

28 February 2012

Dear Health Professional,

Assessing Fitness to Drive - Transitional arrangements for Victorian drivers

The revised medical standards for driver licensing, *Assessing Fitness to Drive*, are currently being distributed to health professionals throughout Australia. These standards come into effect on 1 March 2012 and should be applied to all clients being assessed on or after this date.

Drivers who currently hold a conditional licence or are not driving as a result of a medical condition may be affected by the changes to the standards.

VicRoads has developed transitional arrangements to support fairness and consistency as the new standards are adopted, particularly in areas where there have been significant changes.

These arrangements have been developed with input from experts in medical fitness to drive, based on a consideration of:

- Fairness – VicRoads aims to achieve reasonable, objective and justifiable application of the standards for licence holders.
- Transparency – VicRoads aims to ensure operational requirements are clearly documented to support consistent decision making.
- Balance of risk and personal impact – VicRoads seeks to support road safety while also considering the needs and expectations of individuals.

The information overleaf summarises the transitional arrangements and provides examples to guide practice. For further guidance please contact VicRoads Medical Review on (03) 9854 2407.

Note these transitional arrangements apply only in Victoria.

Please do not discard the 2003 edition of *Assessing Fitness to Drive* as these standards may be applicable during the transition.

Thank you for supporting road safety through the management of fitness to drive.

Yours sincerely



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Assessing Fitness to Drive

Transitional arrangements for Victorian drivers

Your questions answered

Q. What sort of changes have been made to the standards and what might the implications be for drivers who already hold a conditional licence for a medical reason, or who have a driving restriction as a result of a medical condition or procedure?

A. A number of changes have been made to the medical standards for fitness to drive. These changes reflect current knowledge about how health conditions affect driving ability, and how effectively they can be treated. The changes also reflect considerations of how clients are managed and what is practical in terms of the review process.

Changes may be with respect to:

- **Non-driving periods** (i.e. how long a person should not drive following a health episode, such as seizure, cardiac arrest, stroke etc). Some non-driving periods have been extended, for example, for blackouts, seizures and stroke in commercial vehicle drivers. Others have been reduced, for example, for commercial vehicle drivers after an acute myocardial infarction. For some medical conditions a non-driving period has been introduced e.g. drug or alcohol dependence in commercial vehicle drivers.
- **Requirements for periodic review** (i.e. how frequently a person should be reviewed to monitor their medical condition, and who should undertake the review – GP or specialist). Requirements for specialist review for commercial vehicle drivers have been relaxed for some common conditions that are usually managed by a person's GP (e.g. hypertension, diabetes treated with metformin). Some conditions now require specialist review for private vehicle drivers, reflecting the complexity of assessing fitness to drive in these circumstances (e.g. hypertrophic cardiomyopathy, congenital cardiac disorders).
- **Specific clinical criteria to be met for licensing** (i.e. what clinical criteria need to be met for a person with a medical condition to be considered for an unconditional or conditional licence). For some conditions such as renal failure, liver failure and respiratory failure, there are no longer specific criteria for fitness to drive, but management should be according to first principles. For other conditions, new criteria have been introduced where previously there have been none specific to that condition e.g. monocular vision for commercial drivers, subarachnoid haemorrhage). For some conditions, the clinical criteria have been changed for various technical reasons.

Q. What happens in circumstances where the new standards are less restrictive than the 2003 guidelines?

A. A number of medical criteria are less restrictive in the new standards due to improvements in medical management approaches and/or increased predictability of the impact of certain medical conditions. This may mean a shorter non-driving period, less frequent medical review or less restrictive clinical requirements for eligibility for a conditional licence.

For a person already on a conditional licence or currently not driving, the new criteria will be applied at their next scheduled review.

Example:

A commercial vehicle driver has had an acute myocardial infarction two months before the introduction of the new standards. The 2003 standards require a minimum non-driving period of three months, while the new non-driving period is four weeks. In both cases the return to driving is dependent on information provided by a cardiologist as to the person's fitness to drive based on meeting specific clinical criteria. The driver will not be able to be reviewed earlier by VicRoads and should provide the cardiologist report as per the 2003 requirements.

Q. What happens in circumstances where the new requirements for an unconditional licence are more stringent than the 2003 standards?

A. For drivers who hold an unconditional licence but who have a medical condition that would result in restrictions to their licence under the new standards, the health professional should alert the client to the change at their next appointment and advise them to notify VicRoads so that their licensing status may be reviewed and so that they may be established on a schedule of regular medical reviews.

Example:

A private driver with mild dementia assessed under the 2003 standards would have been able to continue to drive on an unconditional licence until a point where their condition was assessed by the treating health professional to result in significant impairment affecting driving. The new standards now require all drivers with a diagnosis of dementia to be reviewed at least annually for their eligibility to maintain a conditional licence. This reflects the progressive nature of the condition. A client with dementia should be alerted at their next appointment of the change to the standards and advised to report to VicRoads.

Q. What happens in circumstances where a driver who is already on a conditional licence, or is not currently driving due to a medical condition, experiences a change in their condition on or after 1 March 2012?

A. If a driver's condition changes or they are reported by a health professional or member of the public or the police on or after 1 March 2012, they will be assessed according to the 2012 standards for all relevant conditions / disabilities including those conditions previously assessed under the 2003 guidelines.

Example:

A driver may be reported to VicRoads by a concerned family member or friend, or by police following an incident. If the driver is under medical review (i.e. has a conditional licence or is not supposed to be driving due to a medical condition) and the report is made on or after 1 March 2012, the 2012 standards will be applied for all relevant medical conditions or disabilities.

Q. What happens in circumstances where the new standards prescribe a longer non-driving period?

A. A driver who has been assessed under the 2003 medical standards may currently not be driving as a result of a medical condition or procedure (e.g. cardiac arrest). If the new standards require a longer non-driving period, the non-driving period will not be extended, however the frequency of periodic review and other requirements subsequent to the return to driving will be aligned with the new standards. Seizures, epilepsy or blackouts are managed differently as described below.

Example:

For commercial drivers suffering a cardiac arrest, the 2003 standards did not specify a non-driving period or a review period, this being left to the discretion of the treating cardiologist. The new standards specify a minimum of six months non-driving plus annual review. For a driver experiencing a cardiac arrest before March 2012, the non-driving period will not be extended, however the review period will be aligned with the new standards (annual review).

Q. What are the specific transition requirements for seizures, epilepsy and blackouts?

A. The standards for seizures and epilepsy have been substantially revised in terms of how they are presented, and include a default standard, which simplifies application. Under the new default standard, the non-driving seizure-free period for a commercial vehicle driver with epilepsy is 10 years, compared to five years previously. For private vehicle drivers it remains unchanged at 12 months. This standard also applies to drivers with blackouts of unknown cause where there have been two or more blackouts separated by more than 24 hours. There are also a number of situations in the standards where shorter non-driving seizure-free periods apply (e.g. for epilepsy in childhood). The changes align with international standards and have been recommended by neurologists, including experts in the treatment of epilepsy.

Commercial drivers with epilepsy who have been assessed under the 2003 standards and who have been seizure-free may return to driving after being five years seizure-free (not 10), but will require increased periodic reviews for five years after relicensing.

If VicRoads is notified on or after 1 March 2012 that a driver has had a subsequent seizure or change in condition, the 2012 standards will be applied.

Given the substantial changes to the standards for seizure, epilepsy and blackouts, health professionals are advised to reassess their patients and advise them of the new standards at their next appointment.

Q. What about drivers with seizures or epilepsy who are diagnosed with a new medical condition on or after March 2012?

A. Control of seizures / epilepsy can be affected by various other conditions (e.g. diabetes, alcohol or drug misuse, sleep disorders). If a client with epilepsy, previously assessed under the 2003 standards, presents with a new medical condition on or after March 1 2012, an assessment will be required to determine the impact of the new condition on their epilepsy. If the new condition does not impact on the epilepsy, the client will be treated as above (adhering to the seizure-free non-driving period of the 2003 standards), with their new condition managed as per the 2012 standards. If necessary, the Victorian Institute of Forensic Medicine will be engaged to assess the particular case.

Example:

A commercial driver with epilepsy has been seizure free for four years on or after 1 March 2012, and loses their right hand in an accident. If it can be established that the loss of the hand does not affect the control of the epilepsy, then the non-driving period would not be extended beyond five years if the driver remained seizure free, as described above. Loss of the hand would be managed as per the new standards with return to driving dependent on individual assessment of the driving capacity and possible vehicle modifications.

Q. What happens in circumstances where there are new medical criteria for a condition, where previously there have been none?

A. There are a limited number of cases where a new standard has been introduced. The driver should be alerted to the new requirements at their next appointment with the health professional and should be advised to report to VicRoads.

Example:

A commercial driver who is monocular will most likely hold an unconditional licence and will not be under medical review, unless there is another medical condition affecting their fitness to drive. Under the new standards, commercial vehicle drivers who are monocular do not meet the criteria for an unconditional licence and must be assessed for eligibility for a conditional licence. The health professional should alert the client to the changes to the standards at their next appointment and advise them to report to VicRoads.

Q. What happens in circumstances where the new requirements for a conditional licence are more stringent than the 2003 standards?

A. The medical standards have been comprehensively reviewed and there are many instances where the specific medical criteria for eligibility for a conditional licence have been amended. Most of these amendments have been made to support clarity and consistency rather than to render the standards more stringent, however the outcome may result in increased restrictions for some drivers.

For drivers who already hold a conditional licence and where the medical criteria for their condition are more stringent in the new standards, the person will be assessed according to the new criteria at their next scheduled review. They do not need to have an earlier review.

Example:

A driver with alcohol or substance misuse may be driving on a conditional licence based on the 2003 standards. The new standards are more specific in their requirements for conditional licensing, requiring participation in a treatment program; demonstrated remission and absence of end-organ effects that may impact on driving. The driver will need to be assessed against these new criteria at their next review.