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# Fitness to Drive

## Practice Based Small Group Learning

### INTRODUCTION

For many people, their employment and independence may depend on their ability to drive. For some, driving is an integral part of their identity or status within a family or community and so it is not surprising that the subject is at times broached with hesitancy by primary care clinicians.

However, health-related impairments contribute to higher rates of motor vehicle accidents. Older drivers have the highest rate of crashes per mile driven – caused by commonly occurring conditions such as visual impairment, slower reaction times, reduced coordination, and development of cognitive impairment such as dementia.

There also are various chronic medical conditions that would warrant an assessment of the patient's ability to drive. Many have red flags and clear guidance such as seizures, others are under-reported to the DVLA.

Primary Care can play an important role in helping to identify unfit drivers and in convincing them to stop driving before they hurt themselves or others.

### Practice Challenges:

- Assessment of fitness to drive can be challenging, especially when a patient's medical condition is in the "grey-zone."
- Standardised clinical screening tools for surgery use (that help assess a patient's fitness to drive) are limited. Specialised medical driving centres are not easy to access geographically, for many in Scotland.
- Because of the potential consequences for patients and their families, Primary Care clinicians may hesitate to broach the subject of driving and any possible perceived problems.

### This module aims to:

- highlight signs that a patient may be unfit to drive;
- review tools that may help assess patients' fitness to drive;
- increase confidence in discussing driving problems with patients, including the need to stop driving;
- highlight the role of specialist driving testing centres;
- highlight the learning from the tragedy of the Glasgow bin lorry crash in 2014.

This module will provide only a brief review of those conditions for which the recommendations about stopping driving are clear and well known (e.g., seizures, problem drinking, etc.). The module will focus primarily on less well-recognised medical conditions that may adversely affect a patient's fitness to drive, especially in the older driver. There may be further GMC guidance following the Glasgow bin lorry crash, and if that alters this module's conclusions, then the module will be updated.