

**1.0 Descriptive summary of station:**

Bradley, a 29-year-old man, is attending a follow-up appointment after an admission for an episode of mania. He continues to have mild symptoms and has recently been inconsistently adherent to medication. He has brought paperwork for extending his driver's licence which includes driving heavy vehicles. The registrar who reviewed Bradley is not confident in dealing with this situation, and has asked that the consultant see Bradley. The candidate is to devise and negotiate a management plan with Bradley, and diffuse any conflict that arises. The candidate is then to address the ethical issues raised in a patient driving a heavy goods vehicle despite advice that he is medically unfit to do so.

**1.1 The main assessment aims are:**

- To assess fitness to drive with the clinical information provided.
- To negotiate a plan related to driving with a patient.
- To evaluate understanding of ethical issues pertinent to 'fitness to drive'.

**1.2 The candidate MUST demonstrate the following to achieve the required standard:**

- Assess for compliance with medication
- Advise Bradley not to drive a heavy vehicle
- Provide Bradley with information about the possible consequences of his actions if he were to drive against medical advice
- Identify the protection of public as an ethical component of 'fitness to drive'.

**1.3 Station covers the:**

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Other Skills (e.g. ethics, capacity, advocacy)
- **Area of Practice:** Adult Psychiatry
- **CanMEDS Domains:** Medical Expert, Communicator, Professional
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Management – Initial Plan); Communicator (Conflict Management); Professional (Ethics)

**References:**

- Assessing Fitness to Drive for Commercial and Private Vehicle Drivers: 2016 Medical Standards for Licensing and Clinical Management Guidelines. Austroads Ltd 2016.
- Medical Aspects of Fitness to Drive: A Guide for Medical Practitioners: NZ Transport Agency 2009.
- Code of Ethics: RANZCP 2010.

**1.4 Station requirements:**

- Standard consulting room; no physical examination facilities required.
- Four chairs (examiner x 1, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: fit young man aged 25-35, casually dressed.
- Pen for candidate.
- Timer and batteries for examiner.

## 2.0 Instructions to Candidate

You have **eight (8) minutes** to complete this station after **two (2) minutes** of reading time.

You are working as a junior consultant psychiatrist in a community clinic. The registrar asked you to see Bradley, a 29-year-old man who brought in paperwork to extend his driver's licence which includes driving heavy vehicles.

The registrar assessed Bradley today:

*Bradley was discharged 2 months ago, following a 4-week admission for mania. Admitted under the Mental Health Act but discharged voluntary. Bradley feels back to normal for about 3 weeks. He described his mood as really good, not excessive, with 'enough energy'. Sleeping well when he takes his olanzapine 10mg nocte. Bradley plans to find further employment, and to renovate his unit. He denies over-spending, and is working towards paying off debts. Bradley does not misuse substances.*

*Bradley appears mildly elevated, confident and distracted at times. He has reduced attention and concentration on cognitive testing.*

Bradley admits to 2 speeding fines in the past plus a minor car accident 10 years ago. He mentioned having a 'near miss' a few days ago but feels that the other driver was at fault.

You will have two (2) tasks:

- Your first task is to devise and negotiate with Bradley a management plan relevant to 'fitness to drive'.
- At **five (5) minutes** the examiner will give you a VIVA task to address.

## Station 6 - Operation Summary

### Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
  - A copy of 'Instructions to Candidate' and any other candidate material specific to the station
  - Pens.
  - Water and tissues are available for candidate use.
- Do a final rehearsal with your simulated patient.

### During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- DO NOT redirect or prompt the candidate unless scripted – the simulated patient has prompts to use to keep to the aims.
- TAKE NOTE of the time for the second task you are to give at **five (5) minutes**.
- ***'Please proceed to address the second task.'***

#### THE SECOND TASK:

**Bradley had previously been advised NOT to drive a heavy goods vehicle.**

**One month later, Bradley's partner contacted the clinic to cancel his appointment because he is making a truck delivery run.**

**Address the ethical issues relating to 'fitness to drive' raised by this situation to the examiner.**

- If the candidate asks you for information or clarification say:  
***'Your information is in front of you – you are to do the best you can'.***
- At **eight (8) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

### At conclusion of examination:

- Retrieve all station material from the candidate.
- Complete marking and place your mark sheet in an envelope by / under the door for collection (**do not seal envelope**).
- Ensure room is set up again for next candidate. (See 'Prior to examination' above.)

