

ASSESSING FITNESS TO DRIVE

FOR COMMERCIAL AND PRIVATE VEHICLE DRIVERS

MEDICAL STANDARDS FOR LICENSING

AND

CLINICAL MANAGEMENT GUIDELINES

A RESOURCE FOR HEALTH PROFESSIONALS IN AUSTRALIA

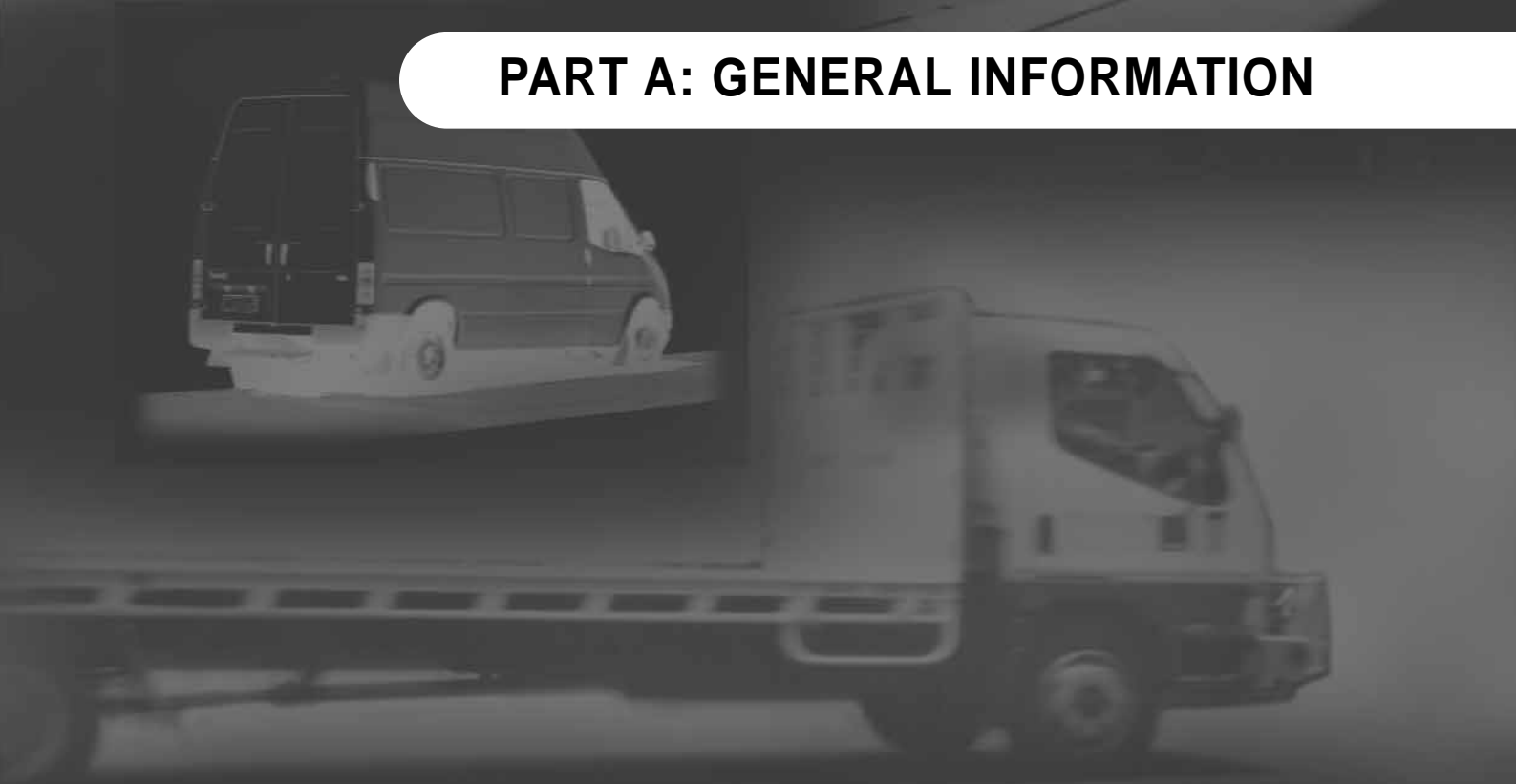
Approved by the Australian Transport Council
and endorsed by all Australian Driver Licensing Authorities



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PART A: GENERAL INFORMATION



PURPOSE OF THIS PUBLICATION

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.

