

### **Conditional licences**

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

### **The nature of the driving task**

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy vehicle may be quite

different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

### **The presence of other medical conditions**

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

### **Reporting responsibilities**

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer page 10, 17).

### **Further reading**

Hollister, L.E., *Automobile driving by psychiatric patients*, American Journal of Psychiatry, 149(2), 274, 1992.

Wylie, K.R., Thompson, D.J., Wildgust, H.J., *Effects of depot neuroleptics on driving performance in chronic schizophrenic patients*, Journal of Neurology, Neurosurgery, and Psychiatry, 56(8), 910-913, 1993.

## 18 RENAL FAILURE

### 18.1 RELEVANCE TO DRIVING TASK

**18.1.1 Chronic Renal Failure.** Currently more than 6,000 Australians with chronic renal failure are treated by maintenance haemodialysis or peritoneal dialysis. Potential effect on the driving function from chronic renal failure can result from:

- The metabolic consequences of uraemia itself;
- The risks associated with the secondary complications of chronic renal disease and its treatment, in particular cardiovascular problems, labile hypertension, post dialysis hypotension, cramp, volume overload, congestive cardiac failure, and accelerated atherosclerosis; or
- The underlying cause of the chronic renal failure (e.g. 25% of dialysis patients have diabetes mellitus, a disease with its own risks of driving impairment including retinopathy which is commonly associated with diabetic nephropathy).

**18.1.2** There are described abnormalities in psychophysical ability in stable dialysis patients which may be relevant to the driving task<sup>2,3</sup>. Dialysis treatment has improved significantly in the 20 years since the only relevant literature was published, and erythropoietin therapy has resulted in the disappearance of anaemia. There is no detailed recent literature on the functional ability of chronic renal failure/dialysis patients in relation to driving, and no firm evidence-based recommendations can be made. Some more recent data have, in elderly patients, correlated the presence of proteinuria or self-reported 'kidney disease' with an increased risk of motor vehicle crashes and driving difficulty, respectively<sup>4,5</sup>.

### 18.2 GENERAL MANAGEMENT GUIDELINES

**18.2.1** The renal condition most commonly relevant to a fitness to drive assessment is chronic renal failure. Chronic renal failure may be 'end stage' requiring treatment by dialysis or kidney transplantation, or less severe renal failure, which has not yet progressed to end stage. While mild chronic renal failure is not usually associated with significant symptomatic or functional impairment, late stage chronic renal failure (Glomerular Filtration Rate (GFR) approximately <20% of normal), although not 'end-stage', may have some of the clinical impairments seen in dialysis treated end stage renal failure patients. Successful kidney transplantation reverses most of the metabolic or functional impairment of chronic renal failure, including those likely to be relevant to the driving task<sup>1</sup>, and (after the initial post operative recovery) persons with kidney transplants who have good renal function are not regarded as impaired from a driving fitness point of view for private or commercial vehicles.

**18.2.2** The initiation of dialysis treatment is associated with some metabolic and cardiovascular adjustment and may be associated with increased functional impairment. It is considered prudent to avoid driving for the first few treatments or weeks of treatment, but after this individually variable period, most patients achieve a reasonable symptomatic or functional state, which is maintained by ongoing dialysis treatment.

**18.2.3 Proteinuria** is a reliable marker for chronic disease but, in the elderly population, the cause of proteinuric renal disease (e.g. diabetes or ischaemic vascular disease) may be the more relevant factor in driving impairment.

**18.2.4** The combination of the subtle cognitive impairment, probably present in most patients with advanced chronic renal failure, together with co-morbidities associated with renal failure and dialysis, suggests a conservative/restrictive approach in the high-risk situation of commercial vehicle driving. For private motor vehicle driving, the limited evidence and expert opinion would not suggest restriction in the absence of significant co-morbidities or an underlying cause for renal failure such as diabetes mellitus.

**18.2.5 Acute renal conditions and recurrent acute conditions.** Glomerular disease (in the absence of severe renal failure or hypertension) and recurrent urinary tract infection do not have any associated driving risk.

**18.2.6 Renal calculus disease, with renal colic,** is a condition that can cause acute severe pain, which could, in some instances, severely impair safe driving ability. After a first stone episode, the risk of recurrence is only 14% at 1 year and 35% at 5 years<sup>6</sup>. Most episodes of colic will commence with some milder prodromal symptoms, sufficient to allow a driver to pull over, and there are no published data supporting a risk for driving from calculus disease. The risk from recurrent calculi is, therefore, considered to be remote and differs from the situation with aeroplane pilots, where the option of immediately landing is not available.

### 18.3 MEDICAL STANDARDS FOR LICENSING

**18.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

## MEDICAL STANDARDS FOR LICENSING – RENAL FAILURE

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
	<i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	<i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Renal Failure</b>	<p><b>There is no specific medical standard for drivers of private vehicles.</b></p> <p><b>See general management guidelines in text (page 83).</b></p>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has end-stage renal failure (requiring dialysis) or advanced predialysis renal failure (GFR &lt;20% of normal).</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a renal specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the patient's condition is stable with limited co-morbidities.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

### References

1. Schewe G, Eisenhauer T, Leber H, Lindner U, Ludwig O, Schuster R [Studies on psychophysical ability of kidney transplant receivers with regard to the question of driving aptitude] [German] Beitrage zur Gerichtlichen Medizin. 1982;40:265–273.
2. Schewe G, Broens R, Dietz B, Lange H, Ludwig O, Schuster R [Studies on psychophysical ability of dialysis patients with regard to the question of driving aptitude] [German] Beitrage zur Gerichtlichen Medizin. 1982;40:249–264.
3. Fraser CL, Arieff AI. Nervous system complications in uraemia. Ann. Int. Med. 1988;109:143–153.
4. Stewart RB, Moore MT, Marks RG, May FE, Hale WE. Driving accidents in the elderly: an analysis of symptoms, diseases and medications. J. Geriatric Drug Therapy. 1993;8:31–44.
5. Lyman JM, McGwin G, Sims RV. Factors related to driving difficulty and habits in older drivers. Accident Analysis and Prevention, 2001;31:413–421.
6. Uribarri J, Oh MS, Carroll HJ. The first kidney stone. Ann. Int. Med. 1989;111:1006–1009.



## 19 RESPIRATORY DISEASES

### 19.1 RELEVANCE TO DRIVING TASK

- 19.1.1** There are relatively few diseases of the respiratory system which interfere with the driving process. However, severe respiratory disorders which impair oxygenation of blood or the elimination of carbon dioxide may affect fitness to drive. Driving is likely to be affected if the condition is unstable or severe, as low oxygen levels or increased carbon dioxide levels may lead to symptoms such as poor judgement, agitation, drowsiness and reduced concentration. Weakness and cardiac effects associated with severe lung disease may pose a significant threat to driving competency as may coughing in severe paroxysms or associated loss of consciousness.
- 19.1.2** In cases of chronic obstructive airway disease, the driving task may be impaired to varying degrees, depending upon the type and phase of the condition.

### 19.2 GENERAL MANAGEMENT GUIDELINES (including temporary conditions)

- 19.2.1 Severe chronic asthma.** Careful assessment of driving ability is warranted in severe chronic asthma. Patients should not drive for **2 weeks** following admission to an ICU or following loss of consciousness, unless otherwise cleared by a specialist.
- 19.2.2 Oxygen therapy** is indicated for severe pulmonary disease associated with chronic respiratory failure, usually chronic obstructive pulmonary disease. Cognitive performance, longevity and wellbeing are enhanced by long-term oxygen therapy in those with respiratory failure. Persons who have stable disease may drive subject to assessment. As these individuals have severe disease, consideration needs to be given to general capacity to control a motor vehicle and disease stability. Individuals requiring long-term oxygen therapy should probably use their oxygen while driving due to improved performance while receiving oxygen<sup>1,2</sup> (LOE I, II). It is important that the oxygen bottle be properly secured within the vehicle so that it doesn't pose an additional safety risk in case of a crash.
- 19.2.3 Post Thoracotomy.** Post thoracotomy patients generally should not drive for 4 weeks unless cleared by a specialist.
- 19.2.4 Tracheostomy.** Persons with a tracheostomy may drive if clinically stable.
- 19.2.5 Tuberculosis.** Patients with tuberculosis may drive any vehicle. Public health aspects may need to be considered in passenger vehicle drivers.

### 19.3 MEDICAL STANDARDS FOR LICENSING

- 19.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

MEDICAL STANDARDS FOR LICENSING – RESPIRATORY DISEASES		
CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Respiratory Failure</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has severe respiratory failure.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has severe respiratory failure.</li> </ul>

continued next page

## MEDICAL STANDARDS FOR LICENSING – RESPIRATORY DISEASES (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Respiratory Failure (continued)</b>	<p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● After consideration of response to treatment.</li> </ul>	<p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a respiratory physician, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● After consideration of the severity of the person's condition and the likelihood of control of the failure.</li> </ul>
<b>Long-term Oxygen therapy</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has unstable disease requiring oxygen therapy.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the disease is stabilised and the person is able to control the vehicle.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has unstable disease requiring oxygen therapy.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a respiratory physician, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● Subject to respiratory physician assessment of the benefits of therapy regarding safe driving.</li> </ul>

**IMPORTANT** – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:

### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

### References

1. Crockett AJ, Moss JR, Cranston JM, Alpers JH. *Domiciliary oxygen for chronic obstructive pulmonary disease*. Cochrane Database Syst Rev 2000; CD 001744.
2. Hjalmarson A, Waterloo K, Dahl A, Hjorde R, Viitanen M. *Effect of long-term oxygen therapy on cognitive and neurological dysfunction in chronic obstructive pulmonary disease*. Eur Neurol 1999; 42: 27–35.

## 20 SLEEP DISORDERS

### 20.1 RELEVANCE TO DRIVING TASK

- 20.1.1** Fatigue is a major cause of road accidents. Sleepiness and sleep disorders are one important aspect of managing the risks of fatigue (Fatigue Expert Group Options for Regulatory Approach to Fatigue in Drivers of Heavy Vehicles in Australia and New Zealand, February 2001, NRTC).
- 20.1.2** Studies have shown an increased rate of motor vehicle crashes, of between 2 to 7 times that of control subjects, in those with sleep apnoea<sup>8-12</sup>. Studies have also demonstrated increased objectively measured sleepiness while driving (electroencephalography and eye closure measurements) and impaired driving simulator performance in sleep apnoea patients<sup>2,13,14</sup>. This performance impairment is similar to that seen due to illegal alcohol impairment or sleep deprivation<sup>15</sup>. Drivers with severe sleep disordered breathing (respiratory disturbance index greater than 34) may have a much higher rate of accidents than those with a less severe sleep disorder<sup>8</sup>. (LOE-III-2)
- 20.1.3** Motor vehicle accidents involving commercial vehicles are associated with higher fatality rates and costs<sup>24</sup>. Some commercial vehicle drivers are exposed to periods of sleep deprivation, which may increase the severity of sleep disorders and result in more severe sleepiness in drivers with sleep disorders<sup>25</sup>.
- 20.1.4** Treatment of obstructive sleep apnoea with nasal CPAP (continuous positive airways pressure) has been shown to reduce daytime sleepiness and reduce the risk of accidents back to control levels<sup>8,10,18,19</sup>. CPAP has also been shown to improve driving simulator performance to control levels<sup>20</sup>. Mandibular advancement splints have also been used to treat obstructive sleep apnoea. While they reduce daytime sleepiness and improve vigilance, studies have not been performed to assess whether they reduce motor vehicle accident rates<sup>21-23</sup>. (LOE-III-2)
- 20.1.5** Those with narcolepsy perform worse on simulated driving tasks and are more likely to have vehicle crashes than control subjects<sup>27,28</sup>. (LOE-III-2)

### 20.2 GENERAL MANAGEMENT GUIDELINES

- 20.2.1** Excessive sleepiness during the day, which manifests itself as a tendency to doze at inappropriate times when intending to stay awake, can arise from many causes and is associated with an increased risk of motor vehicle crashes. It is important to distinguish sleepiness (the tendency to fall asleep) from fatigue or tiredness which is not associated with a tendency to fall asleep. Many chronic illnesses cause fatigue without increased sleepiness.
- 20.2.2** Increased sleepiness during the daytime in otherwise normal people may be due to prior sleep deprivation (restricting the time for sleep), poor sleep hygiene habits, irregular sleep wake schedules or influence of sedative medications including alcohol. Insufficient sleep (less than 5 hours) prior to driving is strongly related to motor vehicle crash risk<sup>9</sup>. Excessive daytime sleepiness may also result from a number of medical sleep disorders including the sleep apnoea syndromes (obstructive sleep apnoea, central sleep apnoea and nocturnal hypoventilation), periodic limb movement disorder, circadian rhythm disturbances (e.g. advanced or delayed sleep phase syndrome), some forms of insomnia and narcolepsy.
- 20.2.3 Sleep apnoea definitions and prevalence.** Sleep apnoea is present on overnight monitoring in 9% of adult women and 24% of adult men<sup>3,4</sup>. Sleep apnoea syndrome (excessive sleepiness in combination with sleep apnoea on overnight monitoring) is present in 2% of women and 4% of men. Some studies have suggested a higher prevalence in transport drivers<sup>5,6</sup>. (LOE-III-2) Obstructive sleep apnoea involves repetitive obstruction to the upper airway during sleep, precipitated by relaxation of the dilator muscles of the pharynx and tongue, and/or narrowing of the upper airway, and resulting in cessation (apnoea) or reduction (hypopnoea) of breathing. Central sleep apnoea refers to a similar pattern of cyclic apnoea or hypopnoeas caused by oscillating instability of respiratory neural drive, and not due to upper airways factors. This condition is less common than obstructive sleep apnoea and is associated with cardiac or neurological conditions or may be idiopathic. Hypoventilation associated with chronic obstructive pulmonary disease or chronic neuromuscular conditions may also interfere with sleep quality causing excessive sleepiness.
- 20.2.4 Sleep apnoea assessment.** Common indicators of the possibility of sleep apnoea include habitual snoring during sleep, witnessed apnoeic events, falling asleep inappropriately (particularly during non-stimulating activities) and feeling tired despite adequate time in bed<sup>7</sup>. Poor memory and concentration, morning headaches and insomnia may also be presenting features. The condition is more common in men and with increasing age.

