

27 September 2024

NZ Transport Agency | Waka Kotahi  
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By email to: [medaspectsreview@nzta.govt.nz](mailto:medaspectsreview@nzta.govt.nz)

Tēnā koe

### **Re: Medical aspects of fitness to drive: a guide for health practitioners**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on the revised Medical aspects of fitness to drive: a guide for health practitioners by Waka Kotahi | New Zealand Transport Agency (NZTA).

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Aotearoa New Zealand and Australia and is responsible for training, educating, and representing psychiatrists. The RANZCP has over 8400 members, including more than 5900 qualified psychiatrists and is guided on policy matters by a range of expert committees. This submission has been prepared in consultation with Tu Te Akaaka Roa, the New Zealand National Committee, and other Aotearoa New Zealand based Committees, including the Faculty of Old Age Psychiatry.

Tu Te Akaaka Roa acknowledges the need to review and update policy documents and appreciates the updated terminology adopted by the NZTA. However, we suggest several changes to ensure the policy guide supports the wellbeing of tāngata whai ora and provides sufficient safeguards to the public. Specifically, we recommend:

- Removing “no suicidal behaviour or intent” under Section 8.1,
- Removing “any other factor that could impact their ability to drive safely, such as lifestyle” under Section 8.1.4,
- Clarifying the specific requirements and assessments for fitness to drive during the early stages of dementia,
- Utilising on-road occupational therapy driving assessments where standard testing for dementia is not suitable and ensuring equitable access to these assessments.

The recommendations within this submission relate to private licenses and we acknowledge that commercial licensing may be subject to additional requirements.

## Section 8 – Mental Health

### *Suicidal Intent*

Tu Te Akaaka Roa considers the inclusion of “suicidal behaviour or intent” in general under Section 8.1 inappropriate and we are concerned that it may have inadvertent negative consequences. Suicidal intent and behaviour can fluctuate and does not, by itself, impair one’s ability to operate a vehicle safely. Fitness to drive should be assessed on a case-by-case basis, considering the individual’s functional capabilities and risks related to driving. While this may include suicidal behaviour (as described under 8.1.3) driving licenses should not be suspended by virtue of a diagnosis or presence of suicidal ideation or intent alone. The management of suicide risk and intent more broadly must remain a clinical issue governed by health policy. Placing undue restrictions on tangata whai ora experiencing suicidal thoughts may discourage them from seeking help, exacerbate feelings of isolation and despair, and negatively impact therapeutic relationships, particularly for tāngata whai ora living in rural regions.

We recommend removing the “no suicidal intent or behaviour” as a necessary factor for reinstating someone’s fitness to drive under 8.1.

### *Lifestyle factors*

Tu Te Akaaka Roa does not agree with the inclusion of “lifestyle factors” under Section 8.1.4, pertaining to medication use. Medical professionals, including psychiatrists, are not able to assess an individual’s fitness to drive based on lifestyle factors, which falls outside the scope of clinical responsibilities and goes beyond other comparable guidelines, including the [Austroads medical guidance](#).

We recommend removing “any other factor that could impact their ability to drive safely, such as lifestyle” for determining fitness to drive under Section 8.1.4.

## Section 2 – Cognitive impairments, including dementia

Determining fitness to drive for someone living with dementia is inherently difficult and clear guidance is needed to support medical practitioners conducting such assessments. The draft guidance suggest that driving is permitted in early cases of dementia if tangata whai ora “doesn’t show signs of disorientation or confusion”. However, disorientation and confusion is a core aspect of dementia and we suggest more specific guidance relate to executive and psychomotor functioning, e.g. impairments praxis or visuospatial function. The clinical guidelines on [Dementia and Driving Safety \(2014\)](#), developed by a group of Aotearoa New Zealand health professionals, and the [Austroads medical guidance](#) provide clinical markers for determining driving safety and may be a useful reference for the NZTA guide.

We recommend that the NZTA provide more specific guidance regarding the assessment of fitness to drive in people with early stages of dementia, utilising existing resources.

### *On-road occupational therapy driving assessment*

Tu Te Akaaka Roa supports the recommendation of on-road occupational therapy driving assessment which are considered the gold standard test to judge fitness to drive.

We recommend that these assessments are utilised in situation where formal testing is not suitable, in lieu of referring to a geriatrician or psycho-geriatrician as suggested under Section 2.8.

Unfortunately, due to assessment costs between \$600 to \$1600, many seniors are unable to afford these comprehensive driving assessments, particularly in impoverished areas such as Eastern Bay of Plenty where costs are the highest. We advocate for the provision of resources to ensure equitable access to on-road occupational therapy driving assessment.

Thank you for the opportunity to provide feedback; we look forward to working with Waka Kotahi in the future. If you have any further questions regarding this letter, please contact the New Zealand National Office - Tu Te Akaaka Roa via [nzoffice@ranzcp.org](mailto:nzoffice@ranzcp.org) or on +64 (0)4 472 7247.

Ngā manaakitanga



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