

ACRS Submission on Assessing Fitness to Drive Review



About the Australasian College of Road Safety

The Australasian College of Road Safety was established in 1988 and is the region's peak organisation for road safety professionals and members of the public who are focused on saving lives and serious injuries on our roads.

The College Patron is Her Excellency the Honourable Sam Mostyn AC, Governor-General of the Commonwealth of Australia.

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Introduction

The Australasian College of Road Safety is the region's peak membership association for road safety with a vision of eliminating death and serious injury on the road. Our members include experts from all areas of road safety including policy makers, health and transport professionals, academics, community organisations, researchers, federal, state and local government agencies, private companies and members of the public. The purpose of the College is to support our members in their efforts to eliminate serious road trauma through knowledge sharing, professional development, networking and advocacy. Our objectives include the promotion of road safety as a critical organisational objective within government, business and the community; the promotion and advocacy of policies and practices that support harm elimination; the improvement of relative safety outcomes for vulnerable demographic and user groups within the community; the promotion of post-crash policies and practices; and the promotion of a collegiate climate amongst all those with responsibilities for and working in road safety.

The ACRS believes that we should prevent all fatal and serious injuries on our roads; the road traffic system must be made safe for all road users; system designers should aim to prevent human error and mitigate its consequences; life and health are not exchangeable for other benefits in society; and that all College policy positions must be evidence based.

The Assessing Fitness to Drive Standards are designed to support road safety by providing a nationally consistent basis for assessing and managing fitness to drive for people with medical conditions or functional limitations. The Standards assist health professionals to:

- Consider fitness to drive and mobility needs as part of routine patient care
- Advise patients about the impact of medical conditions and functional limitations on driving
- Conduct fitness to drive assessments and provide recommendations to licensing authorities
- Manage and monitor health conditions to support patients' ongoing fitness to drive or their transition to not driving.

The Standards are reviewed every 4-5 years, and the current review is of the 2022 edition of the Standards, to create an updated 2028 edition. The review aims to ensure the Standards reflect current clinical and road safety evidence and contemporary practice, including addressing emerging medical, social and regulatory issues. The review also aims to improve the clarity, consistency and usability of the Standards for health professionals and licensing authorities.

Some areas are out of scope of the review. The review will not make recommendations about legislation including:

- Reporting of medical conditions by drivers and health professionals
- Which health professionals can conduct fitness to drive assessments for licensing authorities
- Whether certain drivers require periodic fitness to drive assessments (e.g. older drivers, heavy vehicle drivers, and public passenger vehicle drivers).

ACRS response to the Review

a) Road Policing Network Response

This submission to the review of *Assessing Fitness to Drive Guidelines 2022 Edition* (the Guidelines) has been prepared by the committee of the Road Policing Network of the Australasian College of Road Safety (RPN). It focuses on how the role of police in assessing fitness to drive (AFTD) can be enhanced to improve road safety and assist health professionals and driver licencing authorities to better assess fitness to drive (FTD).

b) Overview

The Guidelines are well presented and strongly supported by a sound evidence base. The primary purpose is stated as assisting health professionals to assess a patient's FTD based on current medical evidence (p 2). Numerous condition-specific factors that present risks to road safety are explained and advice is provided regarding their management.

The Guidelines limit the police role to responding to reports from health professionals about immediate threats to public safety (p 46; p 172), reporting persons for assessment regarding dementia (p 122) and contributing to the management of people with personality disorders (p 174). However, the RPN contends that police are underutilised regarding AFTD. As the *only* cohort positioned to regularly conduct FTD assessments *in situ*, it is argued that acknowledging and supporting role of police in AFTD is likely to enhance the efficacy of the Guidelines.

c) Comment

The Guidelines describe medical conditions that may manifest in adverse driving incidents. For example, an elderly driver failing to stop at a stop sign may be suffering from dementia (p 121), while erratic driving may stem from a delusional episode relating schizophrenia or a suicidal ideation related to a bipolar condition (p 170) or use or misuse (intentional or unintentional) of medication (p 171). Because such incidents are likely to attract police attention, it is crucial to engage police more fully in AFTD and provide broader options.

When driving incidents or crashes occur, a common police response involves the issue of a penalty notice or the initiation of court proceedings. For example, researchers have argued that police responses to road crashes often focus on factors such as the last action of the driver immediately prior to the crash (Anund & Dahlman, 2023; Shuey & Myers, 2021; Williamson, 2021). However, this does not recognise underlying causes, leaving potential medical conditions unidentified and untreated and leaving the threat to public safety unresolved.

Research regarding the capacity of police to accurately determine whether a person is fit to continue driving is limited. However, a recent Australian research paper (Parekh et al., 2025) found that of 110 drivers referred for assessment by one Australian police agency, all had their driver licence modified, suspended or cancelled. The authors conclude that the detection by police of medically impaired drivers for referral to FTD assessments is effective. This suggests that police are well positioned to accurately assess and describe drivers' FTD.

The assessment procedures described in the Guidelines overwhelmingly rely on either self-reports from drivers or involve off-task assessments such as practical driving tests. This creates a challenge for health professionals tasked with making assessments and decisions in contexts that are spatially and temporally remote from the normal driving task. While on road practical driving assessments are cited as an option to

assist in the decision-making process regarding FTD, it has been suggested by researchers that the validity of driving assessments may be tempered by challenges in replicating a drivers' normal driving task (Anund & Dahlman, 2023) and that a person's behaviour changes when they are aware they are being observed (Robson & McCartan, 2016). Furthermore, the Guidelines acknowledge the potential for *"patients to withhold information if their mobility or livelihood is threatened"* (p 43), or to *"understate or deny substance use for fear of the consequences of disclosure"* (p 193).

In contrast, police officers regularly engage with drivers in situ, providing a lack of artificiality that strengthens the validity of their observations. Furthermore, police (particularly those that are highly experienced) are able to report on crucial contextual information, for example, the appearance and demeanour of the driver, the environmental conditions at the time (traffic volume, roadway type, weather conditions) and a driver's crash and substance use history (complemented via access to police databases) can also be reported. Developing guidance for police regarding how to identify drivers suffering from conditions affecting their driving, and the extent of information health practitioners require, should strengthen the referral and assessment process. It should also encourage police to consider alternate (and likely more effective) options other than legal process, thereby reducing potential risks to the public and improving road safety for the driver and all other road users with whom they share the road.

Conclusion and Recommendations

The ACRS welcomes the opportunity to comment on this review of Assessing Fitness to Drive, and recommends:

- 1) Police be acknowledged as part of the target audience in section 1.2.
- 2) In conjunction with health professionals, tailor information within the Guidelines to enhance police knowledge regarding how to assess drivers for referral for FTD. For example, include a summary table highlighting information that supports police officers' capacity to identify potential FTD issues that can be observed in situ.
- 3) In conjunction with health professionals and licencing authorities, develop a standardised reporting system or pro-forma that lists the information health professionals and licencing authorities need to facilitate swift, informed, fair and just decisions regarding the licence status of a referred person.

Please do not hesitate to contact us if you need any further information.



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