

28 May 2021

Our ref: BB21-172

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Tēnā koe

## NZTA Review of Medical Aspects – fitness to drive

Thank you for the opportunity to provide feedback on the Review of Medical Aspects – fitness to drive, guide for health practitioners.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Our response acknowledges that health practitioners have two main legal obligations relating to fitness to drive under transport legislation<sup>a</sup>, and that the law requires health practitioners to:

- Advise the Transport Agency (via the Chief Medical Adviser) of any individual who poses a danger to
  public safety by continuing to drive when advised not to (section 18 of the Land Transport Act 1998 see
  section 1.4).
- Consider Medical aspects of fitness to drive when conducting a medical examination to determine if an individual is fit to drive.

The consultation document acknowledges there have been considerable advances in medical knowledge, practice, treatments, and new areas, such as medicinal cannabis that may need to be included since *Medical Aspects* was last reviewed. The RNZCGP agrees that advances could mean the document may not be fit for purpose across Sections 2 – 14 and considers additional sections or updating evidence in these sections is essential for the review.

The RNZCGP recommends that the NZTA convenes an expert reference group, including GP Specialists, to advise on content and current best practice regarding clinical aspects of fitness to drive identified in Sections 2 to 14.

<sup>&</sup>lt;sup>a</sup> Obligations:

Parts 7, 13 - Land Transport (Driver Licensing) Rule 1999 – requires medical examinations to be carried out regarding the medical policies and standards contained in *Medical Aspects of fitness to drive: a guide for health practitioners*.

Section 19 - Land Transport Act 1998 (Section \* and appendix 2) for certain persons to undertake actions relating to patients subject to a Compulsory Inpatient Treatment Order.

Section 18 – Land Transport Act 1998 – notes that a health practitioner or registered optometrist who gives notice under Section 18 will not be subject to civil or professional Liability because of any disclosure of personal medical information on that notice.

#### General comments

## 1. The role of GPs

The effect of medical conditions on fitness to drive and accident risk is well recognised. In this respect GPs play an important role in public health and safety when advising patients about fitness to drive and when providing information to driver licensing authorities to support decision making. We uphold the legal obligations on health practitioners to validate and ensure documentation supports communication between GPs, a patient, and driver licensing authority.<sup>1</sup>

Evidence shows a person's ability to drive has significant benefits for their quality of life. Driving is a complex activity bringing together a wide range of skills, abilities and behaviours involving physical, cognitive, and perceptual skills including the ability to respond to the external environment. Medical aspects of fitness to drive are also complex, challenging, and wide ranging. Driving performance can be influenced by a person's experience, their personality, mental health, whether they are taking medication affecting their ability to drive, or other conditions. None of these is straight forward and can vary, as driving skills may not be impaired in some people. Making a final decision is complex and depends on an assessment of their medical condition and whether it is likely that they may cause an accident before making a final decision about person's fitness to drive.<sup>2</sup>

## 2. Driver responsibility

Generally, it is a driver's duty to report any permanent or long term-condition impacting on their fitness to drive to a licensing authority. Some conditions, however, may affect a person's insight and their ability to detect a problem and they may continue to drive when they are not safe to do so. People who continue to drive when they are not fit to do so, can also create legal and ethical issues for their GP, as well as their family.<sup>3</sup>

#### 3. Making a judgement about ability to drive

Being able to drive is an important aspect of remaining independent and mobile. However, holding a driver licence is not a right and the balance between retaining quality of life, safe driving and considering the safety of others on the roads. Although revoking a person's driving licence may limit quality of life and subsequent health of the driver, the decision is balanced against allowing an unsafe driver to continue driving. GPs play an important role in helping to recognise when driving ability needs assessment and their judgement on fitness-to-drive is based on an examination of the person and their records. GPs do not make the decision on the technical aspects of driving. Lack of sufficient evidence makes decision making difficult and evidence shows that licensing authority staff and GPs err on the side of caution when making decisions about whether the driver is more unsafe than other drivers.<sup>4</sup>

# 4. Deciding

The RNZCGP notes that a final decision requires knowledge of a patient and their medical history. In addition, we support:

- Older people being regularly assessed for their fitness to drive, especially when their medical conditions or medications change.
- That a medical certificate is required for driver licence renewal in people aged over 75 years.
- If GPs are uncertain about a patient's fitness to drive, they are able to be referred to an occupational therapist trained in driving assessment.
- Taking a proactive approach to preparing patients early for the possibility that they may become unfit to drive at some point in the future.
- Ensure patients are aware of transport subsidies available to them.<sup>5</sup>

#### Summary

The RNZCGP supports the need for more research and evidence on fitness-to-drive to understand and improve all elements of the system that determines a person's fitness to drive, therefore we did not address the clinical aspects of fitness to drive outlined in Sections 2 to 14. We recommended that the NZTA convenes an expert reference group, to advise on content and current best practice.

Should you have any further questions, please contact the College via email, policy@rnzcgp.org.nz

Nāku noa, nā

Dr Bryan Betty MBChB, FRNZCGP, FACRRM Medical Director | Mātanga Hauora

<sup>1</sup> Langren F. Fitness to drive forms – a guide for GPs. Australian Family Physician. Vol.40:11:2011. Available at: https://www.racgp.org.au/download/documents/AFP/2011/November/201111landgren.pdf

<sup>3</sup> Unsworth C, Baker A, So M, Harries P, O'Neill. A systematic review of evidence for fitness-to-drive among people with the mental health conditions of schizophrenia, stress/anxiety disorder, depression, personality disorder, depression, personality disorder and obsessive compulsive disorder. BMC Psychiatry:318;2017. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1481-1#Sec17

<sup>4</sup> Unsworth C, Baker A, So M, Harries P, O'Neill. A systematic review of evidence for fitness-to-drive among people with the mental health conditions of schizophrenia, stress/anxiety disorder, depression, personality disorder, depression, personality disorder and obsessive compulsive disorder. BMC Psychiatry:318;2017. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1481-1#Sec17

<sup>5</sup> BPAC. Driving Miss Daisy? Driving rules and assessment for older people. BPJ:Issue 26:2010 Available at: https://bpac.org.nz/bpj/2010/march/docs/bpj26\_driving\_pages14-23.pdf

<sup>&</sup>lt;sup>2</sup> Unsworth C, Baker A, So M, Harries P, O'Neill. A systematic review of evidence for fitness-to-drive among people with the mental health conditions of schizophrenia, stress/anxiety disorder, depression, personality disorder, depression, personality disorder and obsessive compulsive disorder. BMC Psychiatry:318;2017. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1481-1#Sec17