Physical features commonly found in those with sleep apnoea include obesity, a thick neck and a narrow oedematous ('crowded') oropharynx. Sleep apnoea may be present without these features, however. Specific questioning in relation to

## SLEEP DISORDERS

each of the clinical disorders (e.g. snoring, witnessed apnoeas, limb jerking, cataplexy) will focus on the likelihood of a specific sleep disorder.

Patients in whom sleep apnoea is suspected, chronic excessive sleepiness or another medical sleep disorder should be referred to a specialist medical sleep physician for further assessment, investigation with overnight polysomnography and management.

Determining sleepiness is a clinical decision. Subjective measures include tools such as the Epworth Sleepiness Scale\* which is included in the Patient Questionnaire, Appendix 2.2, Question 4.3. The responses to the 8 questions in 4.3 are scored and summed. A score of 0 to 10 is within the normal range. Mild to moderate self-reported sleepiness (Epworth Sleepiness Scale score of 11 to 15) may be associated with a significant sleep disorder, although the degree of increased risk of sleepiness-related motor vehicle crashes is unknown. Scores of 16 to 24 are consistent with moderate to severe sleepiness and are associated with an increased risk of sleepiness-related motor vehicle crashes (odds ratio 15.2)<sup>1</sup>. (LOE-III-2) Modified or alternate 'driver-specific' sleepiness questionnaires are yet to be widely accepted.

Objective measures of sleepiness include the maintenance of wakefulness test (MWT) and multiple sleep latency test (MSLT). Excessive sleepiness on the maintenance of wakefulness test is related to impaired driving performance<sup>2</sup>.

Screening tools, which combine questions and physical measurements (e.g. The Multivariate Apnoea Prediction Questionnaire), have been evaluated for screening patients for sleep disorders in a clinic setting. Their efficacy for screening large general populations remains under evaluation<sup>16,17,6</sup>.

**20.2.5 Narcolepsy.** Narcolepsy is present in 0.05% of the population and usually starts in the second or third decade of life<sup>26</sup>. Sufferers present with excessive sleepiness and can have periods of sleep with little or no warning of sleep onset. Other symptoms include cataplexy, sleep paralysis and vivid hypnagogic hallucinations<sup>27,28</sup>. The majority of sufferers are HLA-DR2 positive. There is a sub-group of individuals who are excessively sleepy, but do not have all the diagnostic features of narcolepsy. Inadequate warning of oncoming sleep, and cataplexy, put drivers at high risk.

Diagnosis of narcolepsy is made on the combination of clinical features, HLA typing and multiple sleep latency test (MSLT) with a diagnostic sleep study on the prior night to exclude other sleep disorders and aid interpretation of the MSLT<sup>29,30</sup>.

Subjects suspected of having narcolepsy should be referred to a sleep physician or neurologist for assessment (including a multiple sleep latency test) and management. They should have a review at least annually by their specialist.

Sleepiness in narcolepsy can usually be managed effectively with scheduled naps and stimulant medication<sup>31,32,33</sup>. Tricyclic antidepressants and MAO inhibitors are used to treat cataplexy<sup>34</sup>. (LOE-II)

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## 20.3 MEDICAL STANDARDS FOR LICENSING

**20.3.1 General Recommendations for Sleep Apnoea, Narcolepsy or Other Sleep Disorder.** All patients suspected of having sleep apnoea or other sleep disorders should be warned about potential effect on road safety. **General advice may include:** minimising unnecessary driving and driving at times when normally asleep, allowing adequate time for sleep, avoiding driving after having missed a large portion of their normal sleep, avoiding alcohol and sedative medications, resting if sleepy.

Patients should be advised to avoid or **limit driving if they are sleepy**, and, not to drive if they are at high risk (see below) until the disorder is investigated, treated effectively, and their licensing status determined, particularly in the case of commercial vehicle drivers.

**High-risk patients** include those with severe daytime sleepiness, a history of frequent self-reported sleepiness while driving, motor vehicle crashes caused by inattention or sleepiness, or an Epworth Sleepiness Scale Score of 16 to 24 (consistent with moderate to severe sleepiness).

**20.3.2** Patients with high-risk features have a significantly increased risk of sleepiness-related motor vehicle accidents (odds ratio 15.2)<sup>1</sup>. (LOE-III-2) These patients should be referred to a sleep disorders specialist, particularly in the case of commercial vehicle drivers.

*\*The Epworth Sleepiness Scale is under copyright to Dr Murray Johns 1991–1997. It may be used by individual doctors without permission, but its use on a commercial basis must be negotiated. It is included for use in the Patient Questionnaire, Appendix 2.2.*

- 20.3.3** Any patient with unexplained daytime sleepiness while driving, or involvement in a motor vehicle crash potentially caused by sleepiness should be considered for referral to a sleep disorders specialist for assessment.
- 20.3.4** It is the responsibility of the driver to avoid driving if they are sleepy, comply with treatment, maintain their treatment device, attend review appointments, and honestly report their condition to their treating physician.
- 20.3.5 Commercial vehicle drivers.** Commercial vehicle drivers who are diagnosed with obstructive sleep apnoea syndrome and require treatment are advised to have annual review by a sleep specialist to ensure that adequate treatment is maintained. For drivers who are treated with CPAP it is recommended that they should use CPAP machines with a usage meter to allow objective assessment and recording of treatment compliance<sup>35</sup>. Assessment of sleepiness should be made and objective measurement of sleepiness should be considered (maintenance of wakefulness test and/or or multiple sleep latency test), particularly if there is concern regarding persisting sleepiness or treatment compliance.

### MEDICAL STANDARDS FOR LICENSING – SLEEP DISORDERS

CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Sleep Apnoea</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● For persons with proven sleep apnoea syndrome (sleep apnoea on a diagnostic sleep study and excessive daytime sleepiness) who have at least moderately severe sleepiness and in the opinion of the treating doctor/GP represent a significant driving risk; <b>or</b> who have frequent self-reported episodes of sleepiness or drowsiness while driving, or motor vehicle crashes caused by inattention or sleepiness<sup>36,37,1</sup>. (LOE-III-2)</li> <li>● For high-risk individuals, whose condition is untreatable or is not amenable to expeditious treatment <b>within 2 months</b> or are unwilling to accept treatment or unwilling to restrict driving until effective treatment has been instituted. (Expert opinion)</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor and/or GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the person is compliant with treatment; <b>and</b></li> <li>● The response to treatment is satisfactory<sup>9</sup> (LOE-IV).</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has established sleep apnoea syndrome (sleep apnoea on a diagnostic sleep study and excessive daytime sleepiness), with moderate to severe sleepiness, until treatment is effective. Consideration should be given to how long-distance drivers will comply with treatment such as CPAP<sup>12,10</sup>. (LOE-III-2)</li> <li>● If there is a history suggestive of sleep apnoea in association with severe daytime sleepiness, until investigated and treated. Severe sleepiness is indicated by frequent self-reported sleepiness while driving, motor vehicle crashes caused by inattention or sleepiness or an Epworth Sleepiness Scale Score of 16 to 24<sup>36,37,1</sup>. (LOE-III-2)</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a specialist in sleep disorders, and the nature of the driving task, and <b>subject to annual review</b>:</p> <ul style="list-style-type: none"> <li>● For those with established sleep apnoea syndrome (sleep apnoea on a diagnostic sleep study and excessive daytime sleepiness) who are on satisfactory treatment<sup>9</sup>. (LOE-IV)</li> </ul>

## MEDICAL STANDARDS FOR LICENSING – SLEEP DISORDERS (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Narcolepsy</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If narcolepsy is confirmed<sup>26,27</sup>. (LOE-III)</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a specialist in sleep disorders, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● After consideration of the response to treatment (Expert opinion).</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If narcolepsy is confirmed<sup>26,27</sup>. (LOE-III-3)</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of a specialist in sleep disorders, and the nature of the driving task, and <b>subject to periodic (at least annual) review</b>, after the following requirements are met:</p> <ul style="list-style-type: none"> <li>● A clinical assessment has been made by a sleep physician;</li> <li>● Cataplexy has not been a feature in the past;</li> <li>● Medication is taken regularly;</li> <li>● There has been an absence of symptoms for <b>6 months</b>;</li> <li>● Normal sleep latency present on MWT (on or off medication). (Expert Opinion).</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

#### Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

#### Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

#### The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

#### The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer Multiple Disabilities, page 22, Older Drivers, page 76).

#### Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

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### 21 SYNCOPE/BLACKOUTS

#### 21.1 RELEVANCE TO DRIVING TASK

**21.1.1** Unpredictable, spontaneous loss of consciousness is incompatible with safe driving. Syncopal/blackout episodes may arise from various causes including:

- cardiac (e.g. arrhythmias, flow obstruction);
- hypotension due to inappropriate vasodilation (e.g. vaso-vagal faints, autonomic system disorder);
- neurogenic (e.g. epilepsy, transient ischaemic attacks);
- metabolic (e.g. hypoglycaemia); or
- psychiatric (e.g. hyperventilation, psychosomatic states).

Determination of the cause of syncope/blackout may be difficult and require extensive investigations and referral to several specialists.

#### 21.2 GENERAL MANAGEMENT GUIDELINES

Some of these conditions are temporary (e.g. faint in hot weather) and do not affect driving status. However, in the event of an unexplained episode of syncope/blackouts consideration should be given to discontinuation of driving until the cause is ascertained and treated. This is a particular issue in the case of commercial vehicle drivers, who generally should be advised not to drive (refer Undifferentiated Illness, page 22).

#### 21.3 MEDICAL STANDARDS FOR LICENSING

Where a firm diagnosis has been made the standard appropriate to the condition should be referred to in the publication. For recurrent syncope/blackouts which are not covered elsewhere in this publication refer to the table opposite.



## MEDICAL STANDARDS FOR LICENSING – SYNCOPE/BLACKOUTS

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
	<i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	<i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Syncope</b>	<p><b>The person should not drive for 2 months following unexplained syncope/blackouts</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person suffers from unheralded recurrent syncope/blackouts which do not respond to treatment.</li> </ul>	<p><b>The person should not drive for 6 months following unexplained syncope/blackouts</b></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person suffers from unheralded recurrent syncope/blackouts which do not respond to treatment.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following (where applicable):**

**Licensing responsibility**

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

**Conditional licences**

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

**The nature of the driving task**

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

**The presence of other medical conditions**

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

**Reporting responsibilities**

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

## HELP FOR HEALTH PROFESSIONALS

For guidance in assessing a patient's fitness to drive contact your State or Territory Driver Licensing Authority (see page 123 for details).

## 22 VESTIBULAR DISORDERS

### 22.1 RELEVANCE TO DRIVING TASK

**22.1.1** Driving ability is dependent on the normal functioning of the vestibular mechanism to sense movement and position and may be impaired by defects in balance. Vestibular malfunction can occur suddenly and with sufficient severity to make safe driving of any type of vehicle impossible. It is often accompanied by nystagmus, which compounds the disability in regard to driving.

### 22.2 GENERAL MANAGEMENT GUIDELINES (including temporary conditions)

**22.2.1** Driving ability may be affected by unheralded attacks of vertigo which are associated with many vestibular disorders. Vestibular disorders may vary between symptomatic and asymptomatic with little warning.

**22.2.2** Subsequent to an initial attack of vertigo due to **acute labyrinthitis** (deafness and vertigo), there may be further recurrence of vertigo for up to 12 months. Given that there are no peremptory symptoms, a sudden inability to drive may eventuate. The person should be advised not to drive while symptoms persist.

**22.2.3** In cases of **acute neurolabyrinthitis (syn. vestibular neuronitis, viral infection of the vestibular nerve)** which causes nystagmus and vertigo, recurrence of symptoms can present for many years despite treatment. This makes it quite difficult to isolate a given phase of the condition where symptoms deleterious to an individual's fitness to drive may be present.

**22.2.4** In confirmed **Meniere's disease** vestibular malfunction and nystagmus can occur despite treatment. The natural history is of progression in the affected ear associated with increasing hearing loss until, in the extreme, total loss of vestibular function and partial loss of cochlear function in the affected ear. While sufferers of this condition should not drive commercial vehicles as per the commercial drivers' standards, they may be able to hold a conditional private vehicle driver licence.

**22.2.5 Benign paroxysmal positional vertigo (BPPV).** Generally patients with BPPV will not have symptoms in the upright position such as when driving. In this case they meet the criteria for private vehicle licensing. Patients with BPPV and symptoms in the upright position should not drive while symptoms persist in the upright position.

### 22.3 MEDICAL STANDARDS FOR LICENSING

**22.3.1** Generally, those who suffer from unheralded attacks of vertigo should not drive. Vestibular function should be assessed by using a simple Romberg test, which is also required for neurological function. (A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds).

