

Medical Fitness to Drive

At Medisec, we regularly receive queries from members regarding their obligations and requirements to assess a person's medical fitness to drive, complete driving licence renewal forms and report concerns about a patient's medical fitness to drive.

This factsheet aims to provide guidance on the roles and responsibilities of healthcare professionals in such circumstances and to highlight the Road Safety Authority (RSA) Medical Fitness to Drive Guidelines to our members, which should be reviewed for assistance when managing a query on this topic.

Medical Fitness to Drive Guidelines

The current *Sláinte agus Tiomáint Medical Fitness to Drive Guidelines, (Group 1 and 2 Drivers), April 2025 ("The Guidelines")*, can be accessed [here](#) through the RSA website. These Guidelines were developed by the National Office for Traffic Medicine (NOTM) in conjunction with the RSA. They set out clear minimum medical requirements for licensing, requirements for reporting to the National Driver Licence Service (NDLS) and form the medical basis of decisions made by the NDLS.

The Guidelines are updated regularly to reflect changes to guidance and advice to medical professionals around driver fitness and current best practice. The Guidelines state that drivers rely on health professionals to advise them if a permanent or long-term injury or illness could elevate risk of unsafe driving, and whether it should be reported to the NDLS. The information within the Guidelines is intended to assist doctors and other healthcare professionals in advising their patients on fitness to drive following a medical diagnosis, injury, or treatment, and to provide guidance on review of stability, progression or improvement of conditions. As stated in the Guidelines, they should be used by health professionals when treating any patient who holds a driving licence or learner permit whose condition may impact on their ability to drive safely.

The Guidelines consider:

- Rehabilitation and driving.
- Neurological disorders,
- Cardiovascular disorders,
- Diabetes mellitus,
- Psychiatric disorders,
- Drug and alcohol abuse and dependence,
- Visual disorders,
- Renal disorders,
- Respiratory and sleep disorders,
- Drivers with physical and sensory disabilities.

The Guidelines are also supplemented by condition specific health and driving information leaflets, which can be assessed [here](#) through the NDLS website.

Medical conditions likely to affect fitness to drive

Patients may present to doctors with a range of conditions, some that affect driving temporarily, or may affect the patient's ability to drive at some time in the future. A patient's ability to drive may also be complicated by the presence of multiple conditions.

Doctors should be mindful of the negative impact that prescription medicine, alcohol and substance abuse etc. has on an individual's ability to drive safely. The condition specific health and driving information leaflets referred to above, on various topics such as Vision and Driving, Medicines and Driving, Alcohol and Driving, are extremely useful to provide to patients.

The Guidelines focus on common conditions known to affect fitness to drive and, in particular, on determining the risk of a driver's involvement in a serious incident caused by loss of control of the vehicle.

Given the many causal factors in motor vehicle incidents, the extent to which medical conditions contribute is difficult to assess. There is, however, recognition in the Guidelines of the potential for conditions to cause serious impairments, which can occur through three pathways:

1. Suddenly disabling events, i.e., syncope, epilepsy, Implantable Cardioverter Devices (ICDs)
2. Physical constraints, i.e., Parkinsonism, hemiplegia, vision, amputation
3. Impairment of self-regulation, i.e., imprudence, psychiatric illness, cognitive impairment

A patient may present with symptoms relevant to these pathways due to conditions such as:

- blackouts
- cardiovascular diseases
- diabetes
- musculoskeletal conditions
- neurological conditions such as epilepsy, stroke, traumatic brain injury, dementia, and cognitive impairment due to other causes
- psychiatric conditions
(Advice is provided for counselling drivers with attention deficit hyperactivity disorder (ADHD) to avoid using alcohol and drugs. In addition, the RSA has published an information leaflet for patients: *ADHD and Driving*.)
- substance misuse/dependency
- respiratory and sleep disorders; and,
- visual disorders.

Doctors should be cognisant that other medical conditions or combinations of conditions may also be relevant. When assessing a patient's fitness to drive, particularly in respect of a Group 2 driving licence, doctors should use their professional judgement and consider seeking a more extensive assessment or specialist opinion, as required.

For a comprehensive guide to these conditions and their effect on driving, please refer to the relevant chapters in the Guidelines.

Temporary conditions

A wide variety of medical conditions can temporarily impact a patient's ability to drive safely. These include conditions such as post major surgery, severe migraine, or injuries to limbs. The Guidelines state:

"These conditions are self-limiting and hence do not impact on licence status; therefore, the NDLS need not be informed. However, the treating health professional should provide suitable advice to such drivers regarding driving safely. Such advice should be based on consideration of the likely impact of the driver's condition and their specific circumstances on the driving task as well as their specific driving requirements."

Table 3 of the Guidelines provides examples of these temporary conditions and their management.

Roles and Responsibilities of the Healthcare Professional

The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024 states at paragraph 52 that you should only sign a certificate, report or document for a patient following a review of the patient's condition.