### If a candidate elects to finish early after the first task (i.e. before five (5) minutes):

- You are to state the following:  
***'Are you satisfied you have completed the first task?  
If so, do you want to proceed to the second task?'***
- If yes, handover the second task to the candidate and say the following:  
***'Please proceed to the second task and you can return to the first task at a later time.'***

### If a candidate elects to finish early after the final task:

- You are to state the following:  
***'Are you satisfied you have completed the task(s)?  
If so, you must remain in the room and NOT proceed to the next station until the bell rings.'***
- If the candidate asks if you think they should finish or have done enough etc., refer them back to their instructions and ask them to decide whether they believe they have completed the task(s).

### 3.0 Instructions to Examiner

#### 3.1 In this station, your role is to:

Observe the activity undertaken in the station and judge it according to the station assessment aims and defined tasks as outlined in 1.1 and 1.2.

When the candidate enters the room briefly check ID number.

You have no opening statement.

The role player opens with the following statement:

***'Hi Doc, the registrar said you could sign these forms for me.'***

This is your specific prompt:

At **five (5) minutes** the examiner hands the question to the candidate and say:

***'Please proceed to address the second task.'***

#### **THE SECOND TASK:**

**Bradley had previously been advised NOT to drive a heavy goods vehicle.**

**One month later, Bradley's partner contacted the clinic to cancel his appointment because he is making a truck delivery run.**

**Address the ethical issues relating to 'fitness to drive' raised by this situation to the examiner.**

#### 3.2 Background information for examiners

In this station the candidate is expected to undertake a brief assessment related to fitness to drive in a young man who still presents with residual symptoms following a manic episode 2 months ago. The candidate is required to negotiate a plan with a patient who is reluctant to accept advice given about not driving.

In the second task, which is a VIVA, the candidate is advised that the patient is driving against medical advice. They must address the ethical issues pertinent to 'fitness to drive'.

In order to 'Achieve' this station the candidate **MUST**:

- Assess for compliance with medication
- Advise Bradley not to drive a heavy vehicle
- Provide Bradley with information about the possible consequences of his actions if he were to drive against medical advice.
- Identify the protection of public as an ethical component of 'fitness to drive'.

Driving a motor vehicle is a complex task involving perception, appropriate judgement, adequate response time and appropriate physical capability. A range of medical conditions, disabilities and treatments may influence these driving prerequisites. Such impairment may adversely affect driving ability, possibly resulting in a crash causing death or injury.

Medical practitioners must develop skills to assess their patients' fitness to drive, promote the responsible behaviour of their patients (having regard to their medical fitness), conduct medical examinations for the licensing of drivers as required by licensing authorities, and recognise the extent and limits of their professional and legal obligations with respect to reporting fitness to drive.

The aim of determining fitness to drive is to achieve a balance between minimising any driving-related road safety risks for the individual and the community posed by the driver's permanent or long-term injury or illness, and maintaining the driver's lifestyle and employment-related mobility and independence.

Consideration of the physical and mental requirements to perform the **driving task** is fundamental to assessing a person's medical fitness to drive. Important aspects of cognitive function that influence the ability to drive include attention and concentration, comprehension, memory, insight, judgement, decision making and reaction time.

Medical practitioners will frequently treat patients who have conditions that only temporarily affect the ability to drive safely. These conditions are self-limiting and hence **do not impact on licence status**; therefore, the licensing authority need not be informed. However, the treating health professional should provide suitable advice to such patients regarding driving safely, particularly for commercial vehicle drivers. Such advice should be based on consideration of the likely impact of the patient's condition, and their specific circumstances on the driving task as well as their specific driving requirements.

### **Clinical Assessment of 'fitness to drive':**

This involves a history and mental state examination, including cognitive function. Pertinent aspects of the history for patients with a psychiatric disorder include: whether the person has ever been found unfit to drive a motor vehicle in the past; problems arising from alcohol and / or drugs; whether the person has a history of motor vehicle incidents (crashes, near misses, driving offences); whether the person is taking medications that might affect their driving ability, the existence of other medical conditions that, when combined, might exacerbate any road safety risks; the degree of insight the patient has into their ability to drive safely; and the nature of their current driving patterns and needs, for example, how frequently they drive, for what purposes, over what distances and whether they travel at night.