**22.3.2** The opinion of an otorhinolaryngologist may be sought.

### MEDICAL STANDARDS FOR LICENSING – VESTIBULAR DISORDERS

CONDITION	PRIVATE STANDARDS <i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	COMMERCIAL STANDARDS <i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Vestibular Function</b>	Generally patients with BPPV will not have symptoms in the upright position such as when driving. In this case they meet the criteria for driving in this category of driver. Patients with BPPV and symptoms in the upright position do not meet the criteria and should not drive while symptoms persist in the upright position.	The criteria for an unconditional licence are <b>NOT</b> met: <ul style="list-style-type: none"> <li>If the person has, or has had in the previous 12 months, any condition of recurrent vertigo. This includes confirmed Meniere's disease, recurrent unheralded vertigo and/or benign paroxysmal positional vertigo, with or without treatment, or any other type of vertigo.</li> </ul>

# MEDICAL STANDARDS FOR LICENSING – VESTIBULAR DISORDERS (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Vestibular Function (continued)</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person has a condition causing recurrent vertigo including: <ul style="list-style-type: none"> <li>• Meniere's disease;</li> <li>• Acute neurolabyrinthitis (vestibular neuronitis);</li> <li>• Acute labyrinthitis (deafness and vertigo);</li> <li>• Unheralded acute vertigo.</li> </ul> </li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● After consideration of the nature of the condition and response to treatment; <b>and</b></li> <li>● The functional ability to drive safely.</li> </ul>	<p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an ENT specialist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● For persons who have had vertigo caused by Meniere's disease, or recurring unheralded attacks of vertigo, after at least <b>12 months</b> free of vertigo;</li> <li>● For persons who have had one episode of vertigo caused by acute labyrinthitis (deafness and vertigo), acute neurolabyrinthitis (vestibular neuronitis), or any other type of vertigo, after at least <b>6 months</b> free of vertigo;</li> <li>● For persons who have had BPPV only, after at least <b>2 months</b> free of symptoms and signs of BPPV.</li> </ul> <p>The ENT Specialist is to have regard to:</p> <ul style="list-style-type: none"> <li>● The nature of the condition and response to treatment; <b>and</b></li> <li>● The functional ability to operate the vehicle safely.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

## Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

## Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

## The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

## The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

## Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

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### 23 VISION AND EYE DISORDERS

#### 23.1 RELEVANCE TO DRIVING TASK

**23.1.1** Good vision is essential to the proper operation of a motor vehicle. Any marked loss of visual acuity or visual field will diminish an individual's ability to drive safely. A driver with a significant visual defect may fail to detect another vehicle and/or pedestrians and will take appreciably longer to perceive and react to a potentially hazardous situation.

#### 23.2 GENERAL MANAGEMENT GUIDELINES

**23.2.1** The two most important aspects of vision in relation to driving are:

- visual acuity;
- visual fields.

**23.2.2 Visual acuity.** For the purposes of this publication, visual acuity may simply be defined as the best obtainable vision with or without glasses or contact lenses. Visual acuity should be measured with one eye occluded and without correction. If correction is normally used when driving then vision should be retested with corrective lenses and the corresponding results recorded. Acuity should be tested using a standard visual acuity chart (Snellen chart or equivalent). Alternative charts (e.g. Landolt Ring, tumbling E) may be used for persons who cannot read English characters.

**23.2.3 Visual fields.** Adequate visual fields are important for driving and peripheral vision is particularly important in certain common driving tasks, such as merging into a traffic stream and changing lanes, and detecting pedestrians to the side of the line of vision. Visual fields may be reduced as a result of head trauma, brain tumour, stroke or cerebral infection. Visual field losses also occur in eye diseases such as retinitis pigmentosa, a not uncommon inherited degeneration of the retina that causes significant visual field loss by the age of 30. Conditions such as glaucoma, optic atrophy, retinal detachment and localised retinal or choroidal infection can also reduce visual fields. Good rotation of the neck is also necessary to ensure adequate overall fields of vision – refer to Musculoskeletal Disorders, page 68.

Visual fields may be initially screened by confrontation. Any person who has or is suspected of having a visual field defect should be referred for expert assessment by an optometrist or ophthalmologist. Visual fields should be measured using an automated static perimeter (Humphrey Field Analyser, Medmont M700, Octopus, etc.). If the automated perimetry suggests that the criteria for an unconditional licence are not met then Goldman or Esterman perimetry should be performed.

**23.2.4 Colour vision.** The need for adequate colour vision regarding red lights is a matter of ongoing debate. There is evidence that persons with red deficient vision have difficulty in detecting red lights and stopping in laboratory testing, but there is no unequivocal evidence that colour-blind drivers are less safe drivers. Also there have been significant improvements in road engineering with respect to red lights, the hue and intensity being enhanced to help compensate for persons with red deficiency. Therefore there is no longer a criteria regarding colour blindness and red-deficient persons (protans and protanomals) may obtain all classes of licence. Doctors should advise patients who are found to be red-deficient that they may be less aware of detecting red lights and hence should pay particular attention to traffic lights, rear braking lights and other sources of red light relevant to driving. Driver Licensing Authorities who become aware that a driver has several motor vehicle crashes or infringements regarding red lights may refer the driver for red-deficient assessment<sup>1-13</sup>.

**23.2.5** There may be a degree of flexibility allowed at the optometrist's or ophthalmologist's discretion for individuals who barely meet visual standards but who are otherwise alert, have normal reaction times and good muscular coordination. In such cases the Driver Licensing Authority may consider a conditional licence.

**23.2.6 Dark adaptation.** Health professionals may wish to recommend restrictions on the driver licences of individuals who appear to meet the visual criteria in the clinical setting but may, in certain environments, have extreme difficulty. Examples of such restrictions might be 'daylight driving only', where certain disorders or diseases such as retinitis pigmentosa can cause poor night vision, or distance and/or speed restrictions.

**23.2.7 Progressive Eye Conditions.** Persons with a progressive eye condition such as **cataract, glaucoma, diabetic retinopathy, optic neuropathy and retinitis pigmentosa** should be counselled that their eye condition will or may progress to a stage where they are no longer able to drive. They should be encouraged to consider making lifestyle changes in anticipation of not being able to drive. Their vision should be monitored regularly and they must be advised when their loss of visual acuity or loss of visual fields is such that they should surrender their driving licence. Because persons with cataracts suffer loss of contrast sensitivity and greater sensitivity to glare, they may have more difficulty seeing when driving than is indicated by their visual acuity.

**23.2.8 Short-term eye conditions and eye treatments.** Persons whose vision is temporarily disturbed by a short-term eye condition or an eye treatment should be counselled not to drive for a specified time or to limit their driving during this time. This includes temporary patching of any eye, the use of mydriatics or drug known to affect vision, and after eye surgery.

**23.2.9 Congenital and Acquired Nystagmus.** The criteria for visual acuity must be met and any underlying condition fully assessed.

**23.2.10 Diplopia.** Persons suffering from all but minor forms of diplopia generally are unsafe to drive. Any person who reports or is suspected of experiencing diplopia should be referred for expert assessment by an optometrist or ophthalmologist.

### 23.3 MEDICAL STANDARDS FOR LICENSING

**23.3.1** Medical criteria for unconditional and conditional licences are outlined in the following table.

MEDICAL STANDARDS FOR LICENSING – VISION AND EYE DISORDERS		
CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
	<i>(Drivers of cars, light rigid vehicles or motorcycles unless carrying public passengers or bulk dangerous goods – refer to definition, page 6).</i>	<i>(Drivers of heavy vehicles, public passenger vehicles or bulk dangerous goods vehicles – refer to definition, page 6).</i>
<b>Acuity and Monocularity</b>	<p>Visual acuity should be measured one eye at a time (monocularly) or with both eyes (binocularly) without correction in the first place. Acuity should be tested using a standard visual acuity chart (Snellen chart or equivalent) that includes at least 5 letters on the 6/12 line. Alternative charts (e.g. Landolt Ring, tumbling E) may be used for persons who cannot read the alphabet. More than two errors in reading the letters of any line is regarded as a failure to read the line.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person's visual acuity in the better eye or with both eyes together is worse than 6/12.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of the treating doctor/GP/optometrist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the standard is met with corrective lenses; <b>and</b></li> <li>● After consideration of the nature of any underlying disorder.</li> </ul> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person is monocular.</li> </ul> <p>A <b>conditional licence</b> may be granted for a monocular person by the Driver Licensing Authority, taking into account the opinion of an optometrist or ophthalmologist, and the nature of the driving task, and <b>subject to periodic review</b> after consideration of:</p> <ul style="list-style-type: none"> <li>● After consideration of the nature of any underlying disorder.</li> </ul>	<p>Visual acuity should be measured one eye at a time (monocularly), without correction in the first place. Acuity should be tested using a standard visual acuity chart (Snellen chart or equivalent) that includes at least 5 letters on the 6/9 and 6/18 lines. Alternative charts (e.g. Landolt Ring, tumbling E) may be used for persons who cannot read the alphabet. More than two errors in reading the letters of any line is regarded as a failure to read the line.</p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>● If the person's visual acuity is worse than 6/9 in the better eye; <b>or</b></li> <li>● If the person's visual acuity is worse than 6/18 in either eye.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an ophthalmologist or optometrist or GP, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the standard is met with corrective lenses; <b>and</b></li> <li>● After consideration of the nature of any underlying disorder.</li> </ul> <p>Special consideration (see 23.2.5).</p> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an ophthalmologist or optometrist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● If the person's vision is worse than 6/18 in the worse eye, provided that the visual acuity in the better eye is 6/9 or better; <b>and</b></li> </ul>

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# MEDICAL STANDARDS FOR LICENSING – VISION AND EYE DISORDERS (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Acuity and Monocularity (continued)</b>		<ul style="list-style-type: none"> <li>After consideration of the nature of any underlying disorder.</li> </ul> <p>In cases of latent nystagmus made manifest by the occlusion of one eye for the purpose of testing, a binocular visual acuity of 6/9 is acceptable if the visual acuity of the better eye is below 6/9 with occlusion of the fellow eye. The same minimum standard of vision in the worse eye applies.</p>
<b>Diplopia</b>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>If the person experiences any diplopia (other than physiological diplopia) when fixating objects within 20 degrees of the primary direction of gaze.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an optometrist or ophthalmologist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>If the diplopia can be alleviated by optical means or by the use of an occluder (which must be specified in the conditions applying to the licence); <b>and</b></li> <li>After consideration of the nature of any underlying disorder.</li> </ul>	<p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>If the person experiences any diplopia (other than physiological diplopia) when fixating objects within 20 degrees of the primary direction of gaze.</li> </ul>
<b>Night blindness (Dark adaptation)</b>	<b>No specific standard. Refer to general management guidelines in the text (paragraph 23.2.6).</b>	<b>No specific standard. Refer to general management guidelines in the text (paragraph 23.2.6).</b>
<b>Visual Fields</b>	<p><i>Visual fields may be initially screened by confrontation. Any person who has or is suspected of having a visual field defect should be referred for expert assessment by an optometrist or ophthalmologist. Visual fields should be measured using an automated static perimeter (Humphrey Field Analyser, Medmont M700, Octopus, etc.). If the automated perimetry suggests that the criteria for an unconditional licence are not met then Goldman or Esterman perimetry should be performed.</i></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>If the binocular visual field does not have a horizontal extent of at least 120 degrees within 10 degrees above and below the horizontal midline; <b>or</b></li> <li>If the person has a hemianopia; <b>or</b></li> </ul>	<p><i>Visual fields may be initially screened by confrontation. Any person who has or is suspected of having a visual field defect should be referred for expert assessment by an optometrist or ophthalmologist. Visual fields should be measured using an automated static perimeter (Humphrey Field Analyser, Medmont M700, Octopus, etc.). If the automated perimetry suggests that the criteria for an unconditional licence are not met then Goldman or Esterman perimetry should be performed.</i></p> <p>The criteria for an unconditional licence are <b>NOT</b> met:</p> <ul style="list-style-type: none"> <li>If the person has any visual field defect.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an optometrist or ophthalmologist, and the nature of the driving task, and <b>subject to periodic review</b>:</p>

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# MEDICAL STANDARDS FOR LICENSING – VISION AND EYE DISORDERS (continued)

CONDITION	PRIVATE STANDARDS	COMMERCIAL STANDARDS
<b>Visual Fields (continued)</b>	<ul style="list-style-type: none"> <li>● If the person has a quadrantanopia; <b>or</b></li> <li>● If the person has any significant visual field loss (scotoma) that is likely to impede driving performance.</li> </ul> <p>A <b>conditional licence</b> may be granted by the Driver Licensing Authority, taking into account the opinion of an optometrist or ophthalmologist, and the nature of the driving task, and <b>subject to periodic review</b>:</p> <ul style="list-style-type: none"> <li>● After consideration of the nature of any underlying disorder.</li> </ul>	<ul style="list-style-type: none"> <li>● If the binocular visual field has an extent of at least 140 degrees within 10 degrees above and below the horizontal midline; <b>and</b></li> <li>● If the person has no significant visual field loss (scotoma, hemianopia, quadrantanopia) that is likely to impede driving performance; <b>and</b></li> <li>● After consideration of the nature of any underlying disorder.</li> </ul>

**IMPORTANT – The medical standards and management guidelines contained in this chapter should be read in conjunction with the general information contained in Part A of this publication. Practitioners should give consideration to the following:**

## Licensing responsibility

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including a conditional licence) lies ultimately with the Driver Licensing Authority. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance.

## Conditional licences

Where a conditional licence is recommended practitioners must provide to the Driver Licensing Authority details of the criteria not met as well as the proposed conditions and monitoring requirements.

## The nature of the driving task

The Driver Licensing Authority will take into consideration the nature of the driving task as well as the medical condition, particularly when granting a conditional licence. For example, the licence status of a farmer requiring a commercial licence for the occasional use of a heavy

vehicle may be quite different from that of an interstate multiple combination vehicle driver. The examining health professional should bear this in mind when examining a patient and when providing advice to the Driver Licensing Authority.

