Introduction

A number of patients presenting to the Acute Medical Unit will be diagnosed with a condition that impairs their fitness to drive. The doctor in charge of their care should record a driving history and be able to advise the driver whether or not it is appropriate for them to continue to drive. Any advice given should be clearly documented in the medical notes. This audit examines current practice in relation to fitness to drive advice.

Methods

A retrospective audit was carried out over a one month period. The Driver and Vehicle Licensing Agency (DVLA) fitness to drive booklet1 was used to compile a list of acute medical presentations with restrictions on driving. The medical notes were examined for the presence of a driving history and fitness to drive advice where appropriate.

Results

A total of 34 patient records were reviewed. Syncope was the most common presentation and unexplained syncope (collapse query cause) the most common discharge diagnosis (Figure 1). Thirty-one patients were discharged with conditions requiring restrictions on driving (vasovagal syncope excluded). Only 9 (26%) had a driving history documented. Three were non-drivers. Of the drivers, only 3 were informed of driving restrictions. Twenty-eight patients were not informed of restrictions on their fitness to drive. An audit of fitness to drive advice in the emergency department of a large teaching hospital demonstrated similarly poor performance2.

Conclusion

This audit highlights an important area often overlooked in the busy acute care environment. We have demonstrated a gap in fitness to practice advice which may be due to a lack of awareness and/or understanding of the guidelines. Moreover, we have demonstrated a serious gap in documentation of driving status. Failure to cease driving where appropriate invalidates motor insurance policies and may result in harm to the patient or a third party should their condition return whilst driving. In order to address these issues we have developed a training programme for all doctors and nurse practitioners responsible for clerking and reviewing medical patients. We will measure the impact of our intervention with a subsequent re-audit.

References