

9 June 2021

National Transport Commission
Level 3, 600 Bourke Street
Melbourne VIC 3000

By [online submission](#)

Dear National Transport Commission

Re: National Transport Commission consultation on revised fitness to drive guidelines

The Royal Australian and New Zealand College of Psychiatrists welcomes the further opportunity to contribute to the National Transport Commission (NTC) consultation on the draft [fitness to drive guidelines](#).

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP has more than 6900 members including more than 5100 qualified psychiatrists and over 1800 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

The recommendations contained within this submission are based on extensive consultation with several RANZCP Committees which include psychiatrists with direct experience working in assessing health and fitness standards. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

To discuss any of the issues raised in this submission, please contact [REDACTED]
[REDACTED]
[REDACTED]

Ref: 2296

National Transport Commission (NTC)
Assessing fitness to drive - consultation

June 2021

Improve the Mental Health of Communities

Royal Australian and New Zealand College of Psychiatrists submission

Assessing Fitness to Drive - Consultation

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

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The RANZCP has welcomed the opportunity to provide input to the early consultation and also appreciated the separate consultation meeting with the National Transport Commission (NTC).

Key findings

The RANZCP:

- recommends specific guidance regarding non-epileptic seizures when assessing fitness to drive.
- suggests a more nuanced explanation of the progressive nature of dementia, ensuring mental health conditions are dealt with the same level of complexity, concern and foresight as physical health guidelines.
- recommends specifying the degree and imminence of risk for individuals with dementia fitness to drive, opposed to highlighting a general risk which is applicable to all demographics who drive.
- recommends inclusion of a support mechanism for family or friends who have concerns over an individual's fitness to drive.
- notes there is an opportunity to improve the categorisation of disabilities within the guidelines.

Introduction

The RANZCP welcomes the further opportunity to contribute to the National Transport Commission (NTC) consultation on the revised Fitness to Drive guidelines.

The recommendations contained within this submission are based on extensive consultation with several RANZCP Committees, including the Faculty of Psychiatry and Old Age, Faculty of Addiction Psychiatry, Faculty of Adult Psychiatry, Faculty of Psychotherapy, Section of Psychiatry of Intellectual and Developmental Disabilities, Section of Neuropsychiatry, Section of Private Practice Psychiatry and the ADHD Network. RANZCP Committees include psychiatrists with direct experience working in assessing health and fitness standards. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

The RANZCP highlights the importance of identifying any relevant changes to medical, legal and social developments that as a result require changes to the medical standards to ensure they are accurate and reflect current practices ensuring road safety in Australia.

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The focus of the RANZCP's submission is related to our expertise in assessing fitness to drive in areas such as blackouts, psychiatric conditions, neurological conditions, sleep disorders and substance use. The RANZCP has responded to the three consultation questions put forward by the NTC for potential improvement and modification of the current AFTD guidelines.

Question 1

Are the proposed changes to Assessing Fitness to Drive appropriate? Please comment on matters relevant to the topic and provide evidence (i.e., data, research or documentation) to support your views. Where possible, also provide a proposed solution (i.e., corrective wording) to the issues identified.

The RANZCP emphasises the complexities associated with a diagnosis of dementia as not all dementia is progressive. Examples of this include cases of dementia secondary to stroke or head injury. As such there can be components of reversibility, such as in the context of alcohol related brain damage with abstinence.

The RANZCP suggests editing the draft guidelines to include a range of criteria to acknowledge dementia is as an umbrella term for a range of conditions with shared features. The current guidelines can potentially be perceived as lacking nuance and complexity when explaining the spectrum of diagnosis of dementia, as dementia is not one condition but instead a group of conditions with broadly shared features.

The first sentence of the general assessment and management guidelines in section 6.1.2 on page 77, 'Due to the progressive and irreversible nature of the condition, people with a diagnosis of dementia will eventually be a risk to themselves and others when driving.' is potentially misleading. The RANZCP highlights that not all dementia is progressive, for example cases of dementia secondary to stroke or head injury. As such there can be components of reversibility, such as in the context of alcohol related brain damage with abstinence. The RANZCP suggests this statement should be reworded in a less general and deterministic manner to avoid perpetuating the oversimplification of a dementia diagnosis. Specificity in the nature and imminence of the risk for individuals with dementia's fitness to drive should be explained with further clarity.

The RANZCP also highlights in regard to the 'following points may assist' section that no list of clinician questions for dementia and driving has been shown to be a proven list of tips that can accurately predict driving performance. It is also important to note that clinician tips differ between countries and jurisdictions.

Recognition of the role of family, friends and carers is important and should be included. Assessing fitness to drive does not occur without involvement and consultation with these groups as well as the individual as it is often family who raise concerns over fitness to drive. A common support mechanism that is useful is checklists with statements such as 'are family or friends already concerned about the persons driving' for example with the [Driving and Dementia toolkit](#) by Byszewski et al.

The RANZCP suggests a similar statement would be a useful addition to the 'following points may assist' section, and therefore advises a similar point is added, such as 'Are family and friends concerned about the patient's driving to a degree they will not be in a car with them'.

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Question 2

Please describe your experience using the [current Assessing Fitness to Drive](#) medical criteria or supporting information. What sections or content are most valuable? How could the document and support materials be improved?

The RANZCP draws attention to intellectual disability appearing in section 6.3 under 'Other neurological and neurodevelopmental conditions'. This categorisation could potentially lead to confusion, as typically intellectual disabilities including autism spectrum disorder (ASD) are coded as psychiatric conditions within the International Classification of Diseases (ICD).

The RANZCP would therefore suggest the next version would be more user-friendly if intellectual disabilities such as ASD appeared under section 7 'Psychiatric conditions' in accordance with the ICD for greater ease when navigating the AFTD guidelines.

Question 3

What support or training could be provided to health care professionals to increase usage and knowledge of the guidelines?

The RANZCP highlights, there is an opportunity to include specific guidance on non-epileptic seizures. At present it is unclear whether non-epileptic seizures should be considered under the epilepsy section, or psychiatry section, if at all, thus leaving it open to interpretation.

The RANZCP suggests including non-epileptic seizure guidelines within the psychiatry chapter. The RANZCP suggests non-epileptic seizures should be less stringently monitored than those with epilepsy, and are therefore not best suited under the epilepsy section.

It is recommended that guidance for non-epileptic seizures be different to those for epilepsy and suggest that the NTC consider the recent [International League Against Epilepsy Guidelines](#) for non-epileptic seizures. A reference that would benefit the guidance would be Driving a motor vehicle and psychogenic nonepileptic seizures: [ILAE Report by the Task Force on Psychogenic Nonepileptic Seizures](#) which provides more detail on nonepileptic seizures and its specific risk factors involved with fitness to drive.