## The presence of other medical conditions

While a patient may meet individual disease criteria, concurrent medical conditions may combine to affect fitness to drive, e.g. hearing and visual impairment (refer to Multiple Disabilities, page 22, Older Drivers, page 76).

## Reporting responsibilities

Patients should be made aware of the effects of their condition on driving and should be advised of their legal obligation to notify the Driver Licensing Authority where driving is likely to be affected. The practitioner may themselves advise the Driver Licensing Authority as the situation requires (refer to pages 10, 17).

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### Colour Vision

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#### Visual Fields

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#### Further reading

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## PART C: APPENDICES



## APPENDIX 1 – REGULATORY REQUIREMENTS FOR DRIVER TESTING

Drivers in most States and Territories (except Western Australia at the time of publication) are required to make a medical self-declaration in relation to their fitness to drive at licence application and renewal. The information obtained may result in a requirement for medical assessment or refusal of the application. In addition, each State and Territory has specific requirements for medical examinations or road testing depending on the driver's age or the type of vehicle being driven. The following table summarises these requirements at the date of publication.

**Note, all review requirements may be amended on medical advice or on self-declaration or at the request of the licensing authority.**

This information is current as of July 2003. Refer to your State or Territory Driver Licensing Authority for current requirements, see Licensing Contacts Appendix 8, page 123)

REGULATORY REQUIREMENTS FOR DRIVER TESTING			
STATE/ TERRITORY	VISION TEST	MEDICAL ASSESSMENT	ROAD TEST
<b>ACT</b>		<b>PRIVATE VEHICLE DRIVERS</b>	
	Vision test for all drivers on initial licence and on each renewal, then at ages 50, 60, 65, 70 and 75; thereafter annually.	Medical assessment for all licence classes at 75 years and annually thereafter.	No prescribed period or age.
	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	<b>Heavy vehicle drivers</b> (class MR and above) – vision test on initial application and on each renewal; when upgrading to Multi-Rigid (class MR) or above; at ages 50, 60, 65, 70 and 75; thereafter annually.	<b>Heavy vehicle drivers</b> (class MR and above) – medical assessment at 75 years and annually thereafter.	<b>Heavy vehicle drivers</b> (class MR and above) – road test on initial application; when upgrading to MR class or above. No prescribed period or age thereafter, unless declared or reported.
	<b>Public passenger vehicle drivers</b> (H, M, O, T, W) – vision test on initial application and annually thereafter.	<b>Public passenger vehicle drivers</b> (H, M, O, T, W) – medical assessment on initial application and annually thereafter.	<b>Public passenger vehicle drivers</b> (H, M, O, T, W) – road test on application; at 70 and thereafter annually.
	<b>Dangerous goods vehicle drivers</b> – vision test on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – medical assessment on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Driving instructors</b> – vision test on initial application and on each renewal; then at ages 50, 60, 65, 70 and 75; thereafter annually.	<b>Driving instructors</b> – medical assessment on initial application; at 75 years and annually thereafter.	<b>Driving instructors</b> – no prescribed period or age after initial test for licensing.
<b>NSW</b>		<b>PRIVATE VEHICLE DRIVERS</b>	
	Vision test for all drivers on initial application and on each renewal and replacement.	Medical assessment for all licence classes at 80 years of age and annually thereafter.	Annual road test required: <ul style="list-style-type: none"> <li>● for all car drivers (Class C) from 85 years of age;</li> <li>● for drivers of motorcycles, light rigid vehicles (Classes R, LR) from 80 years of age.</li> </ul> Road test may be required as a result of doctor's/police recommendations.

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## REGULATORY REQUIREMENTS FOR DRIVER TESTING (continued)

STATE/ TERRITORY	VISION TEST	MEDICAL ASSESSMENT	ROAD TEST
<b>NSW</b> (continued)	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	Vision test for all drivers on initial application and on each renewal and replacement.	Medical assessment for all licence classes at 80 years of age and annually thereafter.	Annual road test required: for buses and trucks (MR, HR and HC) from 80 years of age.
	<b>Multiple combination vehicle</b> (road train) drivers (class MC) – vision test with medical assessment on initial application, then at age 21 and every 10 years up to age 40, then every 5 years until age 60, then every 2 years until age 70, annually thereafter.	<b>Multiple combination vehicle</b> (road train) drivers (class MC) – medical assessment on initial application then at age 21 and every 10 yrs up to age 40; then every 5 years until age 60; then every 2 years until age 70; annually thereafter.	<b>Multiple combination vehicle</b> (road-train) drivers (class MC) – road test at 70 years and annually thereafter.
	<b>Public passenger vehicle drivers</b> (buses) – vision test on initial application then every three years until the age of 60 years; annually thereafter.	<b>Public passenger vehicle drivers</b> (buses) – medical assessment on initial application then every three years until the age of 60 years; annually thereafter.	<b>Public passenger vehicle drivers</b> (buses) – road test at 80 years.
	<b>Dangerous Goods vehicle drivers</b> – vision test on initial application, then every three years.	<b>Dangerous Goods vehicle drivers</b> – medical assessment on initial application, then every three years.	<b>Dangerous Goods vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Driving instructors</b> – vision test on initial application. Thereafter in line with driver licence class held.	<b>Driving instructors</b> – medical assessment on initial application. Thereafter in line with driver licence class held.	<b>Driving instructors</b> – on initial application. Thereafter in line with driver licence class held.
<b>NT</b>	<b>PRIVATE VEHICLE DRIVERS</b>		
	Vision test for all drivers on initial application, then 5 yearly.	Medical assessment only when condition notified by Health Professional or driver.	Road test only when recommend by Health professional.
	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	Vision test on initial application, then 5 yearly.	Medical assessment only when a condition is reported by health professional or driver.	Only if recommended by health professional.
	<b>Public passenger vehicle drivers</b> – vision test on initial application then 5 yearly.	<b>Public Passenger vehicle drivers</b> – medical assessment on initial application, then 5 yearly, or sooner if a condition is reported.	<b>Public Passenger vehicle drivers</b> – road test only if recommend by health professional.
	<b>Driving Instructors</b> – vision test on initial application then 5 yearly.	<b>Driving Instructors</b> – medical assessment on initial application, then 5 yearly, or sooner if a condition is reported.	<b>Driving Instructors</b> – road test only if recommend by health professional.

## REGULATORY REQUIREMENTS FOR DRIVER TESTING (continued)

STATE/ TERRITORY	VISION TEST	MEDICAL ASSESSMENT	ROAD TEST
<b>QLD</b>		<b>PRIVATE VEHICLE DRIVERS</b>	
	Vision test required if applicant declares a vision or eye disorder and if requested by the chief executive.	A person must obtain a current medical certificate if they have a medical or physical incapacity that may affect their driving;  OR are 75 years of age or older.  Currency of certificate is determined by the doctor.	Road test required only if a doctor determines a person medically fit to drive subject to passing a practical driving re-test.
	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	<b>Heavy vehicle drivers</b> – vision test required if applicant declares a vision or eye disorder and if requested by the chief executive.	<b>Heavy vehicle drivers</b> – a person must obtain a current medical certificate if they have a medical or physical incapacity that may affect their driving;  OR are 75 years of age or older.  Currency of certificate is determined by the doctor.	<b>Heavy vehicle drivers</b> – road test required only if a doctor determines a person medically fit to drive subject to passing a practical driving re-test.
	<b>Public passenger vehicle drivers</b> – vision test every 5 years and with prescribed medical assessment until age 75; annually thereafter.	<b>Public passenger vehicle drivers</b> – medical assessment every 5 years, or less if required by a doctor, until age 75; annually thereafter.	<b>Public passenger vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Dangerous goods vehicle drivers</b> – vision test on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – medical assessment on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Driving instructors</b> No vision test required.	<b>Driving instructors</b> No medical examination required.	<b>Driving instructors</b> No road test required.
<b>SA</b>		<b>PRIVATE VEHICLE DRIVERS</b>	
	Vision test required yearly from 70 years of age or if declared or reported.	Medical assessment required yearly from 70 years of age for all licence holders.	Road test required annually from age 85 for licence classes other than C.
	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	<b>Heavy vehicle drivers</b> – vision test annually from 70 years of age or with prescribed medical examinations.	<b>Heavy vehicle drivers</b> – medical assessment annually from 70 years of age for all licence holders unless prescribed otherwise (see below).  <b>Multiple combination vehicle drivers</b> (class MC) operating south of Port Augusta – medical assessment every 3 years up to 49 years of age, then annually.	<b>Heavy vehicle drivers</b> – road test annually from age 85.

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## REGULATORY REQUIREMENTS FOR DRIVER TESTING (continued)

STATE/ TERRITORY	VISION TEST	MEDICAL ASSESSMENT	ROAD TEST
<b>SA</b> (continued)	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	<b>Public passenger vehicle drivers</b> – vision test with medical assessment every 5 years up to age 70 years, then annually thereafter.	<b>Public passenger vehicle drivers</b> – medical assessment every 5 years up to age 70 years, then annually thereafter.	<b>Public passenger vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Dangerous Goods vehicle drivers</b> – vision test on initial application, then every three years.	<b>Dangerous Goods vehicle drivers</b> – medical assessment on initial application, then every three years.	<b>Dangerous Goods vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Driving instructors</b> – vision test on licence application and renewal.	<b>Driving instructors</b> – medical assessment on licence application and renewal.	<b>Driving instructors</b> – no prescribed period or age unless declared or reported.
<b>TAS</b>	<b>PRIVATE VEHICLE DRIVERS</b>		
	Vision test required on initial application then yearly from 75 years of age (as part of required medical assessment).	Medical assessment required yearly from 75 years of age.	Road test required yearly from 85 years of age.
	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	<b>Multipe combination vehicle drivers</b> (class MC) – vision test required on initial application (as part of medical assessment).	<b>Multiple combination vehicle drivers</b> (class MC) – medical assessment on initial application.	<b>Heavy vehicle drivers</b> – road test on initial application; no tests are required thereafter.
	<b>Public passenger vehicle drivers</b> – vision test on initial application and then as part of required medical assessments ( <i>see next column</i> ).	<b>Public passenger vehicle drivers</b> (Ancillary Certificate Public Passenger Vehicles) – medical assessment on initial application then every 3 years up to age 65, then annually.  (ACPPVs are further categorised – taxi, coach, hire car etc.)	<b>Public passenger vehicle drivers</b> (ACPPV) – road test at age 65, 70, and then annually thereafter.
	<b>Dangerous goods vehicle drivers</b> – vision test on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – medical assessment on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Driving instructors</b> – vision test on initial application and then as part of required medical assessments ( <i>see next column</i> ).	<b>Driving instructors</b> – medical assessment on initial application, then every 5 years until age 40; every 2 years aged 41 to 60; then yearly from age 61.	<b>Driving instructors</b> – road test every 3 years.
<b>VIC</b>	<b>PRIVATE VEHICLE DRIVERS</b>		
	Vision test required on initial application and subsequently if declared or reported.	No prescribed period or age, but may occur if a concern is declared or reported.	No prescribed period or age, but may occur if a concern is declared or reported.

continued next page

## REGULATORY REQUIREMENTS FOR DRIVER TESTING (continued)

STATE/ TERRITORY	VISION TEST	MEDICAL ASSESSMENT	ROAD TEST
<b>VIC</b> (continued)	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	<b>Heavy vehicle drivers</b> – vision test on initial application. Otherwise no specified period, unless declared or reported.	<b>Heavy vehicle drivers</b> – no prescribed period or age, unless declared or reported.	<b>Heavy vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Public passenger vehicle drivers</b> (taxi, bus) – vision test on initial application then every 3 years until age 60 years; then annually.	<b>Public passenger vehicle drivers</b> (taxi, bus) – medical assessment on initial application then every 3 years until age 60 years; then annually.	<b>Public passenger vehicle drivers</b> (taxi, bus) – no prescribed period or age, unless declared or reported.
	<b>Dangerous goods vehicle drivers</b> – vision test on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – medical assessment on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Driving instructors</b> – vision test on initial application then every 3 years until age 60 years; then annually.	<b>Driving instructors</b> – medical assessment on application then every 3 years until age 60 years, then annually.	<b>Driving instructors</b> – no prescribed period or age, unless declared or reported.
<b>WA</b>	<b>PRIVATE VEHICLE DRIVERS</b>		
	All drivers on application; then at 75, 78 and annually from 80 years of age.	At 75, 78 and annually from 80 years of age, unless medical condition requires earlier assessment.	At 85 years of age then annually.
	<b>COMMERCIAL VEHICLE DRIVERS</b>		
	<b>Heavy vehicle drivers (class MR and above)</b> – vision test on initial application, and when applying for an additional class; then at 75, 78 and annually from 80 years of age.	<b>Heavy vehicle drivers (class MR and above)</b> – medical assessment at 75, 78 and annually from 80 years of age.	<b>Heavy vehicle drivers (class MR and above)</b> – road test at 85 years of age then annually.
	<b>Public passenger vehicle drivers</b> – vision test on initial application, and when applying for an additional class; then every 5 years until age 45 years; then every 2 years until age 65; then annually from age 65.	<b>Public passenger vehicle drivers</b> – medical assessment on initial application then every 5 years until age 45 years; then every 2 years until age 65; then annually from age 65.	<b>Public passenger vehicle drivers</b> – road test at 85 years of age then annually.
	<b>Dangerous goods vehicle drivers</b> – vision test on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – medical assessment on initial application, then every three years.	<b>Dangerous goods vehicle drivers</b> – no prescribed period or age, unless declared or reported.
	<b>Driving instructors</b> – vision test on initial application then every 3 years.	<b>Driving instructors</b> – medical assessment on initial application, then every 3 years.	<b>Driving instructors</b> – road test every 3 years unless exempted.

