



28 September 2016

Revised ‘Assessing Fitness to Drive’ guidelines 2016 released

For the past few years there has been great concern about the national guidelines being used to assess fitness to drive for people with diabetes.

Diabetes Australia and our state and territory member organisations have led the way on advocating changes to these guidelines on behalf of all people with diabetes to make sure they only address aspects directly affecting someone’s ability to drive.

We are very pleased to advise that, from 1 October 2016, revised and clearer guidelines will help Australians with diabetes and their healthcare teams decide if it is safe to drive.

Diabetes Australia has worked closely with diabetes specialist clinicians and researchers in the Australian Diabetes Society (ADS) and credentialed diabetes educators in the Australian Diabetes Educators Association (ADEA) and together we have advised and collaborated with the National Transport Commission (NTC) to make the guidelines fairer and safer for people with diabetes.

The old guidelines used a person’s average blood glucose measurement over a three-month period (the HbA1c measurement) to determine if their diabetes management was adequate to indicate they were safe to drive. This number was only ever intended as a guide for doctors, but unfortunately many people with diabetes had their licences suspended because this ‘guide’ measurement was interpreted strictly.

Diabetes Australia has successfully advocated for the removal of references to HbA1c from the guidelines and we are very pleased [Austroads](#) has made these changes.

Diabetes Australia also strongly advocated to maintain the guideline’s emphasis on the immediate measurement of blood glucose level using test strips (or continuous glucose monitoring devices) to ensure that a person’s blood glucose level is not low i.e. hypoglycaemia, which can directly impact on safe driving. This is even more important when a person has impaired hypoglycaemia awareness.

The key message for safe driving is “[Be Above 5 to Drive](#)”.

[Download the “Diabetes and Driving” booklet, which includes information about “Be Above 5 to Drive as an electronic pdf .](#)

The major changes for drivers with diabetes are:

Diabetes treated by glucose-lowering agents other than insulin

- For private vehicle drivers, the criterion ‘the person experiences early warning symptoms of hypoglycaemia’ has been modified to also include ‘or has a documented management plan for lack of early warning symptoms’.
- For commercial vehicle drivers, the criterion for a conditional licence ‘the condition is satisfactorily controlled’ has been removed so that the criteria focus on the main risks to safety, which are hypoglycaemia and end-organ effects (e.g. vision impairment).
- For both private and commercial vehicle drivers, a suitable specialist is defined as an endocrinologist / consultant physician specialising in diabetes.

Diabetes treated by insulin

- For both private and commercial drivers, the criterion for a conditional licence ‘the condition is satisfactorily controlled’ has been removed. The criteria now focuses on the main risks to safety, which are hypoglycaemia and end-organ effects (e.g. vision impairment).
- For private vehicle drivers, the criterion ‘the person experiences early warning symptoms of hypoglycaemia’ has been qualified to also include ‘or has a documented management plan for lack of early warning symptoms’.
- For both private and commercial vehicle drivers, a suitable specialist is defined as an endocrinologist / consultant physician specialising in diabetes.

Further information is available on the [Austroads](#) website where you can [download an electronic PDF](#) or purchase a hard copy of Assessing Fitness to Drive 2016 guidelines.