Fitness to drive: Improving road safety for older drivers in rural communities
Assessing of Fitness to Drive by General Practitioners

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Introduction

Doctors must ensure that their patient’s health status does not bring the risk of motor vehicle accidents to unacceptable levels. The “Assessing Fitness to Drive” guidelines help doctors assess the fitness to drive of patients consistently.). In 2012, there were revisions to the guidelines, reflecting current medical evidence and the transport environment, which shifted the focus more onto the functional implications of conditions rather than the diagnosis.

Studies have shown that GPs have been reactive, assessing only when presented with forms rather than with new diagnoses or changes in medical conditions (Sims et al., 2012, p.5).

Due to conditions unique to rural communities, assessing fitness to drive has different impacts on both rural doctors and patients compared to their counterparts in the city. Indeed, the loss of driving privileges can have a more severe impact on patients in rural communities due to the lack of public transport.

Results

We received a total of 13 responses (2 online, 11 on paper). Of the GPs who responded, the median number of years practicing total and practicing in current location was 25 and 18 years, respectively.

11 of the 13 participants were aware of the changes to the “Assessing Fitness to Drive” guidelines in 2012. However, there was infrequent usage of these guidelines, with just 1 GP stating that they often referred to them, and most using them only sometimes or less. In fact, most GPs were indifferent towards the new guidelines.

The two most common prompts for GPs to assess fitness to drive are the requirement for driving assessment from Driving Licensing Authority, and concern from family or friends of patient.

Most GPs did not feel excessively restricted by the limitations believed to arise from working in rural areas (e.g. time pressures, limited access to on-road assessment, and limited access to specialists). However:

- S GPs did note that the increased amount of specialist review required by the new guidelines caused a delay for the patient due to reduced specialist availability.
- The most important barrier for GPs in assessing fitness to drive was the patient’s reliance on driving for access to services such as health care and groceries (Figure 1).
- Almost half of the GPs surveyed agreed or strongly agreed that increased direct communication between GPs and with those performing functional on-road assessments would improve fitness to drive assessments.
- Some suggestions made by the GPs to improve the guidelines included to:
  - Make them clearer
  - Remove irrelevant investigations (e.g. monocular vision, unaided visual acuity when they wear glasses)
  - Remove unrealistic expectations for specialist reviews, particularly for patients with chronic and stable condition
  - Lift the age for medical assessment to 75 to reduce number of medicals needed
  - More meaningful tests that can be done in a GP surgery

Discussion

The response rate for the survey was low, with only 13 responses from an estimated 40 GPs in the region targeted.

The uptake of the new “Assessing Fitness to Drive” guidelines by GPs in the HMF region was overall poor. This could be due to what is seen by these GPs as problems with the new guidelines themselves. These include the increased need for specialist reviews with the new guidelines and confusion about aspects of the guidelines (e.g. what monocular vision and unaided visual acuity has to do with driving exactly).

The two most common prompts to undertake fitness to drive assessments were found to be initiated by either patients or their family/friends themselves, suggesting that GPs in the HMF region are more reactive in assessing fitness to drive. However, the question in the survey that addressed this issue was not specific enough, as it did not ask how alert GPs to the need for driving reviews given a change in patients’ health.

While a clear majority of GPs regarded the patient’s reliance on driving as the most important barrier of the options provided, the negative impact on the doctor-patient relationship and availability of public transport also appear to be noteworthy considerations for GPs, though perhaps not to the extent demonstrated in previous literature. It was also notable that some doctors did not consider these barriers at all in their assessment of the patient.

Conclusion

The indifference of the majority of GPs surveyed in the HMF region towards the new “Assessing Fitness to Drive” guidelines, combined with the relatively high number of improvements suggested, suggests that the new guidelines do not in their current format adequately meet the needs of GPs working in rural areas. Hence, we suggest that appropriate measures be made by the Department of Planning, Transport and Infrastructure to further investigate and address the issues raised, such as via focus groups and direct interviewing of GPs.

Methods

We reviewed literature on the topic of medical fitness to drive, and found studies on GP approaches and perspectives. We then used these as a bases to create a survey of 15 questions, both closed and free-form, in conjunction with the Barossa and Riverland groups. The survey asked GPs their opinion and usage of the new guidelines, when they did driving assessments, and the difficulties they faced in conducting an assessment.

Our group identified GP practices using online databases, in the Hills Mallee Fleurieu (HMF) region, specifically the towns of Victor Harbor, Middleton, Goolwa and Strathalbyn. Next, we provided a link to our survey online on the LIME system and also distributed paper copies to the GPs through the clinic practice managers.

Figures

Figure 1: Most Important Barrier to Assessing Fitness to Drive

References

• National Transport Commission 2012, ‘Assessing Fitness To Drive: for commercial and private vehicles’, Austroads, Sydney, Australia

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