## APPENDIX 2 – FORMS

### APPENDIX 2.1 – MODEL MEDICAL CERTIFICATE (See page 108)

When conducting an assessment *at the request of a Driver Licensing Authority*, the key form is the **Medical Certificate**. This form certifies the patient's fitness (or otherwise) to drive and is the key communication between health professional and the Driver Licensing Authority. It should be completed with details of any medical criteria NOT met as well as details of recommended conditions and monitoring requirements for a conditional licence. Medical information not relevant to the patient's fitness to drive should not be included on this form for privacy reasons.

***A blank certificate is provided to the patient by the local Driver Licensing Authority and presented at the time of consultation for completion and signing by the health professional. The forms used by each State or Territory differ in certain administrative aspects but generally follow the format of the Model Medical Certificate shown in Appendix 2.1.***

### APPENDIX 2.2 – PATIENT QUESTIONNAIRE (See page 110)

The self-administered Patient Questionnaire has been designed as a screening tool to help identify conditions that might affect driving ability. Completion of the questionnaire may be a formal requirement of the examination (e.g. for commercial vehicle drivers) in which case a copy of the questionnaire will generally be provided by the Driver Licensing Authority via the patient.

The questionnaire may also prove useful when undertaking an assessment of a patient in the course of treatment in which case the health professional may photocopy the document in Appendix 2.2 or access it from the Austroads website <[www.austroads.com.au](http://www.austroads.com.au)>.

The completed questionnaire is generally not to be forwarded to the Driver Licensing Authority for reasons of privacy (refer to 3.3.3, page 13).

Note that the health professional may need to guide or assist with completion of the questionnaire if literacy or cultural background presents a barrier to self-administration by the patient.

### APPENDIX 2.3 – CLINICAL EXAMINATION PROFORMA (See page 112)

The model Clinical Examination Proforma is another tool designed to help guide the examination process. It provides a standard format for recording the results of the examination, which should then be filed in the patient's history. As for the Patient Questionnaire, completion of the Clinical Examination Proforma may be a formal requirement of the examination (e.g. for commercial vehicle drivers) in which case a copy of the proforma will generally be provided by the Driver Licensing Authority via the patient.

The completed Clinical Examination Proforma is generally not to be forwarded to the Driver Licensing Authority for reasons of privacy (refer to 3.3.4, page 13). Details relevant to the patient's fitness to drive should be transferred to the Medical Certificate for communication to the Driver Licensing Authority.

### APPENDIX 2.4 – MEDICAL CONDITION NOTIFICATION FORM (See page 113)

If, in the course of treatment, a patient's condition is found to affect their ability to drive safely, the health professional should, in the first instance, undertake to encourage the patient to report their condition to the Driver Licensing Authority. A standard form, Medical Condition Notification Form, has been produced to facilitate this process. The health professional completes the form, explains the circumstances to the patient and asks the patient to forward the form to the Driver Licensing Authority. Most Driver Licensing Authorities will also accept a letter from the treating practitioner or specialist. The letter should, however, include the details laid out in the form to enable the Driver Licensing Authority to make a decision.

If necessary, the health professional may feel obliged to make a report directly to the Driver Licensing Authority using a copy of this form (refer to Part A, pages 10–17). Even when making a report directly to the Driver Licensing Authority, the health professional should inform the patient that they are doing so.

**NOTE: The model forms are general in nature and suited for use by the examining General Practitioner. They may not be suited to the more detailed and specific examinations undertaken by a specialist.**

## APPENDIX 2.1 – MODEL MEDICAL CERTIFICATE

**Note this is a model certificate only** – the Driver Licensing Authority will provide the certificate via the patient.

**Driver Licensing Authority – Medical Assessment Certificate**

PLEASE READ DETAILED INSTRUCTIONS FOR APPLICANT AND HEALTH PROFESSIONAL ON THE REVERSE OF THIS FORM.

Applicant details – to be completed by applicant or Driver Licensing Authority

Family Name:  Date of Birth

Given Names:

Patient consent to DLA contacting health professional for further information relevant to the person's fitness to drive. (inclusion and wording will depend on jurisdiction):

Licence details (*please circle*). Licensing Authorities may include additional classes

Type of vehicle	Motor Car	Light Rigid	Medium Rigid	Heavy Rigid	Heavy Combination	Multi-combination	Motorcycle	Boat
Class	C	LR	MR	HR	HC	MC	R	–

☐ Licence application

☐ Current licence Driver Licence/Permit No.:

**Assessment of Fitness to Drive – to be completed by health professional**

Were you familiar with the patient's medical history prior to this examination? ☐ YES ☐ NO

Patient examined according to ☐ Private vehicle standards ☐ Commercial vehicle standards

**I certify that I have examined the above mentioned patient in accordance with the relevant National Medical Standards (private or commercial) as set out in Assessing Fitness to Drive, 2003. In my opinion the person subject of this report:**

<input type="checkbox"/> Meets the relevant medical criteria for an unconditional licence and requires no further assessment.	No further information required
<input type="checkbox"/> Does not meet the medical criteria for an unconditional or a conditional licence.	Examining doctor to note: <b>1) Criteria not met</b> and other relevant medical details. <b>2) Proposed restrictions</b> to licence (if appropriate). <b>3) Suggestions for management and periodic review interval (conditional licence).</b>
<input type="checkbox"/> Does not meet the medical criteria for an unconditional licence but may be suitable for a conditional licence based on opinion opposite (and additional details attached as required). <i>Note that a conditional licence will not be issued unless adequate supporting information is provided by the examining health professional.</i>	
<input type="checkbox"/> Requires appropriate specialist assessment. <input type="checkbox"/> Requires practical driving test. <input type="checkbox"/> Requires occupational therapist assessment.	Examining health professional to note type of specialist recommended/referred or type of practical driver assessment required.
<input type="checkbox"/> Previously unlicensed or on conditional licence but condition has now improved so as to meet criteria for a conditional or unconditional licence.	Examining health professional to note: criteria previously not met; the response to treatment and prognosis, duration of improvement; other relevant information including consideration of the driving task.

▼ **Health Professional Details [Please Print]**

Date of Examination Reporting Professional's Name

Practice Address

Tel ( )

Fax ( )

Email Signature

☐ Further comments on medical condition(s) affecting safe driving appear attached



## REVERSE SIDE OF MODEL MEDICAL CERTIFICATE

The Driver Licensing Authority has a legal responsibility to ensure that all drivers have the appropriate skills and abilities, and are medically fit to hold a driver licence. To meet this responsibility, legislation gives the Driver Licensing Authority the authority to ask any motor vehicle licence holder or applicant to provide medical evidence of their suitability to drive and/or to undergo a driver assessment.

**To the Driver/Applicant**

- Make an appointment with your medical practitioner.
- As the examination may take longer than a routine consultation, please advise the receptionist when making the appointment that you are attending for this purpose.
- If you wear spectacles, hearing aids etc, please bring them to the examination.
- Take this form to the appointment for your doctor to complete.
- You are required by law to advise the Driver Licensing Authority of any conditions that may affect your ability to drive. You should make the doctor aware of any medical conditions you may have so that your doctor can advise the Driver Licensing Authority, on your behalf, using this form.
- If the medical report has been requested for a particular reason, you should let your practitioner know this reason.
- You should let your doctor know if you hold or are applying for a heavy vehicle licence, as the medical requirements for drivers of such vehicles are stricter.
- On completion of the examination the doctor will provide you with the form to return to the Driver Licensing Authority.
- Payment for the medical examination is the responsibility of the licence holder/applicant.
- Withdrawal of Licence – If a Driver Licensing Authority takes away your licence on the basis of a medical report, you may be re-licensed when you provide medical evidence which indicates that you have met the national medical standards and are qualified to be re-licensed. You also have the right of appeal to a Magistrates' court.
- Any queries regarding licensing may be directed to the Driver Licensing Authority.

**To the Health Professional**

- The examination must be conducted in accordance with the national medical standards described in **Assessing Fitness to Drive 2003**. This publication is available from your State or Territory Driver Licensing Authority or via the web: <www.austroads.com.au>. It details the examination process and provides examination proforma to guide you.
- Upon completion of the examination please complete and sign the certificate overleaf.
- Distribute the completed certificate as follows:
  - Provide the original certificate (together with additional information relevant to the patient's fitness to drive) to the patient for them to present to the Driver Licensing Authority.
  - Retain a copy for the patient's medical record together with detailed examination notes.
  - Information not relevant to the patient's fitness to drive should not be forwarded to the Driver Licensing Authority.
- If you have doubts about your patient's suitability to drive, you may suggest a driver assessment or referral to a suitable specialist. Please indicate this on the form.
- If you have any doubts about the information required, or wish to discuss the case personally, please contact your State or Territory Driver Licensing Authority.
- Indemnity – State or Territory legislation provides legal indemnity to practitioners who conduct an examination and provide Driver Licensing Authorities with an opinion on the basis of that examination (except WA).
- Criminal Liability & Insurance – Health professionals may be liable under civil law in cases where a court forms the opinion that they have not taken reasonable steps to ensure that impaired drivers drive only in circumstances that do not place them and other members of the community at increased risk. Professional indemnity insurers are aware of the potential liability of health professionals and may reasonably expect health professionals to comply with the national medical standards.

**Occupational Therapy Driver Assessment**

- Trained occupational therapists may conduct a driver assessment where there is a medical concern about the patient's ability to drive safely.
- The aim of the occupational therapy assessment is to assist people with impairments to resume or continue driving. There are two components of the assessment. The first part of the assessment aims to evaluate the person's difficulties. This involves an interview, vision screen, cognitive function test, assessment of physical strength, motor skills, reaction time, road law and road craft. The need for specialist equipment of vehicle modifications is considered at this time.
- The on-road assessment takes a standard approach but can be designed to meet individual needs. It is conducted in a dual controlled vehicle, accompanied by a driving instructor and where necessary set up with special requirements or modifications to meet the needs of the client. The assessment is structured to assess the impact of injury, illness or the ageing process on driving skills such as judgement, decision-making skills, observation and vehicle handling.
- Provided the overall driver is safe, the 'bad habits' that an experienced driver might display may not result in failure.

**Conditions and Restrictions**

- If appropriate, the practitioner may recommend conditions which may enhance driver competency or safety and allow their patient to continue to drive (e.g. corrective lenses, no night driving, additional mirrors).
- If the practitioner recommends a conditional licence, details of the recommended restrictions and reasons must be provided, otherwise a conditional licence will not be considered.
- If the practitioner believes that vehicle modifications are necessary (e.g. hand controls, left foot accelerator), or a prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, the patient will need to demonstrate the ability to drive safely with these restrictions. In these cases a driver assessment is necessary.

**Driver Licensing Authority Driver Assessment**

- Where there is a concern about a person's ability to drive safely, a driving test is necessary.
- A road law knowledge test is conducted unless the Driver Licensing Authority is examining the person's ability to drive when using adaptive equipment. When re-testing current licence holders the driver test may commence from the person's home, ensuring that the patient is tested in a familiar area and allowing a local area and allowing restriction to be imposed if appropriate. The on-road assessment is conducted in a dual controlled vehicle fitted with automatic transmission (the first 10 minutes is to allow familiarisation with the vehicle). The licence may be immediately withdrawn if the test is failed.

## PATIENT QUESTIONNAIRE

Name

Address

**Please answer the questions by ticking the correct box. If you are not sure, leave the question blank and ask your doctor what it means. The doctor will ask you additional questions during the examination.**

	No	Yes
1. Are you currently being treated by a doctor for any illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you receiving any medical treatment or taking any medication (either prescribed or otherwise)? (Please take any medications with you to show the doctor)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had, or been told by a doctor that you had any of the following?		
3.1 High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Chest pain, angina	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Any condition requiring heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Palpitations/irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Abnormal shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Head injury, spinal injury	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Seizures, fits, convulsions, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Blackouts, fainting	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Stroke	<input type="checkbox"/>	<input type="checkbox"/>
3.11 Dizziness, vertigo, problems with balance	<input type="checkbox"/>	<input type="checkbox"/>
3.12 Double vision, difficulty seeing	<input type="checkbox"/>	<input type="checkbox"/>
3.13 Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
3.14 Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
3.15 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
3.16 Neck, back or limb disorders	<input type="checkbox"/>	<input type="checkbox"/>
3.17 Hearing loss or deafness or had an ear operation or use a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
3.18 Do you have difficulty hearing people on the telephone (including use of hearing aid if worn)?	<input type="checkbox"/>	<input type="checkbox"/>
3.19 Have you ever had, or been told by a doctor that you had a psychiatric illness, or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>
3.20 Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
4.1 Have you ever had, or been told by a doctor that you had a sleep disorder, sleep apnoea, or narcolepsy?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
4.3 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? <i>This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.</i>		

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze off  
1 = slight chance of dozing  
2 = moderate chance of dozing  
3 = high chance of dozing

It is important that you put a number (0 to 3) in each of the 8 boxes.

