



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

**Irish Medical Organisation  
Submission to the Road Safety Authority on  
'Fitness to Drive'**

**April 2009**

**Irish Medical Organisation**

## **Submission to the Road Safety Authority on 'Fitness to Drive'**

The Irish Medical Organisation welcomes the invitation from the Road Safety Authority to make a submission on changes to current 'Fitness to Drive' policy and procedures. Any changes to policy and procedures should focus on promoting and maintaining the mobility and independence of drivers while at the same time maximising road safety for all users.

The current guidance on assessing fitness to drive *Medical Aspects of Driver Licensing – A Guide for Registered Medical Practitioners* is inadequate and should be replaced with a central core of knowledge and expertise similar to that available to the Driver Vehicle Licensing Agency (DVLA) in the United Kingdom. This should include:

- Expert medical advisory panels to develop and regularly review comprehensive Guidelines on Medical Fitness to Drive based on current and evolving evidence and science.
- A group of traffic medicine doctors to answer queries.
- Driver assessment centres for further referral.

With these supports in place most doctors can make recommendations on medical fitness to drive using as a first point of reference the comprehensive, regularly reviewed, published guidelines progressing to a discussion with an expert in traffic medicine and/or a specialist assessment, including an on-road appraisal.

The IMO also recommends that the current screening of drivers over the age of 70 should cease and be replaced with vision testing and renewal of licence in person.

### **An expert medical advisory panel do develop comprehensive Guidelines on Medical Fitness to Drive.**

The *For Medical Practitioners - At a Glance Guide to the Current Medical Standards of Fitness to Drive* issued by the Drivers Medical Group DVLA Swansea is a mature and comprehensive document on Medical standards to drive.<sup>1</sup> The expert panels meet twice a year to review and update standards on medical conditions such as ADHD, Dementia and Diabetes. Standards are higher for commercial drivers than for private drivers.

The IMO recommends that the RSA should enter into a partnership agreement with the DVLA, sending one specialist to each panel. This would allow the RSA to tap into the DVLA knowledge base and allow minor adjustments to the standards, if necessary, for the Irish system. This would have the added advantage of harmonising medical fitness to drive standards for drivers of commercial vehicles that operate between Ireland and the UK.

### **A group of traffic medicine doctors to answer queries.**

The RSA should appoint a number of traffic medicine advisors to answer both queries from doctors and to facilitate self-reporting of relevant illnesses by licensed drivers. The DVLA employs a senior medical advisor and 20 traffic medicine advisors to answer

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<sup>1</sup> DVLA Feb. 2009 *For Medical Practitioners - At a Glance Guide to the Current Medical Standards of Fitness to Drive*, Drivers Medical Group DVLA Swansea

434,000 queries a year. The IMO would like to recommend that a minimum of 3 advisors are employed by the Road Safety Authority and that again a partnership agreement is reached with the DVLA for both initial and on-going training. Suitable contributory training could also include occupational health and rehabilitating specialities including geriatric medicine, rehabilitation medicine, rheumatology and neurology.

### **Driver assessment centres for further referral.**

The ability of a driver to accommodate and function with a given medical condition varies with the individual. Physicians if in doubt should be able to refer drivers for a functional assessment. Equally drivers should have the right to have their licence eligibility determined based on an individual functional assessment, rather than exclusively on a diagnosis. A functional assessment is only appropriate when the medical condition is continuous.<sup>2</sup> Those who suffer from a medical condition likely to cause a sudden disabling event at the wheel should not drive.<sup>3</sup> A small number of assessment centres should be established staffed by a multi-disciplinary team to include a traffic doctor, occupational therapist, neuropsychologist and on-road assessor. Assessment centres whether publicly or privately funded should operate strictly under emerging EU Guidelines (See PORTARE Project). The focus of assessment centres should be to accommodate drivers wherever possible with licence conditions, vehicle adaptation training and rehabilitation.

### **Older drivers**

The IMO recommends that the current practice of screening drivers over the age of 70 should cease and be replaced with vision tests and renewal of licence in person.

Studies in Australia and Sweden show evidence of overall harm from routine screening of older drivers.<sup>4 5</sup> Health-related conditions that affect driving are more prevalent in older people, however, by avoiding taking unnecessary risk and through having more experience, older people are among the safest drivers on the road.<sup>6</sup>

The doctor has a duty to inform the driver that he or she must report traffic-relevant illness to the RSA and to their insurance company. There is no evidence that doctors should inform licensing authorities routinely, unless there is appreciable risk to the public and the patient is not heeding advice to limit or curtail driving. The doctor's must be assured that any such reporting leads to a fair assessment of the driver's capabilities.

Loss of licence for many elderly people equates to a loss of independence. Support should be provided to help drivers adjust. On diagnosis of progressive illnesses physicians should inform patients that an eventual outcome will be that they will have to cease driving. The role RSA should also expand to include counselling on alternative means of mobility.

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<sup>2</sup> Canadian Medical Organisation 2006, *Determining Medical Fitness to Operate Motor Vehicles* CMA Driver's Guide 7<sup>th</sup> Edition

<sup>3</sup> DVLA 2009

<sup>4</sup> Langford J, Fitzharris M, Newstead S, Koppel S. *Some Consequences Of Different Older Driver Licensing Procedures In Australia*. *Accid Anal Prev* 2004;36(6):993- 1001.

<sup>5</sup> Hakamies-Blomqvist L, Johansson K, Lundberg C. *Medical Screening Of Older Drivers As A Traffic Safety Measure--A Comparative Finnish-Swedish Evaluation Study*. *J Am Geriatr Soc* 1996;44(6):650-3.

<sup>6</sup> Canadian Medical Organisation 2006...p25

## **IMO Recommendations**

- The current guidance on assessing fitness to drive is inadequate and should be replaced with a central core of knowledge and expertise similar to that of the DVLA in the UK.
- Expert medical advisory panels are needed to develop and review comprehensive Guidelines on Medical Fitness to Drive. The IMO recommends entering into a partnership agreement with the DVLA, sending an expert to each panel.
- A group of traffic medicine doctors should be employed by the RSA to answer queries. A minimum of 3 advisors are needed and could again tap into the DVLA's in-house training scheme.
- Driver assessment centres are required for further referral, whose focus is to accommodate drivers as far as possible with licence conditions, vehicle adaptation training and rehabilitation.
- the current practice of screening drivers over the age of 70 should cease and be replaced with vision tests and renewal of licence in person.
- Support should be provided to help patients ceasing to drive to adjust to loss of independence and mobility.