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Fitness to drive

Assessing fitness to drive is an important role of the GP. The Australian 'Assessing Fitness to Drive' guidelines state that the key question is: 'Is there a likelihood the person will be unable to control the vehicle and act or react appropriately to the driving environment in a safe, consistent and timely manner?' The aim of determining fitness to drive is to achieve a balance between minimising road safety risks for the individual and the community, and maintaining the driver's independence. Research has shown that GPs find assessing their patients' fitness to drive can be challenging and problematic, especially in the setting of cognitive impairment. This can be a particularly challenging area for GP registrars and as such is a key educational topic for in-practice teaching.

TEACHING AND LEARNING AREAS		• State-based requirements for medical assessment of older drivers • Approach to clinical assessment, including tools e.g. trail making tests, MMSE, Montreal Cognitive Assessment and intersecting pentagons, SHAFT and DEATH mnemonics • How to complete driving medical forms – private and commercial • Specialist review and driving assessment, and referral pathways • Legal obligations regarding assessment and notification
PRE- SESSION ACTIVITIES		• Read the 2017 CFP article Driving and dementia: Efficient approach to driving safety concerns in family practice
TEACHING TIPS AND TRAPS		• Being able to drive is a privilege, not a right. • Driving is a highly complex task requiring sensory (vision, hearing), cognitive (attention, comprehension, memory, decision making, reaction time), and motor functions (power, coordination). Assessment should therefore include all three domains. • GPs have a responsibility to report to the relevant licensing authority any impairment adversely affecting a driver's ability to drive safely when known (mandatory in SA and NT). • Corroborated history is essential in the context of cognitive impairment. • Despite their widespread use in clinical practice, single screening tests e.g. MMSE, do not reliably predict driving risk – a composite battery of tests correlates better with the on-road driving assessment. • On-road testing is the most accurate way of determining fitness to drive, but remains an imperfect predictor of future crash risk, and can be difficult to access and costly. • Self-assessment of driving capacity is not a reliable measure. • Consider fitness to drive at all times, not just when required to complete complete a driving assessment form.
RESOURCES	**Read**	• 2012 AFP article Fitness to drive: GP perspectives of assessing older and functionally impaired patients • Austroads Assessing Fitness to Drive
	Listen	• The GP Show podcast Assessing fitness to drive
	Watch	• Don't just sign on the dotted line: assessing fitness to drive • Dementia and driving – GPs Toolkit
FOLLOW UP & EXTENSION ACTIVITIES		• Registrar to undertake clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

Barry, aged 84, presents to you with his wife Thelma for completion of his annual 'driving medical' form. He is a long-term patient of the practice. Barry has a past history of well controlled hypertension, gout and diet-controlled diabetes. He takes lisinopril and allopurinol as his only medications. He is a non-smoker, drinks a glass of beer each evening and is physically active. He denies any symptoms and says that he is fit as a 'mallee bull'.

A few weeks ago, at an unrelated consultation with Thelma, she expressed some concerns about Barry becoming more forgetful. On further questioning, she denied any change in Barry's capacity for basic activities of daily living.

QUESTION 1. What are the MOST IMPORTANT key features on further history to assess Barry's fitness to drive? Write in note form, up to SIX key features.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

QUESTION 2. What are the MOST IMPORTANT aspects of further office-based assessment of Barry? Write in note form only, up to FOUR aspects of further assessment.

1 _____

2 _____

3 _____

4 _____

QUESTION 3. On completion of your assessment, you have concerns about Barry's capacity to drive safely. What are the MOST IMPORTANT steps in management at this point? List up to TWO management steps.

1 _____

2 _____

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ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features on further history to assess Barry's fitness to drive?

- Any recent driving accidents or near misses
- Concerns about driving safety
- Assessment of instrumental activities of daily living (SHAFT) e.g. shopping, medication management, banking etc.
- Visual changes/recent diabetic eye review/optometry visit
- Concerns with hearing
- Recent falls/unsteadiness/balance concerns
- limitations with joint or spine range of motion

QUESTION 2

What are the MOST IMPORTANT aspects of further office-based assessment of Barry?

- Assessment of cognitive function e.g. MMSE, Montreal Cognitive Assessment
- Assessment of sensory function – vision and hearing
- Assessment of motor function – power, coordination, balance, ROM spine and joints
- Sitting and standing BP

QUESTION 3

On completion of your assessment, you have concerns about Barry's capacity to drive safely. What are the MOST IMPORTANT steps in management at this point?

- Sensitive explanation as to why you cannot complete the form as fit to drive
- Refer for further assessment e.g. geriatrician, OT for diving assessment