

31 July 2026

Assessing Fitness to Drive Review
National Transport Commission
Level 3, 600 Bourke Street
Melbourne VIC 3000

By email: AFTDreview@ntc.gov.au

Dear Assessing Fitness to Drive Review Team,

Submission to the Assessing Fitness to Drive Standards Review (Issues Identification Phase)

The Australian Psychological Society (APS) is the leading professional association for psychology in Australia, representing members across the full range of psychology practice. The APS and our members welcome the opportunity to contribute to the issues identification phase of the review of the Assessing Fitness to Drive Standards (*the Standards*).

Psychologists play a substantial and growing role in the assessment and management of fitness to drive across the lifespan and across a wide range of psychological, medical, neurological and developmental presentations. This submission draws on consultation with APS members, including those practising in clinical neuropsychology, disability and psychosocial support, and rural and remote settings. We welcome the National Transport Commission's (NTC) commitment to an evidence-based, nationally consistent and person-centred approach, and we offer the following comments to support this phase of the review.

1. The contribution of psychology to fitness to drive assessment

Fitness to drive is not determined by diagnosis alone. It depends on an individual's functional cognitive, behavioural, emotional and psychosocial capacities, and how these interact with the demands of driving. Psychology, as a discipline, is uniquely positioned to inform this functional, evidence-based approach because it is a profession trained specifically in the scientific assessment and understanding of cognition, behaviour and emotion.

We note that the guidance and referral pathways described in the current Standards tend to name only a narrow set of allied health disciplines in relation to functional and on-road driving assessment. Psychology's potential contribution, which, in many respects is more directly relevant to the assessment of domains underpinning safe driving, is not always recognised or resourced to the same extent. We ask that this review take the opportunity to ensure that references to assessment and referral pathways throughout the Standards explicitly and consistently recognise psychology alongside other relevant professions. This would reflect the necessarily multidisciplinary approach to fitness to drive assessment in practice.

Relevant contributions of psychology to fitness to drive assessments include, but are not limited to:

- Comprehensive, standardised and evidence-based assessment of the cognitive domains most relevant to safe driving, including attention, processing speed, executive function, decision-making, visuospatial ability, memory and insight;
- Assessment and management of mental health conditions that may affect fitness to drive, including the impact of symptoms, the effect of treatment and management which may have implications for driving, and functional stability over time;
- Assessment of neurodevelopmental conditions (including autism, ADHD and intellectual disability) where questions of functional capacity for driving arise;
- Identifying the psychological needs and impacts for individuals adjusting to a change in licence status, including grief, adjustment in identity and loss of independence associated with (anticipated) driving cessation, and providing appropriate therapeutic supports;
- Behavioural and psychological support for rehabilitation following injury or illness, including graded return-to-driving planning as part of a multidisciplinary team; and
- Psychological support to enhance treatment adherence (particularly, but not limited to, physical health conditions), facilitate health risk communication and understanding, and to support sustainable health behaviour change relevant to driving.

The APS strongly recommends that this review reflect this breadth of the contribution of psychology explicitly.

2. Strengthening the role of neuropsychological assessment

The current Standards correctly identify the place of neuropsychological assessment in relation to head injury and severe chronic conditions. However, the Standards do not consistently extend this to other conditions where cognitive or behavioural concerns may equally warrant assessment. The APS considers this to be a significant oversight. Neuropsychological assessment is an appropriate and often necessary approach to fitness to drive assessment across the full range of neurological and neurodevelopmental conditions associated with a query about cognitive or behavioural functioning, including stroke, space-occupying lesions, subarachnoid haemorrhage, progressive neurological conditions (such as Parkinson's disease, multiple sclerosis and dementia), cerebral palsy, mild cognitive impairment, and neurodevelopmental conditions.

The APS supports the current recognition of neuropsychological assessment in complex psychiatric conditions with known cognitive sequelae (for example, schizophrenia). However, we recommend this be extended to include sleep conditions and longstanding substance use where there is concern about cognition and fitness to drive.

