

CIECA Report Medical Fitness to Drive Cognitive disturbances

Report covering the answers to the questionnaire
about medical fitness to drive and cognitive disturbances
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CIECA Topical Group on Fitness to Drive
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1. INTRODUCTION

This is a summary of the responses received following a questionnaire sent to European Countries in connection with Cognitive Disturbances and Medical Fitness to Drive. Responses were received from 18 countries from Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Hungary, Ireland, Luxembourg, Netherlands, Northern Ireland, Norway, Portugal, Spain and Sweden.

6 main questions were asked with some containing sub questions. The responses are detailed collectively in the following summary.

2. SUMMARY OF COGNITIVE DISTURBANCES RESPONSES

2.1. Notifying cognitive disturbances

2.1.1. *How are cognitive impairments (e.g. dementia, brain injury) notified to the driving licencing authority in your country?*

Question 1a answered: 100%; all countries responded.

- One country had no defined system.
- 11 countries expressed that there were several ways of notifying with all 11 declaring that this was notified at a later time by the doctor / practitioner;
- Whilst 5 of these countries also having self-declaration and notification by the Police, authorities and family members.
- An additional examination is required by 2 of the countries,
- Whilst two other countries do not notify the licence authority.

2.1.2. *How are Interruptions of Consciousness (e.g. seizure, syncope) notified to the driving licencing authority in your country?*

Question answered 1b: 17 countries responded out of 18.

- The response to 1b was identical to 1a for 16 of the 17 countries.
- 1 country detailed that the Police notify the authority.

2.2. Please describe the pathways or processes from notifying cognitive disturbances to obtaining or retaining driving licence for group 1 and group 2

Question 2 answered: 16 countries responded out of 18.

- 10 countries identified that a medical examination is carried out with 2 of the countries indicating that the final decision is made by the Police whilst 2 others are with the Road Administration to decide and 1 with the medical expert to decide. 4 countries indicated that a driving assessment is required; 2 indicated that a driving and medical assessment were required.
- 2 countries left the question blank with no response provided.

2.3. Do you have specialised medical teams within healthcare system that carries out assessment of medical fitness to drive when it comes to cognitive disturbances?

Question 3 answered: 5 countries responded YES; 12 responded NO and 1 left blank.
Further details:

- 8 countries did not provide further details. A variety of explanations were provided including being carried out by the doctor or public/private organisation; University Hospital multi-professional medical teams; at a rehabilitation centre; institutes with specialists; Healthcare specialists; specialists in Geriatric Medicine, gero-psychiatry, psychiatry, neurology; during medical assessments; Sanitary Authority and CARA (Centre for Evaluation of Fitness to Drive and Car adaptations) Department.

2.4. Are on-road driving assessments used as part of the medical fitness to drive process for cognitive disturbances?

Question 4 answered: 13 countries responded YES, 4 responded NO and 1 left blank

2.4.1. If so, please describe when the on-road driving assessments take place within the medical fitness to drive process for cognitive disturbances?

- 5 countries responded with before the final decision is made.
- 6 responded with if there is reasonable suspicion or doubt.
- 1 responded with 6 months after the neurology event
- Whilst 1 country stated that it was not standardised.
- 4 countries left this question blank.

2.4.2. Which professionals are involved in the on-road driving assessments as part of the medical fitness to drive process for cognitive disturbances?

- Medical and technical experts are involved in 7 countries whilst a variety of other professionals are involved at the remaining countries involving Rehabilitation centres, Traffic psychologists, Occupational therapists, Driving Examiners and Independent Assessors.
- This was left blank by 4 countries.

2.5. Do you have any specific guidelines for medical practitioners in relation to assessing:

2.5.1. Fitness to drive in general (for all medical conditions incl. cognitive disturbances)? Y/N

- 11 countries responded YES
- 5 responded NO
- 2 left Blank

2.5.2. Specific guidelines relating to cognitive disturbances? Y/N

- 10 responded YES
- 5 responded NO
- 3 left blank

2.5.3. *If your answer is yes to 5a or 5b, can you please provide further information.*

- 4 countries provide guidance to doctors / practitioners;
- 3 countries provide guidance by transport authority;
- 2 provide guidance by the Health Authority;
- 1 country stated that the guidance is provided the same as all other diseases and
- 1 country stated that the guidance is differentiated for specific use.

2.6. Do you feel that the advice given in the Annex iii for cognitive disturbances is adequate?

9 responded YES, 4 responded NO and 5 left blank.

2.6.1. *If your answer is no, then please provide further information.*

Responses varied between: National guidance is proven to work; combined methods should be used; it uses outdated languages and concepts; information is insufficient; cognitive disturbances are pathology specific.

3. SUMMARY

The responses to the questions above have highlighted that there are many different practices being carried out in at least 18 different European Countries with regards to evaluating the medical fitness to drive of a driver with Cognitive Disturbances. This creates an inconsistency with standards and procedures and highlights the requirement to find best practices through discussions between representatives from different European countries. Response to the Q.4 is encouraging to suggest that on- road assessment is being used by 13 countries before the final decision is made for driving licence. Question 5 suggests that more work needs to be done in area of guidelines for medical practitioners. Q 3 needs further analysis as this shows a wide variation in relation to providers for such assessments. This raises question on who is monitoring the quality of assessment provided by these organisations.

Annex

Excel spreadsheet of responses.