

MINISTERIAL BRIEFING NOTE

Subject	Assessing Cognitive Function in Elderly Drivers
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Contact(s) for telephone discussion (if required)				
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Action taken by Office of the Minister

- ☐ Noted
- ☐ Seen by Minister
- ☐ Agreed
- ☐ Feedback provided
- ☐ Forwarded to
- ☐ Needs change [please specify]
- ☐ Withdrawn
- ☐ Overtaken by events

21 November 2024

Hon Simeon Brown – Minister of Transport

ASSESSING COGNITIVE FUNCTION IN ELDERLY DRIVERS

Purpose

1. This briefing provides you with an update on how medical professionals assess cognitive function in elderly drivers to ensure fitness to drive.
2. You requested this briefing following your meeting with Grey Power, in which its representative's expressed concerns around how cognitive testing, used to assess fitness to drive, was being carried out. Those concerns can be summarised as:
 - A lack of testing consistency by medical professionals
 - The level of qualifications for administering a cognitive test
 - Why 80 years of age is the current age at which cognitive testing begins
 - Options for those who fail a cognitive test.

Background

3. Age itself isn't a barrier to holding a driver licence, and many people of advanced years continue to drive safely. Although age isn't a measure of a person's physical well-being, the natural ageing process comes with an increased risk of medical conditions that can affect the ability to drive safely, such as stroke, heart disease, and dementia.
4. Other common issues affecting people of increasing age include early onset fatigue, slowed responses, visual problems, impaired cognitive function, and impaired mobility. Medications taken for various medical conditions may also affect driving ability. The combination of these means regular assessment of their medical fitness to drive is needed. This is usually done by a person's health practitioner.
5. As the land transport system regulator, NZ Transport Agency Waka Kotahi (NZTA), provides guidance to Health Practitioners (e.g., Doctors and specialists) and medical professionals. This guidance (i.e., Medical Aspects for Fitness to Drive: A Guide for Health Practitioners [MAFTD] or 'the guide') covers many different medical issues that can affect fitness to drive including 'increasing age and cognitive function'. The purpose of the MAFTD guidance document is to refer medical professionals towards medical conditions that can affect a person's driving so they can use their medical training to assess, diagnose, and make decisions about a patient's fitness to drive.
6. The guide does not tell doctors how to assess and diagnose medical conditions as this is their area of expertise.

7. In late November 2024, the NZTA will publish an updated version of the Medical Aspects for Fitness to Drive: A Guide for Health Practitioners. A copy of the 'Increasing Age' section from the draft guidance is in Appendix 1 for your reference. The new guide is largely aligned with the AustRoads 'Fitness to Drive' document and has been developed alongside doctors, specialists, College of GPs, Ministry of Health, and Health NZ. It also underwent public consultation.
8. The NZTA has seen an increase in queries around medical certificates and cognitive testing, as a reflection of the aging population and differing approaches of health practitioners as to when they request that their patient undergoes a cognitive test, and what type of test is to be undertaken.

Driver Licence renewal for those aged 75 and over

9. Once a licence holder turns 75 years of age, they must renew their driver licence. A licence also needs to be renewed at age 80, and every two years after that. The licence renewal application fee is \$21.50.
10. Each renewal application must be accompanied by a current medical certificate that has been issued within the last 60 days. This is generally undertaken by the licence holder's usual Health Practitioner. Following the appointment, they will provide the licence holder with one of the following results. We have included the guidance provided on our website to outline what is required for each result:
 - **Medically fit to drive:** You're able to drive safely in all conditions. If you're medically fit to drive, your doctor will give you a medical certificate. Take this with you to renew your licence.
 - **Medically fit to drive with conditions:** You're able to drive safely, but only if you do, or don't do, specific things. For example, you might need to wear glasses or not drive at night. If you're medically fit to drive with conditions, your doctor will give you a medical certificate with the conditions on it. Take this with you to renew your licence.
 - **Medically fit to drive if a specialist agrees:** You need to see a specialist for more testing. Your doctor will tell you what kind of specialist. It could be an optometrist to test your eyes, or an occupational therapist to check you can safely cope with complex driving situations. If you pass, you're able to drive safely and can renew your licence. The specialist will then give you a certificate. Take this with you to renew your licence.
 - **Medically fit to drive if you pass an on-road safety test:** Your doctor may ask you to do a driving test in a car with a testing officer. You can book this test at a driver licensing agent. If you pass, you're able to drive safely and can renew your licence. The testing officer will then give you a certificate. You can take the test more than once. Take this with you to renew your licence.
 - **Not fit to drive:** You're not able to keep yourself and others safe when driving. You can't renew your licence and in some circumstances we'll be advised of this by your health practitioner. It's no longer safe or legal for you to drive. Not being able to renew your licence can be upsetting. Take some time to process this news.
11. In some cases, a medical condition may affect a person's ability to drive safely, and so NZTA may review their condition and determine whether they remain fit to drive. This is known as a

