

# Fitness to Drive Assessment Guide

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The complexities of assessing an older patient's fitness to drive coupled with laws which differ across the states and territories make this a challenging task for healthcare practitioners.

Driving is a complex function that relies on the simultaneous integration of sensory, motor and cognitive abilities while also responding to external factors in an ever-changing environment. While there is a widespread consensus that ageing can impact these skills, research shows that biological age alone is an unreliable predictor of road fatalities<sup>1</sup>.

Australian researchers from the University of Queensland assert the data worldwide and in Australia reveals that "driving is a skill that benefits from experience. Older drivers benefit from having a mental map of potential hazards on the road which tends to compensate their age-related difficulties"<sup>2</sup>. Furthermore, some authors contend that as far as impaired driving is concerned, the involvement of aged drivers in serious road accidents is often limited to specific subgroups of individuals, including those who may suffer cognitive decline, epilepsy or insulin-dependent diabetes rather than affecting all elderly drivers<sup>3</sup>. It is also argued that increased frailty and the naturally associated vulnerability to injury, rather than widespread decline in driving ability, may better explain the over-representation of elderly drivers in serious road accidents<sup>4</sup>.

While Austroads and the National Transport Commission have published comprehensive guidelines, some feel that its usefulness in the overstretched environment of general practice is very limited and that there is ambiguity in the use of screening evaluations and referral thresholds for complex situations, where an individual might be partially impaired across several domains with different interacting conditions<sup>5</sup>. Austroads and the National Transport Commission are in the process of assessing Fitness to Drive Guidelines to ensure they are up to date and reflect best practice.

Ideally general practitioners would be able to use reliable standardized tools in assessing fitness to drive. The literature has many examples of validated toolkits but their uptake in the Australian context has been restricted by the use of expensive equipment or the need to involve family members<sup>6</sup>. Urlings and colleagues (2018;<sup>7</sup> reported a comprehensive toolkit that tests drivers across

three functional domains (visual acuity, a functional assessment and recognition of road signs) which could potentially be useful in Australian general practice. The three-part instrument accurately classified two thirds of Belgian drivers aged > 70 years of age compared with the on-road driving test. Preliminary results from three Australian practices in NSW and QLD show very promising results<sup>8</sup>.

## How is the driving fitness of older Australian adults currently assessed?

It depends where you live. Each state and territory has differing laws, with mandatory medical assessment for older drivers in place across all licensing jurisdictions, except Victoria and Tasmania<sup>9</sup> (Table 1). In the ACT, NSW and Queensland, drivers must undertake a yearly medical assessment from the age of 75 years whereas in Western Australia, drivers are required to undertake this assessment from their 80th birthday. In addition, some jurisdictions mandate on-road assessments from 85 years of age for specific license classes.

On rare occasions it may be justifiable to breach patient confidentiality and report a patient's medical condition directly to the licensing authority. In all states and territories except the Northern Territory, the legislation provides that as long as the report is made in good faith, the reporter cannot be liable in any civil, criminal or administrative proceedings. In South Australia and the Northern Territory, a positive duty is imposed on the health practitioner to notify the relevant authority in writing of a belief that a patient is mentally or physically unfit to drive.

State or Territory	Medical Assessment	Healthcare practitioner's duty to report	Patient declares crashes
ACT	Annually from 75 years old	Discretionary Not liable if report in good faith	No
NSW	Annually from 75 years old	Discretionary Not liable if report in good faith	No
QLD	Annually from 75 years old	Discretionary Not liable if report in good faith	No
VIC	No prescribed period or age, but may occur if a condition or concern is declared or reported	Discretionary Not liable if report in good faith	No
SA	No prescribed period or age for license class C. Otherwise annually from 70 years old.	Mandatory Not liable if report in good faith	Traffic crashes in past 5 years
TAS	No prescribed period or age, but may occur if a condition or concern is declared or reported.	Discretionary Not liable if report in good faith	No
WA	Annually from 80 years of age, unless a medical condition requires earlier Assessment.	Discretionary Not liable if report in good faith	Traffic offences and crashes
NT	Only when a condition is notified	Mandatory No express indemnity	No

Table 1: Medico-legal requirements for clinical assessment of older drivers of private vehicles, and practitioner reporting duties, by Australian jurisdiction. From Wallis et al., 2020<sup>10</sup>.

When assessing the fitness to drive in an older patient, MIPS advises you keep in mind the following;

- Use the relevant Medical Report form when conducting an evaluation at the request of a licensing authority. These forms vary across states and only clinical information relevant to the patient's ability to drive should be included in your assessment.
- Consider referring your patient for an assessment by a Driver Trained Occupational Therapist if you are unsure of whether you can make a reliable assessment of fitness to drive.
- Consider referring your patient to a Geriatrician for a second opinion regarding fitness to drive.
- If, while caring for a patient, you become aware of a condition that may affect their ability to drive, you should encourage them

to report the impairment to the respective licensing authority, using the Medical Condition Notification Form. The Medical Condition Notification form should also be used in circumstances where the licensing status of a patient warrants reconsideration as a result of an improvement or cessation of a prior condition.

