Medical aspects of fitness to drive

Summary of changes

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NZ TRANSPORT AGENCY
WAKA KOTAHI

Te Kāwanatanga o Aotearoa
New Zealand Government

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More information

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This document is available on NZTA's website.

Consultation on Medical aspects of fitness to drive

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Purpose of this document

This document outlines a summary of the changes that have been made to the 2024 edition of *Medical aspects of fitness to drive: a guide for health practitioners* (MAFTD).

Summary of changes

This is the first significant review of MAFTD for more than 10 years. Since the last review of the guide, advancements in medical technologies and practices meant the 2014 version of the guide needed updating. Our review of the guide was done to achieve the following major objectives:

Updating medical guidelines and standards with the latest medical research

The amendments to MAFTD are based on the latest medical evidence, international standards and best practice. NZTA considered the guidance set out in Austroads' *Assessing fitness to drive for commercial and private vehicle drivers, 2022 edition* when updating medical content and outcomes. The Austroads guide considers extensive research, reports, and fitness to drive studies conducted by respected institutions such as the Monash University Accident Research Centre.

Advances in medical treatments that may make some medical conditions more manageable, or that alter treatment options have also been considered. This provides health practitioners with updated guidance, which should decrease the reliance on advice from NZTA and the Chief Medical Officers on assessing a patient's fitness to drive. To achieve this outcome, NZTA has engaged with specialists in neurology, cardiology, and diabetes to develop the medical content and review standdown periods for these specific conditions.

Improve clarity around roles and responsibilities of health practitioners

The amendments aim to improve understanding of what is required from health practitioners when assessing a patient's fitness to drive and informing NZTA of patients they consider unfit to drive – a legal obligation under clause 44A of the Land Transport (Driver Licensing) Rule 1999 (the Rule).

It also improves clarity of roles and responsibilities for health practitioners and NZTA in licensing decisions based on medical fitness to drive.

Improve accessibility to hold a licence for some with medical conditions

Advances in medical treatments and modern medications now make it possible for people with some medical conditions, who were previously prevented from driving, to drive safely. The amendments aim to address this aspect of unnecessary restriction.

Coroner's recommendations are considered

The amendments have considered (and addressed where appropriate) the findings from coroner reports that relate to road deaths linked to medical conditions and other factors outlined in this guide.

Other considerations included:

1. Making sure content is clear, in an easily accessible format and tailored to the intended primary audience (health practitioners).
2. Making sure there's alignment with NZTA's regulatory strategies.

Section amendments

1. General matters

The General matters section covers information relating to the driver licensing system. It doesn't contain medical guidelines specific to medical conditions (which is in the medical condition sections).

The content has been reviewed and amendments made to its order, layout and wording. Changes are mainly to improve the communication of information for the reader (health practitioners) without changing the intent to assist with assessing medical fitness to drive. Terminology and links have also been updated, and outdated statistics removed.

Updates to this section include:

- Roles and responsibilities of NZTA, health practitioners and their patients (drivers) have been added to better outline the legal and moral responsibilities of all parties involved with the assessment of fitness to drive.
- Removal of the letter template for a health practitioner to notify NZTA if they issue a medical certificate that gives a patient an exception from wearing a seatbelt as we don't consider this notification necessary. The legal requirement remains that a driver issued with a medical certificate excepting them from wearing a seatbelt must carry that certificate when driving (7.11 of the Road User Rule 2004).
- Expansion of information around private and commercial licence classes and endorsement types to provide more relevant guidance and how these should be considered as part of assessing a patient's fitness to drive.
- Additional guidance has been added for the on-road safety driving assessment, including when this should be used as a tool to assist with assessing fitness to drive. A table has been inserted to outline the key differences and benefits of each type of driving assessment for further clarity.

2. Neurological conditions

The medical guidelines for neurological conditions have been updated with the following amendments made to specific guidelines:

2.2 blackouts of unknown cause (excluding individuals with epilepsy)

For drivers of private vehicles, we reduced the standdown period from driving from 12 months to 6 months following a single blackout of undetermined nature. For commercial drivers, NZTA is introducing a 5-year standdown period following a single blackout of undetermined nature. There's now a 10-year standdown period for patients who have experienced 2 or more blackouts of undetermined nature separated by a 24-hour period. These amendments align with current Austroads medical guidance.