medical review and is undertaken by a dedicated team within NZTA. The team can draw on qualified medical officers outside of NZTA if necessary. There is an appeal process available if a licence holder is unhappy with a condition placed upon them, or if part, or all, of their licence has been revoked.

12. NZTA provides an information pack to licence holders about eight weeks before their licence is due to expire. This gives them enough time to book an appointment to obtain a medical certificate and undertake any further testing that is required by their doctor. It is important to note that licence holders do not need to wait for the reminder in order to renew their licence. All licence holders over the age of 75 are eligible to renew their licence up to six months prior to the expiry date.

Licence renewal and cognitive testing from age 80

13. NZTA does not mandate any diagnostic tool or assessment criteria for cognitive function. There are no requirements for a cognitive test for those 80 and over. Cognitive testing is completely at the discretion of the health practitioner however, the NZTA guidance does cover cognitive decline as age increases and therefore it is a medical condition that health practitioners need to focus on for those of increasing age.
14. A cognitive test is more commonly requested by health practitioners around the age of 80 as this is more likely to be when such conditions present in older persons. However, there is nothing preventing a Health Practitioner from requesting a cognitive test at 75, or an earlier age if they have reason to believe that someone may no longer be fit to drive due to cognitive impairment.
15. NZTA has no role in recommending or mandating the particular test that health practitioners and medical professionals request their patients undergo. Health practitioners have a range of options to assess cognitive function and it is up to them to assess whether an individual is medically fit to drive and what tools, tests, and assessments they may use to determine that.
16. NZTA is aware that many health practitioners are using standardised cognitive tests to assess cognitive function. The most referred to are the Screen for the Identification of Cognitively Impaired Medically At-Risk Drivers (SIMMARD) test and Mini-Addenbrooke's Cognitive Examination (Mini-ACE). SIMMARD is the test most commonly challenged by licence holders, and is a test developed specifically for assessing cognitive function as it relates to driving.
17. Grey Power also raised concerns about whether those administering such tests are suitably qualified. Our understanding is that all tests are administered by a registered Health Practitioner within their scope of practice, and so NZTA has no concerns about their level of qualification, given New Zealand's generally high standards for the profession.
18. Grey Power leadership and the NZTA are in regular contact. Following the issuing of the new guide later this month, NZTA intends to facilitate conversations between Grey Power, the College of GPs, and Health NZ. The purpose of this is for Grey Power to start a conversation with NZ medical leaders to express the concern of older drivers facing standardised cognitive testing at their GPs and the efficacy of the tests used. As well as explore whether there are other assessment tools or options that could be employed.

Further testing options for those who fail a cognitive test

19. In your meeting with Grey Power, a referral to an occupational therapist was mentioned as an option for those whose cognitive test results are concerning. However, NZTA considers that there is scope to make greater use of the On Road Safety Test (ORST), which is free, and was designed for this situation when changes were last made to the Older Driver Licensing Regime in 2005 (which removed the need for compulsory practical testing from age 80 onwards).
20. At the time of the removal of compulsory practical testing, Grey Power and Age Concern were in favour of the change. NZTA attended Select Committee hearings on the change, and our staff travelled to 27 venues across New Zealand, speaking with GPs on older driver renewal requirements, options, and responsibilities.
21. The ORST itself is an assessment of whether a driver still has a good knowledge of the road rules and continues to use safe driving skills. It is an approximately 30-minute test during which the testing officer will direct the driver when to turn, stop and carry out other driving actions. There are no fixed routes – the driver must be capable of driving safely and legally on all types of roads and in all traffic situations.
22. The testing officers score using a simple yes and no method. A driver must get a total score of 80 percent or more to pass the safety test.
23. If the driver passes the test, the testing officer will provide a temporary licence and a new photo driver licence will be posted to the driver. Passing the ORST, even if a driver has achieved a low score on a cognitive test such as SIMMARD, will mean the driver can renew their licence and it is considered a sufficient demonstration of cognitive ability. But we must stress that assessment of fitness to drive and the decisions around a patient's driving ultimately sits with the health practitioner.
24. If they do not pass the test, it is free to book a re-sit of the test. Likewise, if the driver wishes to re-sit and their licence will expire before the re-booked test, they will be issued with a temporary driver licence. This temporary licence will state that they must be accompanied by a licensed driver at all times while driving.
25. In addition, NZTA offers *Staying Safe: a refresher course for senior road users* which is a classroom-based course that aims to maintain and improve safe driving practices. Participants will re-familiarise themselves with traffic rules as well as increase their knowledge about other transport options that may be available to keep them mobile for as long as possible.