The Guidelines state that *"The health professional has an ethical obligation, and potentially a legal one, to give clear advice to the driver in cases where an illness or injury may elevate risk of unsafe driving, and to maximise health and function so as to facilitate ease and driving safety. In the case of an incident illness which may affect driving ability, it is the responsibility of the healthcare professional attending the patient for the relevant care episode to advise the patient on medical fitness to drive."*

A doctor has an ethical obligation to give clear advice to a patient on the impact of medical conditions and treatments on their ability to drive, and to recommend restrictions and ongoing monitoring as required. There may be options other than complete cessation of driving where a driver presents with a particular condition; for example, the patient may be restricted to driving certain types of vehicles, vehicle adaptation(s) may be fitted, or the patient may be limited to daytime driving.

If the doctor determines that a patient has a medical condition that will have an impact on the patient's driving ability, the doctor should:

- instruct the patient to notify the NLDS of their medical condition
- complete the patient's NDLS medical report form
- provide a copy of the NDLS Driver Advisory form to the patient; and,
- carefully document details of advice and discussions with the patient in the patient's medical records.

Patients who are unknown to the practice

When patients who are unknown to the practice/not regular attenders present for the purpose of applying for, or seeking to renew a driving licence, particularly a Group 2 driving licence, it is important for a doctor to take a cautious approach, as recommended by the Guidelines which state:

"Care should be taken when health professionals are dealing with drivers who are not regular patients. Some drivers may seek to deceive health professionals about their medical history and health status, and may 'doctor shop' for a desirable opinion. If a health professional has doubts about an individual's reason for seeking a consultation, they should consider:

- *Asking permission from the individual to request their medical file from their regular health professional.*
- *Conducting a more thorough examination of the individual than would usually be undertaken."*

Role of the consultant including specialist occupational physician

Usually, medical assessments for fitness to drive can be undertaken by the patient's own GP. However, the Guidelines advise that if doubt exists about a patient's fitness to drive or if the patient's specific condition or circumstances are specifically not addressed by the standards, review by a consultant experienced in the management of the particular condition is warranted. In such circumstances, the GP should refer the patient to such a specialist. If in doubt about the patient's suitability to drive, referral to a further specialist and associated multi-disciplinary team (i.e. physiotherapy, occupational therapy, psychology, optometry) and/or on-road assessment with a driving assessor qualified to assess driving among those with disabilities may be of assistance. The consultant or specialist occupational physician should advise the driver's GP on the fitness to drive or otherwise relating to their specialist area of expertise. This would enable the GP to complete the D501 Medical Report based on their assessment of the overall health of the driver, as well as incorporating the specialist opinion.

Confidentiality and reporting to the NDLS

The Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*, 9th Edition, 2024 states:

"25.1 Confidentiality is central to the doctor-patient relationship. It supports trust and confidence and reassures patients that they can safely reveal information that is required in order for you to provide appropriate medical care.

*25.2 Doctors have a professional and ethical duty to maintain patient confidentiality. However, this duty of confidentiality is not absolute. **There are situations where the disclosure of relevant information is appropriate in the interest of patient care and there are also situations where disclosure of information is required by law or in the public interest.** Doctors also have a legal obligation towards the personal data of their patients.*

29. There are limited circumstances where you can disclose information without consent, when by law or in the public interest. When you disclose information as required by law or in the public interest, you should inform patients of the disclosure, unless this would undermine the purpose of the disclosure.

29.2 Disclosure to protect other individuals and in the public interest

There can be a public interest in disclosing information where the benefits to another individual or society outweigh the duty of confidentiality. This may occur in exceptional circumstances to protect individuals or society from risks of serious harm, such as from serious communicable diseases or serious crime. You must carry out a balancing exercise of individuals rights and the public interest. You may consider legal advice before making a disclosure in such circumstances.

You should disclose the information to an appropriate person or authority and include only the information needed to meet the purpose.

Doctors have both an ethical and legal duty to maintain patient confidentiality. Although confidentiality is an essential component of the doctor-patient relationship, there are, on rare occasions, ethically and/or legally justifiable reasons for breaching confidentiality. Further information on patient confidentiality can be obtained in our factsheet entitled "Confidentiality" available on our [website](#). We strongly recommend that our members contact us at Medisec for specific advice before taking any steps to breach patient confidentiality.

When assessing and reporting a patient's fitness to drive, the duty to maintain confidentiality is legally qualified in certain circumstances in order to protect public safety. Doctors may be obliged, in some circumstances, to breach confidentiality if, for example, the driver represents a risk to the safety of others, refuses to or cannot directly inform the NDLS, fails to stop or adapt driving appropriately, and is not amenable to appropriate persuasion and discussion.

Doctors should discuss the situation openly with the patient before making any notification to NDLS/ An Garda Síochána and encourage the patient to contact NDLS directly. On some occasions following a discussion, a patient may ask a doctor to make a notification to NDLS on their behalf, in which case their consent to do so should be fully documented in the patient's file. It is preferable that such action should be taken with the patient's knowledge. In exceptional circumstances, however, e.g., risk of violence to the doctor, a decision not to inform the driver of a planned report may need to be considered.

We strongly recommend that our members contact us at Medisec for specific advice before making a notification to the NDLS in the absence of patient consent to do so.