2.3 blackouts of known cause (excluding individuals with epilepsy)

This entire subsection has been removed. This is because if blackouts are known, then there's a root cause to explain the condition and the patient should be treated for that underlying condition accordingly.

2.3.1 tonic clonic epilepsy

For commercial drivers, a patient now has the option to apply to NZTA for a licence to drive commercial classes after a minimum 10-year standdown period from driving, but only if they are taking anti-seizure medication to treat their epilepsy. This amendment aligns with current Austroads medical guidance.

2.3.2 A solitary seizure (where epilepsy hasn't been established)

We have separated the guidance for private and commercial classes. The timeframes where a return to driving can be considered have been added to align with Austroads guidance, but without ECG requirements due to advice we've received that there are access issues to ECGs in New Zealand.

2.3.3 minor epilepsy and aura

A paragraph has been added on safe seizures (including prolonged aura) to align with current Austroads guidance.

2.3.4 sleep epilepsy

For private drivers, NZTA reduced the length of time that a patient needs to show their seizures have only occurred during sleep or upon waking before they can be considered fit to drive. Currently, this length of time is 3 years, and the proposal is to reduce this to 2 years. This amendment aligns with current Austroads medical guidance.

2.3.5 seizures in a person under treatment whose epilepsy was previously well controlled

A new subsection has been created to address this condition, and to align with current Austroads guidance.

2.3.6 planned withdrawal of antiseizure medication in a person who satisfies the standard to drive

A new subsection has been created to address this condition, aligning with current Austroads guidance as much as possible. This new subsection has also been added after considering the coronial findings in the *Epilepsy Joint Inquiry: Medication brand switch, 2021* report. For commercial drivers, patients going through planned withdrawal of antiseizure medication will have the same requirements as for tonic clonic epilepsy.

2.3.7 non-epileptic seizures

A new subsection has been created to address this condition, and to align with current Austroads guidance.

2.5.1 strokes

The title of this subsection in the previous edition of MAFTD was ‘Cerebrovascular accident.’ This subsection has now been renamed ‘Strokes.’

NZTA updated the standdown period from driving for private vehicle drivers from 1 month to 4 weeks, because ‘weeks’ provides better clarity of the minimum standdown requirement. We’ve added a requirement for secondary prevention treatment to have been implemented following the 4-week standdown before driving can resume. For commercial drivers, NZTA is introducing a 3-month standdown period from driving following an ischaemic stroke and a 12-month standdown period following a haemorrhagic stroke. These amendments were made following expert feedback received during consultation.

2.5.2 transient ischaemic attacks (TIAs)

For private vehicle drivers, NZTA reduced the standdown period from driving from 4 weeks to 2 weeks following a TIA and added that driving can resume once secondary prevention treatment has been implemented and the minimum of 2 weeks has passed. The standdown period for commercial drivers has been reduced from 6 months to 4 weeks following a single attack, subject to the cause being identified and satisfactorily treated and a specialist medical assessment being carried out. These amendments align with current Austroads medical guidance.

2.7 subarachnoid haemorrhages

A new subsection has been created to address this condition, and to align with current Austroads guidance.

2.8 Cognitive impairments, including dementia

The title of this subsection in the previous edition of MAFTD was ‘Dementia and other cognitive impairment’ This subsection has now been renamed ‘Cognitive impairments, including dementia’ at the recommendation of submissions from departmental consultation. A further submission received during formal consultation has seen the addition of the Te Reo Māori term for dementia ‘mate wareware’ added to the title of this subsection.

NZTA has reworded the paragraph on alcohol and solvent abuse to indicate that these are factors to consider but that assessment of any suspected impairment is ultimately most important, as there are many other possible causes of cognitive impairment. This was following submissions received during formal consultation.

2.9.1 non-cerebral tumours

To aid referencing, we’ve included a new link to the new Table 1 which provides further guidance for specific types of non-cerebral tumours. This appendix was developed with neurology community engagement.

2.9.2 cerebral tumours

To aid referencing, we’ve included a new link to the new Table 1 which provides further guidance for specific types of cerebral tumours. This appendix was developed with neurology community engagement.

2.10 structural intracranial lesions and head injuries

NZTA has made minor amendments to the ‘Things to consider’ part of this section to address assessing the severity of TBIs. This was developed following submissions received during consultation.

2.10.2 serious or significant head injuries (including TBI)

NZTA has added ‘(including TBI)’ to the title of the subsection following a recommendation from the neurosurgeons that were engaged with in updating this section of the guide.

2.10.3 cranioplasty following TBI

A new subsection has been created to address this condition and was developed from workshops held with the neurosurgeons we engaged with in updating this section of the guide.

2.10.4 subdural haematoma (acute and chronic)

A new subsection has been created to address this condition and was developed from workshops held with the neurosurgeons we engaged with in updating this section of the guide.

Table 1. Further guidance for specific types of cerebral and non-cerebral tumours

NZTA has created additional guidance for these conditions based on the recommendations from neurosurgeons we engaged with in developing this section.

Table 2. Further guidance for other specific neurological conditions

NZTA has created additional guidance for these conditions based on the recommendations from neurosurgeons we engaged with in developing this section.

3. Cardiovascular conditions

The medical guidelines for cardiovascular conditions have been updated with the following amendments made to specific guidelines:

3.1.1 angina pectoris (proven or suspected)

NZTA has combined the angina pectoris (proven) and angina pectoris (suspected) subsections into one subsection and updated the subsection title accordingly. For commercial drivers, we've removed reference to the Canadian physical activities guidelines. These changes were developed from recommendations made during a series of workshops that were conducted with cardiologists.

3.1.2 acute uncomplicated myocardial infarction

NZTA has removed the requirement for private class drivers to get a supporting specialist assessment before having their fitness to drive considered by a health practitioner for both acute myocardial infractions and coronary artery bypass surgery (3.1.3). This change was made on the recommendation of health practitioners in their submissions received during consultation.

3.1.4 coronary angioplasty

For private vehicle drivers, NZTA added that a patient should not drive if there's recurrence of angina or equivalent symptoms until this has been assessed to exclude a cardiac cause, such as stent restenosis. These changes were developed from recommendations made during a series of workshops that were conducted with cardiologists and to align with current Austroads guidance.

3.2 severe hypertension

For private vehicle drivers, a patient with blood pressure consistently equal to or greater than 200mm Hg systolic, or equal to or greater than 110mm Hg diastolic is unfit to drive. We've also updated the bullet points outlining when fitness to drive may be considered. For commercial drivers, when lower sitting blood pressure thresholds are equal to or greater than 170mm Hg systolic, or equal to or greater than 100mm Hg diastolic, a patient is unfit to drive. We've added the requirements for considering fitness to drive.

These amendments align with current Austroads medical guidance.

3.3.1 cardiac arrest

There is an increased standdown from driving period of 6 months for private vehicle drivers. The criteria that must be met for a patient to be allowed to return to driving has also been updated. For commercial

drivers, there's a new minimum 6-month standdown period from driving following a cardiac arrest, replacing the previous outcome which was permanent unfitness to drive. The criteria that must be met for a patient to be allowed to return to driving has also been updated.

These amendments align with current Austroads medical guidance.

3.3.2 syncope and presyncope

For private vehicle drivers, NZTA has adopted a reduced minimum standdown period of 4 weeks for private class licence holders. This is following a Coroner's recommendation and submissions received from health practitioners during formal consultation.

3.3.4 pacemaker

For commercial drivers, we've removed the requirement for regular medical assessments. This is following advice that we received from NZTA's Chief Medical Advisors.

3.3.5 automatic implantable cardioverter defibrillator

NZTA replaced being generally unfit to drive with a minimum 6-month standdown period from driving for commercial drivers. We're also adding criteria for considering fitness to drive after the standdown period. These amendments align with current Austroads medical guidance.

3.5 cardiac failure and cardiomyopathy

We separated content in this section into two new subsections; 3.5.1 dilated cardiomyopathy and 3.5.2 hypertrophic cardiomyopathy. Separate, specific fitness to drive criteria for each condition has been added to these subsections. The separation of content was a recommendation from NZTA's Chief Medical Advisors and will help to align with current Austroads medical guidance.

3.7 congenital heart disease

The standdown time for private drivers has reduced from 6 weeks to 4 weeks, in alignment with current Austroads medical guidance.

3.8 aneurysm

For private vehicle drivers, NZTA reduced the minimum standdown period from 6 weeks to 4 weeks. This is a recommendation from NZTA's Chief Medical Advisors and will help to align with current Austroads medical guidance.

3.9 other cardiovascular disease

This entire subsection has been removed at the recommendation of NZTA's Chief Medical Advisors, as it was a duplication of information already found in other parts of the cardiovascular conditions section of MAFTD.

3.10 ventricular assist devices

This is a new subsection to account for advancements in medical technology in this sector and to align with current Austroads medical guidance.

4. Diabetes

The medical guidelines for diabetes have been updated with the following amendments made to general information:

- Reworked introduction.
- Replacing references to individuals as 'diabetics' with the term 'patients with diabetes' to make the language less discriminatory.

- Links between diabetes and other health conditions (visual acuity, cardiovascular disease, cerebrovascular disease, peripheral neuropathy, obstructive sleep apnoea, cognitive decline), and alcohol use have been added for a health practitioner to consider.
- Current mention of specific sulphonylurea drug types replaced with DPP IV inhibitors, SGLT-2 inhibitors, GLP1 RAs.
- Medication advancements for managing diabetes, particularly the management of associated hypoglycaemia, have been considered. The effects of these advancements on a patient's fitness to drive have led to altered conditions for diabetic patients on commercial licences including the removal of the requirement for 6 monthly medical certificates.
- Expanded guidance on diabetes-related temporary driving impairments, including minimum standdown periods for each grade of severity of hypoglycaemia.
- Added a link to NZTA's diabetes factsheet to assist with managing hypoglycaemia.

The specific medical guidelines for diabetes have been updated with the following amendments made:

4.1 hypoglycaemia and hyperglycaemia

Content regarding managing hyperglycaemia has been added to this subsection, and the wording 'and hyperglycaemia' included in the title. A reference for health practitioners to refer to Health Pathways for possible use of Continuous Glucose Monitoring systems has also been included. These additions were at the recommendation of health practitioners made during consultation.

4.3.1 type 1 diabetes

For private vehicle drivers, NZTA added a list of what should be considered when supplying a medical certificate. For commercial drivers, we've updated the outcome from being generally unfit to drive to being generally fit to drive, as new, modern medical treatments and medicines make it possible to change to a more favourable outcome. We're also looking to remove the requirement to obtain regular 6-monthly medical certificates from a GP, and to add in a list of what should be considered when supplying a medical certificate.

These amendments were developed following a series of workshops that were held with external diabetes specialists.

4.3.2 type 2 diabetes controlled by diet alone

What should be considered when supplying a medical certificate has been added for private vehicle drivers. The wording of the guidance for commercial drivers has been updated to better align with current Austroads medical guidance but no other changes have been made.

4.3.3 type 2 diabetes managed with non-insulin glucose lowering treatment (oral agents)

A list of what should be considered when completing and supplying a medical certificate has been added for both private and commercial vehicle drivers. These amendments were developed following a series of workshops that were held with external diabetes specialists, and incorporate the existing guidance on NZTA's website.

Information for health practitioners - clarification to guidance on patients with type-2 diabetes

4.3.4 type 2 diabetes partly or solely controlled by insulin

A list of what should be considered when completing and supplying a medical certificate has been added for both private and commercial vehicle drivers. For commercial drivers, we've removed the requirement to obtain regular 6-monthly medical certificates from a health practitioner.

These amendments were developed following a series of workshops that were held with external diabetes specialists, and incorporate the existing guidance on NZTA's website.

Information for health practitioners - clarification to guidance on patients with type-2 diabetes

5. Musculoskeletal conditions

The title of this section has been changed to ‘musculoskeletal conditions’, replacing ‘locomotor conditions.’ The wording and layout of the content in this section has been updated however no changes to specific musculoskeletal conditions guidance have been made.

6. Visual standards

The medical guidelines for visual standards have been updated with the following amendments made to specific guidelines:

Legal obligations on health practitioners relevant to this section

NZTA has added clarification that any exemptions from the standards for visual acuity and visual field listed below can only be granted by NZTA when the patient is making an application for a driver licence. Outside of a licence application process, NZTA may consider individual circumstances.