**Situation****Chance of dozing (0–3)**

Sitting and reading	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>
Sitting, inactive in a public place (e.g. a theatre or meeting)	<input type="checkbox"/>
As a passenger in a car for an hour without a break	<input type="checkbox"/>
Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/>
Sitting and talking to someone	<input type="checkbox"/>
Sitting quietly after a lunch without alcohol	<input type="checkbox"/>
In a car, while stopped for a few minutes in the traffic	<input type="checkbox"/>

## PATIENT QUESTIONNAIRE (continued)

**5. Please tick the answer that is correct for you:**

5.1 How often do you have a drink containing alcohol?

- ☐ Never  
☐ Monthly  
☐ Two to four times a month  
☐ Two to three times a week  
☐ Four or more times a week

5.2 How many drinks containing alcohol do you have on a typical day when you are drinking?

- ☐ 1 or 2      ☐ 3 to 5      ☐ 5 to 6      ☐ 7 to 9      ☐ 10 or more

5.3 How often do you have six or more drinks on one occasion?

- ☐ Never    ☐ Less than monthly    ☐ Monthly    ☐ Weekly    ☐ Daily or almost daily

5.4 How often during the last year have you found that you were not able to stop drinking once you had started?

- ☐ Never    ☐ Less than monthly    ☐ Monthly    ☐ Weekly    ☐ Daily or almost daily

5.5 How often during the last year have you failed to do what was normally expected from you because of drinking?

- ☐ Never    ☐ Less than monthly    ☐ Monthly    ☐ Weekly    ☐ Daily or almost daily

5.6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- ☐ Never    ☐ Less than monthly    ☐ Monthly    ☐ Weekly    ☐ Daily or almost daily

5.7 How often during the last year have you had a feeling of guilt or remorse after drinking?

- ☐ Never    ☐ Less than monthly    ☐ Monthly    ☐ Weekly    ☐ Daily or almost daily

5.8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- ☐ Never    ☐ Less than monthly    ☐ Monthly    ☐ Weekly    ☐ Daily or almost daily

5.9 Have you or someone else been injured as a result of your drinking?

- ☐ No    ☐ Yes, but not in the last year    ☐ Yes, during the last year

5.10 Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- ☐ No    ☐ Yes, but not in the last year    ☐ Yes, during the last year

	No	Yes
6. Do you use illicit drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you use any drugs or medications not prescribed for you by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been in a vehicle crash since your last licence examination?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please give details:

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**Applicant's Declaration (in presence of health professional):**

I, \_\_\_\_\_

(Print Name)

– certify that to the best of my knowledge the above information supplied by me is true and correct

Signature:

Date:    |    |

**IMPORTANT**

For privacy reasons, the completed Patient Questionnaire must not be returned to the licensing authority. Medical information relevant to driver licensing should be included on the Medical Certificate (in the case of Licensing Authority-initiated examinations) or on the Medical Condition Notification Form (for assessments made in the course of patient treatment).

## CLINICAL EXAMINATION PROFORMA

Driver/Patient Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

The examiner will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here, e.g. Mini Mental State or equivalent for cognitive conditions. This form is to be retained by the examining health professional and not returned to the Driver Licensing Authority. Findings relevant to the person's fitness to drive should be recorded on the Medical Certificate supplied by the Driver Licensing Authority.

**1. Cardiovascular System:****1.1 Blood Pressure (repeat if necessary)**Systolic  mm Hg  mm HgDiastolic  mm Hg  mm Hg1.2 Pulse Rate: ☐ Regular ☐ Irregular1.3 Heart Sounds: ☐ Normal ☐ Abnormal1.4 Peripheral Pulses: ☐ Normal ☐ Abnormal**2. Chest/Lungs:** ☐ Normal ☐ Abnormal**3. Abdomen (liver):** ☐ Normal ☐ Abnormal**4. Neurological/Locomotor:**4.1 Cervical spine rotation ☐ Normal ☐ Abnormal4.2 Back movement ☐ Normal ☐ Abnormal**4.3 Upper Limbs**(a) Appearance ☐ Normal ☐ Abnormal(b) Joint movements ☐ Normal ☐ Abnormal**4.4 Lower Limbs**(a) Appearance ☐ Normal ☐ Abnormal(b) Joint movements ☐ Normal ☐ Abnormal4.5 Reflexes ☐ Normal ☐ Abnormal4.6 Romberg's sign \* ☐ Normal ☐ Abnormal

(\*A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds)

**5. Vision:****5.1 Visual Acuity**

Uncorrected		Corrected	
R	L	R	L
6/	6/	6/	6/

Are contact lenses worn? ☐ No ☐ Yes**5.2 Visual Fields (Confrontation to each eye):**☐ Normal ☐ Abnormal**6. Hearing (Commercial drivers only)**☐ Normal ☐ Abnormal**7. Urinalysis**7.1 Protein: ☐ Normal ☐ Abnormal7.2 Glucose: ☐ Normal ☐ Abnormal**8. Neuropsychological Assessment.**

Where clinically indicated apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.

**Score****RELEVANT CLINICAL FINDINGS**

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the AFTD publication.

**IMPORTANT:** For privacy reasons, the completed Examination Proforma must not be returned to the Driver Licensing Authority. Medical information relevant to driver licensing should be included on the Medical Certificate (in the case of Driver Licensing Authority-initiated examinations) or on the Medical Condition Notification Form (for assessments made in the course of patient treatment).

## MEDICAL CONDITION NOTIFICATION FORM

**To:** [Insert the address of your local Driver Licensing Authority – see Appendix 8, page 123]

**Patient Details** [Please Print]

Mr/Mrs/Ms Surname

Given Names

Full Address

Date of Birth | | Licence No.

**ASSESSMENT OF FITNESS TO DRIVE – PROFESSIONAL OPINION**

***I have examined the patient (whose name, address and date of birth are set out above) in accordance with the relevant National Medical Standards (private or commercial) as set out in Assessing Fitness to Drive, 2003.***

☐ Private vehicle standards ☐ Commercial vehicle standards

I have known/treated the patient for \_\_\_\_\_ years

**In my opinion the person subject of this report:**

- ☐ **does not meet** the unconditional or conditional licensing criteria outlined in Assessing Fitness to Drive (see details below)
- ☐ **does not meet** the unconditional licensing criteria outlined in Assessing Fitness to Drive, but may be considered for a conditional licence subject to the restrictions/conditions described below

**Provide details of medical criteria not met:**

\_\_\_\_\_  
\_\_\_\_\_

**Note advice regarding licence restriction (conditional licence) including requirements for ongoing monitoring and review:**

\_\_\_\_\_  
\_\_\_\_\_

**Note other details regarding the medical condition as relevant to the driving task:**

\_\_\_\_\_  
\_\_\_\_\_

**Reinstatement of licence:**

- ☐ In my opinion the condition of the person subject of this report has improved so as to meet the criteria for a conditional or unconditional licence. Please include details of: the criteria previously not met; the response to treatment and prognosis; duration of improvement; other relevant information including consideration of the driving task

**Health Professional Details** [Please Print]

Reporting Professional's Name

Professional's Address

Telephone ( )

Fax ( )

Date of Examination | |

Signature

- ☐ **Further comments on medical condition(s) affecting safe driving appear overleaf/attached**

## APPENDIX 3.1 – LEGISLATION RELATING TO REPORTING BY PATIENTS

JURISDICTION	LEGISLATION	DISCRETIONARY REPORTING
<b>Australian Capital Territory</b>	<i>Road Transport (Driver Licensing) Regulations 2000</i> 77 (2), (3)	<p>If a person who is the holder of a driver licence suffers any permanent or long-term illness, injury or incapacity that may impair his or her ability to drive safely, the person must tell the road transport authority as soon as practicable (but within 7 days). Maximum penalty: 20 penalty units.</p> <p>It is a defence to the prosecution of a person for an offence against this regulation if the person establishes –</p> <ul style="list-style-type: none"> <li>(a) that the person was unaware that his or her ability to drive safely had been impaired; or</li> <li>(b) that the person had another reasonable excuse for contravening the subregulation.</li> </ul>
<b>New South Wales</b>	<i>Road Transport (Driver Licensing) Regulation 1999</i> 30 (5)	The holder of a driver licence must, as soon as practicable, notify the Authority of any permanent or long-term injury or illness that may impair his or her ability to drive safely.
<b>Northern Territory</b>	<i>Motor Vehicles Act 11(3)</i>	If a person who is licensed to drive a motor vehicle is suffering from a physical or mental incapacity that may affect his or her ability to drive a motor vehicle with safety to the public, the person, or his or her personal representative, must notify the Registrar of the nature of the incapacity or unfitness.
<b>Queensland</b>	<p><i>Transport Operations (Road Use Management- Driver Licensing) Regulation 1999</i> 13 (1) c</p> <p><i>Transport Operations (Passenger Transport) Standard 2000</i> 8(2) a,b</p>	<p>A person is not eligible for the grant or renewal of a Queensland driver licence if –</p> <p>The chief executive reasonably believes the person has a mental or physical incapacity that is likely to adversely affect the person's ability to drive safely.</p> <p>More specifically, there is a standard for drivers of public passenger vehicles:</p> <p>An authorised driver must –</p> <ul style="list-style-type: none"> <li>(a) notify the chief executive if there is a change in the driver's medical condition that makes the driver continuously unfit to safely operate a motor vehicle for more than 1 month; and</li> <li>(b) within every 5 years after the issue by a doctor of the last medical certificate given to the chief executive under this section, give the chief executive a fresh medical certificate.</li> </ul>
<b>South Australia</b>	<i>Motor Vehicles Act 1959</i> 98AAF	The holder of a licence or learner's permit who, during the term of the licence or permit, suffers any illness or injury that may impair his or her competence to drive a motor vehicle without danger to the public must, within a reasonable time after the occurrence of the illness or injury, notify the Registrar in writing of that fact. – Maximum penalty: \$750.
<b>Tasmania</b>	<i>Vehicle and Traffic (Driver Licensing and Vehicle Registration) Regulations 2000</i> 29(6), (7)	<p>The holder of a driver licence must, as soon as practicable, notify the Registrar of:</p> <ul style="list-style-type: none"> <li>(a) any permanent or long-term injury or illness that may impair his or her ability to drive safely; or</li> <li>(b) any deterioration of physical or mental condition (including a deterioration of eyesight) that may impair his or her ability to drive safely; or</li> <li>(c) any other factor related to physical or mental health that may impair his or her ability to drive safely.</li> </ul> <p>Penalty: Fine not exceeding 10 penalty units. (\$1,000).</p> <p>Unless the Registrar requires written notification, the notification need not be in writing.</p>
<b>Victoria</b>	<i>Road Safety (Drivers) Regulations 1999</i> 225 (3)	The holder of a driver licence or permit or any person exempted from holding a driver licence or permit under section 18(1)(a) of the Act must, as soon as practicable, notify the Corporation of any permanent or long-term injury or illness that may impair his or her ability to drive safely.
<b>Western Australia</b>	<b>No duty as yet</b>	

## APPENDIX 3.2 – LEGISLATION RELATING TO REPORTING BY HEALTH PROFESSIONALS

LEGISLATION/ JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING
<b>Australian Capital Territory</b>  <i>Road Transport (General) Act 1999, s. 230 (3)</i>  <i>Road Transport (Driver Licensing Act) 1999, s. 28</i>  <i>Road Transport (Driver Licensing) Regulation 2000, rr. 15 and 78</i>	<p>An individual carrying out a certain test or examination (i.e. medical practitioners, optometrists, occupational therapists, physiotherapists).</p> <p>An individual.</p>	<p>An individual is not civilly or criminally liable for carrying out a test or examination in accordance with the regulations made under the Road Transport (Driver Licensing Act) 1999 and expressing to the road transport authority, in good faith, an opinion formed because of having carried out the test or examination.</p> <p>An individual is not civilly or criminally liable for reporting to the road transport authority, in good faith, information that discloses or suggests that someone else is or may be unfit to drive or that it may be dangerous to allow someone else to hold, to be issued or to have renewed, a driver licence or a variation of a driver licence.</p>	<p>There is no mandatory reporting requirement for practitioners.</p>
<b>New South Wales</b>  <i>Road Transport (General) Act 1999, s. 49 (3) &amp; (4)</i>  <i>Road Transport (Driver Licensing) Act 1998, s. 20</i>  <i>Road Transport (Driver Licensing) Regulation 1999 r. 31</i>	<p>An individual carrying out a certain test or examination (i.e. medical practitioners, optometrists, occupational therapists, physiotherapists).</p> <p>An individual.</p>	<p>An individual does not incur civil or criminal liability for carrying out a test or examination in accordance with the regulations made under the Road Transport (Driver Licensing Act) 1998 and expressing to the Authority in good faith an opinion formed as a result of having carried out the test or examination.</p> <p>An individual does not incur civil or criminal liability for reporting to the Authority, in good faith, information that discloses or suggests that another person is or may be unfit to drive or that it may be dangerous to allow another person to hold, to be issued or to have renewed, a driver licence or a variation of a driver licence.</p>	<p>There is no mandatory reporting requirement for practitioners.</p>
<b>Northern Territory</b>  <i>Motor Vehicles Act 1999, s. 11</i>	<p>A registered person: means a medical practitioner, an optometrist, an occupational therapist or a physiotherapist who is registered under the applicable acts.</p>	<p>Not covered in legislation.</p>	<p>If a registered person reasonably believes that a person he or she has examined is licensed to drive a motor vehicle and is physically or mentally incapable of driving a motor vehicle with safety to the public or is physically or mentally unfit to be licensed, the registered person must notify the Registrar in writing of the person's name and address and the nature of the incapacity or unfitness.</p> <p>No express indemnity is provided under s. 11.</p>