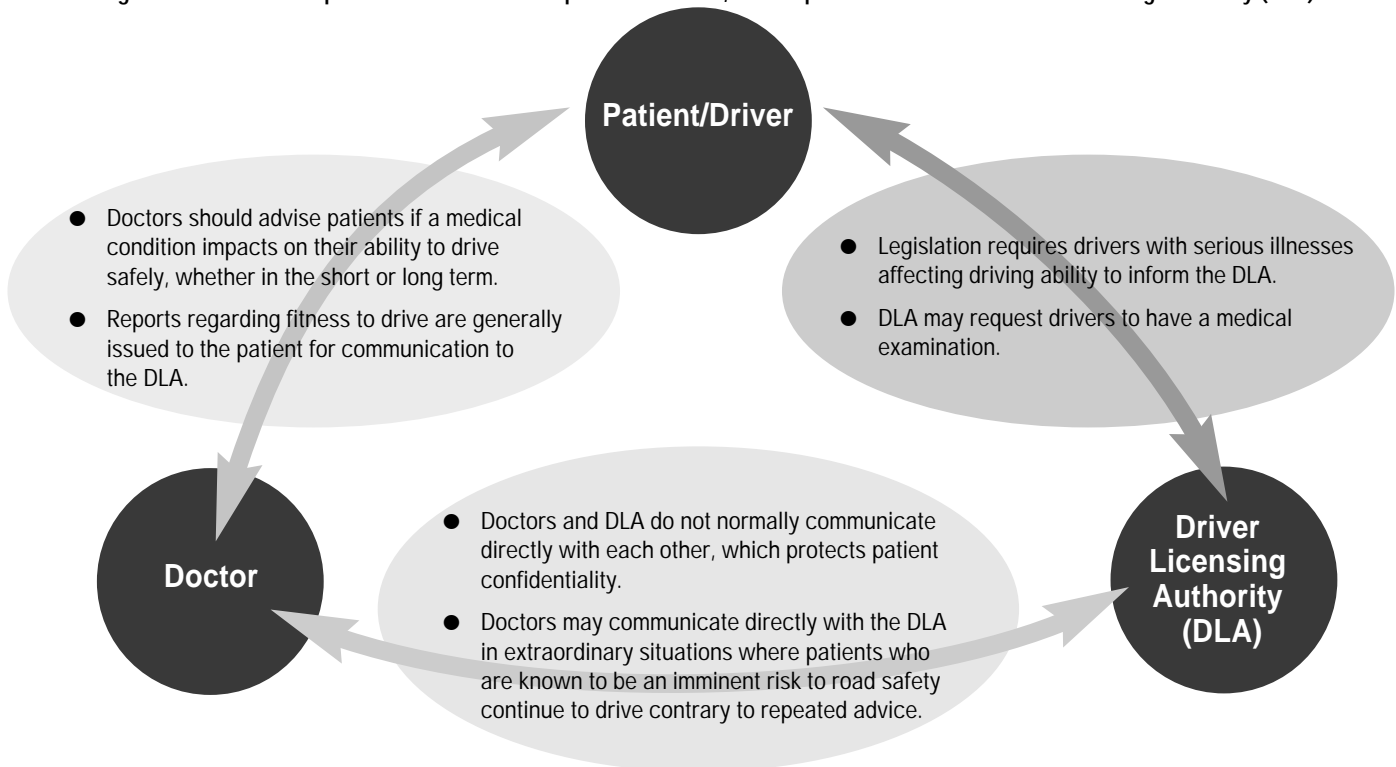
In making a licensing decision, the authority will seek input regarding a person’s medical fitness to drive, either directly from the driver and/or from a medical practitioner or other health professional. The authority will also act on unsolicited reports from health professionals, the police or members 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"> ● To report to the Driver Licensing Authority any condition which is likely to affect their ability to drive safely. ● To respond truthfully to questions from the health professional regarding their health status and the likely impact on their driving ability. ● To adhere to prescribed medical treatment. ● To comply with requirements of conditional licence as appropriate, including periodic medical reviews. 	<ul style="list-style-type: none"> ● To assess the person’s medical fitness to drive based on the relevant medical standards. ● To advise the person regarding the impact of their medical condition on their ability to drive and recommend restrictions and ongoing monitoring as required. ● 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. ● To treat, monitor and manage the person’s condition with ongoing consideration of their fitness to drive. ● 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). ● To make an assessment and provide advice to the Driver Licensing Authority regarding a patient’s suitability to hold a conditional licence. 	<ul style="list-style-type: none"> ● 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. ● 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. ● 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.

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
Motor Cycle (R) 	Motor bike or motor trike	Private standards apply UNLESS driver holds or is applying for an authority to carry public passengers for hire or reward or bulk dangerous goods.	Commercial standards apply if driver holds or is applying for an authority to carry public passengers for hire or reward or bulk dangerous goods.
Car (C)  	Vehicle not more than 4.5 tonnes GVM (Gross Vehicular Mass) and seating up to 12 adults including the driver.		
Light Rigid (LR)   	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.		
Medium Rigid (MR)  	Any 2 axle rigid vehicle greater than 8 tonnes GVM.	Commercial standards apply at ALL times.	
Heavy Rigid (HR)  	Any rigid vehicle with 3 or more axles greater than 8 tonnes GVM.		
Heavy Combination (HC) 	Prime mover + single semi-trailer or a rigid vehicle plus trailer greater than 9 tonnes GVM and any unladen converter dolly trailer.		
Multiple Combination (MC) 	Heavy Combination vehicle with more than one trailer.		

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**.

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

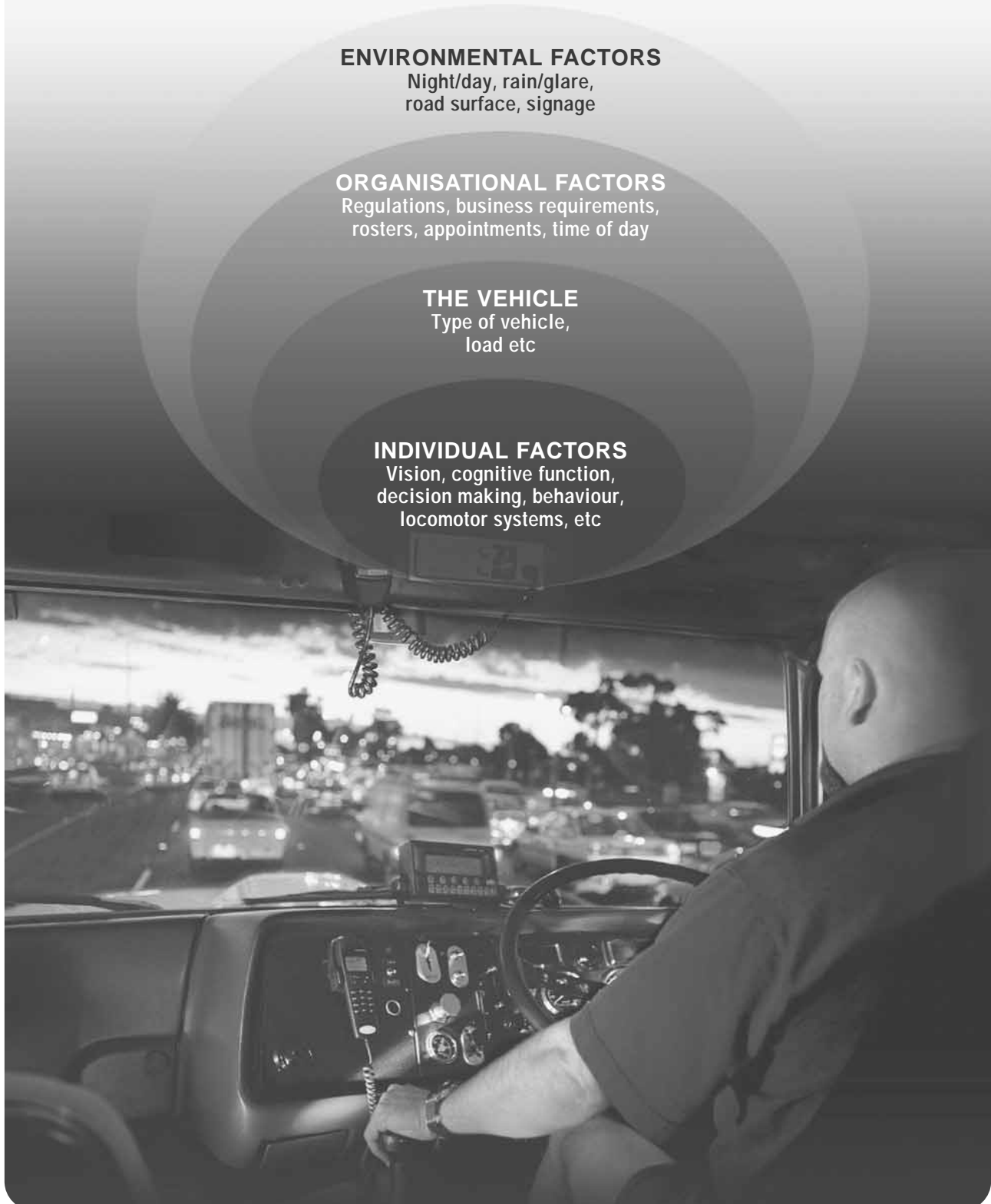
Commercial vehicle drivers generally spend considerable time on the road, thus increasing the likelihood of a motor vehicle crash. They may also drive a vehicle of considerable weight and/or may carry passengers or dangerous goods – factors that increase the severity of the consequences of a motor vehicle 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.



3.2 LEGAL AND ETHICAL CONSIDERATIONS

The responsibility for issuing, renewing, suspending or cancelling a person's driver licence (including issuing 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

3.2.2.1 Duty to report

In all States and Territories, except for Western Australia (at the time of reprint 2006), legislation requires a driver to advise their Driver Licensing Authority of any permanent or long-term injury or illness that may affect his or her safe driving ability. These laws can impose penalties for failure to report. (Refer Appendix 3 for further details).

As well as the legal obligations described above, a driver 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 safe 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, drivers 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

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 Western Australia, at the time of publication (2006), 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.

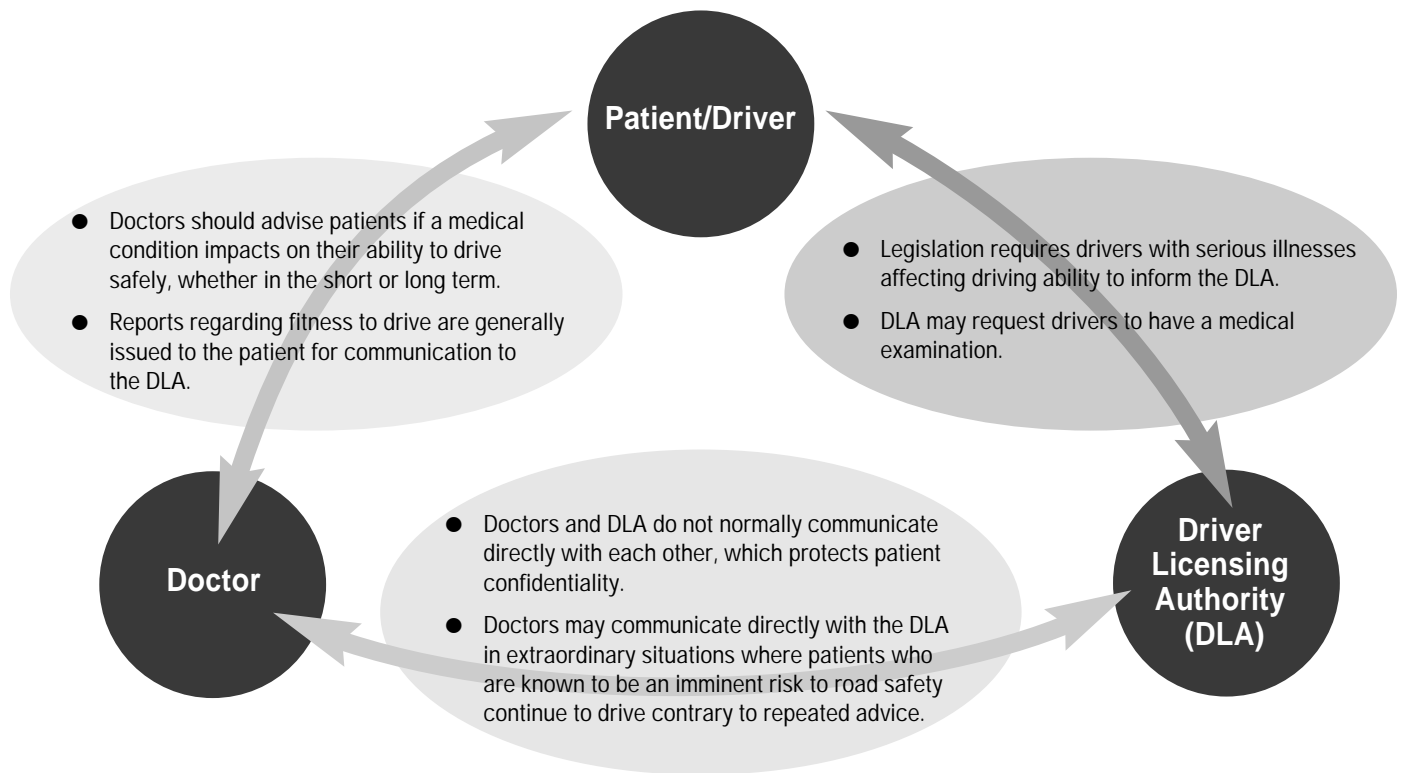
3.2.3.2 Equal Employment Opportunity (EEO) and Discrimination

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.austrads.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.

3.4 THE ASSESSMENT AND REPORTING PROCESS

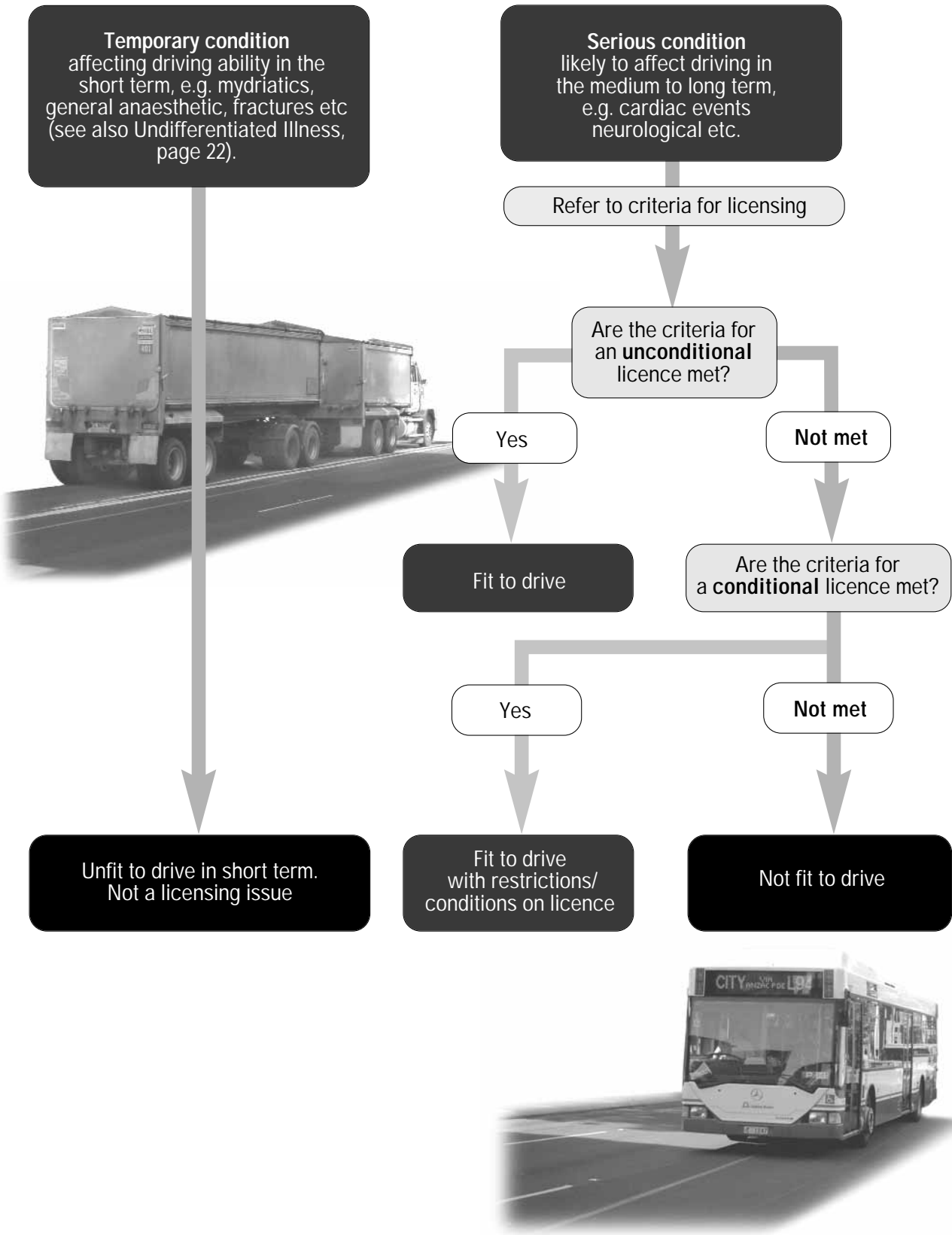
The process of assessing fitness to drive is based on the decision-making processes outlined in Diagram 3 overleaf. The exact nature and extent of the examination will depend on the circumstances and the reasons for the examination. Details of the process and administrative requirements are described 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>.

(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.

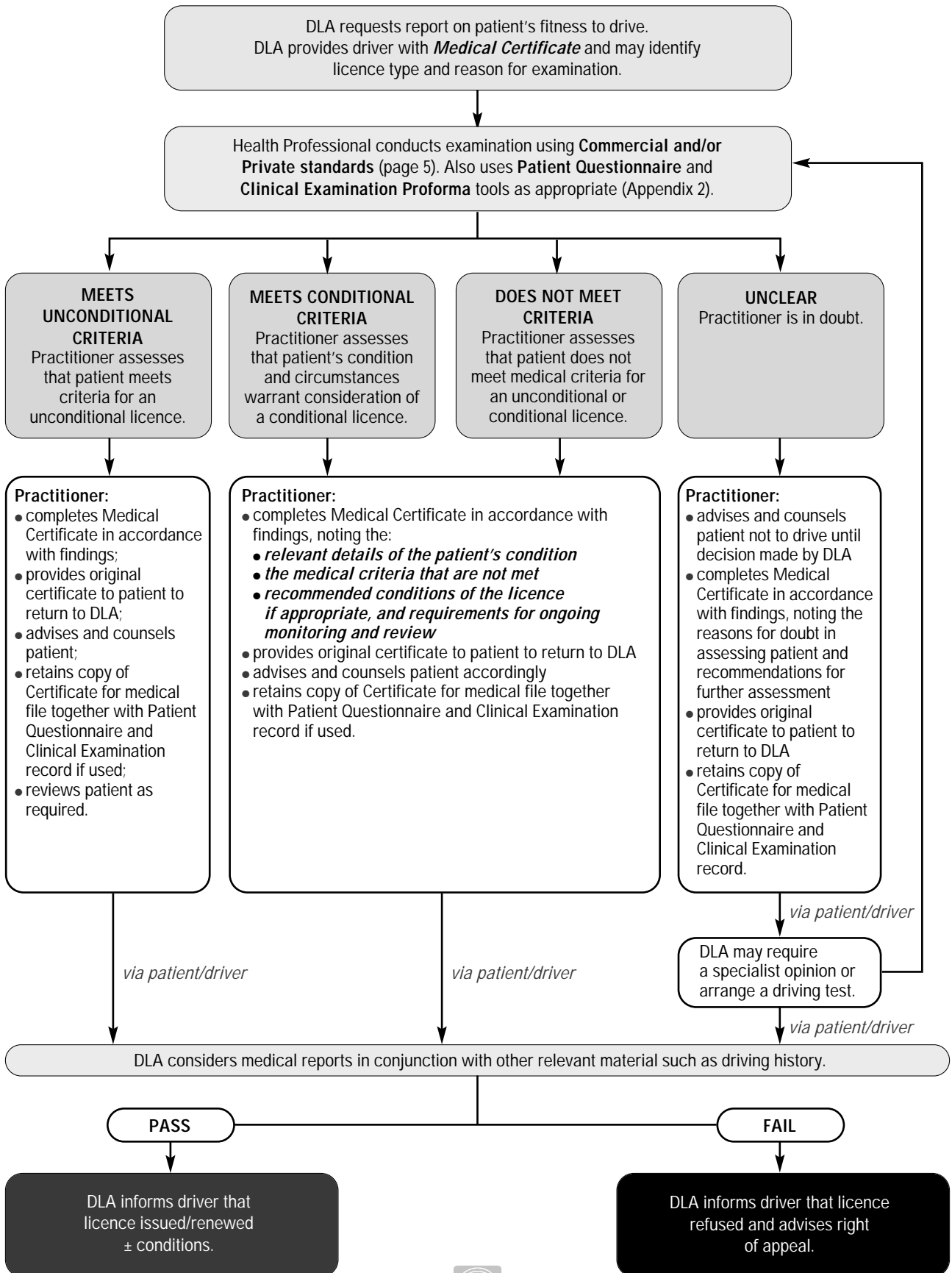
There is however no legal obligation for the health professional to actively contact the patient or the Driver Licensing Authority to check that the patient has self-notified of their condition. Indeed this would be contrary to privacy legislation.

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)

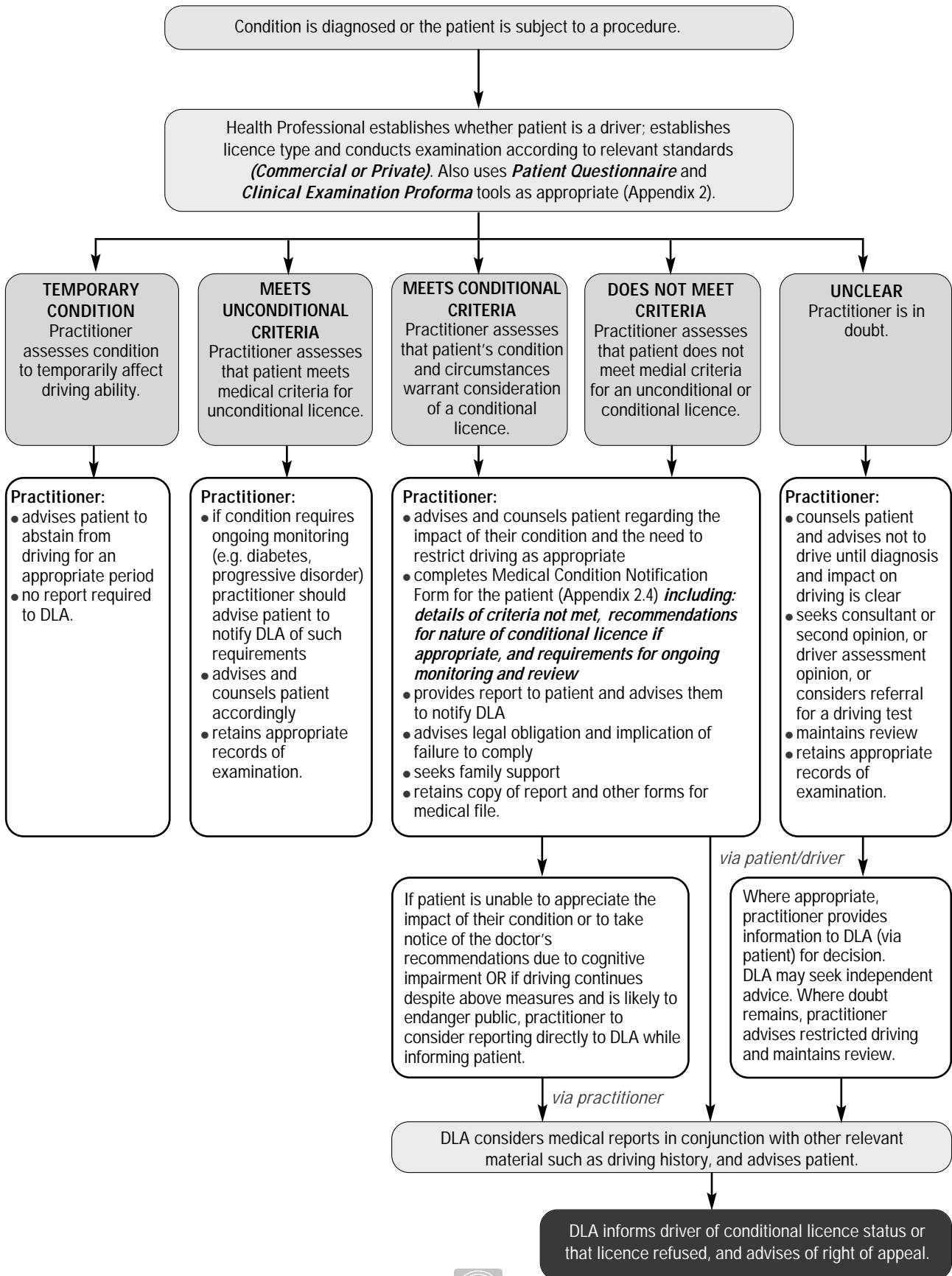
The following flow chart summarises the process involved when an examination and report is requested by a Driver Licensing Authority.



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.

ASSESSING FITNESS TO DRIVE

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.

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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> offer a full range of services and assistance.
- Men's Line Australia, phone 1300 78 99 78, <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.