NZTA is launching an updated guide for health practitioners

26. After completing the review of the feedback received during our consultation on *MAFTD* with health practitioners, impacted industry organisations and interest groups, NZTA will publish the 2024 edition of the guide on 25 November 2024, as reported to you in your Weekly Report for the week ending 15 November 2024.
27. The guide assists health practitioners in assessing people's fitness to drive. It also sets out the responsibilities and obligations of health practitioners. We have been engaging and communicating with health practitioners and medical organisations widely, as well as with consumer and industry groups about the changes to the guide as this is the first significant update in over ten years.

28. NZTA is expecting advocacy groups to continue to seek more guidance from NZTA around cognitive testing and NZTA has committed to work with Grey Power to clarify the process and options for older drivers undergoing a fitness to drive assessment. We also plan to facilitate conversations between Health NZ and the Royal New Zealand College of GPs, as the type of test used is at a health practitioner's discretion.

Next steps

29. NZTA will continue to provide you with updates on this matter via your Weekly Report, as and when required.

It is recommended that you:

1. **Note** the content of this briefing.



Brent Alderton

Group General Manager, Regulatory

Hon Simeon Brown, Minister of Transport

Date: 2024

Appendix 1: NZTA DRAFT Medical Aspects for Fitness to Drive: A guide for Health Practitioners – Increasing Age section

Increasing age

Summary

The table below summarises the information outlined in this section. However, make sure you're familiar with all relevant guidance outlined in this section.

Medical condition	Class 1 or class 6 licences and D, F, R, T or W endorsements	Class 2, 3, 4 or 5 licences and P, V, I or O endorsements
Age-related issues	<p>Fit to drive if the condition doesn't prevent the patient from driving safely.</p> <p>NZTA may place licence conditions as part of being considered fit to drive.</p>	

Introduction

Age itself isn't a barrier to holding a driver licence, and many people of advanced years continue to drive safely. Although age isn't a measure of a patient's physical well-being, the natural ageing process comes with an increased risk of medical conditions that can affect the ability to drive safely, such as stroke, heart disease and dementia.

Other common links include early onset fatigue, slowed responses, visual problems, impaired cognitive function, and impaired mobility. Medications taken for various medical conditions may also affect driving ability. The combination of these means regular assessment of their medical fitness to drive is needed. This is usually done by the patient's health practitioner.

When assessing fitness to drive, consider whether the patient is medically fit to hold all or only some of the classes and endorsements on their licence or whether they are medically fit only if certain conditions are imposed, such as no driving at night. If NZTA decides to revoke all or part of the licence or to impose conditions, the patient has the right to appeal those decisions.

Things to consider

Unlike many medical conditions, there's no one test to give a complete answer and a combination of age-related conditions can complicate an assessment. Various tests, or help from specialists such as geriatricians, may be helpful in providing evidence towards the patient's overall fitness to drive. Ultimately, you have discretion to use the test or tests that you think are fit for purpose and most appropriate to apply to determine fitness to drive, given a patient's specific condition.

Consider the following along with the guidance outlined in this section:

- The presence of multiple medical conditions and any possible combined effects on their ability to drive safely.
- The patient's awareness of any age-related condition they may have.
- The effects of medications, and the patient's likely compliance with medications, on their ability to drive safely.
- The risks associated with mixing medications.
- The risks associated with consuming alcohol or using illicit drugs.
- The patient's motor vehicle crash history (if known) before the assessment, with a focus on more recent crashes. You may need to recommend a longer time of no driving. If they have a history or pattern of crashes that may be associated with their condition, a pause of driving should be considered until a full assessment has been done, which may include an occupational therapy driving assessment.
- Under section 18 of the Act, you must tell NZTA as soon as practicable if the patient is likely to continue to drive after medical advice not to.

Where you consider that a patient is currently medically fit to drive but may need to stop driving soon, the following is recommended:

- Give the patient a summary of what you have discussed in writing.
- Give the patient plenty of time to prepare for the change and think about other transport to maintain their independence and lifestyle.
- Consider involving supportive family members and other support networks of the patient. Where memory loss or confusion is involved, the support of those close to the patient will be important.

When there's evidence of a deterioration of skills or cognitive ability, if appropriate you may want to advise patients in writing that they should consider:

- reducing the amount of driving they do
- avoiding peak traffic times
- avoiding busy roads
- avoiding driving at night.

If the patient is compliant and self-limiting their driving, there's no need to notify NZTA. However, if you think the patient is likely to drive because they've indicated or implied they'll continue to drive, and you think their mental or physical condition could be a risk to public safety, you should use the section 18 template to advise us as soon as practicable. Any advice to stop driving should also be provided in writing to the patient.

Occupational therapy driving assessment

If there are medical factors affecting an older patient's ability to drive safely, it may be appropriate for them to have an occupational therapy driver assessment. These specialists are available in most centres and offer a thorough, independent, objective assessment of driving ability that's valuable in determining fitness to drive.

Occupational therapists help patients with medical conditions to be independent in driving – where technical and financial resources allow. Under section 18 of the Act, occupational therapists must also advise NZTA as soon as practicable of any patients with medical conditions that make them unsafe to drive.

Occupational therapists' driving assessments cover a range of skills needed for safe driving, including:

- biomechanical problems – these are evaluated, and recommendations are made for suitable vehicles and appropriate vehicle modifications, with consideration given to lifestyle and mobility devices such as wheelchairs
- cognitive skills, including concentration, decision making, eye-hand coordination and impulsiveness – to make sure they can cope with the demands of driving and traffic situations.

If you're referring a patient to an occupational therapist, specify what needs assessing based on the patient's medical situation or your concerns, for example, the affected parts of the body and what this could mean for a specific driving task.

On-road safety test (ORST)

Under clause 44B of the Rule, if you have significant doubts about their ability to drive safely, you may request drivers 75 or above (or a 74-year-old driver renewing their licence) to do an ORST as part of their required medical certificate when applying for, or renewing, their licence or endorsement. Section 1 General Matters has more information on ORSTs.

[Practical driving assessments](#)

Medical assessment of the older driver

Age-related physical and mental changes are different for everyone. A patient may have several minor conditions or impairments that on their own may not affect driving, but when combined present risks to safe driving.

The aim should be to enable older people to drive – but only for as long as it's safe to do so. When assessing fitness to drive, focus on the potential risks to them and other road users and whether they are medically fit to hold all or only some of the classes and endorsements on their licence, or whether they are medically fit only if certain conditions are imposed on their licence.

Any recommendation you make to a patient to reduce their driving or stop driving entirely should be made in writing as well as verbally. If you believe that a patient may continue to drive despite your advice not to, you must inform us as soon as practicable in line with your obligations under section 18 of the Land Transport Act 1998.

GUIDANCE FOR ALL LICENCE CLASSES AND ENDORSEMENTS

A medical certificate is required for a patient 75 years or older, when applying for or renewing any class of licence or type of endorsement.

When supplying a medical certificate or assessing ongoing fitness to drive, you should consider the following:

1. Medical history

- » Any previous or existing medical problems, with particular attention to episodes of dizziness, vertigo, angina, visual disturbances, sleep apnoea, transient ischaemic attacks and similar episodes.
- » Any recent motor vehicle crashes or near misses.
- » Current medications.

2. Hearing
 - » Any hearing problems.
 - » Use of hearing aids, if applicable
3. Diabetes
 - » Type of diabetes
 - » Any medications or treatments to manage diabetes
4. Cardiovascular system
 - » Presence of poorly controlled hypertension.
 - » Presence of arrhythmias.
 - » Evidence of significant ischaemic heart disease.
5. Mental function
 - » Orientation in time and space, recent memory, coordination, congruity of behaviour and responses, inattention, confusion, ability to communicate
 - section 2.8
6. Locomotor system
 - » General mobility and strength, especially in relation to arthritis and other degenerative conditions.
7. Neurological function
 - » Parkinsonism.
 - » Strokes and post-stroke effects.
 - » Transient ischaemic attacks.
8. Vision
 - » Any visual problems e.g. cataracts, glaucoma.
 - » General visual acuity and visual fields should meet the required standards.
 - » For details of testing
 - section 6
9. Medications
 - » Effects of medications, drugs and abuse of substances.

Also consider the presence of other conditions, such as malignant disease or significant respiratory problems.