## APPENDIX 3.2 – LEGISLATION RELATING TO REPORTING BY HEALTH PROFESSIONALS (cont.)

LEGISLATION/ JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING
<b>Queensland</b> <i>Transport Operations (Road Use Management) Act 1995, s. 142</i>	A health professional means a doctor or an occupational therapist, an optometrist or a physiotherapist registered under the applicable acts.	<p>A health professional is not liable, civilly or under an administrative process, for giving information in good faith to the chief executive about a person's medical fitness to hold, or to continue to hold, a Queensland driver licence.</p> <p>Without limiting this, in a civil proceeding for defamation, a health professional has a defence of absolute privilege for publishing the information.</p> <p>Additionally, if the health professional would otherwise be required to maintain confidentiality about the information under an Act, oath, rule of law or practice, the health professional does not contravene the Act, oath, rule of law or practice by disclosing the information and is not liable to disciplinary action for disclosing the information.</p>	There is no mandatory reporting requirement for practitioners.
<b>South Australia</b> <i>Motor Vehicles Act 1959, s. 148</i>	A legally qualified medical practitioner, a registered optician or a registered physiotherapist.	Not covered in legislation.	<p>Where a legally qualified medical practitioner, a registered optician, or a registered physiotherapist has reasonable cause to believe that a person whom he or she has examined holds a driver's licence or a learner's permit and that person is suffering from a physical or mental illness, disability or deficiency such that, if the person drove a motor vehicle, he or she would be likely to endanger the public, then the medical practitioner, registered optician or registered physiotherapist is under a duty to inform the Registrar in writing of the name and address of that person, and of the nature of the illness, disability or deficiency from which the person is believed to be suffering.</p> <p>Where a medical practitioner, registered optician or registered physiotherapist furnishes such information to the Registrar, he or she must notify the person to whom the information relates of that fact and of the nature of the information furnished.</p> <p>No civil or criminal liability is incurred in carrying out the duty imposed.</p>



## APPENDIX 3.2 – LEGISLATION RELATING TO REPORTING BY HEALTH PROFESSIONALS (cont.)

LEGISLATION/ JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING
<b>Tasmania</b>  <i>Vehicle and Traffic Act 1999, ss. 63 (2) and 56</i>  <i>Vehicle and Traffic Act 1999, s. 63 (1)</i>	A person.	<p>A person incurs no civil or criminal liability for reporting to the Registrar, in good faith, the results of a test or examination carried out under the Act or an opinion formed as a result of conducting such a test or examination.</p> <p>Section 56 deals with tests and examinations of drivers.</p> <p>A person incurs no civil or criminal liability for reporting to the Registrar, in good faith, that another person may be unfit to drive a motor vehicle.</p>	There is no mandatory reporting requirement for practitioners.
<b>Victoria</b>  <i>Road Safety Act 1986, s. 27 (4)</i>  <i>Road Safety Act 1986, s. 27 (5)</i>	<p>A person carrying out a certain test (i.e. medical practitioners, optometrists, occupational therapists, physiotherapists).</p> <p>A person.</p>	<p>No action may be taken against a person who carries out a test under section 27 (that is, a test of health or competence etc. to find out if a person is unfit to drive or if it is dangerous for that person to drive) and who expresses to the Corporation an opinion formed by that person as a result of the test.</p> <p>No action may be taken against a person who, in good faith, reports to the Corporation any information which discloses or suggests that a person is unfit to drive or that it may be dangerous to allow that person to hold or to be granted a driver licence, a driver licence variation or a permit.</p>	There is no mandatory reporting requirement for practitioners.
<b>Western Australia</b>  <i>Road Traffic Act 1974, s.42 (4)</i>  <i>(Applicable at the time of publication. Road Traffic Amendment Bill before Parliament, 2003.)</i>	A medical practitioner.	<p>No express indemnity is provided under the Act for doctors or other professionals reporting to the Driver Licensing Authority regarding a person's fitness to drive.</p> <p>Section 42 (4) refers to regulations that may require the holder of a driver's licence to submit, as required by the regulations, to a medical practitioner approved by the Director General for examination as to the person's mental or physical fitness to drive.</p>	There is no mandatory reporting requirement for practitioners.

\* Where changes are anticipated, health professionals are advised to check with the Driver Licensing Authority (Appendix 8).

## APPENDIX 4 – DRIVERS' LEGAL BAC LIMITS

SUMMARY OF STATE AND TERRITORY LAWS ON BAC AND DRIVING		
STATE OR TERRITORY	DRIVERS OF CARS AND LIGHT TRUCKS, MOTORCYCLE RIDERS	DRIVERS OF TRUCKS, TAXIS, BUSES AND PRIVATE HIRE CARS
<b>ACT</b>	<p>The legal BAC limit applying to learner, provisional and probationary drivers and restricted licence holders is below <b>.02 BAC</b>.</p> <p>The legal limit for drivers of cars, trucks and buses (excluding public vehicles) up to 15 tonnes GVM and riders of motorcycles who hold a full licence (gold) is below <b>.05 BAC</b>.</p>	<p>The legal BAC limit applying to drivers of heavy motor vehicles exceeding 15 tonnes GVM, dangerous goods vehicles, public vehicles (taxis, buses and private hire cars) and Commonwealth chauffeur cars is below <b>.02 BAC</b>.</p>
<b>NSW</b>	<p>Learner licence holder, provisional licence holder, unlicensed, driver under 25 with less than 3 years' licensed (not learner licences) driving, supervising driver <b>.02 BAC</b>. Drivers not listed elsewhere <b>.05 BAC</b>.</p>	<p>Drivers of trucks over 13.9 tonnes GVM, all drivers of taxis, coaches or commercial buses and drivers of any vehicles carrying dangerous goods or radioactive substances <b>.02 BAC</b>.</p>
<b>NT</b>	<p>Unlicensed and learner drivers, provisional licence holders, drivers under 25 with less than 3 years experience, <b>zero BAC</b>. Drivers not listed elsewhere <b>.05 BAC</b>.</p>	<p>Drivers of vehicles over 15 tonnes GVM, public passenger vehicles, dangerous goods vehicles, vehicles with persons unrestrained in an open load space, vehicles carrying more than 12 persons, driving instructors while instructing, licensed drivers under age 25 licensed less than 3 years, <b>zero BAC</b>. Drivers not listed elsewhere <b>.05 BAC</b>.</p>
<b>QLD</b>	<p>A person under 25 years of age and the holder of a learner, probationary, provisional licence, <b>zero BAC</b>.</p>	<p>Drivers of trucks, buses, articulated motor vehicles, B-double, road trains, vehicles carrying placard load of dangerous goods, taxis or limousines, tow trucks, pilot or escort vehicles, or driver trainers, <b>zero BAC</b>. All other drivers, <b>.05 BAC</b>.</p>
<b>SA</b>	<p>Learner permit holders and provisional licence holders <b>zero BAC</b>. Drivers not listed elsewhere <b>.05 BAC</b>.</p>	<p>Drivers of vehicles over 15 tonnes GVM, taxis, buses, licensed chauffeured vehicles, vehicles carrying dangerous goods, <b>zero BAC</b>.</p>
<b>TAS</b>	<p>Unlicensed and learner drivers, provisional licence holders, persons convicted of causing death driving a motor vehicle, persons with 3 or more traffic convictions (at least 1 after 12 Dec 1991), <b>zero BAC</b>.</p>	<p>Drivers of: public vehicles including buses (more than 11 passengers) and taxis, vehicles exceeding 4.5 tonnes GVM, <b>zero BAC</b>.</p>
<b>VIC</b>	<p>Probationary drivers, drivers with Z condition on licence and motorcyclists on 260cc restriction <b>zero BAC</b>. Drivers not listed elsewhere <b>.05 BAC</b>.</p>	<p>Drivers of vehicles over 15 tonnes GVM, all taxi and bus drivers, and some emergency vehicle drivers <b>zero BAC</b>. Drivers not listed elsewhere <b>.05 BAC</b>.</p>
<b>WA</b>	<p>Learner drivers, probationary drivers, extraordinary licence holders, some drivers with drink-drive convictions <b>.02 BAC</b>. All other drivers <b>.05 BAC</b>.</p> <p>Drivers who have been convicted of a prescribed alcohol related offence after 1 January 1998 must not drive with a blood alcohol concentration equal to or exceeding <b>.02 BAC</b> for a period of three years.</p>	<p>Learner drivers, probationary drivers, extraordinary licence holders, some drivers with drink-drive convictions <b>.02 BAC</b>. All other drivers <b>.05 BAC</b>.</p> <p>Drivers who have been convicted of a prescribed alcohol related offence after 1 January 1998 must not drive with a blood alcohol concentration equal to or exceeding <b>.02 BAC</b> for a period of three years.</p>

## APPENDIX 5 – DISABLED CAR PARKING/TAXI SERVICES

Persons suffering substantial levels of disability may be eligible for disabled parking permits and discount taxi fares. The practitioner should direct enquiries to the contacts shown below. Taxi subsidies may be available only to those physically unable to use public transport.

### CONTACTS FOR TRANSPORT ASSISTANCE FOR THE DISABLED

STATE OR TERRITORY	PERMITS FOR CAR PARKING DISCOUNT FOR THE DISABLED	TAXI SERVICES
<b>ACT</b>	Road User Services PO Box 582 Dickson ACT 2602 (02) 6207 7000	ACT Taxi Subsidy Scheme GPO Box 825 Canberra ACT 2601 (02) 6207 1108
<b>NSW</b>	Any motor registries, or contact RTA Call Centre PO Box K198 Haymarket NSW 1238 13 22 13	Taxi Transport Subsidy Scheme Locked Bag 5310 Parramatta NSW 2124 (02) 9689 8888
<b>NT</b>	Contact your local council.	Department of Health & Community Services Centre, NT Taxi Subsidy Scheme PO Box 40596 Casuarina NT 0811 (08) 8922 7048
<b>QLD</b>	Disabled Parking Queensland Transport PO Box 673 Fortitude Valley Qld 4006 (07) 3253 4771	Public Transport Division Queensland Transport PO Box 673, Fortitude Valley Qld 4006 (07) 3253 4954
<b>SA</b>	Registration and Licensing PO Box 1 Walkerville SA 5081 13 10 84	Access Cabs, Passenger Transport Board Box 1998 GPO Adelaide SA 5001 (08) 8303 0822
<b>TAS</b>	Transport Access Scheme Department of Infrastructure, Energy and Resources GPO Box 1242 Hobart Tas 7001 (03) 6233 5227	Transport Access Scheme Department of Infrastructure, Energy and Resources GPO Box 1242 Hobart Tas 7001 (03) 6233 5227
<b>VIC</b>	Contact your local council.	Victorian Taxi Directorate Level 6, 14/20 Blackwood Street North Melbourne Vic 3051 (03) 9320 4361
<b>WA</b>	ACROD PO Box 1428 Osborne Park WA 6916 (08) 9242 5544	Taxi Users Subsidy Scheme, Department for Planning and Infrastructure PO Box 7272 Cloisters Square WA 6850 (08) 9216 8115

## APPENDIX 6 – SEATBELT USE

**Relevance to driving task**

The use of seatbelts is compulsory in Australia for drivers of all motor vehicles. This includes drivers of trucks and buses, but excludes taxi drivers in NSW and Queensland. It has been reported that unrestrained occupants are over three times more likely to be killed in the event of a crash than those who wear seatbelts.

The granting of an exemption from the use of seatbelts places an individual's safety at considerable risk. **There are really no medical conditions for which a person should be unable to wear a seatbelt.**

**Requests relating to seatbelt exemptions**

Individuals may request a medical certificate recommending or granting exemption (depending on the State or Territory); however, exemptions based upon most medical grounds are considered to be invalid. Health professionals are discouraged from providing letters to people stating that the use of a seatbelt is not required.

In conditions such as obesity, health professionals should advise the patient to have the seatbelt modified and an inertia seatbelt fitted. In conditions in which there are scars to the chest or abdomen (**i.e. post surgery/injury**), the patient should be advised about the use of padding to prevent any problems of seatbelt irritation.

It must be stressed that exemption due to any medical condition should be an extremely rare exception to the uniformity of a rule which enforces the legal obligation of a driver to wear a seatbelt if fit to drive.

**Medical certificate regarding exemption**

If a health professional recommends or grants (depending on State or Territory law) an exemption, he or she must accept responsibility for granting the exemption. **In order to comply with the requirements of the Driver Licensing Authority**, a certificate of exemption (or recommendation for exemption) should be issued in the following manner:

- The certificate must be dated and issued on the practitioner's letterhead.
- The certificate must state the name, address, sex and date of birth of the person for whom the exemption is requested.
- The certificate must state the reason for which the exemption is requested.
- **The date the exemption expires must be clearly stated.** It should not exceed 1 year from the date of issue of the certificate except for musculo-skeletal conditions or deformities of a permanent nature. The certificate may not be legally valid without this date.
- **Tasmania:** a special application form is required for exemption applications. Contact details are listed on page 123.
- **Northern Territory:** A medical recommendation that clearly indicates that these guidelines have been referred to in reaching the exemption recommendation. All such recommendations should be sent to the Registrar of Motor Vehicles. Contact details are on page 123.
- Inform the patient that the certificate must be carried when travelling in motor vehicles without using a seatbelt and must be shown to police and authorised officers when requested.
- **Keep a record of all exemptions granted or recommended and document reasons for exemption in case litigation occurs.**

**Medical exemptions**

The following table suggests guidelines for possible exemptions.

### MEDICAL STANDARDS – SEATBELTS

CONDITION	DRIVERS OF CARS AND LIGHT TRUCKS, MOTORCYCLE RIDERS
<b>Ileostomies and Colostomies</b>	No exemption. In normal circumstances, a properly worn seatbelt should not interfere with external devices. An occupational therapist can advise on seatbelt adjustments in other cases.
<b>Musculo-Skeletal Conditions and Deformities</b>	Exemption possible for passengers only, depending on the exact nature of the condition.
<b>Obesity</b>	Advise modification of restraint. If not feasible, exemption possible.
<b>Pacemakers</b>	No exemption. If the pacemaker receives a direct compression force from a seatbelt, advise device be checked for malfunction.
<b>Physical Disability</b>	No exemption. Advise patient about correct fitting.
<b>Pregnancy</b>	No exemption. Advise patient about correct fitting.
<b>Psychological Conditions</b>	No exemption. Claustrophobia from seatbelt use can be overcome; if condition severe, refer patient to a specialist.
<b>Scars and Wounds</b>	No exemption. Advise patient about the use of protective padding.

