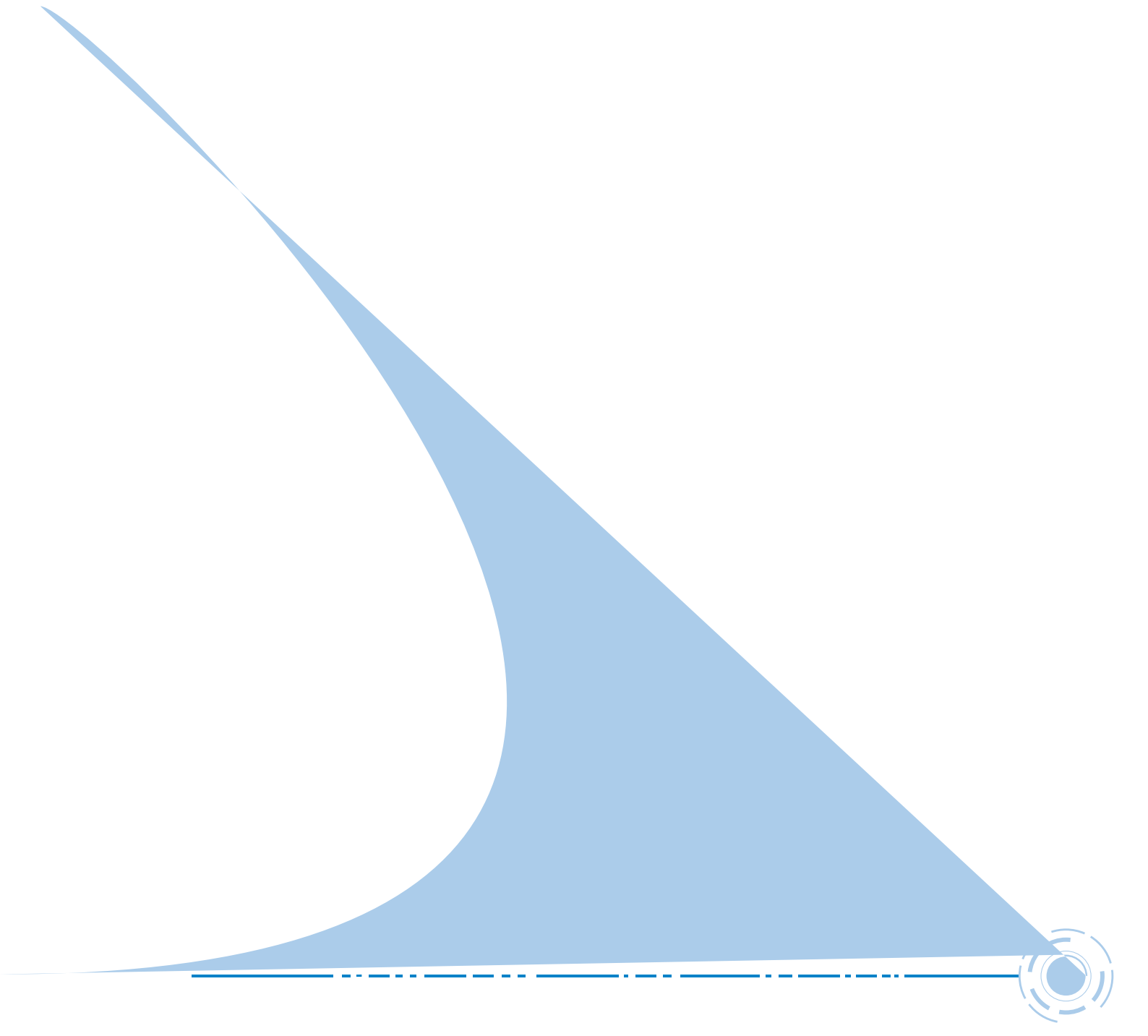

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ACKNOWLEDGEMENTS

The setting of these standards has involved professionals as well as consumers in a wide-ranging consultation process. Our thanks to all those who contributed their time and knowledge.

CONTENTS

Relevance to the driving Relevance Relevance to the driving General assessment

- 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 some vehicle classes g multiple combination heavy vehicles
  - as a requirement for a conditional licence
  - for assessing a person whose driving the driver licensing authority believes may be unsafe e for cause examinations
  - for licence renewal of an older driver certain states and territories
  - for licensing or accreditation of certain commercial vehicle drivers g public passenger vehicle drivers
  - as a requirement for Basic or Advanced Fatigue Management under the National Heavy Vehicle Accreditation Scheme fer to www ntc gov au

This publication focuses on long term health and disability related conditions and their associated functional effects that may impact on driving It sets out clear minimum medical requirements for unconditional and conditional licences that form the medical basis of decisions made by the driver licensing authority This publication also provides general guidance with respect to patient management for tness to drive

1.3.2 Short-term fitness to drive

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1.5 DEVELOPMENT AND EVIDENCE BASE

Development of these standards has been informed by the publication *A Guide to the Development, Implementation and Evaluation of Clinical Practice Guidelines* National Health and Medical Research Council

A key input in terms of evidence has been the Monash University Accident Research Centre MUARC report *Influence of chronic illness on crash involvement of motor vehicle drivers, 2nd edition* This is an update of the original report and provides a comprehensive review of published studies involving domestic drivers in Western countries between May and June It investigates the in uence of chronic illness and impairments on crash involvement including condition prevalence evidence of crash involvement and other measures of driver risk

In compiling this report MUARC sought the best available evidence but acknowledges the quality of evidence is variable In interpreting the research there is therefore a need to consider a number of sources of potential bias including

- There is a healthy driver effect whereby drivers with a medical condition may recognise that they are not able to fully control a car and may either cease driving or restrict their driving their opportunity to be in a crash is therefore reduced and this contributes to a lower crash risk than may otherwise be expected
- The de nition and incidence of crashes when driving often depends on self reporting which may lead to over or under reporting in some studies
- The exposure metric e kilometres travelled is often not controlled for yet is crucial for determining the risk of a crash
- The de nition of a crash may vary from vehicle or property damage to personal injury and depend on self reporting
- The de nition of a medical condition is by self report in some studies and may not be accurate
- Sample sizes may be small and not representative of the population of drivers
- The control group may not be properly matched by age and sex
- Comorbidities may not be adjusted for for example alcohol dependence

The implications are that false negative results may occur whereby the condition appears to have no effect or minimal effect on driving safety The authors acknowledge that care should be taken in interpreting the literature and that professional opinion plus other data coronial cases should be taken into account in determining the risks posed by medical conditions Such input has been secured for the current edition of Assessing Fitness to Drive through the involvement of several expert groups

Health professionals should also keep themselves up to date with changes in medical knowledge and technology that may in uence their assessment of drivers and with legislation that may affect the duties of the health professional or the patient

2. ROLES AND RESPONSIBILITIES

Roles and responsibilities of the driver licensing authority the health professional and the vehicle driver are summarised in Table and discussed in this section Legislation relating to driver and health professional responsibilities is also summarised in

Figure 1: Relationships/interaction between patients/drivers, health professionals and driver licensing authority (DLA)

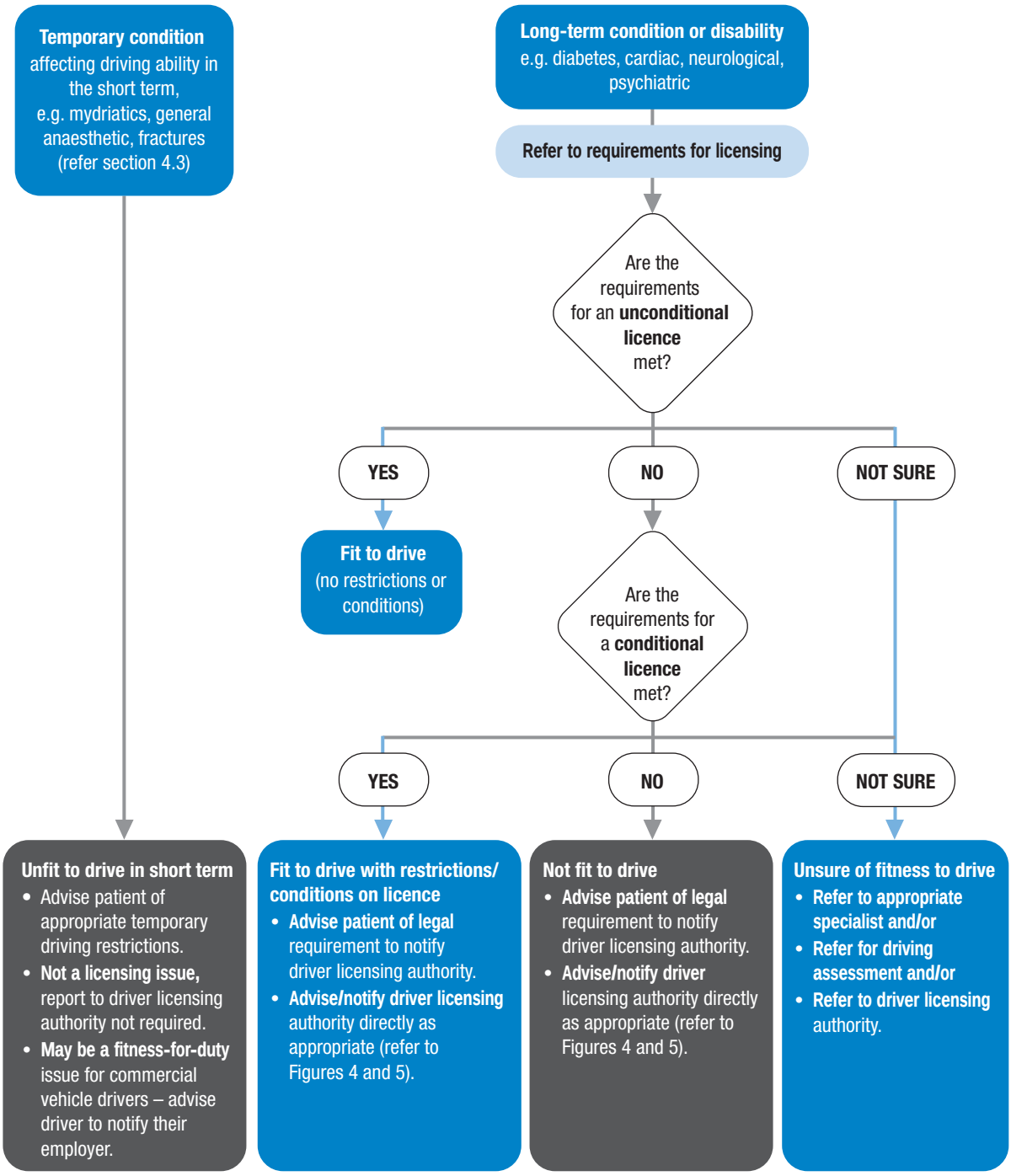
The above relationships are generalised and may vary between states/territories in terms of legislative requirements. For specific requirements refer to

PART A: 4

5. ASSESSMENT AND REPORTING PROCESS

Assessing tness to drive is based on the decision making processes outlined in Figure below The 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 Figure and Figure Note also the further considerations outlined in sections to

Figure 3: Medical decision-making process for assessing fitness to drive



PART A: 5

STEP 8: Follow-up

A health professional has no obligation to contact the patient or driver licensing authority to determine if the patient has reported their condition to the driver licensing authority as advised by the health professional However it is appropriate that the health professional at future patient contacts enquires about their driving This is particularly important for public safety in cases where some cognitive deterioration is detected or suspected If the patient continues to drive despite advice to the contrary the health professional should consider notifying the driver licensing authority as indicated above

If the patient did not notify 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 to section Roles and responsibilities

HELP FOR HEALTH PROFESSIONALS AND VEHICLE DRIVERS

For guidance regarding fitness to drive contact your state or territory driver licensing authority (refer to page 149 for details). Information is also available from the Austroads website: www.austroads.com.au

References

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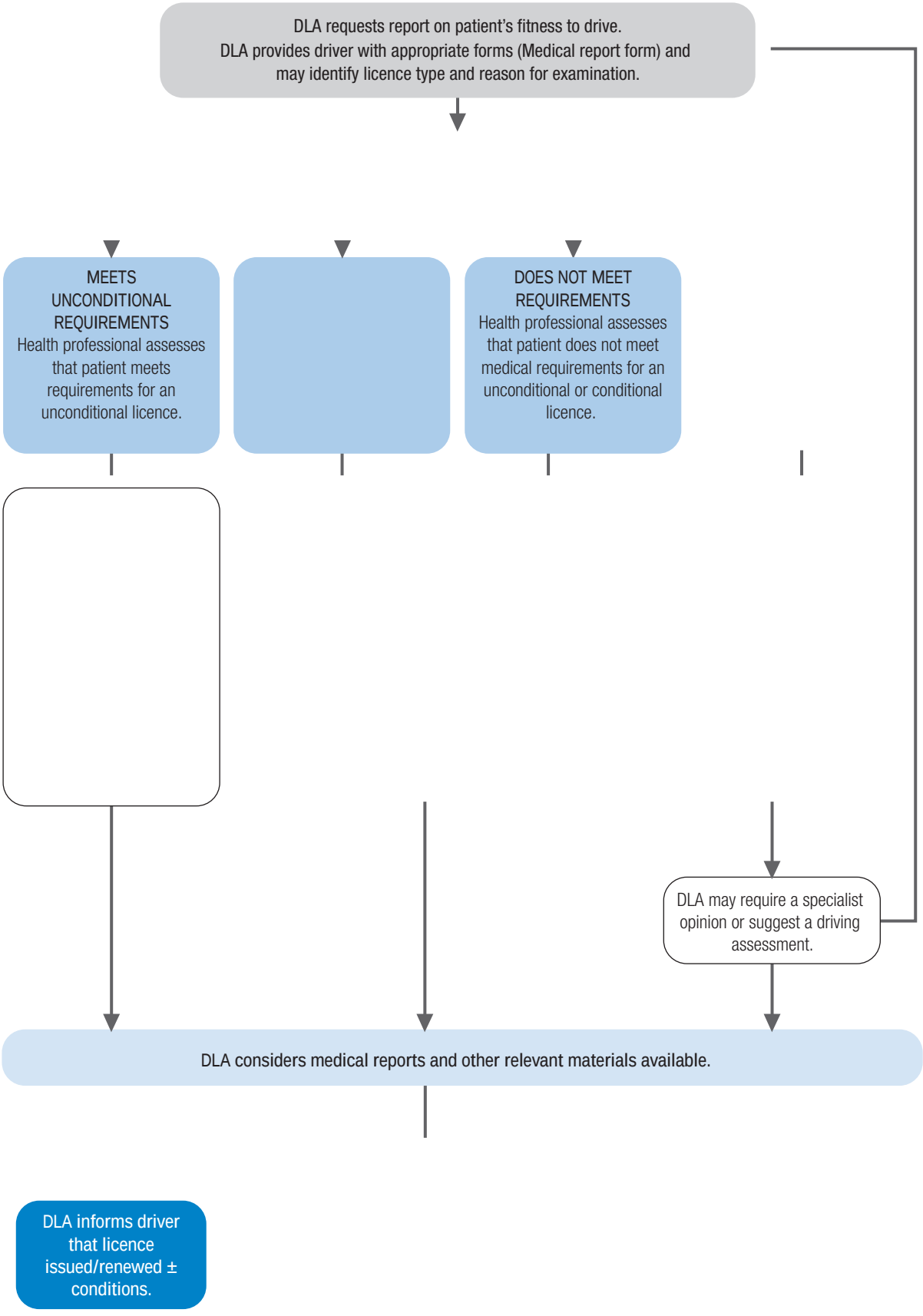
Figure 4: Conducting an examination at the request of a driver licensing authority

The following , ow chart summarises the process involved when an examination and report is requested by a driver licensing authority DLA



1. BLACKOUTS

1.1 RELEVANCE TO THE DRIVING TASK

For the purposes of this standard the term blackout means a transient impairment or loss of consciousness Loss of consciousness

Licensing responsibility

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Conditional licences

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Further reading

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2.3 MEDICAL STANDARDS FOR LICENSING

2.3.1 Medical criteria

Requirements for driver licensing are included in the tables on pages to for the following conditions

- ischaemic heart disease
  - acute myocardial infarction AMI
  - angina
  - coronary artery bypass grafting CABG
  - percutaneous coronary intervention PCI
- disorders of rate, rhythm and conduction
  - arrhythmia
  - cardiac arrest
  - cardiac pacemaker
  - implantable cardioverter de brillator ICD
  - ECG changes
- vascular disease
  - aneurysms abdominal and thoracic
  - deep vein thrombosis DVT
  - pulmonary embolism PE
  - valvular heart disease
- myocardial diseases
  - dilated cardiomyopathy
  - hypertrophic cardiomyopathy HCM
- other conditions and treatments
  - anticoagulant therapy
  - congenital disorders
  - heart failure
  - heart transplant
  - hypertension
  - stroke
  - syncope

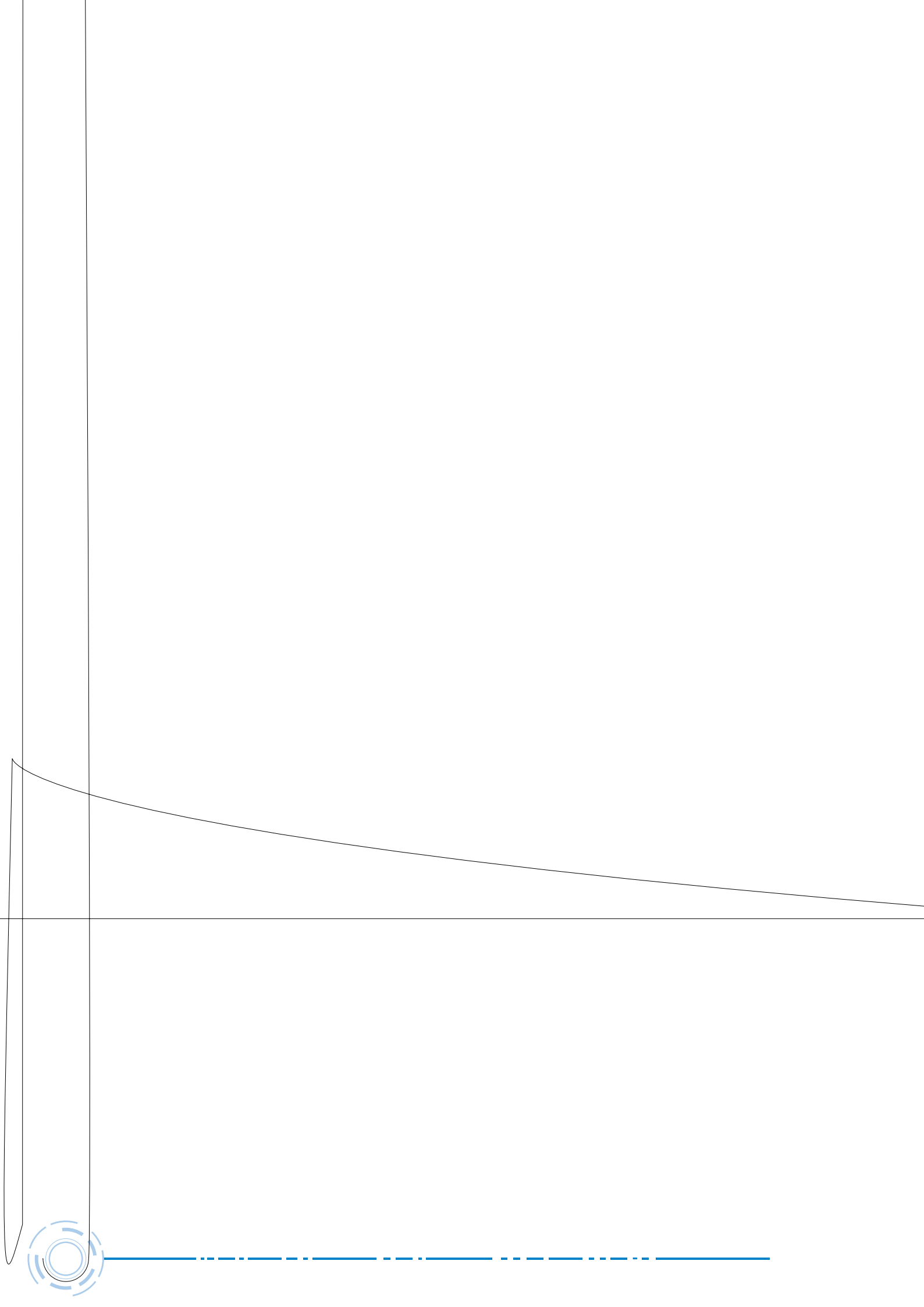
2.3.2 Conditional licences and periodic review

Because many cardiac conditions are stabilised and not cured periodic review is recommended In general the review interval should not exceed months

Where a condition has been effectively treated and there is minimal risk of recurrence the driver may apply for reinstatement of an unconditional licence on the advice of the treating doctor or specialist the case of a commercial vehicle driver Refer Part A section Reinstatement of licences or removal of licence conditions

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

MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR CONDITIONS		
CONDITION		



MEDICAL STANDARDS FOR LICENSING – CARDIOVASCULAR CONDITIONS		

- self treating the low blood glucose
- checking the blood glucose levels minutes or more after the hypoglycaemia has been treated and ensuring it is above mmol L
- not recommencing driving until feeling well and until at least minutes after the blood glucose is above mmol L

Non-driving period after a 'severe hypoglycaemic event'

If a severe hypoglycaemic event occurs the person should not drive for a signi cant period of time The **minimum period** of time before returning to drive is generally **six weeks** because it often takes many weeks for patterns of glucose control and behaviour to be re established and for any temporary lack of hypoglycaemia awareness to resolve The non driving period will depend on factors such as the identi cation of the reason for the episode specialist opinion and the type of motor vehicle licence Specialist support of a return to driving should be based on patient behaviour and objective measures of glycaemic control ocumented blood glucose over a reasonable time interval

Lack of hypoglycaemia awareness

Lack of hypoglycaemia awareness exists when a person does not regularly sense the usual early warning symptoms of mild hypoglycaemia such as sweating tremulousness hunger tingling around the mouth palpitations and headache It is more common in people with insulin treated diabetes of longer duration ore than years and it markedly increases the risk of a severe hypoglycaemic event occurring

When lack of hypoglycaemia awareness develops in a person who has experienced a severe hypoglycaemic event it may improve in the subsequent weeks and months if further hypoglycaemia can be avoided

A person with persistent lack of hypoglycaemia awareness should be under the regular care of a medical practitioner with expert knowledge in managing diabetes g endocrinologist or diabetes specialist who should be involved in assessing their tness to drive As re ected in the standards table on page any driver who has a persistent lack of hypoglycaemia awareness is generally not t to drive unless their ability to experience early warning symptoms returns However for private drivers a conditional licence may be considered by the driver licensing authority taking into account the opinion of an appropriate specialist the nature and extent of the driving involved and the driver s self care behaviours

In managing lack of hypoglycaemic awareness the medical practitioner should focus on aspects of the person s self care to minimise a severe hypoglycaemic event occurring while driving including steps described above *(Advice to drivers)* In addition self care behaviours that help to minimise severe hypoglycaemic events in general should be a major ongoing focus of regular diabetes care This requires attention by both the medical practitioner and the person with diabetes to diet and exercise approaches insulin regimens and blood glucose testing protocols

3.2.2 Acute hyperglycaemia

While acute hyperglycaemia may affect some aspects of brain function there is insuf cient evidence to determine regular effects on driving performance and related crash risk Each person with diabetes should be counselled about management of their diabetes during days when they are unwell and should be advised not to drive if they are acutely unwell with metabolically unstable diabetes

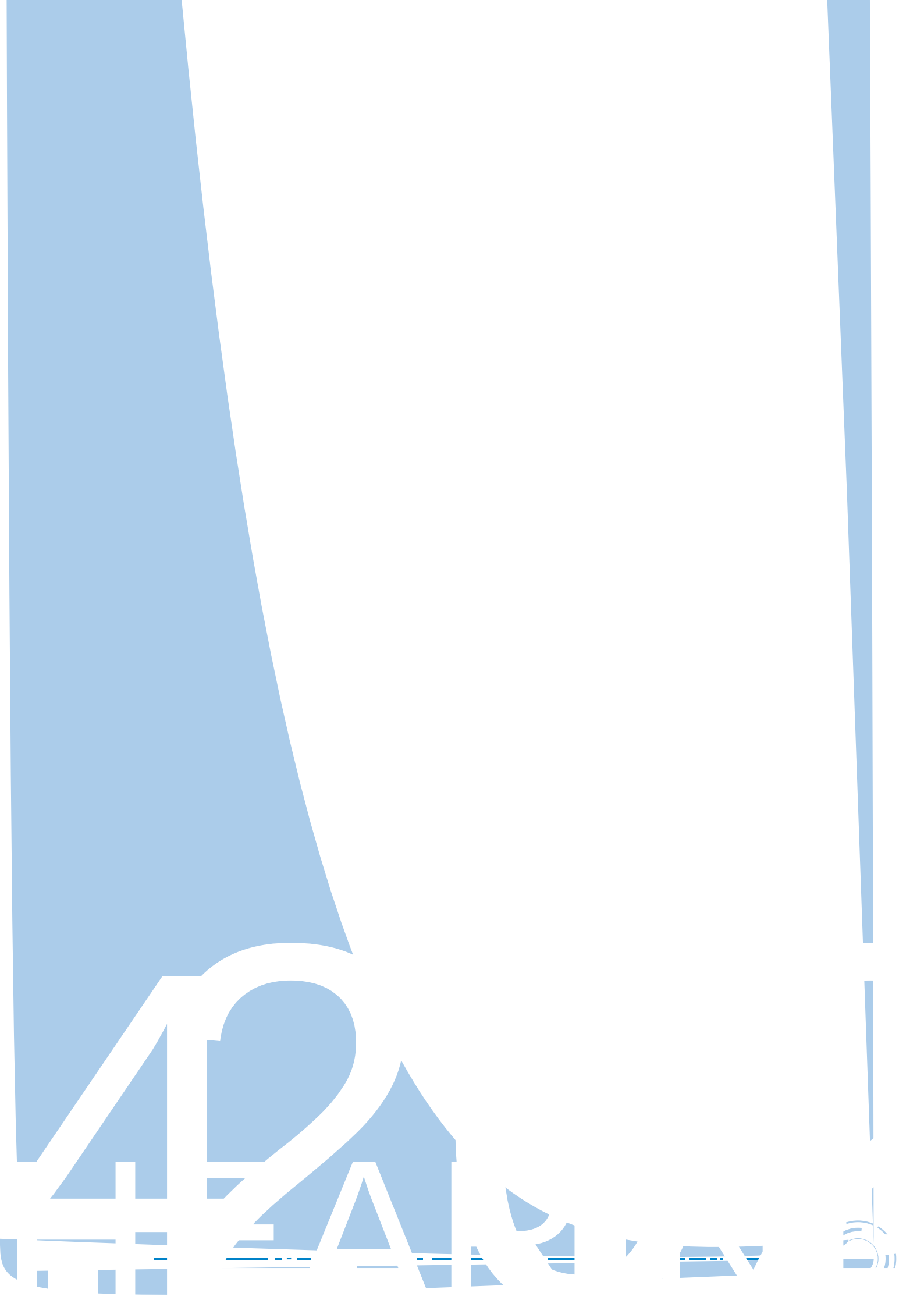
3.2.3 Comorbidities and end-organ complications

Assessment and management of comorbidities is an important aspect of managing people with diabetes with respect to their tness to drive This includes but is not limited to the following

- Vision: efer to section Vision and eye disorders
- Neuropathy and foot care: While it can be dif cult to be prescriptive about neuropathy in the context of driving it is important that the severity of the condition is assessed Adequate sensation for the operation of foot controls is required efer to section Neurological conditions and section Musculoskeletal conditions
- Sleep apnoea: Sleep apnoea is a common comorbidity affecting many people with type diabetes and has substantial implications for road safety The treating health professional should be alert to potential signs and symptoms and apply the Epworth Sleepiness Scale as appropriate efer to section Sleep disorders
- Cardiovascular: There are no diabetes speci c medical standards for cardiovascular risk factors and driver licensing Consistent with good medical practice people with diabetes should have their cardiovascular risk factors periodically assessed and treated as required efer to section Cardiovascular conditions

Annual review for licensing (specialist[#])

Figure 8: Management of diabetes and driving



5. MUSCULOSKELETAL CONDITIONS

Refer also to Part A section Drugs and driving Part B section Neurological conditions section Vision and eye disorders

This section deals with tness to drive in relation to a variety of musculoskeletal conditions and disabilities that may result in chronic pain muscle weakness joint stiffness or loss of limbs Speci c neuromuscular conditions such as multiple sclerosis are addressed under section Neurological conditions Musculoskeletal conditions are also likely to coexist with other impairments such as visual and cognitive impairment particularly in older people For guidance in assessing multiple medical conditions refer to Part A section Multiple conditions and age related change

5.1 RELEVANCE TO THE DRIVING TASK

5.1.1 Effects of musculoskeletal conditions on driving

A motor vehicle driver must be able to execute and coordinate many complex muscular movements in order to control the vehicle refer to Figure They must have an adequate range of movement sensation coordination and power of the upper and lower limbs Generally speaking the upper extremities are needed to steer shift gears and operate secondary vehicle controls g indicators and horn The lower extremities are required to operate the clutch brake and accelerator pedals The ability to rotate the head is particularly important to permit scanning of the environment including when reversing

Chronic impairment of the musculoskeletal system may arise from numerous disorders and trauma g amputations arthritis ankylosis deformities and chronic lower back pain resulting in limited range of movement or reduced sensation balance coordination or power Issues related to muscle tone spasm sitting tolerance and endurance as well as the effects of medications such as long term opioid based analgesics may also need to be considered refer to Part A section Drugs and driving

It is possible to drive safely with quite severe impairment however driver insight into functional limitations stability of the condition and compensatory body movements or vehicle devices to overcome de cits are usually required Adaptive equipment can be installed

Licensing responsibility

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Conditional licences

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References and further reading

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PART B: 5

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6. NEUROLOGICAL CONDITIONS

Safe driving is a demanding task that requires a number of intact neurological functions including

- visuospatial perception
- insight
- judgement
-

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

MEDICAL STANDARDS FOR LICENSING – DEMENTIA AND OTHER COGNITIVE IMPAIRMENT		
CONDITION	PRIVATE STANDARDS Dr vers of cars, g t r g d ve c es or otorcyc es un ess carry ng pub c passengers or bu dangerous goods refer to de n t on, page	COMMERCIAL STANDARDS Dr vers of eavy ve c es, pub c passenger ve c es or bu dangerous goods ve c es refer to de n t on, page
Dementia	A person is	

Other conditions with risk of seizure

Seizures can occur in association with many brain disorders Some of these disorders may also impair safe driving because of an associated neurological de cit Both the occurrence of seizures as well as the effect of any neurological de cit must be taken into account when determining tness to drive efer to section Other neurological and neurodevelopmental conditions and Part A section Multiple conditions and age related change

Loss of consciousness due to other causes

In cases where it is not possible to be certain that an episode of loss of consciousness is due to a seizure or some other cause refer to section Blackouts of underdetermined mechanism

6.2.3 Medical standards for licensing

Given the considerable variation in seizures and their potential impact on safe driving a hierarchy of standards has been developed that provides a logical and fair basis for decision making regarding licensing This hierarchy comprises

- a default standard applicable to all cases of seizure unless reductions are allowed efer below and to the table on page
- reductions for speci c types of epilepsy or speci c circumstances including an allowance for exceptional circumstances upon the advice of a specialist in epilepsy efer below and to the table on page

In addition advice is provided on a number of dif cult management issues relating to safe driving for people with seizures and epilepsy efer below and to the table on page

The default standard (all cases)

The default standard is the standard that applies to all drivers who have had a seizure unless their situation matches one of a number of de ned situations listed in the table and described below These situations are associated with a lower risk of a seizure related crash and therefore driving may be resumed after a shorter period of seizure freedom than required under the default standard However the need for adherence to medical advice and at least annual review still apply If a seizure has caused a crash within the preceding months the required period of seizure freedom may not be reduced below that required under the default standard If antiepileptic medication is to be withdrawn the person should not drive efer to table for details

Variations to the default standard

There are several situations in which a variation from the default standard may be considered by the driver licensing authority to allow an earlier return to driving These are listed below and discussed on subsequent pages

- seizures in childhood
- rst seizure
- epilepsy treated for the rst time
- acute symptomatic seizures
- safe seizures
- seizures only in sleep
- seizures in a person previously well controlled
- exceptional circumstances

In most cases exceptions to the default standard will be considered only for private vehicle drivers A reduction in restrictions for commercial vehicle drivers will generally only be granted after consideration of information provided by a specialist with expertise in epilepsy

If a person has experienced a crash as a result of a seizure the default non driving seizure free period applies even if the situation matches one of those above

In addition to the reduction for particular circumstances or seizure types there is also an allowance for **'exceptional cases'** in which a conditional licence may be considered for private or commercial vehicle drivers on the recommendation of a medical specialist with speci c expertise in epilepsy This enables individualisation of licensing for cases where the person does not meet the standard but may be safe to drive

- Licensing of drivers with a history of childhood febrile seizures or benign epilepsy syndrome of childhood
  In some speci c childhood epilepsy syndromes seizures usually cease before the minimum age of driving The driver may hold an unconditional licence if no seizures have occurred after the age of years If a seizure has occurred after years of age the default standard applies unless the situation matches one of those in this section ariations to the default standard

- The first seizure

  The occurrence of a rst seizure warrants medical specialist assessment where available Approximately half of all people experiencing their rst seizure will never have another seizure while half will have further seizures ie epilepsy The risk of recurrence falls with time Driving may be resumed after suf cient time has passed without further seizures with or without medication to allow the risk to reach an acceptably low level refer to table page If a second seizure occurs except on the same day as the rst the risk of recurrence is much higher The standard for *Epilepsy treated for the first time* will then apply refer below

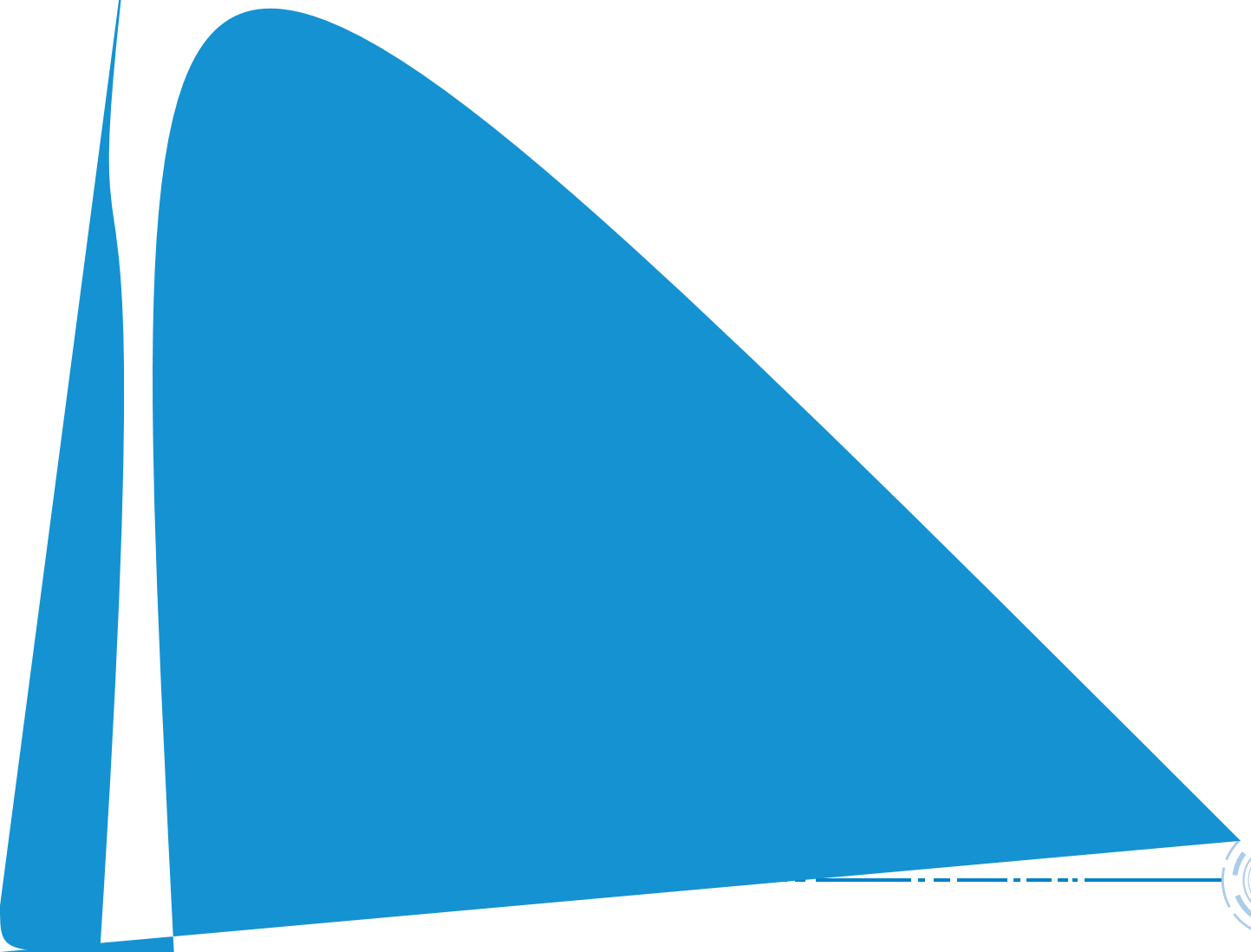
- Epilepsy treated for the first time

  The risk of recurrent seizures in people starting treatment for epilepsy is suf ciently low to allow driving to resume earlier than required under the default standard For the purpose of these standards epilepsy treated for the rst time means that treatment was started for the rst time within the preceding months

  When treatment with an anti epileptic drug is started in a previously untreated person suf cient time should pass to establish that the drug is effective before driving is recommenced However effectiveness cannot be established until the person reaches an appropriate dose For example if a drug is being gradually introduced over three weeks and a seizure occurs in the second week it would be premature to declare the drug ineffective The standard allows seizures to occur within the rst six months after starting treatment without lengthening the required period of seizure freedom However if seizures occur more than six months after starting therapy a longer seizure free period is required refer to table for details For commercial drivers the default standard applies

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

MEDICAL STANDARDS FOR LICENSING – SEIZURES AND EPILEPSY		
Step 1. ead 'A cases' .s app. es to a peop e w.t se.zures Step 2. Loo t roug t e .st of s.tuat ons .n t e eft co u n to see f t e person atc es one of t ese s.tuat ons If so, t e dr.ver .cens.ng aut or.ty ay cons.der a cond.t ona .cence after a s orter reduced per.od of se.zure freedo Note t at peop e are not e g.b e for a reduct on .f t ey ave ad a otor ve .c e cras due to a se.zure w.t n t e preced ng ont s If w.t drawa of a ant.ep. ept c ed cat on .s p anned, refer to t e re evant sect on of t e tab e		
CONDITION	PRIVATE STANDARDS Dr.vers of cars, .g t r.g.d ve .c es or otorcyc es un ess carry.ng pub.c passengers or bu dangerous goods refer to de.n.t on, page	COMMERCIAL STANDARDS Dr.vers of eavy ve .c es, pub.c passenger ve .c es or bu dangerous goods ve .c es refer to de.n.t on, page
All cases: default standard		
All cases (default standard) Applies to all people who have experienced a seizure Exceptions may be considered only if the situation matches one of those listed below	A person is **not** t to hold an **unconditional licence** • **if the person has experienced a seizure.** A **conditional licence** may be considered by the driver licensing authority subject to at least **annual review** taking into account information provided by the **treating doctor** as to whether the following criteria are met • **there have been no seizures for at least** 12 months and • **the person follows medical advice, including** adherence to medication if prescribed	



MEDICAL STANDARDS FOR LICENSING – SEIZURES AND EPILEPSY		
Step 1. ead ‘A cases’ .s app .es to a peop e w.t se.zures Step 2.		

MEDICAL STANDARDS FOR LICENSING – SEIZURES AND EPILEPSY		
Step 1.		

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

MEDICAL STANDARDS FOR LICENSING – NEUROLOGICAL CONDITIONS		
CONDITION	PRIVATE STANDARDS Dr vers of cars, g t r g d ve c es or otorcyc es un ess carry ng pub c passengers or bu dangerous goods refer to de n t on, page	COMMERCIAL STANDARDS Dr vers of eavy ve c es, pub c passenger ve c es or bu dangerous goods ve c es refer to de n t on, page
Aneurysms (unruptured intracranial aneurysms) and other vascular malformations of the brain (refer also to subarachnoid haemorrhage, page 97)	A person is **not** t to hold an **unconditional licence** • **if the person has an unruptured intracranial** aneurysm or other vascular malformation at high risk of major symptomatic haemorrhage A **conditional licence** may be considered by the driver licensing authority subject to **periodic review** taking into account the nature of the driving task and information provided by an **appropriate specialist** regarding • **the response to treatment.** If treated surgically the intracranial surgery advice applies page , If the person has had a seizure the seizure and epilepsy standards apply efer to section , Seizures and epilepsy	A person is **not** t to hold an **unconditional licence** • **if the person has an unruptured intracranial** aneurysm or other vascular malformation A **conditional licence** may be considered by the driver licensing authority subject to **annual review** taking into account the nature of the driving task and information provided by an **appropriate specialist** regarding • **the risk of major symptomatic haemorrhage;** and • **the response to treatment.** If treated surgically the intracranial surgery advice applies page , If the person has had a seizure the seizure and epilepsy standards apply efer to section , Seizures and epilepsy
Cerebral palsy (refer also to neuromuscular, page 95 and/or intellectual disability, page 94)	A person is **not** t to hold an **unconditional licence** • **if the person has cerebral palsy producing** signi cant impairment of any of the following visuospatial perception insight judgement attention reaction time sensation muscle power coordination vision ncluding visual elds A **conditional licence** may be considered	

MEDICAL STANDARDS FOR LICENSING – NEUROLOGICAL CONDITIONS		
CONDITION	PRIVATE STANDARDS Dr vers of cars, g t r g d ve c es or otorcyc es un ess carry ng pub c passengers or bu dangerous goods refer to de n t on, page	COMMERCIAL STANDARDS Dr vers of eavy ve c es, pub c passenger ve c es or bu dangerous goods ve c es refer to de n t on, page
Parkinson's disease	A person is **not** t to hold an **unconditional licence** • **if the person has Parkinson's disease with** signi cant impairment of movement or reaction time or the onset of dementia A **conditional licence** may be considered by the driver licensing authority subject to at least **annual review** taking into account • **the nature of the driving task** • **information provided by the** treating **doctor** regarding the likely impact of the neurological impairment on driving ability and the response to treatment • **the results of a practical driver assessment if** required efer to Part A section , • Practical driver assessments	A person is **not** t to hold an **unconditional licence** • **if the person has Parkinson's disease.** A **conditional licence** may be considered by the driver licensing authority subject to at least **annual review** taking into account • **the nature of the driving task** • **information provided by an** appropriate **specialist** regarding the likely impact of the neurological impairment on driving ability and the response to treatment • **the results of a practical driver assessment if** required efer to Part A section , • Practical driver assessments
Stroke (cerebral infarction or intracerebral haemorrhage)	A person should not drive for at least four weeks following a stroke. A person is **not** t to hold an **unconditional licence** • **if the person has had a stroke producing** signi cant impairment of any of the following visuospatial perception insight judgement attention reaction time memory sensation muscle power coordination vision ncluding visual elds A **conditional licence** may be considered by the driver licensing authority at least **four weeks** after a stroke and subject to at least **annual review** taking into account • **the nature of the driving task** • **information provided by an** appropriate **specialist** regarding the likely impact of the neurological impairment on driving ability • **the results of a practical driver assessment if** required efer to Part A section , • Practical driver assessments	A person should not drive for at least three months following a stroke. A person is **not** t to hold an **unconditional licence** • **if the person has had a stroke.** A **conditional licence** may be considered by the driver licensing authority after at least **three months** and subject to at least **annual review** taking into account • **the nature of the driving task** • **information provided by an** appropriate **specialist** regarding the level of impairment of any of the following visuospatial perception insight judgement attention reaction time memory sensation muscle power coordination vision ncluding visual elds and the likely impact on driving ability • **the results of a practical driver assessment if** required efer to Part A section , • Practical driver assessments
Transient ischaemic attack (advisory only)	A person should not drive for at least two weeks following a TIA. A conditional licence is not required	A person should not drive for at least four weeks following a TIA. A conditional licence is not required

7. PSYCHIATRIC CONDITIONS

Refer also to section „ Neurological conditions and section • Substance misuse

Psychiatric conditions encompass a range of cognitive emotional and behavioural conditions such as schizophrenia depression anxiety disorders and personality disorders They also include dementia and substance abuse conditions which are addressed elsewhere in the standards Refer to section „ Dementia and section • Substance misuse

7.1 RELEVANCE TO THE DRIVING TASK

7.1.1 Effects of psychiatric conditions on driving[1]

Psychiatric conditions may be associated with disturbances of behaviour cognitive abilities and perception and therefore have the potential to affect driving ability They do however differ considerably in their aetiology symptoms and severity and may be occasional or persistent The impact of mental illness also varies depending on a person s social circumstances occupation and coping strategies Assessment of tness to drive must therefore be individualised and should rely on evaluation of the speci c pattern of illness and potential impairments as well as severity rather than the diagnosis per se The range of potential impairments for various conditions is described below

People with **schizophrenia** may have impairments across many domains of cognitive function including

- reduced ability to sustain concentration or attention
- reduced cognitive and perceptual processing speeds including reaction time
- reduced ability to perform in complex conditions such as when there are multiple distractions
- [illegible]

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

e respons b. ty for. ssu. ng, renew. ng, suspend. ng or cance . ng a person's dr. ver . cence . nc ud. ng a cond. t ona . cence es u t ate y w. t t e dr. ver . cens. ng aut or. ty L cens. ng dec. s ons are based on a fu cons derat on of re evant factors re at. ng to ea t and dr. v. ng perfor ance

Conditional licences

For a cond. t ona . cence to be . ssued, t e ea t profess ona ust prov. de to t e dr. ver . cens. ng aut or. ty deta s of t e ed. ca cr. ter. a not et, ev. dence of t e ed. ca cr. ter. a et, as we as t e proposed cond. t ons and on tor. ng requ. re ents

The nature of the driving task

e dr. ver . cens. ng aut or. ty w. ta e . nto cons derat on t e nature of t e dr. v. ng tas as we as t e ed. ca cond. t on, part cu ar y w en grant. ng a cond. t ona . cence For exa p e, t e . cence status of a far er requ. r. ng a co erc. a ve . c e . cence for t e occas. ona use of a eavy ve . c e ay be qu. te d. fferent fro t at of an . nterstate u t p e co b. nat on ve . c e dr. ver e exa . n. ng ea t profess. ona s ou d bear t . s . n . nd w en exa . n. ng a person and w en prov. d. ng adv. ce to t e dr. ver . cens. ng aut or. ty

The presence of other medical conditions

. e a person ay eet . nd. v. dua d. sease cr. ter. a, concurrent ed. ca cond. t ons ay co b. ne to affect f. tness to dr. ve, for exa p e, ear. ng and v. sua . pa r ent refer to Part A sect on . Mu t p e cond. t ons and ageN re ated c ange

Reporting responsibilities

Pat ents s ou d be ade aware of t e effects of t e. r cond. t on on dr. v. ng and s ou d be adv. sed of t e. r ega ob . gat on to not fy t e dr. ver . cens. ng aut or. ty w ere dr. v. ng . s . e y to be affected e ea t profess. ona ay t e se ves adv. se t e dr. ver . cens. ng aut or. ty as t e s tuat on requ. res refer to pages ,

References and further reading

In. uence of c ron c . ness on cras . nvo ve ent of otor ve . c e dr. vers, nd ed. t on Monas n vers. ty Acc. dent esearc Centre Nove ber . . ttp onas un vers. ty ob uarc reports uarc . . t

8. SLEEP DISORDERS

9.2.2 Assessment tools

Screening tests may be useful for assessing substance use disorders For example the Alcohol Use Disorders Identi cation Test AUDIT may be used to screen for alcohol dependence refer below The total maximum score is A score of eight or more indicates a strong likelihood of hazardous or harmful alcohol consumption Referral to an appropriate specialist such as an addiction medicine specialist or addiction psychiatrist should be considered particularly in the case of commercial vehicle drivers The AUDIT relies on accurate responses to the questionnaire and should be interpreted in the context of a global assessment that includes other clinical evidence For more information about the AUDIT questionnaire refer to http whqlibdoc who int hq who msd msb a pdf

The Alcohol Use Disorders Identification Test (AUDIT) questionnaire[7]

Please tick the answer that is correct for you

Scoring:

	(0)	(1)	(2)	(3)	(4)

1. How often do you have a drink containing alcohol?

☐ Never ☐ Monthly or less ☐ to times a month ☐ to times a week ☐ or more times a week

(skip to Q9)

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

☐ or ☐ or ☐ or ☐ or ☐ or more

3. How often do you have six or more drinks on one occasion

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

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. 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

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

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

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

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

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

Monocular vision (one-eyed driver)

Monocular drivers have a reduction of visual elds due to the nose obstructing the medial visual eld They also have no stereoscopic vision and may have other de cits in visual functions

For private vehicle drivers a conditional licence may be considered by the driver licensing authority if the visual eld is ‘ degrees and the visual acuity is satisfactory in the remaining eye The health of the remaining eye must be reviewed every two years

People with monocular vision are generally not t to drive a commercial vehicle However if an ophthalmologist optometrist assesses that the person may be safe to drive a conditional licence may be considered by the driver licensing authority subject to at least annual review of the remaining eye

Commercial vehicle drivers often have a good view of the road due to the elevation of their seat , metres above the road as well as large windscreens and wing mirrors that may help compensate for loss of visual elds The safety of their driving record should also be taken into account

Sudden loss of unilateral vision

A person who has lost an eye or most of the vision in an eye on a long term basis has to adapt to their new visual circumstances and re establish depth perception They should therefore be advised not to drive for an appropriate period after the onset of their sudden loss of vision usually three months They should notify the driver licensing authority and be assessed according to the relevant visual eld standard

10.2.4 Diplopia

People suffering from all but minor forms of diplopia are generally not t to drive Any person who reports or is suspected of experiencing diplopia should be referred for assessment by an optometrist or ophthalmologist

10.2.5 Progressive eye conditions

People with progressive eye conditions such as cataract glaucoma optic neuropathy and retinitis pigmentosa should be monitored regularly and should be advised in advance regarding the potential future impact on their driving ability so that they may consider appropriate lifestyle changes

10.2.6 Congenital and acquired nystagmus

Nystagmus may reduce visual acuity Drivers with nystagmus must meet the visual acuity standard Any underlying condition must be fully assessed to ensure there is no other issue that relates to tness to drive Those who have congenital nystagmus may have developed coping strategies that are compatible with safe driving and should be individually assessed by an appropriate specialist

10.2.7 Colour vision

There is not a colour vision standard for drivers either private or commercial Doctors and optometrists should however advise drivers who have a signi cant colour vision de ciency about how this may affect their responsiveness to signal lights and the need to adapt their driving accordingly Note this standard applies only to driving within normal road rules and conditions A standard requiring colour vision may be justi ed based on risk assessment for particular driving tasks

10.2.8 Telescopic lenses (bioptic telescopes) and electronic aids

These devices are becoming available in Australia At present there is little information on the safety or otherwise of drivers using these devices In particular their use may reduce visual perception in the periphery No standards are set but it is recommended that drivers who wish to use these devices be individually assessed by an ophthalmologist optometrist with expertise in the use of these devices

10.2.9 Practical driving assessments

Practical driving assessments are not considered to be a safe or reliable assessment of the effects of disorders of vision on driving especially the visual elds A practical driving assessment may be helpful in assessing the ability to process visual information refer to Part A section , • Practical driver assessments

MEDICAL STANDARDS FOR LICENSING – VISION AND EYE DISORDERS		
CONDITION	PRIVATE STANDARDS Dr vers of cars, g t r g d ve c es or otorcyc es un ess carry ng pub c passengers or bu dangerous goods refer to de n t on, page	COMMERCIAL STANDARDS Dr vers of eavy ve c es, pub c passenger ve c es or bu dangerous goods ve c es refer to de n t on, page
Diplopia	A person is **not** t to hold an **unconditional licence** • **if the person experiences any diplopia (other** than physiological diplopia when xating objects within the central ‘ degrees of the primary direction of gaze A **conditional licence** may be considered by the driver licensing authority **subject to annual review** taking into account the nature of the driving task and information provided by the **treating optometrist or ophthalmologist** as to whether the following criteria are met • **the condition is managed satisfactorily with** corrective lenses or an occluder **and** • **the person meets other criteria as per this** section including visual elds The following licence condition may apply if corrective lenses or an occluder prevents the occurrence of diplopia **Corrective lenses or an occluder must be worn while driving**	A person is **not** t to hold an **unconditional licence** or a **conditional licence** • **if the person experiences any diplopia (other** than physiological diplopia when xating objects within the central ‘ degrees of the primary direction of gaze

STATE/ TERRITORY			

Appendix 2: Forms

APPENDIX 2.1: MEDICAL REPORT FORM

The driver licensing authority has a legal responsibility to ensure all drivers have the appropriate skills and ability and are medically t 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

This is facilitated by a medical report The relevant driver licensing authority provides the medical report form to the driver who will present it to the health professional for completion at the time of the examination This form is the key communication between health professionals and driver licensing authorities 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 that is not relevant to the patient s tness to drive should not be included on this form for privacy reasons

APPENDIX 3.2: LEGISLATION RELATING TO REPORTING BY HEALTH PROFESSIONALS (AS AT NOVEMBER 2011)

LEGISLATION/ JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING
Northern Territory *Motor Vehicles Act 1999* s	A registered person means a medical practitioner an optometrist an occupational therapist or a physiotherapist who is registered under the applicable Acts	Not covered in legislation	If a registered person reasonably believes that a person they have 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 un t 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 un tness No express indemnity is provided under s
Queensland *Transport Operations (Road Use Management) Act 1995* s 2	A health professional means a doctor an occupational therapist an optometrist or a physiotherapist registered under the applicable Acts	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 tness to hold or to continue to hold a Queensland driver licence Without limiting this in a civil proceeding for defamation a health professional has a defence of absolute privilege for publishing the information Additionally if the health professional would otherwise be required to maintain con dentiality 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	There is no mandatory reporting requirement for practitioners

LEGISLATION/ JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING
South Australia *Motor Vehicles Act 1959* s [illegible]	A legally quali ed medical practitioner a registered optician or a registered physiotherapist	Not covered in legislation	Where a legally quali ed medical practitioner a registered optician or a registered physiotherapist has

LEGISLATION/ JURISDICTION	APPLIES TO	DISCRETIONARY REPORTING	MANDATORY REPORTING

PART C

PART C

Appendix 8: Driver licensing authority contacts (as at June)

STATE OR TERRITORY	GENERAL CONTACT DETAILS DRIVER LICENSING AUTHORITY	HEALTH PROFESSIONAL ENQUIRIES
Australian Capital Territory	Road User Services PO Box Dickson ACT Phone· Email· rus@act.gov.au Web· www.rego.act.gov.au	Licensing and Registration Team Road User Services PO Box Dickson ACT Phone· ( )
New South Wales	Roads and Maritime Services NSW Locked Bag North Sydney NSW Phone· Fax· Email· RTA.Contact.Centre@rms.nsw.gov.au Web· www.rms.nsw.gov.au	Manager Licence Review Unit RMS Driver Administration Section Locked Bag Grafton NSW Phone· ( ) Fax· ( ) Email· RTA.Contact.Centre@rms.nsw.gov.au
Northern Territory	Department of Transport Manager Motor Vehicle Registry GPO Box Darwin NT Phone· / ( ) Fax· ( ) Email· mvr@nt.gov.au Web·	

Appendix 9: Specialist driver assessors