If the situation is urgent and arises outside of normal NDLS working hours, and in the opinion of the doctor is likely to prove a significant threat to the public, consideration should be given to inform An Garda Síochána, and again, we strongly recommend that our members contact us at Medisec for specific advice

before breaching patient confidentiality. The Guidelines state that the health professional should consider reporting directly to An Garda Síochána in situations where the driver is:

- Unable or unwilling to appreciate the impact of their condition which is impacting on their fitness to drive; and is
- Unable or unwilling to take notice of the health professional's recommendations; and
- Continues driving despite appropriate advice and is likely to endanger the public.

Medical Reports requested by NDLS

The Guidelines state that *"When a driver presents to a doctor for a medical report at the request of the NDLS, the situation is different with respect to confidentiality. The driver will present with a form or letter from the NDLS, requesting a medical report for the purposes of licence application or renewal. The completed form will generally be returned by the driver to the NDLS, thus there is no risk of breaching confidentiality or privacy, provided only information relevant to the driver's driving ability is included on the form, and a copy of the form/report should be retained by the assessing clinician."*

Reports of dangerous driving

The Guidelines state that *"when what appears to be dangerous driving, possibly related to medical fitness to drive issues, is reported to a healthcare professional by a third party, it is a misguided kindness to pursue an exclusively medical approach. Dangerous driving is a hazard to the driver and other road users and is a statutory offence. Hence, the healthcare professional should inform any person who reports witnessing dangerous driving that they should report it themselves immediately to the Gardaí. Unless witnessed by the healthcare professional directly, the onus for reporting lies with the person witnessing the alleged dangerous driving. The medical issues can be pursued at a later stage."*

Adverse patient reaction towards the health professional

The Guidelines acknowledge that 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 professionals. In such circumstances, the Guidelines state that the health professional may elect to refer the driver to another practitioner or may refer them directly to the NDLS without a recommendation regarding fitness to drive, with the former being the preference of the NDLS, as a completed D501 Medical Report is required in such cases to inform the licensing decision. The NDLS 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.

Roles and Responsibilities of the Driver

As per the Guidelines, a driver *"should advise the NDLS of any long-term or permanent injury or illness that may elevate risk of impairment while driving."*

Drivers with certain listed medical conditions will require a medical report to support their application for, or renewal of, a driving licence to confirm the driver's fitness to hold a driving licence. The Guidelines are clear and state that *"A driver should not drive while medically unfit to do so and can be convicted of an offence for doing so.....Drivers must adhere to prescribed medical treatment and monitor and manage their condition(s) and any adaptations with ongoing consideration of their fitness to drive."*

In the case of NDLS medical examinations, drivers/patients have a duty to declare their health status to the examining health professional. Drivers are also required to report to the NDLS when they become aware of a health condition that may affect their ability to drive safely. In addition, the Guidelines state that all licence applications from age 75 years require a medical report furnished by the applicant.

Drivers have a responsibility to:

- adhere to prescribed medical treatment and management plans for their condition
- cease driving if taking medications have any side effects that affect their ability to drive safely
- get professional advice on medical fitness to drive if they develop a medical condition during the term of their licence
- respond truthfully to questions from a healthcare professional regarding their health status and the likely impact on their driving ability
- adhere to any driving restrictions advised by their doctor; and,
- comply with requirements of their licence as appropriate, including periodic medical reviews.

In summary

- Doctors should keep abreast of the up-to-date *Sláinte agus Tiomáint Medical Fitness to Drive Guidelines*, available on the NDLS/RSA websites.
- It is a doctor's professional obligation to advise the patient on the impact of medical conditions and treatments on their ability to drive and to recommend restrictions and ongoing monitoring as required.
- When prescribing certain medications, doctors should advise patients accordingly on how these medications may affect their driving. The RSA has published a helpful information leaflet on [Medicines and Driving](#) that may be of assistance here.
- When assessing fitness to drive in complex situations and particularly in respect of Group 2 driving licences, doctors should consider seeking further extensive assessment or specialist opinion as required.
- Restrictions/monitoring requirements should be carefully recorded in the patient record and noted on the NDLS driver license medical report form (D501).
- It is the patient's responsibility to inform the NDLS of any driving restrictions advised by the doctor.
- If the patient does not inform the NDLS or fails to stop or adapt driving as advised, the doctor should first raise the issue with the patient, having a detailed discussion outlining clearly their advice to cease driving and the patient's responsibility to notify the NDLS directly. The doctor should keep a detailed record of all conversations with the patient in their clinical records. If the patient fails to comply with this professional advice, the doctor will need to consider whether it may be appropriate to breach patient confidentiality by submitting to NDLS a medical form and covering letter, stating their concerns (or contacting Gardai if outside normal working hours, and the doctor considers that there is an immediate risk/danger to the driver or others).
- It is preferable to seek the patient's consent to inform the NDLS, but we appreciate that this may not be forthcoming.
- As advised above, we strongly recommend seeking specific advice from your indemnifier prior to taking any positive steps to breach patient confidentiality or contacting the NDLS/Gardai in the absence of patient consent to do so.

If you have any queries related to the issue of medical to fitness to drive, please contact a member of the Medisec team for specific advice.

The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice".