

# CIECA Report Medical Fitness to Drive Neurodevelopmental Conditions

Report covering the answers to the questionnaire  
about medical fitness to drive and neurodevelopmental conditions  
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CIECA Topical Group on Fitness to Drive  
Sub group 2: Setting Standards for the Evaluation of Medical Fitness to Drive  
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## 1. INTRODUCTION

In the European Union, when applying or renewing a driving licence, drivers must meet the minimum standards of physical and mental fitness as defined in Annex III of the European directive ([EU DIRECTIVE 2006/126/EC](#)).

All EU countries need to comply with the EU Directives which they are to transpose into national legislation. The requirements for medical fitness are regulated in the Annex III of the EU directives and amendments on driver licencing (2006/126/EC; 2009/113/EC; 2014/85/EU; 2016/1106). However, as a directive requires member states to achieve a particular result without dictating the means of achieving that result, several countries developed national strategies, norms, and guidelines, and sometimes introduced more specific requirements. However, also on a more general level, the general national procedure is subject to significant variation. The national systems are not always the result of a fully and well considered rationale adhered when creating the system. In most cases the current systems are amended and tailored to political, social, economic, medical and historical realities in the respective countries.

With this questionnaire we tried to understand on a rather general level the differences and similarities between the general Medical Fitness to Drive (FTD) evaluation systems in different EU countries.

The second batch of questionnaires was sent out on the 30<sup>th</sup> November 2018 by email to 31 members of CIECA, followed by two reminders (the first mid-December and the second on the 15<sup>th</sup> of January 2019). The last response arrived on 18<sup>th</sup> of February 2019. An introductory letter explained its context, purpose, and requirements of the respondents.

The purpose of the questionnaire was not primarily to compare the different countries, but to generate a range of different possibilities in implementation of FTD guidelines. The results will therefore be described without specifically referring to individual countries.

The questionnaire consisted of 10 (main) questions and five sub-questions. Some questions had yes/no answers, others were open. Fifteen (15) countries responded in time to our inquiry: Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Great Britain, Ireland, Lithuania, Luxembourg, Norway, Portugal, Spain and Sweden. Most of the countries (16) did not reply.

Neurodevelopmental conditions, or learning disabilities are numerous, but they all develop before a baby is born, during birth or in early childhood due to a serious illness on the child's side or an accident during pregnancy or birth like insufficient oxygen condition.

Prominent examples for such diseases are Down's Syndrome, Autism Spectrum Disorder, Asperger's Syndrome or Attention Deficit Hyperactivity Disorder (ADHD).

It is important to note that the severity of the conditions vary significantly. While the impact may be mild and allow people to live a relatively normal life, including driving a car safely, there are also severe cases where individuals require full-time help for everyday aspects and thus are unable to master the complex process of operating a vehicle in traffic.

The extent to which driving is impaired depends on the type and severity of neurological condition. Therefore, assessing one's FTD during the driver's application process is important.

## 2. SUMMARY/OVERVIEW

### 2.1. Regulation/Guidelines

All countries responded to this question, but only 4 - 6 out of them confirmed to have specific regulations / medical and psychological guidelines about assessing medical fitness to drive for individuals with neurodevelopmental conditions (e.g. ADHD, ADD, Asperger's Syndrome, Autism or learning disabilities) formulated in a law or driving licence ordinance. Only four countries confirmed the existence of such guidelines.

Based on the questionnaire only two countries specified the following guidelines for assessments:

Great Britain	(Assessing fitness to drive – A guide for Medical professionals)
Sweden	(regulations from the Swedish Transport Agency's general advices [TSFS 2010:125])

### 2.2. Notifying traffic authorities of neurodevelopmental conditions

All countries responded to this item. In 12 from 15 cases (80 %), the traffic authorities are notified when applying for a driver's licence (first time or renewal). In that case a medical certificate by a medical professional (e.g. family doctor, general physician) must be submitted along with the formal application sheet.

A smaller percentage of 20 % rely on the driver's self-declaration of any relevant neurodevelopmental condition. Some countries (20 %) do not allow medical experts to convey private information about a patient to a third party such as the traffic authority in any circumstance. Other countries (France, Germany, Great Britain) have information transition processes via police reports.

### 2.3. Neurodevelopmental diseases and formal regulation

Formal regulation in cases of neurodevelopmental diseases varies from country to country. While most countries do not explicitly mention any diseases in their respective assessments, a trend is still visible. Attention deficit hyperactivity disorder (ADHD) and Autism are the most prominent (40 %), closely followed by Attention deficit disorder (ADD) without hyperactivity and Asperger's Syndrome (both 33 %). Learning Disabilities are mentioned less frequently (27 %).

### 2.4. Conditions which allow affected driver's to still hold a licence

93 % of the countries answered this question. In general, they do not have any specific conditions defined for continuing to hold a licence. In most cases (86 %) they demand an individual assessment by either a psychiatrist, a medical examiner or neuropsychological testing. If a person does not compromise road safety to a significant extent, he or she is allowed to drive.

This is not the case for severe forms of neurodevelopmental disorders, especially in cases of comorbidity, e.g. low IQ, impulsivity or emotional instability.

## **2.5. Checking for relevant diseases**

There is no standard way of checking for neurodevelopmental diseases as part of a regular procedure when applying for a driver's licence for the first time.

About one third of the answers reveal that the regular application process does not check for any neurodevelopmental conditions in any way. The other countries mostly rely on the applicant's self-declaration on the topic of neurodevelopmental conditions. If a condition is reported further investigations are initiated.

The assessments are numerous and all slightly different, but in most cases a neuropsychological or medical certificate must support the applicant's fitness to drive.

## **2.6. Specific regulations for neurodevelopmental diseases**

When asked for specific regulations for neurodevelopmental conditions in the FTD evaluation half of participating countries denied having any, sometimes pointing to guidelines helping in the diagnostic process. The other half cited the medical history as a subjective indicator as well as (neuro)psychological standardised testing and medical enquiries as objective measures.

In some countries, requirements for driving differ depending on the licence group. In summary, individuals suffering from a neurodevelopmental condition must either pass a higher threshold to acquire a Group 2 licence than for Group 1 or are not allowed to hold a Group 2 licence.

The answers to the question whether the regulations also specify the frequency of follow-up examinations were heterogenous. While short-term licences are quite common, almost no one shares a specific time limit. The reason given for this is that the frequency must reflect the individual condition and requirements.

## **2.7. Suggestion for grading stages of the condition and requirements for the drivers**

When asked if they had any suggestions for grading stages of the neurodevelopmental conditions, most answers rejected the idea, sometimes indicating the great differences between cases. They argued that an individual assessment could not always be classified into a fixed set of stages.

However, almost half mentioned specific rules for special neurodevelopmental conditions like learning disabilities or severe neurological diseases that should serve as diagnostic criteria in the assessment process. Thus, there is no consensus on a universally accepted guideline identifying the medical fitness to drive in cases of neurodevelopmental conditions.

## **2.8. Special medical teams for carrying out assessments of medical fitness to drive**

While a few countries like Belgium, Great Britain or Luxembourg have specialists within the health care system or specialized Assessment Centres (e.g. Germany) for carrying out the FTD assessments, there are mostly no special medical teams working purely on assessments of neurodevelopmental conditions.

However, the expertise of medical practitioners is often used through incorporating external medical certificates.

## **2.9. On-road assessments**

In Belgium, Denmark, Finland, Germany, Great Britain, Ireland, Lithuania, Luxembourg, Norway and Spain on-roads assessment are in use.

The methods of conducting the assessments vary between jurisdictions. The most notable aspect here is the strong variance in the institution or person assuming the assessor's role. This can be performed by specialized centres or driving examiners, depending on the country. In addition to this, differences can also be observed in the duration of the on-road assessment, as well as variety of road types included in the assessment.

## **2.10. Comments on the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions**

A small number of participating countries expressed an interest for more specific regulation of neurodevelopmental conditions. This should however serve only as a guideline and not as a new directive.

### 3. CONCLUSION

Both the procedure to notify neurodevelopmental conditions to licencing authorities and the FTD assessment are heterogeneous. There are big differences in the regulations, the responsibilities to inform the authorities, practically every part of the assessments and the range of professionals responsible for these tasks.

There are no comprehensive guidelines for evaluating the impact of all neurodevelopmental conditions on FTD in any country. However, given the historical background or financial support in the different European Countries, it probably won't be possible to find common minimum standards for Europe at this moment on neurodevelopmental conditions.

- In most countries the traffic authorities are notified of neurodevelopmental conditions while the individual is applying for a driver's licence and the applicant or his doctor has to confirm that there is no significant safety risk.
- There is a large discrepancy in what is officially recognized as neurodevelopmental conditions regarding road safety in a relevant way between the countries. In many cases not all the neurodevelopmental conditions are explicitly mentioned in the national guidelines.
- Drivers affected to a serious extent by neurodevelopmental conditions are usually unable to hold a licence. Most traffic authorities rely on an individual assessment by a specialist.
- There is no generally accepted modality of assessment for neurodevelopmental diseases. In many cases a combination of subjective and objective measures is used to establish the FTD of an applicant.
- There is no commonly agreed staging system for neurodevelopmental conditions, but some countries expressed that it would be advantageous to have an agreed guideline as an orientation in the assessment process.
- Most countries have on-road assessments that vary in terms of practical implementation, but some countries do not.
- There were almost no comments on the directives 2006/126/EC and 2009/113/EC, annex III.

## 4. RECOMMENDATION

ADHD is a relatively common but underdiagnosed chronic psychiatric disorder in adulthood. Epidemiological studies, for example, reported prevalence rates for Germany of between 3.1 % and 4.7 % in adults. From this it can be deduced that approximately 1.5 million drivers in Germany suffer from ADHD. Similar prevalence rates of about 5 % were found for American driving licence applicants.

Core symptoms of ADHD are considered:

- Lack of everyday organization
- Inefficient operation
- Poor impulse control
- Emotional instability.

In adult patients with ADHD, the prevalence rate for alcohol and drug abuse is 3 to 4 times higher compared to unimpaired adults. In addition, dissocial personality disorders occur in 12 - 23 % of all cases. Studies dealing with accident frequency found a 2 to 6-fold increased accident risk in ADHD patients compared to healthy people. Patients with ADHD are also more likely to hit and run. The road accidents of ADHD patients are mainly characterized by the fact that the cause of the accident is usually excessive speed and the accidents occur more frequently at night and on highways. ADHD patients are more likely to drive without a driving licence and are more likely to receive fines for traffic offences, in particular for exceeding the speed limit and risky driving behaviour. Therefore, the authors of this paper propose to include ADHD in the EU Driving Licence Directive as relevant for road safety and fitness to drive.

On the other hand, the on-road-risk among people suffering from intelligence deficits, learning disabilities or autism appears to be negligible. Here, society's task is to promote their appreciation of mobility through their participation and to counteract exclusion and stigmatisation. Therefore, all measures of the driving licence law should be exhausted in order to acquire and maintain the mobility of such people.



# Annex

## Austria

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		When the GP makes his assessment for the FTD and gets to know one of these diseases he transfers the applicant to the specialist of the authority.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		-
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		no strictly regulations; eventually psychological assessment
<b>Q3.a: What are clear cut exclusion criteria?</b>		-
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	No	-
<b>Q5: How do you investigate this?</b>		-
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	No	-
<b>Q6.a: What are they?</b>		-
<b>Q6.a.i: Do they differ for Group I and II?</b>	-	-
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	-	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	-	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out</b>	No	-

<b>assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>		
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	No	-
<b>Q9.a: If so, how is this done?</b>		-
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	-	-

## Belgium

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		They are not. The MD diagnosing the condition has a legal obligation towards his patient only, not towards the authority
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		<b>others:</b> none of them is being mentioned explicitly. There is only a general reference to any condition giving rise to disturbance of behavioural, judgemental, adaptational and perceptual capacities.
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		medical approval declaring 'free of relevant functional consequences'
<b>Q3.a: What are clear cut exclusion criteria?</b>		none
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	briefly and broadly in the self declaration, but the exact diagnoses are not mentioned. only to any condition giving rise to disturbance of behavioural, judgemental, adaptational and perceptual capacities.
<b>Q5: How do you investigate this?</b>		generally, when referred to specialised FTD evaluation centre (CARA): general neuropsychological assessment and practical driving assessment
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	No	-
<b>Q6.a: What are they?</b>		-
<b>Q6.a.i: Do they differ for Group I and II?</b>	No	-

<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	No	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	No	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	Yes	perhaps following the new diagnostic criteria of eg ASS, we definitely need to specify from what stage we need to be concerned. But perhaps the traditional definitions are not functional enough to be of any use in FTD
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	Yes	when referred to specialised FTD evaluation centre: CARA. FTD evaluations for any condition with an impairing functional consequence
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	as for any other condition at CARA
<b>Q9.a: If so, how is this done?</b>		dual control car, no specified routes, driving with the aim of determining functional consequences on driving
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	Yes	are they mentioned? These are relatively new conditions. We should also take into account the change in definitions of those conditions; therefore mentioning a diagnose might not be the best option;

## Czech Republic

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		Every physician has a duty to notify patient's eventual disability to local authority (that means not only to registering GP). In this case GP don't recommend driving licence.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		others: no limits still, it depends on functional capacity and it is strictly individually

<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		there are not specific conditions for severe impairments, in mild specific traffic psychological tests sets are used in certified equipped laboratory
<b>Q3.a: What are clear cut exclusion criteria?</b>		individual specific by traffic psychological tests sets
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	No	-
<b>Q5: How do you investigate this?</b>		-
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	No	-
<b>Q6.a: What are they?</b>		-
<b>Q6.a.i: Do they differ for Group I and II?</b>	-	-
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	-	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	-	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	-
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	No	-
<b>Q9.a: If so, how is this done?</b>		-
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Denmark

### Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		When applying for a driving license, a medical certificate must be submitted with the application. The medical certificate must state if the applicant suffers from neurodevelopmental conditions.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Attention deficit hyperactivity disorder (ADHD) Attention deficit disorder (ADD) without hyperactivity
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		In the case of hyperkinetic disorders where no indication of pretreatment with central stimulants has been found, driving licenses can usually be issued and renewed without special conditions. In the case of hyperkinetic disorders involving central stimulant drugs, the following applies:  Group 1: When a driving license is issued for the first time, it should usually be issued with terms of a time limit of 2 years. If the condition is stable, it is usually recommended that the driving license be issued without special time limit.  Group 2: When a driving license is issued for the first time, it should usually be issued with terms of a time limit of 2 years. If the condition is stable, it is usually recommended that the driving license be issued with an individually fixed time limit of a maximum of five years  In uncomplicated cases, the medical certificate is enough, in order to get a driving license.  In uncomplicated cases, the general medical certificate is sufficient.  For driving licenses for group 2, there should be a medical opinion, usually from a specialist in psychiatry, with information on the severity, stability and patient compliance of treatment and fitness to drive.
<b>Q3.a: What are clear cut exclusion criteria?</b>		The question must be considered individually in each case
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	No	-
<b>Q5: How do you investigate this?</b>		-
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	Yes	-

<b>Q6.a: What are they?</b>		Please see the answer in Q 3.
<b>Q6.a.i: Do they differ for Group I and II?</b>	Yes	Please see the answer in Q 3.
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	No	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	No	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	-
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	The police may, if the medical certificate speaks for it, require the applicant to submit an indicative health driving test to assess whether a driving license can be issued or, if necessary, issued on special terms. Thus, it is the police's assessment whether an indicative health driving test is required.
<b>Q9.a: If so, how is this done?</b>		An indicative health driving test takes 60 minutes. The driving test usually follows a more detailed route in and out of the city area, which operates at varying speeds, on different road types and with varying traffic intensities. The person concerned will be tested in the following elements: memory, orientation, space and direction sense and concentration
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	-	-

## Denmark Addition

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
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<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		Medical certificate issued by own doctor
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Attention deficit hyperactivity disorder (ADHD) Attention deficit disorder (ADD) without hyperactivity Asperger's syndrome Autism
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		If a concrete medical assessment is usually assessed by a specialist in psychiatry, the person is counted.
<b>Q3.a: What are clear cut exclusion criteria?</b>		a doctor does not assess the person not fit to drive
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	implicit in a medical certificate issued by own doctor
<b>Q5: How do you investigate this?</b>		Medical certificate issued by own doctor
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	Yes	Only in the case of drug treatment
<b>Q6.a: What are they?</b>		Increased health control through time limitation of driving license with treatment with central stimulants.
<b>Q6.a.i: Do they differ for Group I and II?</b>	Yes	Health check with shorter time intervals
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	No	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	Yes	see Q6a
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	-

<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	No	-
<b>Q9.a: If so, how is this done?</b>		-
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Finland

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		Neurodevelopmental conditions are not notified to the authority but if a person with driving license or driving licence permit doesn't meet the driving health requirements for six months or longer the physician has to inform the authority (police). Authority can not be notified if a person does not have yet applied for driving licence permit
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Attention deficit hyperactivity disorder (ADHD) Attention deficit disorder (ADD) without hyperactivity
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		There are no strict regulations but there is some general guidance. A person can be considered fit to drive even group 2 vehicles if symptoms are under control.
<b>Q3.a: What are clear cut exclusion criteria?</b>		There are none mentioned
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	No	Group 1: When a person applies for the driving licence first time he/she has to declare not having any diseases or symptoms in the list which includes also ADD/ADHD and mental retardation. If a declaration can not be made, a medical certificate is needed and the person informs the physician why he/she could not make an declaration. Group 2: the person should inform the physician about his/her health and the physician should look at previous medical records (from all Finnish healthcare organizations visible)
<b>Q5: How do you investigate this?</b>		-
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	No	There is general guidance on ADHD/ADD and driving, but there are no spesific regulations
<b>Q6.a: What are they?</b>		-



<b>Q6.a.i: Do they differ for Group I and II?</b>	-	-
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	-	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	-	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	In few university hospitals there are special clinics that make challenging driving health assessments. Some private health organisations also are building their on procedures. A physician can refer a driver/person who wants to apply for driving license there it he/she has difficulties to evaluate the situation.
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	On-road assessment is possible
<b>Q9.a: If so, how is this done?</b>		Physician refers the driver to on-road assessment and gives the evaluating driving instructor information on what matters to pay attention to (for instance ability to concentrate)
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	Yes	Maybe there should be some regulations regarding neurodevelopmental conditions

## France

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		On a voluntary basis by the driver. But if the family or police think there is a problem regarding the person's fitness to drive, they can notify it to the administrative licensing authority, the "Préfet" (representing the State authority in every "Département"). By law, a physician is not entitled to report a medical condition to the licensing authority

		(it is completely forbidden in France, due to the rule of medical confidentiality (see "General" Q 4a and Q 7)
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		others: Pathologies interfering with the person's ability to socialize : major disorders: relevant medical opinion of an expert (specialist or consultant) required
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		-
<b>Q3.a: What are clear cut exclusion criteria?</b>		-
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	-	It depends on the medical opinion given by the "médecin agréé" (a medical practitioner specially approved and registered for assessing medical fitness to drive)
<b>Q5: How do you investigate this?</b>		Relevant medical opinion of an expert (specialist or consultant) required in cases of major disorders.
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	-	Pathologies interfering with the person's ability to socialize : major disorders: relevant medical opinion of an expert (specialist or consultant) required
<b>Q6.a: What are they?</b>		-
<b>Q6.a.i: Do they differ for Group I and II?</b>	-	-
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	-	Relevant medical opinion of an expert (specialist or consultant) required in cases of major disorders
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	-	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	-	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	-	-

<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	-	-
<b>Q9.a: If so, how is this done?</b>		-
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	-	It would be interesting to have guidelines on these topics but changes to the directives are not desirable.

## Germany

### Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		There is no standardized information process. The young driver has to make an application for a driving licence and has to pass a vision test. The driver licence authority then checks the Central Index of Traffic Offenders and the Federal Central Criminal register. In some cases the applicant gives an information about his learning disability to driver licence agency. In most cases the issues from Q2 are dark figured features which might be detected during the MPA-examination as a comorbidity. All young drivers have to pass the same theoretical and practical driving tests.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Learning Disability
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		Learning disability: In Germany we use the term intelligence impairments or intelligence deficits regarding primary mental abilities (speech, cognition, social and motorical development). A learning disability is defined with an IQ-score between 70 and 85.
<b>Q3.a: What are clear cut exclusion criteria?</b>		Low IQ-score and additional risk factors, such as personality disorder or low IQ-scores and personality deficits, like emotional instability, impulsivity, aggressiveness, egocentricity.
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	No	-
<b>Q5: How do you investigate this?</b>		If the driver licence authority is informed about the learning disability this issue will lead to a medical-psychological assessment, including medical fitness-check, performance tests and IQ-testing along with a standardized interview. The interview checks the way a person reflects her situation, the demands from

		traffic environment and patterns of personell responsibility in order to cope with specific traffic situations.
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	No	Only for learning disability we have some recommendations for the diagnostic process.
<b>Q6.a: What are they?</b>		See Q 5
<b>Q6.a.i: Do they differ for Group I and II?</b>	Yes	In cases of learning disability a person is not allowed to drive vehicles from Group II.
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	Yes	both
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		anamnesis, performance tests, intelligence tests, clinical interview (self reflection)
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	No	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	The diagnostic process depends from the specific case; the experts always have to look for compensational factors and the intellectual level
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	-
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	In cases of learning disabilities we might use this measure.
<b>Q9.a: If so, how is this done?</b>		It is added to the diagnostic process if the results show positive and negative elements or the driver's responsibility and his ability for self reflection and his risk awareness should be testetd under natural conditions.
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Great Britain

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
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<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		Self declaration via post, telephone or online and third party notifications i.e from general practitioner, police, concerned members of the public.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		<b>others:</b> No specific reference to Neurodevelopmental conditions. However Pervasive development disorders and ADHD (ADHD, Aspergers, Autism & ASD) and learning disability are listed in guidance 'Assessing fitness to drive - A guide for Medical professionals'.
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		All conditions classified as severe will result in the licence application being refused except for severe personality disorder. A licence will only be granted for this condition if the condition does not relate to driving or does not adversely affect road safety.
<b>Q3.a: What are clear cut exclusion criteria?</b>		Risk to road safety.
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	The disclosure of such a condition will result in some form of medical investigation.
<b>Q5: How do you investigate this?</b>		Medical report and questionnaire requested from medical professional who is treating the applicant.
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	Yes	The Assessing fitness to drive - A guide for Medical professionals has regulations specific to the above conditions.
<b>Q6.a: What are they?</b>		These regulations are specific to each condition and therefore the answer will have to be read directly from the guide.
<b>Q6.a.i: Do they differ for Group I and II?</b>	Yes	The requirements for group 2 drivers are more stringent with a much higher threshold.
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	Yes	These regulations are specific to each condition and therefore the answer will have to be read directly from the guide.
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		The guide identifies only subjective requirements. However if appropriate an applicant could be asked to undertake a driving assessment which is a performance test.
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	Yes	Conditions of this nature are likely to result in the approval of a short term licence. Proof of continuous medical care would be required upon renewal.
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	Yes	Assessing Fitness to Drive - a guide for medical professionals grades learning disability as mild or severe with a severe learning disability being considered incompatible with safe driving. For the other conditions there is no grading of severity.

<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	Yes	If deemed necessary, we would commission a report with a specialist in the specific condition
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	If necessary we would commission a driving assessment
<b>Q9.a: If so, how is this done?</b>		By referral to the Forum of Mobility Centres
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Ireland

### Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		By self-declaration at licence application or renewal: doctors advised that they should advise driver to inform National Driver Licencing Service (NDLS) if the condition becomes apparent between licencing renewal periods
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Attention deficit hyperactivity disorder (ADHD) Asperger's syndrome Autism Learning Disability <b>others:</b> Severe communication disorders
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		May be permitted to drive subject to medical certification. Factors such as impulsivity, lack of awareness of the impact of own behaviours on self others need to be considered. For Group 2, normally a requirement that the driver is assessed by a consultant psychiatrist
<b>Q3.a: What are clear cut exclusion criteria?</b>		None
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	Self-declaration
<b>Q5: How do you investigate this?</b>		Medical certification
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	Yes	As outlined above

<b>Q6.a: What are they?</b>		As outlined above
<b>Q6.a.i: Do they differ for Group I and II?</b>	Yes	As outlined above
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	No	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	No	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	Too heterogeneous for more specific regulations
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	-
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	May occur in isolated cases
<b>Q9.a: If so, how is this done?</b>		Using on-road driving assessors
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Lithuania

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		Lithuania adopted and implemented legal acts (standards, recommendations etc.) to ensure safe driving. Each person who wants to get a driving licence must provide a medical certificate to the traffic authority. If the doctor sees a health problem which is listed in the Health Minister's Order, when this certificate can be issued only if the doctor decides that health conditions won't interfere with driving ability.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Attention deficit hyperactivity disorder (ADHD)

		Attention deficit disorder (ADD) without hyperactivity Learning Disability
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		For example if the doctor sees a health problem which is listed in the Health Minister Order, when this certificate can be issued only if the doctor decides that health conditions won't interfere with driving ability
<b>Q3.a: What are clear cut exclusion criteria?</b>		controlled diseases
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	health is checked by family physician and psychiatrist (if necessary – psychologist) depend on the age group every 10, 5, 2, 1 years or individually
<b>Q5: How do you investigate this?</b>		health is checked by family physician and psychiatrist. Always – psychiatric test and in consultation with psychiatrist (if necessary – psychologist). Special commission in difficult cases.
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	Yes	for diseases ADHD, ADD, Learning Disability
<b>Q6.a: What are they?</b>		Psychiatric (if necessary – psychologist) and neurological tests and consultations, anamnesis.
<b>Q6.a.i: Do they differ for Group I and II?</b>	Yes	-
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	Yes	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		anamnesis and personal questionnaire (self reflection), or individually, depends on the health condition.
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	Yes	Frequency of the check up every 3 years or 1 year, or individually, depends on the severity of the illness, on the health condition.
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	Yes	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	-



<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	-
<b>Q9.a: If so, how is this done?</b>		length, driving speed control and sometimes breathalyser
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Luxembourg

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		By a mandatory medical examination of every new application for a driving licence by a general practitioner on a special mandatory medical certificate.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Asperger's syndrome Autism <b>others:</b> Mental retardation
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		Neuropsychological testing in a specialised center
<b>Q3.a: What are clear cut exclusion criteria?</b>		tr of behavior, non understanding elementary rules, low iq, failure in the tests
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	-
<b>Q5: How do you investigate this?</b>		General practitioner certificate and neuropsychological testing in a specialised center
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	No	-
<b>Q6.a: What are they?</b>		-
<b>Q6.a.i: Do they differ for Group I and II?</b>	-	-
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	-	-

<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	-	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	Yes	-
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	-
<b>Q9.a: If so, how is this done?</b>		with the team of the specialised center + an alert driving instructor
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Norway

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		When a medical certificate is applied to the driver's licence. Suffering the patient by a psychic disorder, the application will be treated by the county doctor who decides whether the application is granted or declined.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Attention deficit hyperactivity disorder (ADHD) Attention deficit disorder (ADD) without hyperactivity Autism
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		Only in the case of lighter psychological retardation can be achieved

<b>Q3.a: What are clear cut exclusion criteria?</b>		Health claims are not met by slight disease insights, divergent behaviors, failure of impulse control or failing assessment and adaptability
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	The applicant shall, upon application, provide information about its health. A question is: Do you or have you had a serious mental illness, or do you have a mental impairment that could affect your driving? Have you or have you had a serious mental illness, or do you have a mental impairment that could affect your driving?
<b>Q5: How do you investigate this?</b>		The applicant provides information about its health by answering 17 questions of both physical and psychedelic nature.
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	Yes	The run should in anyway happen in a traffic safe way.
<b>Q6.a: What are they?</b>		Specialist assessment of functional level and neuropsychological tests
<b>Q6.a.i: Do they differ for Group I and II?</b>	Yes	<p>Driver's Licence Group 1 health requirements fulfilled if the relevant specialist considers that the functional level is consistent with the safe keeping of the motor vehicle.</p> <p>For individuals with mild psychiatric disabilities, health requirements for driver's Licence Group 1 may be fulfilled. In practice, it will be most applicable to the people who work around the upper limit of mental retardation. Assessment should apply: Communication in daily life, self-care, living competence, social skills, use of common social offerings, skills in work and leisure, basal insight into health and safety.</p> <p>Driver's Licence Group 2 and 3 health requirements not met.</p> <p>The increased requirements for road safety constitute an obstacle to the driver's licence for the mentally handicapped in driver's license Group 2 and 3.</p>
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	Yes	<p>Degree of mental retardation is usually assessed based on standardised tests, including intelligence samples. Mental retardation is most often defined by clearly impaired intelligence, equivalent to IQ 70 or lower, with the corresponding functional level.</p> <p>The decision on whether or not it can be given a driver is to be based on a thorough specialist assessment, Ev. With neuropsychological examination. The Relevant specialist will usually be a physician associated with rehabilitation teams. The assessment should include the rehabilitation team's interdisciplinary competence. The specialist should also be aware of co-morbidity, including somatic conditions that may be covered by the provisions of the regulation. If the specialist's assessment is clearly</p>

