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## TOOLKIT TO SUPPORT GP ASSESSMENT OF FITNESS TO DRIVE IN OLDER PEOPLE

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ASSESSING fitness to drive in older people remains one of the more challenging duties of a general practitioner, with academic GPs calling for a validated objective toolkit to support GPs' clinical judgement and aid discussions about the need for on-road testing or driving cessation.

Associate Professor Katharine Wallis, a Gold Coast GP and academic in the University of Queensland's Primary Care Clinical Unit, and colleagues wrote in the *Medical Journal of Australia* today, that with respect to older drivers:

"GPs have two main responsibilities: to assess and make a recommendation on a driver's health and fitness to drive when requested, and to report to the relevant licensing authority any impairment adversely affecting a driver's ability to drive safely when impairment is known.

Research has found some GPs are uncomfortable in this role, citing concern to maintain relationships with older patients, concern about the impact of driving cessation, lack of familiarity with legal responsibilities and local resources, lack of training and clear guidance, lack of an objective measure, and poor access to on-road driving assessments.

"Some GPs report sleepless nights having assessed an older person as fit to drive for another year, Wallis and colleagues wrote.

Austroads and the National Transport Commission have produced an extensive document to guide GPs in assessment.

"While the Austroads document has much useful information, some GPs say its utility in the time-pressured context of general practice is limited, and that the document lacks clear guidance on referral thresholds and use of screening tests," Wallis and colleagues wrote.

"A toolkit validated for use in general practice is needed. Such a toolkit would not replace the occupational therapist on-road assessment, but could support GP clinical judgement in differentiating older drivers in need of on-road testing or driving cessation, and could be used as a communication tool to support a recommendation for further assessment or driving cessation while preserving relationships ('the test says ...').

"A toolkit used regularly, say annually, might demonstrate change over time, which could guide discussions about the need to plan for eventual driving cessation. To be feasible in the Australian general practice context, any toolkit would need to be easy and quick to administer and require no expensive equipment or special training."

The authors cited a toolkit developed and tested by a Belgian group. This toolkit comprises visual acuity using the Snellen chart, the Functional Reach Test, and a road signs recognition test (a component of the Stroke Drivers Screening Assessment).

"These tests assess across all three functional domains and are potentially readily accessible in general practice." Wallis and colleagues wrote.

"No toolkit is likely to be perfectly sensitive and specific — there will always be a need for GPs to use clinical judgement. Nevertheless, an objective measure could support GPs' clinical judgement and aid discussions about the need for on-road testing or driving cessation," they concluded.

"Work remains to validate and test a toolkit for use in Australian general practice."

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