- On rare occasions it is justifiable to breach patient confidentiality and consider reporting directly to the driver licensing authority. Consider submitting a report if a patient is unable to appreciate the impact of their medical condition, is unable to take notice of recommendations because of cognitive impairment or continues to drive despite appropriate advice and is likely to endanger the public. It is preferable that this is done following discussion with the patient and with the patient's knowledge that you are going to make a report.

## Requirements in Australian states

### NSW

Individuals aged 75 and over are required to have a yearly medical assessment in order to retain their licence. They will be sent a form two months before turning 75 from the Roads and Maritime services to submit to their GP. The form must be filled in and assessment complete before their 75th birthday.

#### 85+

Many drivers opt for a modified licence. If a full licence is required, they must complete a yearly medical assessment and an on-road driving assessment every two years.

### QLD

Everyone 75 and over who holds a Queensland driver licence must carry a current [Medical certificate for motor vehicle driver form \(F3712\)](#) at all times when driving and comply with any stated conditions.

Due to COVID-19 there are changes to the rules. If there is no 'M' condition on a driver's licence:

- they won't be committing an offence if they drive without holding a valid medical certificate during the COVID-19 emergency period
- if they have a medical certificate that expired after 29 January 2020, it will still be considered valid during the COVID-19 emergency period.

If they have an 'M' condition on their driver licence and their medical certificate is due to expire a patient will need to call the Department of Transport and Main Roads on 13 23 80 or email [medcert@tmr.qld.gov.au](mailto:medcert@tmr.qld.gov.au) to have it extended for a maximum of 6 months.

If they are not able to obtain a medical certificate via telemedicine, they or their doctor can still lodge this certificate with Department of Transport and Main Roads by emailing [medcert@tmr.qld.gov.au](mailto:medcert@tmr.qld.gov.au)

### SA

Drivers are required to declare any medical conditions when they apply for/renew a driver's licence in South Australia. They may also be required to undergo assessments, eg medical assessment:

They will be sent a Certificate of Fitness in the mail and asked to visit a medical practitioner for a medical assessment if one of these apply:

- they have a medical condition recorded against their driver's licence that is subject to a periodic review, or
- they are aged 70 or older and hold a licence for a class of vehicle other than a car, eg heavy vehicle or motorbike

### TAS

Regular medical checks are not compulsory, however after the age of 65 years, licensed senior drivers are recommended to self-assess regularly and are required to disclose any conditions that may affect their driving ability.

### VIC

In Victoria, you're allowed to drive up to any age, on the condition that you're medically safe to drive.

The obligation arises from the Road Safety Act 1986

Doctors should assess medical fitness by referring to national medical fitness standards. [Fitness to drive FAQs](#)

### WA

In WA, once an individual reaches the age of 80, they need to undergo an annual medical assessment before they can renew their driver's licence.

The main health conditions that can impair driving (some of which often come with age):

- blackouts and fainting
- cardiovascular (heart) disease
- diabetes
- musculoskeletal conditions

- neurological conditions such as epilepsy, dementia and cognitive impairment due to other causes
- psychiatric conditions
- substance misuse/dependency
- sleep disorders
- vision problems
- age-related decline – changes in motor, cognitive and sensory abilities together with degenerative disease
- temporary injuries such as broken bones
- pain, eg post-surgery
- pregnancy (if it causes hypertension or faintness, or is post-caesarian section)
- some multiple conditions such as cerebral palsy, spina bifida, and paralysis of any part of the body

For further information visit [Austroads](#)

[Forms and resources for healthcare professionals](#)

[Information for patients](#)

## References

- <sup>1</sup> Thompson JP, Baldock MR, Dutschke JK. Trends in the crash involvement of older drivers in Australia. *Accident Analysis & Prevention*. 2018 Aug 1;117:262-9.
  - <sup>2</sup> Are older drivers really more dangerous? The answer may surprise you [Internet]. *Abc.net.au*. 2018 [cited 17 August 2020].
  - <sup>3</sup> Langford J, Fitzharris M, Koppel S, Newstead S. (2004) Effectiveness of Mandatory License Testing for Older Drivers in Reducing Crash Risk Among Urban Older Australian Drivers. *Traffic Injury Prevention*, 5:4, 326-335, DOI:10.1080/15389580490509464
  - <sup>4</sup> Li G, Braver ER, Chen LH. Fragility versus excessive crash involvement as determinants of high death rates per vehicle-mile of travel among older drivers. *Accident Analysis & Prevention*. 2003 Mar 1;35(2):227-35.
  - <sup>5, 8, 10</sup> Wallis KA, Matthews J, Spurling GK. Assessing fitness to drive in older people: the need for an evidence-based toolkit in general practice. *Medical Journal of Australia*. 2020 May;212(9):396-8.
  - <sup>6</sup> Stern R, Abularach L, Seichepine D. Office-based assessment of at-risk driving in older adults with and without cognitive impairment. *J Geriatr Psychiatry Neurol* 2016; 29: 352–360.
  - <sup>7</sup> Urlings JH, Cuenen A, Brijs T, Lutin M, Jongen EM. Aiding medical professionals in fitness-to-drive screenings for elderly drivers: development of an office-based screening tool. *International Psychogeriatrics*. 2018 Aug 1;30(8):1211-25.
  - <sup>9</sup>. [Assessing Fitness to Drive 2016](#) (as amended up to August 2017) [Internet]. [austroads.com.au](#) 2017 [cited 19 August 2020].
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