Fitness to drive: Improving road safety for older drivers in rural communities

Rural GP perspectives on assessing fitness to drive

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Background

In 2012, 22,505 crashes were reported in South Australia, claiming 94 lives. 23% of those killed were aged 70 years or older with 66% of fatalities occurring on country roads (1). The guidelines, Assessing Fitness to Drive 2012, outline health professionals responsibilities in relation to performing fitness to drive assessments. This project focuses on identifying the unique challenges GPs are facing in performing medical fitness to drive assessments in rural communities. The aim is to identify barriers, in the hope they can be overcome to improve road safety.

Methods

An electronic survey, consisting of 13 multiple-choice and short-answer questions, was designed using the Flinders Lime Online Survey Tool. The survey was distributed to general practitioners in 4 practices in the Barossa area: Nuriootpa, Angaston, Tanunda and Kapunda. The survey aimed to determine:

1) The main challenges faced by GPs when assessing fitness to drive in older patients in a rural area
2) The GPs’ confidence when performing the assessments according to the guidelines
3) The GPs’ views on the changes that were made to the guidelines for assessing fitness to drive last year

Results

Of the 15 participants 60% reported performing fitness to drive assessments on average 2-3 times per week, with 20% more than 4 times per week. Among participants, 33% responded that they often refer back to the guidelines when performing assessments, 47% referring to them sometimes and 20% rarely. 80% indicated that they were aware changes were made to 2012. The cue found to most often prompt participants to assess fitness to drive was the patient’s reliance on driving for access to services, the absence of public transport, and the potential damage to the doctor-patient relationship were important considerations for the GP. Despite the close-knit nature of rural communities, the GP’s relationships within the community were not ranked highly as a barrier. However, community factors were evident, with concern from family or friends being a common reason for assessment. Given that the guidelines outline medical standards, it was surprising to find that the social factors prompted assessment more often than medical factors such as changes in medications.

Changes made to the AustRoads guidelines in 2012 were intended to make assessments simpler for doctors. While most participants referred to the guidelines, a majority did not feel the 2012 changes had made an impact on their practice. Another common theme was that while the guidelines provided a framework of medical standards required for driving, they did not provide any tools to determine whether a patient met those standards or not. Not all of the GP were aware of specific paper tests, such as the Maze test, which have been validated for use in driving assessments. There were also expressions of interest in a more standardised procedure of testing.

Amongst the 15 Barossa GPs who took part in the survey, assessing fitness to drive was of relevance given the frequency with which they carry out these assessments. Most GPs were confident in performing these assessments, but it is evident from the results of this research that many improvements could be made.

A change in a patient’s medication was the cue least likely to prompt a fitness to drive assessment with 33% responding this would sometimes prompt them, 33% responding rarely and 27% never. When investigating the limitations on the GPs’ capacity to assess fitness to drive, time pressures were never a factor for 39% of participants and rarely a factor for 31%. Inconsistent results were found regarding the impact of access on-road assessment and specialist assessment. The barrier identified as most important when assessing fitness to drive was the patient’s reliance on driving for access to services (58%). Other factors commonly ranked as being of high importance included the potential negative impact on the doctor-patient relationship (34%) and the availability of public transport (8%). 75% ranked the personal relationship between the doctor and their community as the least important barrier to assessing fitness to drive.

10 of the 14 responses indicated they believe increased communication between themselves and those performing the on-road assessments would improve fitness to drive assessments.

Discussion

Losing the ability to drive significantly impacts an older person, contributing to a loss of independence and social isolation. In rural areas, where there is often greater distances to be travelled to town and a lack of public transport, this is more profound.

These factors, as well as the potential negative impact on the doctor-patient relationship, may contribute to added pressure on GPs when making fitness to drive assessments (2).

This study showed that patients’ reliance on driving for access to services, the absence of public transport, and the potential damage to the doctor-patient relationship were important considerations for the GP. Despite the close-knit nature of rural communities, the GP’s relationships within the community were not ranked highly as a barrier. However, community factors were evident, with concern from family or friends being a common reason for assessment. Given that the guidelines outline medical standards, it was surprising to find that the social factors prompted assessment more often than medical factors such as changes in medications.

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Recommendations

- Increased communication between GPs and those performing on-road assessments
- More training in performing assessments
- Wider availability of validated tools to determine fitness to drive

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References

(1) Road Crashes in South Australia: Statistical Summary of Road Crashes & Casualties in 2012, Department of Planning Transport and Infrastructure, Government of South Australia