### APPENDIX 7 – HELMET USE

#### Relevance to driving task

There is a large body of research that demonstrates the effectiveness of helmets in reducing death and injury to motorcyclists. Research studies have been conducted in countries where helmet use is voluntary, comparing crash experience of users with non-users. The significant benefits of motorcycle helmets have also been measured in countries which change from voluntary helmet use to compulsory.

Helmets are also beneficial for bicyclists as recent studies have shown. A very comprehensive report on bike helmets is Michael Henderson (1995), *The Effectiveness of Bicycle Helmets – A Review*, MAA of NSW [available on the Internet from <[www.bhsi.org:80/webdocs/henderson.htm](http://www.bhsi.org:80/webdocs/henderson.htm)>]. 'The introduction of the law has been accompanied by an immediate large reduction in the number of bicyclists with head injuries.' (Finch et al, 1993).

#### Requests for helmet exemptions

Wearing of helmets by motorcyclists in Australia is compulsory. Legislation does not allow for exemptions in New South Wales, Victoria, South Australia, Queensland and the ACT. In the Northern Territory, legislation does not permit exemption on medical grounds. Exemptions are possible in other States only under extremely rare conditions and should be strongly discouraged. Health professionals are urged to point out to patients the risk of severe disability or death compared with the relatively small advantages of an exemption from wearing a motorcycle helmet.

Wearing of helmets by bicyclists in Australia is also compulsory. **In those States or Territories where exemptions are possible,** applications should be strongly discouraged in view of the greater risk of injury and death.

Australian Driver Licensing Authorities are moving towards a policy position in which no exemptions from the requirement to wear a helmet when riding a motorcycle or bicycle will be permitted in any State or Territory for any reason. The current situation is shown in the following table.

### STATE AND TERRITORY LAWS ON EXEMPTIONS FROM WEARING BICYCLE OR MOTORCYCLE HELMETS (as at August 2002)

STATE OR TERRITORY	MOTORCYCLE HELMETS	BICYCLE HELMETS
<b>ACT</b>	No exemptions.	No exemptions.
<b>NSW</b>	No exemptions.	No exemptions.
<b>NT</b>	No medical exemptions.	Bicycle helmets are not necessary for persons who have attained the age of 17 years of age and who ride on a public place, on a bicycle way (if separated from the roadway by a barrier) or in an area declared exempt by the Minister.
<b>QLD</b>	No exemptions.	A person is exempt from wearing a bicycle helmet if the person is carrying a current doctor's certificate stating that, for a stated period – (a) the person cannot wear a bicycle helmet for medical reasons; or (b) because of a physical characteristic of the person, it would be unreasonable to require the person to wear a bicycle helmet.
<b>SA</b>	No exemptions.	Exemptions for Sikh religion only.
<b>TAS</b>	Exemption possible on medical grounds at discretion of Registrar of Motor Vehicles.	Exemption possible on medical grounds and at discretion of Registrar of Motor Vehicles.
<b>VIC</b>	No exemptions.	Exemptions possible in cases of extreme hardship or on medical grounds.
<b>WA</b>	From 1 December 2000, no exemptions provided. Previously granted exemptions can continue provided a satisfactory medical certificate is provided each year and is recommended by the Occupational Health Physician.	Exemption on medical or religious grounds. Certificate from police medical referee required.
<b>RIDING BICYCLES ON FOOTPATHS [VICTORIA ONLY]</b>		
<b>VIC Only</b>	May ride bicycle on footpath if carrying a letter of exemption from a legally qualified medical practitioner stating that it is undesirable, impractical or inexpedient for the rider to ride on a road because of physical or intellectual disability.	Letter must be on medical practitioner's letterhead and show date of issue and date of expiry. Letter must specify that rider has been advised of requirement to give way to pedestrians at all times when riding on footpaths. Letter should specify footpaths to be used, avoiding, where practicable, footpaths in areas where pedestrian traffic is heavy.

## APPENDIX 8 – DRIVER LICENSING AUTHORITY CONTACTS

DRIVER LICENSING AUTHORITY CONTACTS		
STATE OR TERRITORY	GENERAL CONTACT DETAILS DRIVER LICENSING AUTHORITY	HEALTH PROFESSIONAL INQUIRIES
<b>ACT</b>	Road User Services Department of Urban Services PO Box 582, Dickson ACT 2602 Phone: (02) 6207 7000 Email: roaduserservices@act.gov.au Web: www.urbanservices.act.gov.au	Manager – Licensing Registration Department of Urban Services PO Box 582, Dickson ACT 2602 Phone: (02) 6207 7122
<b>NSW</b>	Roads and Traffic Authority NSW PO Box K198, Haymarket NSW 1238 Phone: 13 22 13 Email: rta@rta.nsw.gov.au Web: www.rta.nsw.gov.au	Manager – Medical Unit RTA Driver Administration Section Locked Bag 14, Grafton NSW 2460 Phone: (02) 6640 2883
<b>NT</b>	Department of Infrastructure, Planning & Environment GPO Box 2520, Darwin NT 0801 Phone: 1300 654 628 (08) 8999 3111 (Outside NT) Fax: (08) 8999 3189 Email: mvr@nt.gov.au Web: www.ipe.nt.gov.au/dtw	Manager – Motor Vehicle Registry Department of Infrastructure, Planning & Environment GPO Box 530, Darwin NT 0801 Phone: (08) 8999 3111 Fax: (08) 8999 3123 Email: mvr@nt.gov.au
<b>QLD</b>	Queensland Transport (general public inquiries) GPO Box 1549, Brisbane QLD 4001 Phone: 13 23 80 (Local call cost in QLD) (07) 3253 4500 (Outside QLD) Web: www.transport.qld.gov.au	Business Manager Licensing and Registration Policy Policy Advice Team PO Box 673, Fortitude Valley QLD 4006 Phone: (07) 3253 4129
<b>SA</b>	Transport SA PO Box 1, Walkerville SA 5081 Phone: 13 10 84 Email: licenceservices@transport.sa.gov.au Web: www.transport.sa.gov.au	Manager – Licence Services Transport SA Locked Bag 333, Adelaide SA 5001 Phone: (08) 8374 5139 or (08) 8374 5130
<b>TAS</b>	Department of Infrastructure, Energy & Resources GPO Box 1002, Hobart TAS 7001 Phone: 13 11 05 Email: transport@dier.tas.gov.au Web: www.transport.tas.gov.au	Medical Review Officer – Registration & Licensing Branch Department of Infrastructure, Energy & Resources GPO Box 1002, Hobart TAS 7001 Phone: (03) 6233 5221
<b>VIC</b>	VicRoads GPO Box 2504, Kew VIC 3101 Phone: 13 11 71 Email: ccsllicence@roads.vic.gov.au Web: www.vicroads.vic.gov.au	Medical Review VicRoads GPO Box 2504, Kew VIC 3101 Phone: (03) 9854 2407
<b>WA</b>	Department for Planning and Infrastructure GPO Box R1290, Perth WA 6844 Phone: 13 11 56 Web: www.dpi.wa.gov.au	Supervisor Driver Assessment Section Department for Planning and Infrastructure GPO Box R1290, Perth WA 6844 Phone: (08) 9216 8166 Fax: (08) 9216 8178 Web: www.dpi.wa.gov.au

## DRIVER LICENSING CONTACTS (continued)

STATE OR TERRITORY	HEAVY VEHICLE DRIVER LICENSING INQUIRIES	PUBLIC PASSENGER VEHICLE DRIVER LICENSING INQUIRIES	DANGEROUS GOODS VEHICLE DRIVER LICENSING INQUIRIES
<b>ACT</b>	See general contact details. (page 123)	See general contact details. (page 123)	Dangerous Goods Unit ACT WorkCover PO Box 224 Civic Square ACT 2608 Phone: (02) 6207 6355 Fax: (02) 6207 7249
<b>NSW</b>	See general contact details	Transport NSW Taxi and Hire Car Bureau Locked Bag 5310 Parramatta NSW 2124 Phone: (02) 9689 8888 Fax: (02) 9689 8813  Transport NSW Contracts and Compliance Locked Bag 5085 Parramatta NSW 2124 Phone: (02) 9891 8900 Fax: (02) 9891 8999	Dangerous Goods Unit Environment Protection Authority PO Box A290 Sydney Sth NSW 1232 Phone: (02) 9995 5555 Fax: (02) 9995 5918 Email: prdgoods@epa.nsw.gov.au
<b>NT</b>	See general contact details. (page 123)	See general contact details. (page 123)	NT Worksafe Department of Employment, Education & Training GPO Box 4821 Darwin NT 0801 Phone: 1800 019 115 or (08) 8999 5010 Fax: (08) 8999 5141
<b>QLD</b>	See general contact details. (page 123)	See general contact details. (page 123)	Dangerous Goods Department of Transport PO Box 673 Fortitude Valley QLD 4006 Phone: (07) 3253 4035 Fax: (07) 3253 4453
<b>SA</b>	See general contact details. (page 123)	SA Passenger Transport Board GPO Box 1998, Adelaide SA 5001 Phone: (08) 8303 0822 Fax: (08) 8303 0828 Web: <a href="http://www.adelaidemetro.com.au">www.adelaidemetro.com.au</a>	Dangerous Substances Branch Department of Administration & Information Services GPO Box 465 Adelaide SA 5001 Phone: (08) 8303 0435
<b>TAS</b>	Co-ordinator Licensing Services Department of Infrastructure Energy & Resources GPO Box 1002 Hobart TAS 7001 Phone: (03) 6233 4145	Co-ordinator Licensing Services Department of Infrastructure Energy & Resources GPO Box 1002 Hobart TAS 7001 Phone: (03) 6233 4145	Workplace Standards Tasmania Department of Infrastructure Energy & Resources PO Box 56, Rosny Park TAS 7018 Phone: 1300 366 322 (local) (03) 6233 7657 Fax: (03) 6233 8338 Email: <a href="mailto:wstinfo@dier.tas.gov.au">wstinfo@dier.tas.gov.au</a>



**DRIVER LICENSING CONTACTS (continued)**

<b>STATE OR TERRITORY</b>	<b>HEAVY VEHICLE DRIVER LICENSING INQUIRIES</b>	<b>PUBLIC PASSENGER VEHICLE DRIVER LICENSING INQUIRIES</b>	<b>DANGEROUS GOODS VEHICLE DRIVER LICENSING INQUIRIES</b>
<b>VIC</b>	See general contact details. (page 123)	Victorian Taxi Directorate PO Box 666 North Melbourne VIC 3051 Phone: (03) 9320 4350 Email: drivers.taxitow@doi.vic.gov.au	Victorian WorkCover Authority Licensing Branch GPO Box 4293, Melbourne VIC 3001 Phone: (03) 9941 0500 Fax: (03) 9941 0501 Web: www.workcover.vic.com.au
<b>WA</b>	See general contact details. (page 123)	See general contact details. (page 123)	Department of Industry & Resources Safety, Health & Environment Division 100 Plain St, East Perth WA 6004 Phone: (08) 9222 3595 Fax: (08) 9222 3525

**APPENDIX 9 – SPECIALIST DRIVER ASSESSORS****CONTACTS FOR OCCUPATIONAL THERAPIST SPECIALIST DRIVER ASSESSORS**

<b>REGION</b>	<b>ORGANISATION</b>	<b>CONTACT PHONE</b>
Australian Capital Territory	Driver Rehabilitation Program (Hospital)	(02) 6244 2937
New South Wales	OT AUSTRALIA – NSW	(02) 9648 3225
Northern Territory	OT AUSTRALIA – NT	(08) 8945 0044
Queensland	OT AUSTRALIA – QLD	(07) 3397 6744
South Australia	OT AUSTRALIA – SA	(08) 8239 1422
Tasmania	OT AUSTRALIA – TAS	(03) 6331 9791
Victoria	VicRoads Medical Review	(03) 9854 2407 or (03) 9854 2390
Western Australia	Driver Access Unit C1 661 Newcastle Street Leederville WA 6007	(08) 9228 0166
<p>OT AUSTRALIA has a listing of occupational therapists qualified in driver assessment.</p> <p>OT AUSTRALIA Website &lt;<a href="http://www.ausot.com.au">www.ausot.com.au</a>&gt;</p>		

## FEEDBACK FORM

## WE WELCOME YOUR FEEDBACK

Users of Assessing Fitness to Drive are invited to forward comments for consideration at future reviews of the driving standards. Comments may be mailed to the address below. Alternatively, comments may be submitted on-line via the Austroads website **[www.austroads.com.au](http://www.austroads.com.au)**

[illegible]

**Company/Organisation (if relevant)**

**Address**

<b>Contact Phone</b>	<b>Fax</b>
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Email	Date		
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### Comments

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Mail to:  
**Assessing Fitness to Drive**  
**AUSTROADS**  
**PO Box K659**  
**Haymarket NSW 2000**

Fax to:  
**Assessing Fitness to Drive**  
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**(02) 9264 1657**

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**Keywords:**

Driving - assessment; licence - assessment

**Abstract:**

This publication provides clear guidelines for health professionals in Australia when assessing the fitness to drive of holders of private and commercial vehicle licences.

This publication replaces Austroads Assessing Fitness to Drive (2nd edition, 2001) for private vehicle drivers, and the National Road Transport Commission's Medical Examinations of Commercial Vehicle Drivers (1997).

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