In regards to psychiatric conditions, a person is not fit to hold an unconditional private (car) licence if their condition is of such severity that it is likely to impair insight, behaviour, cognitive ability or perception required for safe driving. Although the threshold for a commercial licence is higher due to the increased risks present, the conditions are the same.

A conditional licence may be considered if:

- the condition is well controlled and the person is compliant with treatment over a substantial period; and
- the person has insight into the potential effects of their condition on safe driving; and
- there are no adverse medication effects that may impair their capacity for safe driving; and
- the impact of co-morbidities has been considered (e.g. substance misuse).

While many medications have effects on the central nervous system, most, with the exception of benzodiazepines and some tricyclic antidepressants, tend not to pose a significantly increased crash risk when the medications are used as prescribed, and once the patient is stabilised on the treatment. There are a number of factors that a medical practitioner should consider when prescribing medication:

- the balance between potential impairment due to the medication and the patient's improvement in health on safe driving ability;
- the individual response of the patient to the medication – some individuals are more affected than others;
- the type of licence held and the nature of the driving task (i.e. commercial vehicle driver assessments should be more stringent);
- the added risks of combining two or more medications capable of causing impairment, including alcohol;
- the added risks of sleep deprivation on fatigue while driving, which is particularly relevant to commercial vehicle drivers;
- the potential impact of changing medications or changing dosage;
- the cumulative effects of medications;
- the presence of other medical conditions that may combine to adversely affect driving ability; and
- other factors that may exacerbate risks such as known history of alcohol or drug misuse.

Health professionals have both an ethical and legal duty to maintain patient confidentiality. The patient–professional relationship is built on a foundation of trust. Patients disclose highly personal and sensitive information to health professionals because they trust that the information will remain confidential. If such trust is broken, many patients could either forgo examination / treatment and / or modify the information they give to their health professional, thus placing their health at risk.

Although confidentiality is an essential component of the patient–professional relationship, there are, on rare occasions, ethically and / or legally justifiable reasons for breaching confidentiality. With respect to assessing and reporting fitness to drive, the duty to maintain confidentiality is legally qualified in certain circumstances in order to protect public safety. The health professional should consider reporting directly to the driver licensing authority in situations where the patient is either:

- unable to appreciate the impact of their condition;
- unable to take notice of the health professional's recommendations due to cognitive impairment, or continuing to drive despite appropriate advice and thus likely to endanger the public.

It is preferable that any action taken in the interests of public safety should be taken with the consent of the patient wherever possible, and should certainly be undertaken with the patient's knowledge of the intended action.

The patient should be fully informed as to why the information needs to be disclosed to the driver licensing authority, and be given the opportunity to consider this information. The patient should be encouraged to report their condition voluntarily to the driver licensing authority, and should be reminded of their legal obligation to do so. In cases where the health professional becomes aware that a patient is continuing to drive and is likely to endanger the public, despite the health professional's advice, reasonable measures to minimise that danger will include notification of the driver licensing authority. The patient should be informed of the health professional's intent to report.

In making a decision to report directly to the driver licensing authority, it may be useful for the health professional to consider:

- the seriousness of the situation (i.e. the immediate risks to public safety);
- the risks associated with disclosure without the individual's consent or knowledge, balanced against the implications of non-disclosure the health professional's ethical and professional obligations;
- whether the circumstances indicate a serious and imminent threat to the health, life or safety of any person.

Sometimes patients feel affronted by the possibility of restrictions to their driving or withdrawal of their licence and may be hostile towards their treating health professional. In such circumstances the health professional may elect to refer the driver to another practitioner or may refer them directly to the driver licensing authority without a recommendation regarding fitness to drive. Driver licensing authorities recognise that it is their role to enforce the laws on driver licensing and road safety, and will not place pressure on health professionals that might needlessly expose them to risk of harassment or intimidation.

### 3.3 The Standard Required

**Surpasses the Standard** – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

**Achieves the Standard** – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

- i. they have competence as a **medical expert** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, 'common sense' and a scientific approach).
- ii. they can act as a **communicator** who effectively facilitates the doctor patient relationship.
- iii. they can **collaborate** effectively within a healthcare team to optimise patient care.
- iv. they can act as **managers** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources.
- v. they can act as **health advocates** to advance the health and wellbeing of individual patients, communities and populations.
- vi. they can act as **scholars** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge.
- vii. they can act as **professionals** who are committed to ethical practice and high personal standards of behaviour.