The Standards should also provide clearer guidance on when neuropsychological or broader psychological assessment may be indicated, for example:

- Following significant seizure episodes (e.g. status epilepticus), where concern persists at the end of the required non-driving period;

- Following acquired brain injury or other medical episodes affecting the brain, at the end of any required non-driving period, where clarification of cognitive or behavioural fitness to drive is required;
- Early in the course of progressive neurological or neurodegenerative conditions, for diagnostic clarification, with fitness to drive able to be specified as a distinct referral question; and
- During ongoing monitoring of disease progression, where fitness to drive should be revisited as part of routine review.

There is a developing and supportive evidence base for these applications. Neuropsychological assessment has been shown to correctly classify pass/fail outcomes on an on-road driving test in the majority of participants with mixed neurological injury presentations,¹ and the combination of neuropsychological assessment with simulated driving performance has demonstrated strong predictive accuracy for on-road outcomes in people with mild cognitive impairment.² Comprehensive neuropsychological information has also been shown to effectively support medically-led fitness to drive decisions in at-risk populations,³ and researchers have raised concern that neuropsychological deficits following acquired brain injury, such as stroke, may not be reliably detected in brief, standard on-road assessments alone.⁴ Emerging tiered evaluation models, incorporating cognitive assessment, simulation and on-road testing in sequence, may also support more efficient and accurate determinations while reducing unnecessary demand on on-road testing resources.⁵

We would be pleased to provide the NTC with a detailed evidence summary and reference list, drawn from member consultation, to support this section of the review.

3. Precision of language: ‘clinical opinion’ and ‘appropriate specialist’

The APS recommends that the reference to ‘professional opinion’ (page 6 of the current Standards) be revised to ‘clinical opinion’, to better reflect that this is the evidence-based, competent opinion of an appropriately trained health professional in relation to fitness to drive assessment, rather than a general professional judgement.

Similarly, the Standards’ use of the term ‘appropriate specialist’ without further definition creates ambiguity and risks defaulting to a narrow set of named professions. Very few professions have the specific training and validated tools required to comprehensively assess a cognitive profile, including domains such as visuospatial function, judgement and memory, particularly in the context of complex medical or psychological presentations. We ask that the Standards provide clearer guidance identifying the range of appropriately qualified professionals, including psychologists, who meet this threshold.

4. Supporting a multidisciplinary approach to fitness to drive assessment

Australian research has identified a need for more in-depth and standardised procedures for the assessment of cognitive fitness to drive, alongside recognised challenges to the accuracy and timeliness of assessment in the brief, time-pressured consultations typical of general practice.⁶ We note that this research identified that GPs are interested in additional training and information to support cognitive assessment in this context.

Psychologists are well placed to work alongside treating medical practitioners in shared-care arrangements, providing comprehensive or targeted cognitive and psychological assessment where questions or concerns arise from brief screening tools or routine general practice consultations.

Psychologists are also uniquely positioned to support GPs and other health professionals through the provision of targeted training, clinical supervision, and as part of multidisciplinary collaboration.

As such, the APS recommends that the Standards more clearly articulate this multidisciplinary pathway and support the development of consultative and educational resources for GPs and other health professionals, developed in partnership with the psychology profession.

5. Psychosocial impact, equity and access

Our members strongly emphasised that the psychosocial dimensions and impacts of fitness to drive assessment are not sufficiently developed in the Standards. We note with concern that this has a disproportionate impact on people in rural, remote, low-income and cross-border communities. We call on the review team to give these issues significant weight. In particular:

Psychological impact of driving cessation

Loss of a driver's licence can have a profound impact on independence, community participation, employment access and identity, particularly for people with progressive or long-standing conditions. This can lead to significant psychological stress or distress, as well as contribute to impaired mental health and wellbeing. Where driving is restricted, person-centred transition planning and support should be built into the Standards as good practice, including access to psychological support to assist with adjustment. Fear of losing a licence, and the associated loss of access to essential services and community connection, can itself discourage people from seeking treatment or cognitive monitoring. This can delay identification and mitigation of emerging medical and road safety risks, and the resulting isolation and shame can negatively affect mental health and future assessment outcomes.