- Drivers who have vision in both eyes:
  We’ve added in that there’s a visual field requirement of at least 140 degrees for both private and commercial types of licences. References that are suggestive that NZTA may grant an exemption from the Rule at any time, or that there’s an alternative visual standard that can be met, have also been removed to ensure alignment with the legal requirements set out in the Land Transport (Driver Licensing) Rule 1999.
- Drivers who have vision in only one eye:
  NZTA has clarified that for commercial drivers there’s no allowance for them to have monocular vision. This is in alignment with clause 38 of the Land Transport (Driver Licensing) Rule 1999.

6.3 visual acuity

For both private and commercial vehicle drivers, NZTA removed the line ‘when the vision in the worse eye is less than 6/18 but better than 6/60 corrected, the applicant should be classified as having substandard vision in one eye (see section 6.4).’ This is because substandard vision is specifically addressed in the next subsection. We’ve also added in an additional standard for commercial drivers only, namely that they must have a visual acuity of at least 6/18 using each eye separately, as this is what is required under clause 38 of the Land Transport (Driver Licensing) Rule 1999.

6.4 substandard vision (visual acuity between 6/18 and 6/60 in the worse eye)

‘Substandard vision’ has been added to the start of the subsection title. For private vehicle drivers, NZTA has added an additional requirement that correcting lenses must be recommended as a licence condition where a patient’s vision can be effectively corrected using lenses. For commercial drivers, any driver with substandard vision should be classified as unfit to drive but NZTA may consider exemptions in exceptional circumstances. This is in alignment with clause 38 of the Land Transport (Driver Licensing) Rule 1999.

6.5 monocular vision

NZTA has removed the reference to the imposition of licence conditions for both private and commercial vehicle drivers. For commercial drivers, we’ve replaced the existing guidance that NZTA may allow **exceptions** with guidance that NZTA may consider **exemptions** for existing licence holders provided there’re valid and sound reasons to do so. This is to align with internal NZTA processes and policy around issuing exemptions from legislated requirements.

6.10 colour vision

We’ve added additional potential hazards and a recommendation to advise patients of these hazards.

7. Hearing

While hearing loss is a consideration for driving a vehicle safely, it's considered a minor aspect, that can be overcome by using alternative solutions. Therefore, to prevent discrimination of patients with hearing loss, NZTA has amended the following guidelines:

- The chapter title has been changed to 'hearing, replacing 'hearing standards.'
- Replaced references to 40dBA hearing with 40dBHL as the correct scale for measurement based on expert recommendations made in submissions.
- The need for NZTA to be involved in assessing solutions for a patient after they have been assessed as having hearing that is below 40dBHL in the better ear has been removed.
- Testing for 40dBHL in the better ear is suggested as an assessment tool for all licence classes and endorsement types. It remains a requirement for P,V,I and O endorsement holders.

If the patient's hearing is below this level, a solution to overcome this will be required at the recommendation of the health practitioner and not with NZTA's approval as is the current guideline. The two primary alternative solutions remain outlined in the chapter.

If assessment of hearing is linked to a licence application for P,V, I and O endorsements, the health practitioner will continue to use the unchanged DL9 medical certificate. Where the patient has hearing ability below 40dBA/3 metres, the health practitioner will provide additional details of what alternative solution will be used on the form.

8. Mental health

The section title has been changed to 'Mental health', replacing 'Mental disorders', in recognition that mental health is a more accurate, accepted, and non-discriminatory term. The terminology used to describe some of the disorders, symptoms and impacts of mental health conditions have also been reviewed and updated following departmental consultation feedback provided by the Ministry of Social Development.

We've also clarified health practitioners' legal obligations around mental health. Unless otherwise stated, the following amendments to medical guidelines for this section follow advice that NZTA has received from our Legal team:

8.1 mental health conditions that may affect safe driving

NZTA added the following additional bullet points to the checklist for assessing fitness to drive:

- No suicidal behaviour or intent.
- Any other mental health condition that could impact their ability to drive safely.

We've also included a general reminder about a health practitioner's legal obligations under section 18 of the Land Transport Act 1998.

8.1.3 mood, including suicidal ideation

NZTA has expanded the final bullet point to include 'or they attempt to use a vehicle to harm or kill themselves or other road users.' We've also removed the note about the effects of medication that may sedate.

8.1.4 medication

An additional bullet point has been added to the list of things for a health practitioner to consider when assessing fitness to drive:

- Any other factor that could impact their ability to drive safely, such as lifestyle.

We've also added content on the potential impacts of mixing medications or combining with alcohol and included a link to section 11 Effects of medication, drugs, and abuse of substances of the guide for further reference.

8.2 severe chronic mental health conditions

The subsection title has been updated from 'Severe chronic mental disorders' to 'Severe chronic mental health conditions.' We've also included a general reminder about a health practitioner's legal obligations under section 18 of the Land Transport Act 1998. For both private and commercial vehicle drivers, NZTA added new criteria for considering fitness to drive, aligning with current Austroads medical guidance.

Section 19 of the Land Transport Act 1998

NZTA has included a reminder that section 18 obligations still apply if there are any concerns the patient may continue to drive.

9. Sleep conditions

NZTA is adding a new section to collate and separately address various sleep conditions. Sleep condition content that was originally contained in section 11. Miscellaneous conditions have been moved into this new section. All outdated statistical data and reference to outdated research studies have been removed.

9.1 excessive daytime sleepiness

This content has been entirely rewritten, with the guidance contained in the Austroads guide incorporated into this subsection. Submissions received by NZTA indicated that the Austroads guidance was preferred to the existing content in the MAFTD guide.

9.2 obstructive sleep apnoea (OSA)

The content in this section has also been rewritten in accordance with the guidance in the Austroads guide, based on feedback in submissions, and now includes a list of criteria of significant concern, clinical features, and general advice that should be conveyed to patients with OSA. NZTA has also included a list of things for health practitioners to consider when assessing fitness to drive. For both private and commercial vehicle drivers, we separated the guidance for each specific condition and tabled these for better clarity and reference purposes.

10. Increasing age

The section title has been changed to 'Increasing age,' replacing 'Problems associated with increasing age' as we believe that this is more appropriate and suitable. This section also contained outdated statistical data which has been removed. We've also revised and condensed the introduction to this section to make the content more relevant to health practitioners.

The medical guidelines for increasing age have been updated with the following amendments made to specific guidelines:

Things to consider

NZTA is aware of the recent concerns raised by older drivers and older age advocacy groups around the types of cognitive testing used by health practitioners to help them determine an older driver's fitness to drive. While the type of cognitive test used is at the health practitioner's discretion, in reviewing this section we've acknowledged there's no one test that gives a complete answer on an older driver's fitness to drive. We also recognise that a combination of age-related conditions can complicate an assessment.

NZTA has recommended that, when possible, health practitioners use the test or tests that they think are appropriate to determine the patient's fitness to drive, provided that that test is deemed to be fit for

purpose, to help determine a patient's overall fitness to drive. It should be noted that it isn't within NZTA's remit to determine or recommend what specific tests are appropriate for use in cognitive screening.

Following advice that NZTA has received from our Legal team, we've also added additional bullet points on illicit drugs, alcohol consumption and mixing medications to the checklist that health practitioners should use in assessing fitness to drive. A recommendation has been added that where a patient has a history or pattern of crashes, a health practitioner should advise they stop driving until a full medical assessment has been undertaken, including an occupational therapy driving assessment if required.

Recommendations to assist health practitioners when they need to advise a patient that they may need to stop driving has also been added to this subsection, along with guidance to reinforce the legal obligations of health practitioners.

Occupational therapy driving assessments (OTDA)

A recommendation has been added that health practitioners should specify to an occupational therapist what aspects need assessment based on the patient's medical situation, such as what parts of the body are affected and what could that mean for a specific driving task. This addition has been made following advice that NZTA has received from our Legal team.

On-road safety test (ORST)

This is a new subsection that has been added to achieve alignment with clause 44B of the Land Transport (Driver Licensing) Rule 1999.

Medical assessment of the older driver

For private vehicle drivers, we've clarified that a patient 75 years or older must produce a medical certificate as part of an application for a licence. Based on submissions, it would be more appropriate and seen as less discriminatory to older drivers to remove the private class and commercial classes boxes and collate the content under a new subheading 'guidance for all licence classes and endorsements.'

After additional internal review, changes have also been made by NZTA to the order of this list of things that health practitioners should consider when conducting a medical assessment of fitness to drive for an older driver. We have reordered the list to reflect the format that medical conditions are presented on the DL9 medical certificate. This is to ensure that the same broad criteria are considered by health practitioners when assessing an older driver as for drivers of any other age.

11. Miscellaneous conditions

The subsections 'excessive daytime sleepiness,' 'obstructive sleep apnoea,' and 'narcolepsy' have been removed from this section and incorporated into the new section 10. Sleep conditions. We've created a new subsection entitled 'temporary driving impairments' with a link to 'section 14. Temporary driving impairments' of the guide for further detail. An additional subsection entitled 'assessing fitness to drive' has also been added to provide health practitioners with baseline guidance on how to assess fitness to drive where a patient has a condition which isn't covered in MAFTD that may impact on their ability to drive safely.

12. Effects of medication, drugs, and abuse of substances

The medical guidelines for this section have been updated with the following amendments made to specific guidelines:

Introduction

A bullet point list highlighting the short and long-term impacts of drink driving has been added to the introduction section. While this list includes some non-medical aspects, NZTA recognises the important

role that health practitioners have in helping to maintain and improve road safety, and as such NZTA feels that it's important that health practitioners are made aware of these additional aspects to assist their conversations with patients who are affected by alcoholism.

12.1 medication

NZTA has updated this subsection to include a reference and link to the Land Transport (Drug Driving) Amendment Act 2022 outlining the 25 specific drugs and medications which were covered by this law change. We've also added a paragraph to explain to health practitioners that there's a defence under section 64 of the Land Transport Act 1998 for drivers who may have one or more of these drugs or medications in their systems while driving if they can prove that they have been taking the drug or medication in accordance with the directions of the manufacturer or the directions of their health practitioner, but that this doesn't waive all liability.

An additional paragraph has been added to highlight the potential impacts on driving if mixing medications and substances.

12.2 alcohol and/or drug dependency

New introductory paragraphs have been added to this subsection to align with current Austroads medical guidance.

13. Helmet exemptions and seatbelt exceptions

NZTA has replaced the word 'exemption' with 'exception' regarding seatbelts to reflect the terminology used in the clause 7.11 of the Land Transport (Road User) Rule 2004.

The medical guidelines for helmet exemptions and seatbelt exceptions have been updated with the following amendments made to specific guidelines:

13.1 seatbelt exceptions

For clarity and consistency of application, NZTA has expanded the explanation on what constitute acceptable reasons to issue a seatbelt exception. We've also added a list of specific details that must be included on an exception certificate when it's issued, such as the need to include an appropriate expiry date to coincide with reassessment of the patient's medical situation. Additional guidance has been added to allow a health practitioner to remind the patient that it's a requirement for them to always carry the exception certificate with them while driving. These amendments follow advice that NZTA has received from our Legal team and to ensure alignment with the Land Transport (Road User) Rule 2004.

13.2 helmet exemptions

These exemptions have been separated out and guidance added to address each specific vehicle type that a helmet exemption can apply to. These are:

- Bicycle helmet exemptions.
- Helmet exemptions for riders of motorcycles, all-terrain vehicles, and mopeds.

These amendments follow advice that NZTA has received from our Legal team and to ensure alignment with the Land Transport (Road User) Rule 2004.

14. Temporary driving impairments

Additional content has been included to ensure that legal obligations under Section 18 of the Land Transport Act 1998 are clear regarding temporary driving impairments. While this content is captured in the general matters section of the guide, this legal obligation is linked to assessing fitness to drive with regards to temporary driving impairments. Additionally, most temporary driving impairments will occur between licence applications where notification to NZTA, if required, is made without the use of a DL9 medical certificate.

15. Driving after surgery

The summary table has been amended with additional information around the effects of surgery when general anaesthetic is used. The additional content was, and remains, part of the wider chapter but has been added to the summary table for the purpose of ensuring that health practitioners don't just consider the 12 hours following surgery when assessing fitness to drive. Additional guidance has been added for health practitioners to consider for surgery with both general and local anaesthetic. This includes guidance for specific considerations, what should be recommended to a patient regarding driving after surgery, and high-level considerations linked to commercial licence classes and endorsements held by the patient.

Appendices

The total number of appendices has reduced from 10 to 8. Updates made include providing refreshed example letters and templates that health practitioners can use when informing a patient or NZTA that someone is unfit to drive, and a comprehensive list of links to the various parts of land transport legislation that apply medical fitness to drive.

We've also added a glossary of terms at the end to give health practitioners a better understanding of some of the driver licensing and NZTA-related words or phrases that are featured in the document.