**Below the Standard** – the candidate demonstrates significant defects in several of the domains listed above.

**Does Not Achieve the Standard** – the candidate demonstrates significant defects in most of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

## 4.0 Instructions to the Role Player

### 4.1 This is the information you need to memorise for your role:

You are Bradley, a 29-year-old man, living with your partner Kylie, and you have been working as a (cash in hand) labourer for a few weeks. You were recently discharged from hospital for your 'bipolar disorder'.

You are seeing this doctor so that you can get your driver's licence paperwork signed. Earlier today you saw a psychiatrist trainee doctor (called a registrar) for a scheduled follow-up appointment in the clinic. You asked him to sign the forms but he said he wasn't sure he could, and he would ask this psychiatrist to see you.

#### About driving and the driver's licence

You have received notification in the mail for renewing your driving licence (including heavy vehicle use). In the past you have had to make a special appointment to see a psychiatrist to get written approval so you are quite pleased that you are lucky to be seeing a psychiatrist at the same time that the licence renewal is required.

You have been driving since you were 18. You gained a commercial heavy duty licence when you were 23, and had been working for a friend of the family in a delivery business. You have tried some other jobs following the previous episode of mania but returned to driving trucks as you preferred it. You have never had any driving problems at work.

You did have a minor crash 10 years ago when you hit the car in front of you when it stopped suddenly. You have had 2 speeding fines from 2 years ago.

On Monday you were pulling out from a T-junction when you had to brake and swerve to miss a vehicle on the main highway. You are adamant that they were '*speeding*', and so you must have just misjudged the safe distance for pulling out into the road. You do not believe that you have any problems with driving at the moment.

#### How you feel now:

You had a 4-week admission to hospital in the mental health ward 2 months ago. At the moment, you feel good in your spirits. You feel sharp and clear in your thoughts. Your energy is '*enough for work, gym and living*'. You sleep well if you take the medication.

Since discharge from hospital you have been working as a labourer, and you are making sure that your debts (following '*extravagant*' purchases of a car and motor bike 2 years ago) are being reduced. Your plans for the future are focussed on finding better employment, and more long term renovation plans for your unit. You are looking for work that requires your Heavy Vehicle licence.

If asked about your medication, you can forget your pills sometimes. This was especially the case about 10 days ago when you had a camping trip (for 3 nights) with some friends, and left your medication at home. You don't really think it made a difference to miss those doses; because you feel well again, so you might not need the medication anyway.

#### Your recent past psychiatric history

Before this recent admission, you had an episode of mania that began gradually about a month beforehand. You became unwell following the stress of losing your job as a delivery driver as the firm had gone bankrupt. The first symptoms included disturbed sleep and restlessness precipitated by worry about debts. You became more irritable and easily frustrated. The mental health acute Crisis team were seeing you a day or two before the admission.

By the time of admission your thoughts were racing and you could not concentrate, you had come up with many schemes to generate money, you could not sleep, you had increased sex drive, and you were '*rushing around not managing to achieve anything*'. You had been more prone to outbursts of anger. Kylie had hidden your car keys as she was worried what may happen, and had called the Crisis mental health team for help. You were admitted involuntarily under the Mental Health Act but this was changed after about 2 weeks when your symptoms began to settle.

When you were first discharged you still didn't feel your normal self, but the clinical team felt you were well enough to be at home. You felt sedated in the mornings because of the night time medication – OLANZAPINE 10milligrams a day – that you have been told it is '*a mood stabiliser*'. Your thoughts could still race at times, and ideas could '*run away with themselves*'. Your sleep could still be broken through the night, and you could not concentrate as well as before. But as time has progressed you felt back to your '*normal self*'.

Other mental health history:

You had a previous episode of mania about 5 years ago when you spent a similar time in hospital. You have also had an episode of depression over a few months in the past that did not require admission. You did not take medication prior to this recent episode.

You do not use any illicit substances, and very rarely drink. You are physically healthy.

**4.2 How to play the role:**

You are casually dressed but clean and tidy. You come across as confident, and a bit overly friendly. You can be distractible. You will become angry and frustrated if told that you cannot drive either a car or heavy vehicle. You will need to express concern about your future job prospects if your heavy vehicle licence is withdrawn. You can be persuaded to settle, and accept a plan that involves you not driving for only a short period.

