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Consultation on Medical aspects of fitness to drive 2024

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SUBMISSION FROM NZAA ON MEDICAL ASPECTS OF FITNESS TO DRIVE

1. The NZ Automobile Association (the AA) appreciates the opportunity to comment on the Draft Medical aspects of fitness to Drive guide for health practitioners.
2. The AA was founded in 1903 as an automobile users' advocacy group, but today our work has a broader focus on our members' mobility interests. We have over 1.1 million personal Members throughout New Zealand, and 18 District Councils who are elected to represent the interests of AA Members in their local areas. Feedback from our District Councils has helped to inform this submission.
3. We are happy to meet with officials to discuss our views in further detail if that would be helpful.

Summary

4. It is clear from the experiences of members of the AA's 18 district councils around the country that they and other drivers are having vastly different experiences when navigating the process for being deemed medically fit to continue driving.
5. Authorities need to ensure New Zealand's approach towards assessing the safety of our older drivers constitutes best practice and we are not convinced the current approach is delivering that.
6. We need a system that can show any testing undertaken is robust, relevant and fit for purpose but this is not currently the case.
7. We think much better information needs to be provided to both GPs and older drivers to help them navigate this issue, and clearer information about the options for limitations on driver licences could be particularly helpful.
8. We also outline some opportunities for improving the process itself including in the information provided to drivers prior to the renewal process, addressing barriers to accessing further testing and the need for ongoing review and continual improvement to take into account the most recent safety and risk data and the role that improving technologies can play.

General Comments

9. We support NZ Transport Agency Waka Kotahi (NZTA) reviewing this guide as it is 10 years from its last update, and it is important that the document remains fit for purpose. We also acknowledge and support that the draft has involved consultation across the many government agencies that have an interest in this issue. The breadth of across-government consultation, as well as the significant spread of medical conditions that can impact on a person's ability to drive all reaffirm the fact that this is a very complex issue.
10. We are concentrating this submission on *Section 10: Increasing Age* section of the document as our main interest is on the medical certificate required by drivers aged 75+ when renewing their driver licence. This is the topic that we receive Member feedback on and which has received a lot of wider public attention over recent years.
11. When preparing this submission we grouped our thinking into firstly, what the guide itself should cover in relation to the advice it provides directly to the health practitioners who are assessing a driver's medical fitness to drive, and secondly, issues that have been raised with the process of renewal itself. While the focus of this consultation is specific to the draft guide, we believe feedback on any concerns with the process provides a clearer picture to NZTA of how fit for purpose the guide is and provides opportunity to mitigate some of the process concerns in the guide itself, where it is possible/pragmatic/desirable to do so.
12. In our view, the aim of the guide should be to support the medical practitioner as much as possible. While they are experienced professionals in the health field, they are, understandably not experts in assessing driving skills. The purpose of the guide is to fill that gap in providing guidance to medical experts on how various health conditions can impact driving.
13. At a higher-level context, the current licensing requirements in the Graduated Driver Licence System (GDLS) for a driver 75+ were introduced in 2006. We think it would be appropriate to include an assessment in any future review of the GDLS of whether these remain fit for purpose using up to date safety data.
14. In addition, any access and equity considerations that are used in assessing the appropriateness of the learner, restricted and full licence stages should also be considered for those 75+ continuing through the GDLS system requirements at the other end of the driver licensing journey.

Discretionary Approach for GPs versus a prescribed testing regime

15. We acknowledge that in a GP-centric medical certificate process, there will be different approaches taken by GPs that are tailored to the individual. Allowing decision-making to the discretion of experts is not uncommon across different government processes and there are positives and negatives to this. When we asked our AA District Councils whether there should be a standardised, prescriptive process for drivers 75+ when renewing their driver licence, we received a mixture of feedback with neither prescriptive nor discretion a clear winner.
16. Therefore, we are not suggesting in our submission that we go back to a standardised testing regime, however we think the current process is not always operating as intended and is sometimes resulting in unfair outcomes for drivers. To combat this we think better guidance needs to be provided to GPs in the document.

GP patient relationship has evolved since process was put in place.

17. GPs have been given the key role in driver licence renewals for over 75's since the mandatory two-yearly on-road test for drivers 80+ was removed in 2006. The health system has changed greatly since then. Primary care health workers such as GPs are facing substantial pressures and increasingly difficult working environments and the GP-patient relationship has substantially evolved.
18. Back in 2006 it was more common for a GP to have had a regular and ongoing relationship with their driving patient over a number of years, giving them a fuller picture of the health of the individual and a greater level of information with which to apply their medical knowledge and discretion in making a fitness to drive assessment.
19. In the current health environment, across all ages and stages, and across our Districts it is less common to see your primary GP every time you attend an appointment, with the alternative being to see another GP in your practice, locums who are brought in to cover GP shortages, phone consultations or seeing nurses rather than doctors. Without this built-up history to base judgement on, it is more difficult for GPs to assess medical fitness to drive. This is where the document needs to help.

Recommended changes to the guide

20. We think the guide needs to include better guidance on:
 - Cognitive testing (justify the link between cognitive testing and safe driving; describe when cognitive testing is relevant; outline which tests are recommended/discredited)
 - Licence conditions
 - How Appendix 9 relates to the guide.

