



"YOU CAN GO HOME NOW. WE'VE RUN OUT OF TESTS."

GP perspective on NZTA licensing.



Outline:

The DL9 and rule changes

- The Consultation and time saving
- Vision testing
- Future plans
- Specific Conditions
- Cases/questions

Under law changes 8th Nov 2018 appropriately qualified nurse practitioners and registered nurses, working within their scope of practice, will be able to carry out a “fitness to drive assessment”....(ie to fill in a DL9 form)

The wording changed from “medical “ to “health” practitioner in the act.

NOTE: A RPL (recreational pilots licence) needs NZTA class 2 with P endorsement standard.

- **Scope of practice is defined in the Health Practitioners Competence Assurance Act 2003.**
- Section 8 of that Act makes it clear that health practitioners must:
- *have a current practising certificate issued by the responsible authority (such as the Nursing Council of New Zealand)*
- *not practise outside their scope of practice unless permitted to do so by the scope of practice*
- *perform that service in accordance with any conditions stated in the scope of practice.*

Formal teaching??

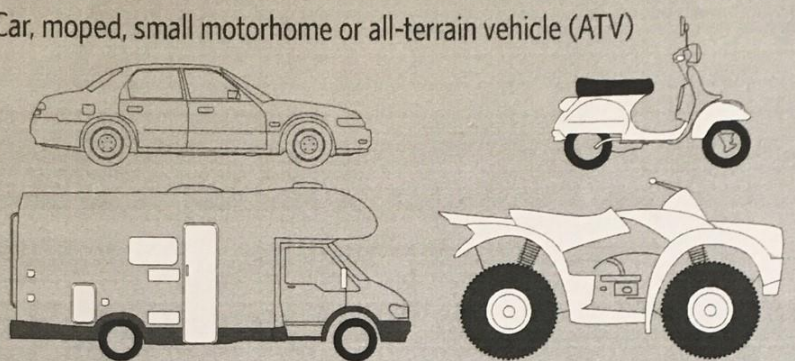
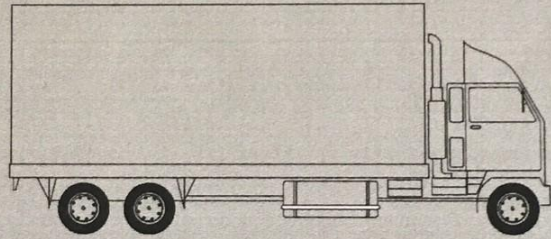
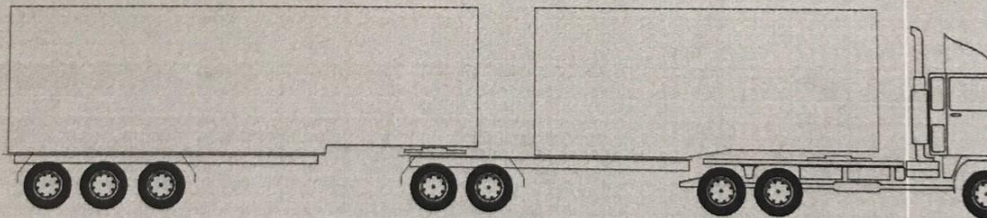
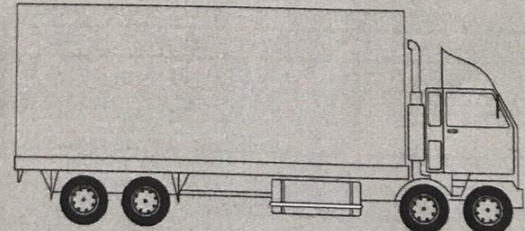
- As a GP registrar(many many many years ago)
- I was taught:
- “ make sure you ask if the person still enjoys driving”
- “we rarely deny a person getting their licence”

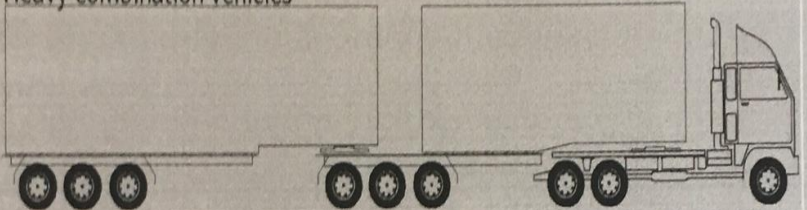
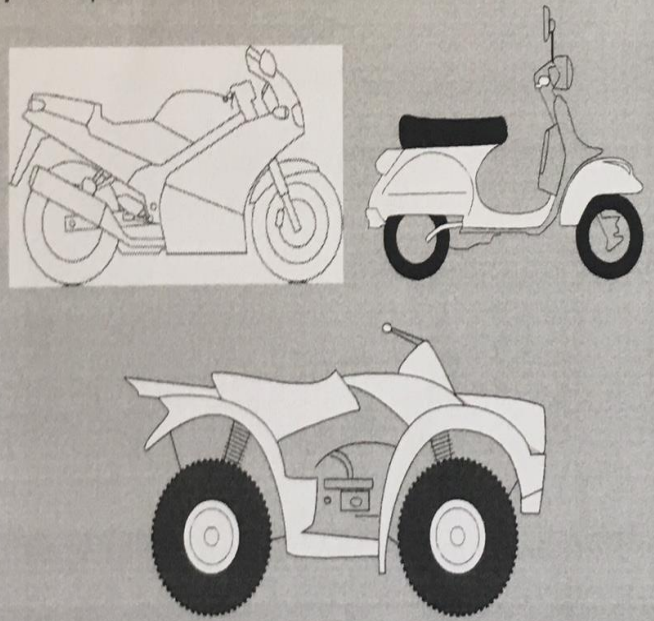
Aiming to ensure drivers are fit & competent

- In NZ 2003-2007 “medical-related factors” contributed road crashes causing 82 deaths, 459 serious and 1692 minor injuries
- Two Legal Obligations:
 - 1. Examinations carried out applying the standards in the NZTA “Medical aspects of fitness to drive” on website (only 154pages!!!)
 - 2. To advise the NZTA via the Chief Medical Adviser of any individual who poses a danger to the public by continuing to drive when advised not to.(disclosure of private medical information is legal if done in good faith in this circumstance)

Types of Licences/Endorsements

- Classes 1,6 private car and Motorbike 10 yearly
- Classes 2,3,4,5 increasing truck sizes
- P passenger 5yearly
- V vehicle
- I instructor
- O testing officer
- D, R, T ,W endorsements None

Class 1	Car, moped, small motorhome or all-terrain vehicle (ATV) 	None 10-ye medic
Class 2	Medium rigid vehicles 	10-ye
Class 3	Medium combination vehicles 	10-ye
Class 4	Heavy rigid vehicles 	10-y

Licence class	Main types of motor vehicles covered by the licence class	Normal requirement for medical examinations
Class 5	Heavy combination vehicles 	10-yearly
Class 6	Motorcycle, moped or ATV. 	None if medically fit. 10-yearly if has medical condition

History and examination:

NZTA wants a higher medical standard for Class 2,3,4,5 and endorsements P,V,I,O, including more information on the DL9 and specialist letters attached.

For Class 1 or 6 , or endorsements D,F,R,T,W a slightly lower standard is acceptable.(the “speed medical”)

Visual Standards:

- Class 1,6 combined 6/12 or monocular
- Class 2,3,4,5 combined 6/9 (monocular <6/60) excluded
- Snellen chart 6m chart (back lit /3m mirrored=6m or 500 lux)
- (3 & 4metre charts allow benefit to under corrected myopes)
- Routine RIGHT , then LEFT , then BOTH note: 6/12-1 =6/12 in NZTA guidelines
- visual fields >140deg by confrontationfinger counting/movement/even distance/eye height same

“great a drivers medical! a chance to catch up!”

Speed Tips:

Targeted to low risk & no medical/visual problems:

Starts at Reception.

First page of DL9 filled in by patient. (sometimes I.D & old D/L needed)

A separate consultation !!! “Mrs Jones please make another appt. to sort out your erratic bowel movements”

Approximate questions eg >5yrs history.. “a partial/full medical?”

“any problems with previous licensing? Any fits, faints, sight or reasons why you can’t drive safely?”

VA done from consultation seat/field confrontation.

The Future: possibly dropping repeated vision testing.

NZTA 2016 review document

294,000 Nzer's renew their licence ever year (not all need medicals...phew!) but they all currently need a vision test & photo.

Aiming for 1. digital licensing environment, (eg Govt's RealMe for passports) and 2. Streamlining commercial driving pathway.

Interesting NZ Study of 7400 drivers who failed their eyesight test & crash rates 3 years before & after corrective lenses. No difference.



Class 1 Declarations Leading to A “medical”

- Diabetes
- Locomotive joint or limb problems
- Strokes
- Nervous or mental disorders
- High blood pressure
- Seizures, fits, convulsions, epilepsy
- Serious injuries (eg head or spinal injuries)
- Visual disturbances (eg cataracts, double vision, glaucoma)
- Cerebral vascular accidents/disease
- Cognitive impairment
- Any other condition that may affect your ability to drive safely, including fatigue, disabilities and conditions such as dementia.

Class 2 & above Commercial licencing

NZTA recommends:
Better registered patient
Good History
Each box ticked
Include recent specialist letters
More information better than less
Non important conditions
(Eg OA L hip , not necessary)
Don't forget OSA and use Epworth
Sleepiness Scale if needed

You must consider the guidance in this section. You must consider the guidance in this section. You must consider the guidance in this section.

Medical history
Please refer to Medical aspects of fitness to drive guidelines.

Are you the applicant's usual health practitioner?
☐ No ☐ Yes

How long have you treated the patient/how long has the patient attended this medical practice?
☐ No ☐ Yes

Do you know the medical history of the patient?
☐ No ☐ Yes

Does your patient have:		Is this medical condition likely to affect, or does it raise concerns about, their ability to safely control a motor vehicle or perform the function of their endorsement?
Hearing problems <input type="checkbox"/> No <input type="checkbox"/> Yes	eg does the applicant have problems hearing ordinary conversation at a distance of 3 metres (with hearing aid if necessary) <small>For passenger, vehicle recovery, driving instructor or testing officer endorsements only</small>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes	PLEASE TICK ALL BOXES THAT APPLY <input type="checkbox"/> Type 1 (Specialist reports required for commercial class) <input type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Insulin <input type="checkbox"/> Oral agents <input type="checkbox"/> Diet controlled <small>If yes, please provide copies of any relevant specialist reports and/or provide sufficient detail in the Comments section to demonstrate or confirm the degree of control.</small>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Cardiovascular conditions <input type="checkbox"/> No <input type="checkbox"/> Yes	(excluding controlled hypertension) If yes, refer to comments section (reports required) Please specify: <input type="text"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Mental disorders <input type="checkbox"/> No <input type="checkbox"/> Yes	Please specify: <input type="text"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Muscular/skeletal disorder/Locomotor conditions <input type="checkbox"/> No <input type="checkbox"/> Yes	eg limb loss, paralysis, arthritis. Please specify: <input type="text"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Neurological and related conditions <input type="checkbox"/> No <input type="checkbox"/> Yes	eg Cerebrovascular Accident, Multiple Sclerosis, Parkinson's Disease, Transient Ischaemic Attacks, Alzheimer's Disease, dementia, head injury etc. Please specify: <input type="text"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Visual problems <input type="checkbox"/> No <input type="checkbox"/> Yes	eg cataracts, glaucoma, visual acuity less than 6/12, field deficits. <input type="text"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medications <input type="checkbox"/> No <input type="checkbox"/> Yes	The applicant is on medication which may affect their ability to drive. (Details of medications to be recorded in comments section)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Other disorders <input type="checkbox"/> No <input type="checkbox"/> Yes	eg Obstructive Sleep Apnoea, respiratory, syncope and/or vestibular disorders, dizziness, metabolic/endocrine, complications of alcoholism. Please specify: <input type="text"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Epilepsy/seizures or blackout <input type="checkbox"/> No <input type="checkbox"/> Yes	Refer to Medical aspects of fitness to drive section 2 for reference to commercial licence holders. DATE OF LAST ATTACK/EVENT: <input type="text"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Eyesight Examination form

1. Fit
2. Fit with either conditions and/or ≥ 75 yrs needs an on-road safety test (\$60)– the DLA
3. In need of further assessment either OT (approx.\$500)or specialist referral
4. Unfit
5. Sign,date form please !!
6. Partial/full medical?? Doesn't matter

HEALTH PRACTITIONER TO COMPLETE THIS PAGE

Driver licence number

Eyesight

If special circumstances exist the applicant may apply to the medical section for an exemption from meeting the eyesight requirements.

Classes 1 & 6*

Endo FRTWD

Without correcting lenses

Both

With correcting lenses

Both

at least 6/12

*at least 6/12 using both eyes, or using one eye if monocular vision.

For agent use: The lower the second number, the better the eyesight (eg 6/6 is better than 6/12).

Classes 2-5**

Endo PVI/O

Without correcting lenses

Right

Left

Both

With correcting lenses

Right

Left

Both

at least 6/18

at least 6/18

at least 6/9

** Each eye must be tested separately and then both eyes together. If the applicant does not meet the standards for an individual eye, then they may have monocular vision. Please refer to section 6.5 Monocular vision in the Medical aspects of fitness to drive.

Peripheral vision

☐ Normal

☐ Reduced

(Peripheral vision standard is 140° for all classes)

(If reduced refer the applicant to an optometrist or ophthalmologist. Please note that the applicant cannot be recommended as fit to drive if they have reduced peripheral vision below 140°)

Summary

TICK the appropriate box and CROSS OUT the statements that don't apply.

For information on driver licence classes, go to www.nzta.govt.nz/what-you-can-drive.

Having regard to Medical aspects of fitness to drive and knowledge of the medical details of the applicant I am of the opinion that the applicant is:

1. Medically fit to drive classes:

☐ 1, 6, D, F, R, T, W

☐ 1, 2, 3, 4, 5, 6, D, F, R, T, W, P, V, I, O

2. Medically fit to drive the following classes with the following recommendations (A and/or B):

☐ 1, 6, D, F, R, T, W

A. ☐ I recommend the applicant's licence be subject to the following conditions:

Note: The Transport Agency may enforce any recommended conditions. Where an applicant meets the medical standard but chooses to self restrict their driving you do not need to recommend a condition (eg if they choose not to drive at night, even though their eyesight meets the standard, then a 'no night driving' condition is not required).

B. ☐ I recommend that the applicant undertakes an on-road safety test with a testing officer to ascertain whether they meet the minimum standards of safe driving. (The Transport Agency will enforce this recommendation).
Note: The applicant is medically fit to undertake an on-road driving test and is over the age of 74 years.

3. In need of further assessment as follows (A and/or B):

☐ 1, 6, D, F, R, T, W

☐ 2, 3, 4, 5, P, V, I, O

A. Requires further medical assessment to determine capacity to drive safely

☐ I have referred to specialist for assessment:

or

☐ I would like the NZ Transport Agency's Chief Medical Advisor to review this patient's records

B. Requires occupational therapy assessment of driving

☐ I have referred for occupational therapy driving assessment in class(es):

4. NOT medically fit for classes:

☐ 1, 6, D, F, R, T, W

☐ 2, 3, 4, 5, P, V, I, O

If the patient is not medically fit for class 1 or 6, please send advice to: NZ Transport Agency, Medical Section, Private Bag 11777, Palmerston North 4442 (phone 0800 822 422 ext 8089, fax 06 953 6261)

Medical examination

I have carried out in accordance with Medical aspects of fitness to drive:

☐ Full medical examination

☐ Partial medical examination

(A FULL medical examination includes testing chest/lungs, cardiovascular system, abdomen, neurological and locomotor system and cognitive skills)

Signature of health practitioner

Verification stamp and/or practitioner's name, address & phone number (print clear)

Registration number

Date of medical exam

Day / Month / Year

Examples of conditions:

Local area

<50km zone

Daytime driving only

Avoid peak hour traffic (hours 930 to 230)

Must wear corrective lenses/contacts

Occlusion to be worn(in cases of diplopia)

Regular / eg yearly eye checks

No motorway driving

(in Blenheim you could say avoid main roundabout with the train line going through it)

Specific Conditions:

Hearing...	Only P,V,I,O >40db important
Diabetes..	Unfit for class 2 if IDDM
Cardiovascular	Unfit for class 2 if BP>200/110
Mental disorders	complex/meds/psych advice
Locomotor conditions	some progressive
Neurological related	dementia MOCA<23 ?OT
Visual problems	eg temporary limit until cataract
Medications	Individuals need to be warned
Other disorders.. OSA/vestibular	needs CPAP/ rx
Epilepsy or blackouts	12m standdown private. Unfit class2
Surgery	12 hours no driving after GA



Case 1 NIDDM

32yr old

Wt 125kg father of two

Bought his own taxi , investing 30K

Hx- BP,NIDDM,high cholesterol

HBA1c 115 BP 140/88

Metformin, cilazapril, indapamide,Lipitor

Recently started on NovoMix

Asking for a Passenger Endorsement?

I wrote to Diabetes Physician
Not until demonstrates good control
On review HBA 120 ...

Suggested HBA in the “90’s” with good monitoring he could get a
“P” endorsement

Of Note NZTA suggest NIDDM requiring insulin is more ok for
trucks etc than PSL licensing(eg bus driving can’t always stop &
monitor)

Case 2 IDDM Mr D

50yr old father of three

New job from timber mill to road worker

Employer wanted him to get a class 2 licence to help moving the trucks

Smoker

Bp 140/80, HBA1c 80

Meds Humalog, nadolol, lantus & Lipitor

Mild diabetic retinopathy

Can feel if he getting low blood sugars

I declined him his application for class 2 but wrote to physician

Moderately controlled diabetes HBA 78, vision not affected by mild DR, and good hypoglycaemic awareness.

Mean't that he could obtain a restricted licence.

NZTA conditions:

“carry monitoring device;regular testing before and during shift breaks;recording readings;not to drive BSL<4.2 and continue annual specialist reporting etc”

Case 3 Unexplained syncope

91yr old man

Lives alone , wife died 3 yrs ago
good driving record

Hx Angina/DVT nil else

Meds Aspirin/lansoprazole/frusemide

March 2018 “syncopal event” ended up in ED.

After investigations , nil cause found, further episodes occurred
12m stand down from driving recommended & given in writing in
June 2018... last syncopal event Feb 2019

Requested his renewal of drivers licence for his 92nd birthday.

He had driven to his appointment and showed me his new car out the window.

I advised him on Monday that no further licence and he driving against medical advice & wrote to the Chief Medical Advisor. NZTA
Using one of their forms in the Manual.

He wanted to get a “limited licence” maybe even to be allowed to drive with someone else sitting beside him.

Verbal message from NZTA that unlikely any conditions can apply
And he will lose his licence.

Case 4 Epilepsy

Fit & well

Running a outdoor adventure business , including kayaking & tramping

3 brief seizures over 5 years.

All at night witnessed by her husband

All investigations normal

On no medications.

She wants a passenger licence to help with her clients

One seizure any time is a 12m stand down. But 3 Sleep seizures over 5 years fullfills NZTA definition of Nocturnal epilepsy and she can daytime drive only. Class 1 ok

Decided not to pursue “P” endorsement.

Started on Epilim & folic acid initially.

Stopped it during first preg.

Then further seizure in second preg at 19wk

Now on Tegretol bd. With two healthy children.

A happy ending.