**4.3 Opening statement:**

*'Hi Doc, the registrar said you could sign these forms for me.'*

**4.4 What to expect from the candidate:**

The candidate should briefly check your psychiatric history, and will want to discuss a plan in relation to your 'fitness to drive'. They may wish to address treatment, and ways to improve how to take your medication regularly. They will want to discuss your current driving, and plan for a period where you do not drive before having a future review. The candidate should use conflict resolution skills to diffuse your anger at not being able to drive a truck.

**4.5 Responses you MUST make:**

*'You better not say you can't sign, Doc!'*

**4.6 Responses you MIGHT make:**

*'That's ridiculous! How am I supposed make a living?'*

**4.7 Medication and dosage that you need to remember**

You are taking OL-ANZ-A-PEEN 10 milligrams at night.



## STATION 6 – MARKING DOMAINS

### The main assessment aims are:

- To assess fitness to drive with the clinical information provided.
- To negotiate a plan related to driving with a patient.
- To evaluate understanding of ethical issues pertinent to 'fitness to drive'.

### Level of Observed Competence:

#### 1.0 MEDICAL EXPERT

#### 1.2 Did the candidate take appropriately detailed and focussed history? (Proportionate value - 20%)

**Surpasses the Standard if:** clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication.

**Achieves the Standard by:**

obtaining a history relevant to the patient's circumstances with appropriate depth and breadth; history taking is hypothesis-driven; demonstrating ability to prioritise; eliciting the key issues; completing a risk assessment relevant to driving; demonstrating phenomenology; clarifying important positive and negative features; assessing for typical and atypical features.

To achieve the standard (**scores 3**) the candidate **MUST:**

- a. Assess for compliance with medication.

**A score of 4** may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

**Below the Standard (scores 2 or 1) if:**

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

**Does Not Achieve the Standard if:** omissions adversely impact on the obtained content; significant deficiencies in key parts of the history.

1.2. Category: ASSESSMENT – Data Gathering Content	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

#### 1.13 Did the candidate formulate and describe a relevant initial management plan? (Proportionate value – 25%)

**Surpasses the Standard (scores 5) if:**

provides a sophisticated link between the plan and key issues identified; clearly addresses difficulties in the application of the plan.

**Achieves the Standard by:**

demonstrating the capacity to prioritise plans; address risk management; review medication and other specific treatments; engage appropriate treatment resources / support safely and skilfully; incorporate safe, realistic time frames / review plan; recognise their role in effective treatment; identify potential barriers; consider the need for consultation.

To achieve the standard (**scores 3**) the candidate **MUST:**

- a. Advise Bradley not to drive a heavy vehicle.

**A score of 4** may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

**Below the Standard (scores 2 or 1) if:**

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

**Does Not Achieve the Standard (scores 0) if:**

errors or omissions will impact adversely on patient care; plan lacks structure or is inaccurate; plan not tailored to patient's immediate needs or circumstances.

1.13. Category: MANAGEMENT – Initial Plan	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**2.0 COMMUNICATOR**

**2.3 Did the candidate demonstrate capacity to recognise and manage challenging communications? (Proportionate value – 25%)**

**Surpasses the Standard (scores 5) if:**

constructively de-escalates the situation; positively promotes safety for all involved; demonstrates sophisticated reflective listening skills.

**Achieves the Standard by:**

recognising challenging communications; listening to differing views; demonstrating capacity to apply management strategies; aiming to reach a positive outcome; effectively managing the situation with due regard for safety and risk.

To achieve the standard (scores 3) the candidate **MUST:**

- a. Provide Bradley with information about the possible consequences of his actions if he were to drive against medical advice.

**A score of 4** may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

**Below the Standard (scores 2 or 1):**

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

**Does Not Achieve the Standard (scores 0) if:**

any errors or omissions impair attainment of positive outcomes; inadequate ability to reduce conflict.

2.3. Category: CONFLICT MANAGEMENT	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**7.0 PROFESSIONAL**

**7.1 Did the candidate appropriately adhere to principles of ethical conduct and practice? (Proportionate value – 30%)**

**Surpasses the Standard (scores 5) if:**

comprehensively considered all major aspects of ethical conduct and practice.

**Achieves the Standard by:**

demonstrating the capacity to: identify and adhere to professional standards of practice in accordance with College Code of Conduct / Code of Ethics and institutional guidelines; integrate ethical practice into the clinical / non-clinical setting; identify influence of industry / available resources in the local setting; apply ethical principles to resolve conflicting priorities; utilise ethical decision-making strategies to manage the impact on professional practice/patient care; maintain appropriate personal/interpersonal boundaries; seek peer review in difficult countertransference situations; recognise the importance and limitations of obtaining consent and keeping confidentiality.

To achieve the standard (scores 3) the candidate **MUST:**

- a. Identify the protection of public as an ethical component of 'fitness to drive'.

**A score of 4** may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

**Below the Standard (scores 2 or 1):**

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

**Does Not Achieve the Standard (scores 0) if:**

does not appear aware of or adhere to accepted medical ethical principles.

7.1. Category: ETHICS	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**GLOBAL PROFICIENCY RATING**

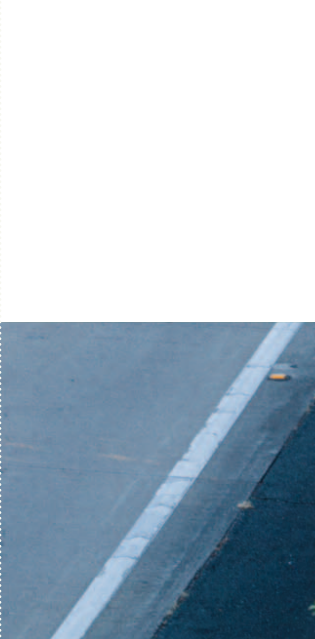
Did the candidate demonstrate adequate overall knowledge and performance at the defined tasks?

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
---------------------------	---------------	----------------------	---------------



# Assessing Fitness to Drive

for commercial and private vehicle drivers



2016

Medical standards for  
licensing and clinical  
management guidelines



**Medical condition notification form**

To: [Insert the address of your local driver licensing authority – refer to [Appendix 9: Driver licensing authority contacts](#)]

Patient details [please print]:

Mr/Mrs/Ms: \_\_\_\_\_ Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

Full address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of birth:        /        /        Licence no.: \_\_\_\_\_

**Assessment of Fitness to Drive – Report**

**I have examined the patient (whose name, address and date of birth are set out above) in accordance with the relevant National Medical Standards (private or commercial) as set out in *Assessing Fitness to Drive, 2016*.**

Private vehicle standards                       Commercial vehicle standards

I have known/treated the patient for \_\_\_\_\_ years.

According to this assessment, please select **ONE** of the **THREE** options below and provide supporting information:

**Option 1**

In my opinion, the person who is the subject of this report **does not meet** the medical criteria to hold an unconditional licence (as outlined in *Assessing Fitness to Drive*) but may meet the medical criteria to hold a **conditional licence**.

Please describe the nature of the condition and the medical criteria that are not met.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide information to support the consideration of a **conditional licence** including evidence of the medical criteria met and consideration of the nature of the driving task.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe any recommended **licence conditions** or **restrictions** relating to the driver’s medical condition including requirements for periodic review (e.g. annual review), vehicle modifications, corrective lenses or restricted daytime driving, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Further comments on medical condition(s) affecting safe driving appear attached

OR

**Option 2**

In my opinion, the person who is the subject of this report **does not meet** the medical criteria to hold an **unconditional** or **conditional licence** as outlined in *Assessing Fitness to Drive*.

Please describe the nature of the condition and the medical criteria not met, including a consideration of the driving task.

---

---

---

---

---

---

---

---

Further comments on medical condition(s) affecting safe driving are attached

OR

**Option 3**

**Reinstatement of licence:**

In my opinion the medical condition of the person who is the subject of this report has improved so as to meet the criteria for a **conditional** or **unconditional licence**.

Please provide details of: the criteria previously not met; the response to treatment and prognosis; duration of improvement; and other relevant information including consideration of the driving task.

---

---

---

---

---

---

---

---

Further comments on medical condition(s) affecting safe driving are attached.

Health professional's details: Reporting professional's name [please print]:

Professional's address:

Telephone: (     )

Fax: (     )

Date of examination:     /     /

Signature: