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AMA submission on the review of Assessing Fitness to Drive Guidelines

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The AMA welcomes the opportunity to provide input to the review of the Fitness to Drive Guidelines.

The AMA has been a strong supporter of initiatives to improve road safety across Australia, and has formally endorsed *Assessing Fitness to Drive: medical standards for licensing and clinical management guidelines*. *A resource for health professionals in Australia (October 2016)*[1].

Overall, general practitioner (GP) AMA members are very supportive of the current Fitness to Drive Guidelines. The Guidelines are referred to by GPs regularly in clinical practice, and there is a widespread awareness amongst GPs that the Guidelines are available, and useful resource for risk assessment and mitigation.

Specific positive feedback included:

- The relevant sections link electronically from the HealthLink form when completing the assessment which is helpful, and easy to navigate.
- It is easy to locate specific details in the guidelines, and the table of contents, layout, page design of online version is excellent.
- The boxes at the end of each section with the clear, separate guidelines for private and commercial licence holders are very useful. These should not be altered substantially.
- The guidelines provided for certain conditions, such as those for diabetes and epilepsy, are clear and explicit. This makes it much easier for GPs to justify restricting or removing a patient's licence (in general practice this is usually pending specialist review or practical test), as the written guidelines are clear evidence for the decision. It is much easier to say to a long-term patient, 'under the guidelines I can't renew your licence,' than it is to say 'I personally don't think you are fit to drive'.

Issues for consideration

One section of the Guidelines that clearly needs updating is **box 2: telehealth**, Part A:3, page 19. This information is largely obsolete, due to the introduction of the Modified Monash Model for the

[1] AMA Position Statement—Road Safety 2018

determination of geographical remoteness, and the extensive changes to the availability of rebates for telehealth consultations due to the COVID-19 pandemic. While it is not appropriate to encourage telehealth for all fitness to drive consultations, the Guidelines should include the option for utilising telehealth (video consultations) if there are exceptional barriers (geographical or other, such as real or perceived COVID-19 risk) to enable access to non-GP specialist care. While at this stage, the future of MBS rebates for telehealth services are yet to be finalised, these details should be clearer in early 2021, and included in the Guidelines, if timing permits.

While the Guidelines provide very clear instruction for the assessment of some medical conditions (as mentioned above), there are other conditions, such as dementia, where the Guidelines are less explicit. GPs acknowledge that this is not the fault of the Guidelines, since these diseases are, by their nature, going to require a more subjective assessment by the doctor. However, any evidence-based tools that could make such assessment more objective would be very welcomed addition to the Guidelines in this review.

At present, GPs often refer patients for practical driving assessment where it is less clear cut as to whether a patient should continue to drive due to a medical condition or declining function with ageing. If the driver fails the practical assessment, this provides evidence in support of the GPs decision in determining a patient unfit to drive. GPs have suggested that independent cognitive and motor skills assessment would be useful in the same way as a practical driving assessment. GPs also highlighted the benefits of practical driver assessment services with occupational therapists where there is uncertainty about a patient's fitness to drive. These services should be widely available, and accessible to patient's in rural and remote areas.

GPs also flagged non-GP specialist assessment of fitness to drive for certain conditions as problematic for several reasons. GPs have reported that non-GP specialists often do not provide clear enough advice about fitness to drive following the diagnosis of a new illness (e.g. seizures, cardiac condition, surgery etc.). As such, greater awareness of the Fitness to Drive Guidelines across the whole medical profession, and for the general public is required to ensure the Guidelines are more closely adhered to.

This includes, but is not limited to, road safety public information campaigns encouraging drivers to liaise with their medical practitioners about their fitness to drive to assist in encouraging people to recognise when they are no longer safe to be driving a vehicle or motorcycle. In addition, the AMA would support the introduction of CPD activities for medical professionals related to fitness to drive around the Guidelines, and for if/when GPs or patients should be self-reporting to driving authorities regarding new medical conditions.

GPs have also reported that non-GP specialist assessment is often difficult to access for patients located in rural and remote areas. In addition to utilising telehealth where appropriate, amendments to the Guidelines could enable GPs practicing in rural and remote locations that are familiar with their patient's medical history and the Guidelines some flexibility to assess certain cases.

A key example where this could be implemented is where patients with a stable medical condition, such as diabetes mellitus or a pacemaker, require additional reviews with their non-GP specialists purely for Fitness to Drive Assessment. Physician AMA members suggest that in cases where the patient's condition is stable, their usual GP should be able to confirm that they meet the Guidelines. In cases where the medical condition is unstable or the licence is commercial, then the Physician assessment is required.

Finally, it must be acknowledged that Fitness to Drive Assessment can create tension and conflict in the doctor-patient relationship. When patents, particularly those living in rural and remote areas can no longer drive, they cannot fall back on the infrastructure such as public transport, or even taxis, like patients

living in metropolitan areas can. While GPs acknowledge that despite the resistance from patients, that an ongoing ability to drive safely is paramount for not only for the driver, but also for the general public, additional government support for patients unfit to drive and living in these areas would be welcome.

It is not uncommon for patients to go 'doctor shopping' when their usual GP rejects a request for a fitness to drive certificate. The likely introduction of voluntary patient enrolment by the Commonwealth would be a good mechanism for reducing this behaviour by ensuring that fitness to drive assessments are completed by the patient's nominated general practice.

Discovery work

The AMA Position Statement—Road Safety 2018 showcases the AMA's commitment to improving road safety through sound measures like the Fitness to Drive Guidelines. State and Territory AMA's conduct their own advocacy on road safety specific to road safety legislation in their jurisdictions. At present, there are no active campaigns around road safety, or specific concerns from members that require attention.

While outside of the remit of this submission, it is worth noting that the AMA suggests all States and Territories should adopt uniform criteria for assessing the functional ability of older drivers, as the discrepancies between jurisdictions are problematic.

The AMA would be happy to engage with AusRoads and the National Transport Commission as the review of the Guidelines progresses.

November 2020

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