Assumptions built into the current Standards

The current Standards appear to assume that individuals have:

- carers or family support;
- access to alternative transport;
- access to telehealth services;
- consistent access to the same medical practitioner over time;
- access to specialised driver testing and vision testing facilities; and
- a shared language, or otherwise fully accessible communication, between assessors and patients.

Taken together, these assumptions make the Standards difficult to apply equitably in rural, remote, low-income and culturally diverse communities. Maintaining the status quo risks solidifying discriminatory outcomes for people who do not have these supports in place and does not advance the overarching policy objectives of the Standards to promote road safety.

In addition, the APS recommends that the Standards include specific guidance for practitioners working with communities near state and territory borders, where individuals and practitioners may need to navigate more than one jurisdiction's processes. Reducing the administrative uncertainty for both health practitioners and individuals helps to preserve the time and capacity needed to navigate substantive questions of fitness to drive.

Suspension processes and proportionality

Members have expressed concerns about overly risk-averse suspension responses triggered when medical reports mention cognitive concerns, even where no formal diagnosis has been made. Assessments conducted by professionals with no existing relationship with the individual can also make it difficult to determine genuine change over time, which is particularly important in fluctuating or slowly progressive conditions.

We are also concerned that timeframes can be unrealistic in practice, including cases where suspension notices are received after the suspension date has already passed. Requirements for some people to travel long distances for vision or driving tests can be inequitable and lead to disproportionate direct and opportunity costs for individuals. The APS advocates for carefully designed regulatory settings and processes which minimise avoidable psychological burden and stress on top of an already personally impactful decision.

6. Transparency of licence condition codes

A further practical issue raised by members relates to the public availability of information about licence conditions. Psychologists frequently undertake assessments relevant to a person's vocational potential, employability and earning capacity, and for which the presence and meaning of licence conditions is directly relevant. While some common conditions (for example, taxi/rideshare, corrective lenses, or temporary visitor conditions) are publicly explained, many licence condition codes are not. This uncertainty can require practitioners to guess at their meaning or rely on unverified sources, including generative AI tools, that can produce plausible but incorrect explanations. We recommend that as part of this review, each jurisdiction's licensing authority be recommended to publish a plain-language, publicly accessible explanation of all licence condition codes used in that jurisdiction.

7. Acknowledging the limits of the current evidence base

We acknowledge the quality and evidence-informed basis of the current Standards at the time of publication, and the ongoing limitations in the available evidence on crash causation, including variability in quality and potential sources of bias. The APS supports continued investment in research in this field, particularly given heightened interest in the driving task in occupational and workplace health and safety contexts. We encourage the review to retain and reinforce existing cautions regarding the interpretation and translation of the evidence base into practice. This is particularly the case where there are systemic limitations about the validity of evidence and culturally linked methodologies, including in relation to First Nations communities and other groups for which mainstream evidence may not be generalisable.

Request for further engagement

The APS recognises that this initial consultation is the first step in a longer review process, with drafting and technical review to follow in the next phase of the review. Given the breadth of psychology's contribution to fitness to drive assessment, we would welcome the opportunity to meet with the NTC to discuss this submission in more detail and to support the development of the revised Standards through the remainder of the consultation. We would be able to draw on relevant APS member groups to provide further clinical and research input, including a fuller evidence summary to support the recommendations in this submission.

Thank you again for the opportunity to contribute to this important review of the Standards. If any further information is required from the APS, I can be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely

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Chief Executive Officer

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to the development of this submission.

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