		positive, the person may in the usual way carry out the driver's training. The person must pass the practical and theoretical testing under normal conditions
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		Thorough specialist assessment as well as standardised tests-Eks. Intelligence tests to determine the succession of intellectual disability.
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	Yes	According to the diagnosis of the
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	No	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	Not specifically for vehicle driver's licence
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	Your doctor may request a purchase audit if health requirements are met
<b>Q9.a: If so, how is this done?</b>		Submitting a request to the national road system to conduct the assessment
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Portugal

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		Especially by family doctors or by doctors while practicing their profession, for candidates or drivers.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		<b>others:</b> Obstructive sleep apnea syndrome and Epilepsy
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		Only for Group 1 and supported by a favorable opinion of a doctor of the specialty.
<b>Q3.a: What are clear cut exclusion criteria?</b>		Group 2.

<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	In case of severe neurological disease, for Group 1, the obligation to submit to regular medical evaluation must be imposed, with a periodicity of one year when there is a risk of aggravation. With syndrome of obstructive sleep apnea, moderate or severe under treatment should undergo periodic medical evaluation, with intervals not exceeding: 3 years for group 1 drivers; one year for group 2 drivers, to assess whether the treatment is properly followed, whether it is necessary to continue and whether good vigilance is maintained. A driving license is issued or revalidated, for group 1, for those who suffer from epilepsy, after a period of one year without new crises confirmed by the opinion of a neurologist. These drivers must undergo an annual medical evaluation until they have completed a period of at least five years without crises. Regardless of the above, whenever deterioration of neurological diseases is likely to occur, may be imposed shorter periods of revalidation determined by the need for the driver to undergo periodic medical examinations, which shall not exceed two years.
<b>Q5: How do you investigate this?</b>		Through a medical examination.
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	No	-
<b>Q6.a: What are they?</b>		-
<b>Q6.a.i: Do they differ for Group I and II?</b>	-	-
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	Yes	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		Both subjective and objective parameters, but personality tests are only applicable by psychologists and only if necessary (this is for neurological diseases, in general).
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	No	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	Yes	The legislation does not allow the practice of driving to people with severe neurological diseases in the case of group 2. As for obstructive sleep apnea and epilepsy, the legislation differs also taking into account the number of crises occurred.
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	-

<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	No	-
<b>Q9.a: If so, how is this done?</b>		-
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	No	-

## Spain

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		They may be not notified but, at the moment of applying for a driving licence, all applicants shall undergo a psychophysical assessment that ensure that they have the minimum adequate conditions for driving.
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		<b>others:</b> Any of them. As every driver has to fulfil the established requirements of Psychophysical conditions, when any alteration is identified, they are required to provide inform from the specialist treating the problem.
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		When the specialist treating consider that the actual conditions are enough to allow the driver adaptation to de traffic circumstances.
<b>Q3.a: What are clear cut exclusion criteria?</b>		The required aptitudes alterations (clear cognitive or personality alterations which doesn't allow adaptation to all the traffic situations)
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	As it has been said in the general drivers assessment procedure
<b>Q5: How do you investigate this?</b>		There is a general and a specific protocol for the drivers assessment
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	No	-
<b>Q6.a: What are they?</b>		-
<b>Q6.a.i: Do they differ for Group I and II?</b>	Yes	There are more demanding requirements for Group II

<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	Yes	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		Both. Subjective: anamnesis, symptoms and personality tests when needed. Objective: performance tests (psychomotor aptitudes, practical intelligence, ...
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	Yes	-
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	Yes	-
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	Informs are required to the specialists of the general healthcare system when needed by the medical and psychological team of the Private Driver Assessment Centers in order to decide about the fitness to drive of an applicant, because those specialists of the health system don't do the assessment of drivers fitness to drive.
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	Yes	There is that possibility but it is mostly used only in cases of motor disabilities to control vehicle adaptations
<b>Q9.a: If so, how is this done?</b>		It is made by a driving examiner and a physician
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	-	-

## Sweden

Re. Questionnaire on Medical Fitness to Drive / Neurodevelopmental conditions

Question	Yes/No Answer	Answer/Remarks
<b>Q1: How are neurodevelopmental conditions starting at young age notified to the traffic authority in your country?</b>		In case of new licenses, notification is done by the driver himself using a health self-declaration. If the person already has a driving license and doesn't fulfill the medical requirements for driving licence, physicians and GPs have a legal obligation to report the driver to the Swedish Transport Agency (STA).
<b>Q2: What kind of diseases are under formal regulation within your country under this term?</b>		Attention deficit hyperactivity disorder (ADHD) Attention deficit disorder (ADD) without hyperactivity Asperger's syndrome Autism

		Learning Disability <b>others:</b> Tourettes syndrom
<b>Q3: Under which condition is it allowed to hold a license if a person suffers from severe impairments due to reduced neurodevelopmental conditions?</b>		According to the STA's regulations and general advices (TSFS 2010:125) on medical requirements for the possession of a driving licence etc, drivers with severe neurodevelopmental impairments are allowed to hold the license if the condition does not compromise the road safety. If the driver suffers from a severe learning disability driving licence shall not be issued or renewed under any conditions.
<b>Q3.a: What are clear cut exclusion criteria?</b>		There are no clear cut exclusion criteria to hold a driving licence. The assessment shall be made considering possible disturbances of impulse control, concentration, attention and also judgment capacity and compulsive fixation.
<b>Q4: Are these diseases checked as a regular procedure if a young person applies for the driver license first time?</b>	Yes	When person apply for a driving licence he/she fills out the health self-declaration where information about neurodevelopmental condition is included. If the self-declaration states that the person has a neurodevelopmental condition the STA perform a medical enquiry and request a supplementary medical certificate from a specialist doctor. If the certificate indicates that the driver meets the medical requirements and is assessed to be able to drive safely, the application is approved.  The STA determines the need of a regular medical assessments on individual basis. According to the STA's regulations and general advices (TSFS 2010:125) on medical requirements for the possession of a driving licence etc, within the first 3 years, one or two medical assessments should be performed if the applicant is undergoing a drug treatment. After 3 years regular medical assessments can be ended if the drug treatment has been stable with good compliance and treatment effect. Also a good prognosis for further stable condition has to be determined.
<b>Q5: How do you investigate this?</b>		After the driver notified the STA about a neurodevelopmental condition using a Health Self-Declaration the STA makes medical enquiries and the the applicant is required to submit a medical certificate about the condition. The STA determines if the applicant meets the criteria for fitness to drive. If needed the issue is discussed with a consultant physician or medical officer within the STA.
<b>Q6: Do you have specific regulations for diseases like ADHD, ADD, Asperger's syndrome, Autism, Learning Disability?</b>	Yes	-
<b>Q6.a: What are they?</b>		According to the STA's regulations and general advices (TSFS 2010:125) on medical requirements for the possession of a driving licence etc, the symptoms of a neurodevelopmental condition shall be assessed



		regarding the road safety. If the STA after a medical enquiry determines that the road safety is compromised the driving license is revoked. The assessment includes the following symptoms: disturbances of impulse control, concentration, attention and judgment capacity as well as compulsive fixation. The overall assessment shall be made in the light of impact of following factors: functional impairment on everyday life, addiction or overdose of alcohol, use of drugs or any other substance affecting the ability to drive motor vehicles, the ability to follow rules and understand the behavior of others in traffic, crime.
<b>Q6.a.i: Do they differ for Group I and II?</b>	No	But the higher road safety risk for group II applicants and drivers has to be taken into account.
<b>Q6.b: Do the regulations specifically require the assessment of medical fitness to include any subjective or objective parameters or both?</b>	No	-
<b>Q6.b.i: Which ones, subjective (e.g. anamnesis: experience of symptoms, self reflection, decision making, triggering factors... or questionnaire or personality test) and objective (e.g. performance test?)</b>		-
<b>Q6.c: Do the regulations also specify frequency of follow-up inspections and the proof of continuous medical care?</b>	Yes	According to the STA's regulations and general advices (TSFS 2010:125) on medical requirements for the possession of a driving licence etc, the STA determines the need of a regular medical assessments on individual basis.
<b>Q7: Do you have suggestions for grading stages of the disease and therefore different requirements due to fitness to drive?</b>	Yes	There should be more specific regulations for fitness to drive depending on the grade of learning disability.
<b>Q8: Do you have specialized medical teams within healthcare system that carry out assessment of medical fitness to drive in cases of deficits in neurodevelopmental conditions?</b>	No	-
<b>Q9: Do you have on-road assessment in assessing fitness to drive for patients due to impaired neurodevelopmental conditions?</b>	No	-
<b>Q9.a: If so, how is this done?</b>		-
<b>Q10: Do you find anything special in the directives 2006/126/EC and 2009/113/EC, annex III on neurodevelopmental conditions that you would like to see changed?</b>	Yes	The regulations should include more exact criteria for when driving licenses may be issued or renewed and when the medical conditions are to be regarded as effectively treated.