Cognitive testing

21. We do not think that the approach taken by NZTA in the draft guide goes far enough to address the recent concerns raised over the use of cognitive testing, and on its own will not be enough to cause change.
22. To streamline the process of assessing medical fitness to drive (and to perhaps fill the gap that patient history would have provided) it appears a number of medical practices are relying on blanket screening tests to help provide information to feed into the decision-making process, such as applying cognitive testing to every driver who presents for the medical certificate. The AA would only support a standard cognitive test for all drivers if one could be developed that was researched and proven to be linked to the task of safe driving.
23. Cognitive testing has risen to the forefront of public discussion on the licence renewal process for over 75's. Doubts have been raised over the link between cognitive testing in general as a predictor of the ability to drive safely, and one test, the *Screen for the identification of the Cognitively Impaired Medically At-Risk Driver, a Modification of the DemTect1 test*, known as the SIMARD-MD test has had its validity questioned.
24. In the summary document provided with the draft Manual, NZTA acknowledges the recent concerns around the types of cognitive tests that have been used by health practitioners to help them determine an older driver's fitness to drive. The way of handling this has been to add a sentence to the updated draft to reflect 'there's no one test to give a complete answer and a

combination of age-related conditions can complicate an assessment'. In our view this is insufficient.

25. We believe there is a duty of care on NZTA and the Ministry of Transport, as owners of the Graduated Driver Licence System, to keep abreast of latest research to ensure New Zealand's approach towards assessing the safety of our older drivers constitutes best practice. As part of this, they should be confident that any testing undertaken is robust, relevant and fit for purpose.
26. If NZTA is satisfied that cognitive testing is a valid predictor of safe driving, then the guide should provide better information on what signs in a presenting driver might trigger the need for a cognitive test, which cognitive tests would be the most appropriate to use for the purpose of predicting safe driving, and conversely which tests are not considered appropriate for this use.

Licence Conditions

27. We think there is the opportunity to make greater use of the licensing conditions to assist in mitigating particular safety concerns for individual drivers (e.g. no night driving or a maximum distance restriction). The guide should provide more information and emphasis on what the suite of driver licence conditions or restrictions are that a GP could impose and advice in which circumstances it might be appropriate to recommend them. The information sent to drivers 75+ prompting them to renew their licence should also provide detail around the restrictions available, to allow them to prepare for a conversation by thinking through the types of driving trips they undertake and any aspects of driving they are finding difficult.

Include a reference to Appendix 9 in the text

28. The draft guide includes a 'road sign test' as Appendix 9 to the document, which is to be used if the health practitioner thinks a patient may be showing signs of forgetfulness or memory loss. At present there is no reference to the test in the body of the guide.

Opportunities for improvement in the process (outside of the guide itself)

29. In raising the topic of licence renewal for drivers 75+ with our AA District Councils, there were a number of issues/concerns raised about the wider renewal process. While the focus of this consultation is specific to the draft guide, we believe feedback on any concerns with the process provides a clearer picture to NZTA of how fit for purpose the guide is and provides opportunity to mitigate some of the process concerns in the guide itself, where it is possible/pragmatic/desirable to do so. These opportunities for improvement are:
 - information provided to drivers prior to renewal
 - Addressing barriers to accessing further testing
 - ongoing review and continual improvement

Information provided to drivers coming up for licence renewal

30. There are many examples of drivers going through this renewal process who find it stressful and at times, traumatic. As noted in the guide, the ability to drive allows for independence and the implications of losing your driver licence are life changing for the individual and their wider family. The more information those going through the process receive up front and to understand what might be expected of them the better. The *Driving as a Senior* document provides useful information and context, but will not be enough for everyone going through the process, particularly those who are currently faced with cognitive testing. In addition it should also provide detail around the restrictions available, to allow them to prepare for a conversation by thinking

through the types of driving trips they undertake and any aspects of driving they are finding difficult. They could then ask about restrictions as an interim measure even if their GP does not offer it to them.

Addressing barriers to accessing further testing

31. We also understand for those requiring occupational therapy driving assessments or on-road safety tests, access can be a challenge. Wait times, geographic location and cost can be significant barriers to those requiring the testing in order to fulfil the licensing requirements. These access and equity issues are similar to what is experienced by drivers going through the learner, restricted and full driver licence stages. The NZTA's Driver Licence Improvement Programme was introduced in order to support drivers at the beginning of their licence journey and we think that similar initiatives could be used to support drivers 75+ also.

Ongoing review and continual improvement

32. The current licensing requirements in the GDLS for a driver 75+ were introduced in 2006. We think it would be appropriate to include an assessment in any future review of the GDLS of whether these requirements remain fit for purpose, based on international best practice and reflect up-to-date safety and risk data. Technology is also evolving and could well provide useful tools to enable a more driving focussed practical-style component to feed into the health practitioners assessments (e.g. through computer based testing that could assess hazard perception, reaction times etc.).

Conclusions

33. The NZAA welcomes the opportunity for input on the Draft Medical aspects of fitness to Drive guide for health practitioners. and requests the issues we have raised above are addressed.
34. The NZAA will be pleased to provide any further comment as appropriate. Please contact Dylan Thomsen.

Yours sincerely

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