Gezondheidsraad
Health Council of the Netherlands

To the Minister of Infrastructure and the Environment ((I&M)

Subject	: Presentation of advisory letter *Fitness to Drive with ADHD*	
Your reference	: IENM/BSK-2012/142559	
Our reference	: I-1303/12/CP/db/006-B	Publication no. 2013/01E
Enclosure(s)	: 4	
Date	: March 12, 2013	

Dear Minister,

On 24 July 2012, you asked the Health Council of the Netherlands to prepare an advisory report on a range of topics, including periodic re-assessment for stable disorders such as ADHD and autism (Annex A). This advisory memorandum concerns the fitness to drive of individuals with ADHD.

This was prompted by the report that you commissioned into the assessment of individuals' driving ability and fitness to drive.[1] One of that report's conclusions was: "Issuing driving licences with limited validity and the option of requiring re-assessment is of only limited effectiveness in the cases of individuals with a stable clinical picture (ADHD) or of diseases from which drivers have recovered. Once it is has been established that such disorders do not (or no longer) affect an individual's fitness to drive then such re-assessment would not seem to be effective."

In addition, the Lower House of the Dutch Parliament has requested (via the Bashir motion; Parliamentary Documents II, 2011/2012, 29398, No. 330) that you drop the requirement for periodic re-assessment in cases of ADHD. While awaiting my advisory report, you have now decided to implement this motion on an experimental basis (Parliamentary Documents II, 2011/2012, 29398, No. 332, Annex D).

At the time you submitted your request for advice, you were awaiting the imminent submission of a report from the Dutch Psychiatric Association (NVvP) on a range of topics, including ADHD. You asked the Health Council to take this report into account during its advisory process.

Procedure

I have appointed a special expert committee (Annex B) to deal with your requests for advice. This committee has examined the material and, at your request, has given priority to the request for

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advice about ADHD. The remaining questions will be dealt with at a later stage. The Consultant Medical Officer of the Central Office for Motor Vehicle Driver Testing (CBR) took part in the Committee's deliberations, in a consultative role. The Dutch Psychiatric Association's report that you mentioned became available only very recently, and still requires formal authorisation.[2] The Committee examined the report and took the data it contains into account when drawing up this advisory report.

Regulations relating to ADHD

In the Netherlands, in 1994, the Central Office for Motor Vehicle Driver Testing drew up the Fitness Criteria Regulations (*Regeling Eisen Rijgeschiktheid*; REG 2000), partly on the basis of a Health Council advisory report. Under these Regulations, adults with ADHD who used stimulants were denied a driving licence. However, international research has revealed that stimulants have a beneficial effect on the fitness to drive of adults with ADHD. The REG 2000 was then modified accordingly. Stimulants for ADHD (such as methylphenidate) were no longer prohibited when driving in traffic, provided that the drivers in question first underwent a medical assessment, carried out by an appropriately qualified physician.[3] The periods of validity for declarations of driver fitness were three years for Group 1 licences (cars and motorcycles) and one year for Group 2 licences (trucks and buses).

These rules are based on an advisory report submitted to the Minister by a CBR committee in 2003.[4] At that time, little was known about the possible long-term effects, so the Committee opted for a cautious approach, involving a high frequency of re-assessment. In addition, great importance was attached to specialist assessment for adults, by psychiatrists with expertise and experience in the field of ADHD. A prominent role was also assigned to driving tests on public roads, carried out by experts from the Central Office for Motor Vehicle Driver Testing.

In 2008, the REG 2000 was modified once again. Since then, all adults who indicate in their medical self-report form that they have ADHD are required (whether or not they use medication) to be assessed by an independent specialist with expertise in ADHD in adults. This involves the use of a checklist of ADHD risk factors, supplemented by a driving test to assess the individual's fitness to drive in practice (Annex C).[5] Accordingly, the driving examination is seen as an integral part of the assessment process.

The REG 2000 was modified in 2012, on an experimental basis, in anticipation of the Health Council advisory report. In this connection, also on an experimental basis, the periodic re-assessment for Group 1 licences for individuals with ADHD who are receiving treatment will lapse (Annex D).

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Instead, a medical recommendation appended to the self-declaration is sufficient. This recommendation must show that the applicant is undergoing treatment and that no other risk factors (such as other mental disorders or medication abuse) are involved. This medical recommendation is mandated by the European Driving License Directive. On this basis, the Central Office for Motor Vehicle Driver Testing issues a declaration of driver fitness for a period of three years.

In this connection, I would also like to point out (perhaps unnecessarily) that, on the basis of the disciplinary rules/legal precedents and standards of conduct pertaining to the professional groups in question, attending physicians are not permitted *to make recommendations* concerning their own patients. Such recommendations are legally equivalent to an assessment. This can only be carried out by an independent, non-attending physician. In an exchange of letters on this subject between yourself and the Royal Dutch Society for the Advancement of Medicine (KNMG), you explained that the Regulations only require factual information to be provided that the CBR can use to reach a verdict. The KNMG has indicated that it concurs with this procedure.

ADHD and fitness to drive

Scientific research has demonstrated the existence of a link between a diagnosis of ADHD and a higher frequency of traffic violations and traffic accidents.[6-10] Figures vary with regard to the exact level of risk involved. Some estimates indicate that the risk of traffic accidents in cases of ADHD (after adjustment for confounding factors such as age, driving experience, IQ, and gender[a]) is two to four times higher.[7,10,11] Moreover, there is a suspicion that specific subgroups within the ADHD population are subject to a greater degree of risk.[11] Many questions still remain to be answered concerning the underlying causes of this risk. One of the major factors involved might be cognitive limitations, especially limitations of executive functions (such as alertness, inhibition, working memory, sense of time and interference control).[6,7,9,12]The issue here is whether the risk is the same for all adults with ADHD, or whether specific conditions or subgroups can be identified that are associated with an increased level of risk.

[a] In general, young adult men do not drive as well as women. These individuals have less driving experience. In addition, the executive functions of the brains of young adults are not yet fully developed. Accordingly, most studies consider age, driving experience, and gender to be confounders when reaching conclusions about an individual's fitness to drive

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Analysis of the scientific literature

The IMMORTAL (Impaired Motorist Methods Of Roadside Testing and Assessment for Licensing) EU research group has produced a meta-analysis of the limitations associated with certain diseases, in terms of the ability to drive motor vehicles.[8,13] This work showed that individuals suffering from a mental illness have a significantly higher relative risk (RR) of being involved in accidents than those who are mentally healthy. It found an RR of 1.72, averaged across all mental illnesses. The RR for ADHD was calculated to be 1.54. This data was based on a group of eleven studies (mainly case-control studies). A meta-analysis carried out by Jerome (based on thirteen observational studies) compared poor driving styles in adults with ADHD to the driving styles of mentally healthy individuals in control groups.[9] These studies used self-reported questionnaires, as well as official police statistics on accidents. Based on five self-reported studies, it was calculated that drivers with ADHD had an RR of 1.88 (95% confidence interval 1.42 to 2.5) of being involved in an accident. Official police figures for traffic accidents indicated a lower RR of 1.35. The study by Jerome also indicated that adults with ADHD committed traffic offences significantly more frequently and were fined more often. This applied both to men and women. While this study also explored possible causes, it did not show which subtype of ADHD was associated with the greatest level of risk. One major factor found to be associated with an impaired ability to drive was attention problems, for example diminished attention in monotonous environments. There is evidence that other cognitive dysfunctions associated with ADHD can also lead to a reduced ability to drive. These issues include visual inattention and problems with visual memory, impulsivity, and slower information processing. Furthermore the various cognitive limitations associated with ADHD tend to reinforce one another together. For instance, impulsivity leads to speeding, which in turn places greater demands on information processing speed, one of the very factors that is impaired in this group. Finally, driving experience was shown to be a major compensatory factor in the prevention of accidents.

Accordingly, ADHD leads to a reduced fitness to drive. This involves a slight to moderately increased level of risk at group level. It is no easy matter to draw clear comparisons between the RR in this case and equally high RRs associated with other disorders or situations, for example. This is because the various disorders involved are simply not comparable. On clinical grounds, it is likely that certain groups within the ADHD population have a larger effect on the risk involved. There may also be differences between the various subtypes. For instance, individuals with the inattentive subtype may have a greater risk of experiencing attention problems when driving monotonous routes. Those with the hyperactive-impulsive and combined types are more likely to

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display poor driving styles characterised by speeding, fits of rage and aggression, driving in the left lane, and other dangerous driving behaviour. External factors, such as monotonous road conditions and the time of day, also seem to be involved. As yet, however, relatively little research has been carried out into the differences between subtypes.

What is clear is that, among young adults (with or without ADHD), men generally do not drive as well as women. These individuals have less driving experience. In addition, the executive functions of the brains of young adults are not yet fully developed. Accordingly, most studies consider age, driving experience, and gender to be potentially confounding factors when reaching conclusions about the relationship between disease and fitness to drive.

There is evidence that certain types of comorbidity can either increase or decrease the risks involved. Alcohol consumption and drug use adversely affect an individual's fitness to drive. Comorbid personality disorders (e.g. antisocial traits) and/or behavioural disorders are also associated with an increased risk of poor driving style. Some adults with ADHD have difficulties in dealing with stress, which can lead to fits of rage and aggression in traffic. This sort of inability to handle situations that cause stress leads to an increased risk of unsafe driving styles.

A combination of various factors such as the severity of ADHD, age, gender, and comorbidity (concomitant disease processes) as well as compensatory aspects such as intelligence, understanding of the disease, and driving experience affect the relative risk for individual patients. To date, research into ADHD and fitness to drive has not produced sufficient evidence to specify which degrees of severity of ADHD or which subtypes are associated with an increased risk.

Conclusions

It is likely that, on average, adults with ADHD are less able drivers (as measured by the number of offences, fines and traffic accidents) than healthy controls.

It seems likely that their cognitive limitations are the root cause of the poorer driving ability found in individuals with ADHD. This involves impaired executive functions and, in particular, attention problems, visual inattention, impulsivity, slow information processing, increased susceptibility to distraction, and visual memory problems. It is likely that, in ADHD, the operational control and tactical control needed to drive a car are both impaired.

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Impact of the findings

Given the above conclusion, there are numerous arguments in favour of retaining the current assessment requirement (including a driving test) for initial applications. One such argument involves the additional risks to an individual's ability to drive, another concerns the road safety issues associated with comorbidity. In no circumstances should such assessments be performed by attending physicians.

The question, however, is whether this also applies in the case of a second (or subsequent) application.

Given the limitations of our current understanding (as reflected by the literature) it is not possible to say whether or not specific sub-groups are at increased risk, relative to the entire group of adult drivers with ADHD. In general, however, it can be said that increasing age and (specifically in the case of ADHD) greater driving experience tend to reduce the relative risk with respect to the relative risk at the time of the first application. It is not possible to distil any information from the scientific literature that might justify assessment in all cases purely on the basis of the progression of ADHD (i.e. an increase in severity). While it is possible that some individuals may still be at much greater risk of having an accident, strictly speaking this does not involve issues that might be detected in the course of a medical assessment. There are other options for dealing with this, involving enforcement, for example. This could involve the imposition of a rule of conduct for frequent offenders or even a disqualification procedure.

Experience shows that, in practice, individuals undergoing their first assessment are sometimes given "the benefit of the doubt". In such cases, examining specialists with expertise in ADHD have and retain the right (on the basis of Article 102 of the Driving Licences Regulations) to make a recommendation (*accompanied by details of the associated reasons*) to the CBR that re-assessment be carried out after three or five years.

The Committee takes the view that these considerations are equally applicable to both Group 1 and Group 2 licence holders. With regard to the legal requirement to re-apply after five years, in addition to the medical self-report form, Group 2 licence holders also have the mandatory occupational safety and health assessment which can serve as a safety net. Accordingly, the Committee considers that it is not necessary to include a separate passage in the Fitness Criteria Regulations 2000.

All things considered, in view of these findings it is recommended that the requirement for periodic re-assessment in cases of ADHD be dropped for Group 1 and Group 2 licence holders, regardless of whether or not they use medication. This does not detract from the fact that, in

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specific cases, the examining specialist reserves the right to recommend (while providing details of the associated reasons) that the CBR re-assess the individuals in question after three to five years.

Assessment by specialists with the appropriate expertise, together with a driving test, should be retained for the initial application (for both groups).

The advisory report has been reviewed by the Health Council's Standing Committee on Medicine. I endorse the Committee's findings and recommendations.

Yours sincerely,
(signed)
Professor W.A. van Gool
President

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Literature

1 Andersson Elffers Felix. Onderzoeken rijvaardigheid en geschiktheid. Utrecht: 2012: GI22/006_rapport.

2 Brons M, van Driel J.K., Hagemeijer J.W. et al. Adviesnota Rijgeschiktheid bij stemmingsstoornissen, ADHD en schizofrenie/psychose. Utrecht: 2013.

3 Wijziging Regeling eisen geschiktheid 2000 met betrekking tot de geschiktheid tot het besturen van motorrijtuigen van personen met diabetes mellitus en van personen met ADHD, die worden behandeld met methylfenidaat. Staatscourant 2004; 50.

4 Buitelaar, J.K., Gier, J.J. de, Kooij, e.a. Advies rijgeschiktheid van mensen met ADHD die behandeld worden met metylfenidaat. Den Haag: Minister van Volksgezondheid 2003.

5 Regeling tot wijziging van de Regeling eisen geschiktheid 2000 met betrekking tot de geschiktheid tot het besturen van motorrijtuigen van personen met bewustzijnsstoornissen (anders dan epilepsie), ADHD (inclusief subtypen), dan wel die rijgevaarlijke geneesmiddelen gebruiken. Staatscourant 2008; 218.

6 Barkley RA. Driving impairments in teens and adults with attention-deficit/hyperactivity disorder. Psychiatr Clin North Am 2004; 27(2): 233-260.

7 Barkley RA, Cox D. A review of driving risks and impairments associated with attentiondeficit/hyperactivity disorder and the effects of stimulant medication on driving performance. J Safety Res 2007; 38(1): 113-128.

8 IMMORTAL EU Project Final Program Report A3.2. Impaired motorists, methods of roadside testing and assessment for licensing. 2005. Internet: www.immortal.or.al http/ec.europa.eu/transport/road_safety/projects/doc/immortal.pdf. geraadpleegd op 03-01-2013.

9 Jerome L, Segal A, Habinski L. What we know about ADHD and driving risk: a literature review, metaanalysis and critique. J Can Acad Child Adolesc Psychiatry 2006; 15(3): 105-125.

10 Sobanski E, Sabljic D, Alm B, Skopp G, Kettler N, Mattern R et al. Driving-related risks and impact of methylphenidate treatment on driving in adults with attention-deficit/hyperactivity disorder (ADHD). J Neural Transm 2008; 115(2): 347-356.

11 Barkley RA. Global issues related to the impact of untreated attention-deficit/hyperactivity disorder from childhood to young adulthood. Postgrad Med 2008; 120(3): 48-59.

12 Knouse LE, Bagwell CL, Barkley RA, Murphy KR. Accuracy of self-evaluation in adults with ADHD: evidence from a driving study. J Atten Disord 2005; 8(4): 221-234.

13 Vaa T. Impairments, diseases, age and their relative risks of accident involvement: Results from metaanalysis. Deliverable @1.1 from EU project IMMORTAL. Oslo: 2003.

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Annex **A**

Request for advice

On 24 July 2012, the then Vice-President of the Health Council received the following request for advice from the Minister of Infrastructure and the Environment:

The Health Council regularly advises the Ministry of Infrastructure and the Environment on issues concerning the medical fitness to drive. Previously, requests to your Council for recommendations have been made on an ad hoc basis. I would like this cooperative work to be embedded into a more formal structure, as I have stated in the Lower House of the Dutch Parliament. I discussed this matter with your Council's General Secretary last May. Your Council is currently taking preparatory steps to embed the fitness to drive advisory process into a more formal structure by establishing a standing committee on Fitness to Drive.

With respect to another topic that was discussed with the General Secretary of your Board last May, I would ask that this committee give priority to the following topics this year:

1 Advisory process on periodic re-assessment for stable disorders such as ADHD and autism. I would very much like to hear your views on the current scientific situation regarding the periodic re-assessment requirement for stable disorders such as ADHD and autism or for disorders that occurred in the past. Allow me to provide some background details concerning this request:
I have commissioned a study into the assessments of driving ability and fitness to drive. This study was completed in April. One of the conclusions of this study was as follows: "The effectiveness of issuing driving licences with limited validity and the option of requiring re-assessment is limited to individuals with a stable clinical picture (ADHD) or to diseases from which drivers have recovered. Once it is has been established that such disorders do not (or no longer) affect an individual's fitness to drive then such re-assessment would not seem to be effective."

In addition, the Lower House of the Dutch Parliament has asked (via the Bashir motion; Parliamentary Documents II, 2011/2012, 29398, No. 330) the Minister to drop the requirement for periodic re-assessment. Together with the Central Office for Motor Vehicle Driver Testing, I am currently preparing to implement this motion (Parliamentary Documents II, 2011/2012, 29398, No. 332) on an experimental basis.

Finally, I am awaiting the imminent submission (possibly by the end of this month) of a report from the Dutch Psychiatric Association (NVvP) on a range of topics, including ADHD. Please take this report into account during the advisory process.

I would ask that you advise me on this matter as soon as possible but no later than the end of 2012.

2 Furthermore, I would appreciate your advice on how to enhance the efficiency of the medical self-report procedure by making the questions in the self-report form form more specific, especially with regard to determining the appropriate periods in which disorders occurred and in which medical treatment was given.

The Central Office for Motor Vehicle Driver Testing uses the details contained in the medical self-report form to reach a decision on the applicant's fitness to hold a driving licence. This form contains various questions about past disorders and treatments. The current wording of these questions makes no mention of the periods of time involved. This causes many applicants to wonder whether it is really relevant to mention past disorders and treatments (including those that occurred long ago).

Accordingly, I would like to hear your views regarding the options for making the medical self-report form's questions more specific, both in terms of mentioning the periods of time involved and doing so more precisely. Please submit your advice on this matter to me before the summer of 2013.

In the course of your advisory process, please make it clear how this ties in with European regulations and with the Fitness Criteria Regulations 2000. In the course of your advisory process, and if your advisory report so warrants, please draw up a draft text for the Fitness Criteria Regulations 2000.

Yours sincerely,

On behalf of the Minister of Infrastructure and the Environment,

(signed)

The Director of Roads and Traffic Safety,

Ms. M.C.A. Blom

Annex **B**

The Committee

- Prof. J.J. Heimans, *chairperson*
  Professor of Neurology, VU Medical Center, Amsterdam
- Prof. A. de Boer
  Professor of Pharmacology, Utrecht University
- Dr. G.A. Donker
  GP, The Netherlands Institute for Health Services Research (NIVEL), Utrecht,
  Gezondheidscentrum de Weide (The de Weide Health Centre), Hoogeveen
- Prof. Y. van der Graaf
  Professor of Epidemiology, Utrecht University
- Dr. J. Groeneweg
  Faculty of Social Sciences, Leiden University
- Prof. A.C. Hendriks
  Professor of Health Law, Leiden University
- Prof. J.B.L. Hoekstra
  Professor of Internal Medicine, Academic Medical Center, Amsterdam
- Prof. J.E.E. Keunen
  Professor of Ophthalmology, Radboud University Nijmegen Medical Centre
- Prof. R.C. van der Mast
  Professor of Psychiatry, Leiden University Medical Center, Leiden
- Prof. M.J. Schalij
  Professor of Cardiology, Leiden University Medical Center, Leiden

- Prof. J. Wokke
  Professor of Neurology, University Medical Centre Utrecht
- R.A. Bredewoud, physician, *advisor*
  Head of the Medical Department, Central Office for Motor Vehicle Driver Testing, Rijswijk
- S. Faber, *observer*
  Senior Policy Officer, Ministry of Infrastructure and the Environment, The Hague
- Dr. P.M. Engelfriet, *scientific secretary*
  Health Council, The Hague
- Dr. C.A. Postema, Physician, *scientific secretary*
  Health Council, The Hague

The Health Council and interests

Members of Health Council Committees are appointed in a personal capacity because of their special expertise in the matters to be addressed. Nonetheless, it is precisely because of this expertise that they may also have interests. This in itself does not necessarily present an obstacle for membership of a Health Council Committee. Transparency regarding possible conflicts of interest is nonetheless important, both for the chairperson and members of a Committee and for the President of the Health Council. On being invited to join a Committee, members are asked to submit a form detailing the functions they hold and any other material and immaterial interests which could be relevant for the Committee's work. It is the responsibility of the President of the Health Council to assess whether the interests indicated constitute grounds for non-appointment. An advisorship will then sometimes make it possible to exploit the expertise of the specialist involved. During the inaugural meeting the declarations issued are discussed, so that all members of the Committee are aware of each other's possible interests.

Annex **C**

Fitness Criteria Regulations 2000

Section 8.10. ADHD (including subtypes)

The fitness to drive assessment must be carried out by a specialist with expertise and experience in the field of ADHD in adults. This assessment is based on a checklist of risk factors (the Central Office for Motor Vehicle Driver Testing has just such a checklist).

8.10.1. Group 1 driving licences

A declaration of driver fitness for a Group 1 driving licence can be issued for a limited period of time, provided that the applicant satisfies the following conditions:

- where risk factors are involved such as anxiety disorders, depressive disorders or personality disorders, it must be shown that these are sufficiently under control; also, if driver-impairing medication is being used, then the relevant sections of Chapter 10 also apply;
- the use of psychoactive substances must be ruled out (see section 8.8);
- applicants must be therapy-compliant and must demonstrate an understanding of the disorder;
- the medication must be shown to have no driver-impairing adverse effects.

If, for the purpose of forming an appropriate judgment, the Central Office for Motor Vehicle Driver Testing considers that a driving test is required, it can call in a practical fitness-to-drive expert (from the appropriate department within the CBR itself). If this is the individual's first application for a driving licence, then a driving test will, of course, be required. The Central Office for Motor Vehicle Driver Testing has an extensive protocol for this purpose. The declaration of driver fitness is valid for a maximum of three years.

8.10.2. Group 2 driving licences

A declaration of driver fitness for a Group 2 driving licence can be issued for a limited period of time, provided that the applicant satisfies the following conditions:

- the existence of risk factors such as anxiety disorders, depressive disorders, abuse of psychoactive drugs or personality disorders must be ruled out;
- applicants must be therapy-compliant and must demonstrate an understanding of the disorder;
- the medication must be shown to have no driver-impairing adverse effects.

If, for the purpose of forming an appropriate judgment, the Central Office for Motor Vehicle Driver Testing considers that a driving test is required, it can call in a practical fitness-to-drive expert (from the appropriate department within the CBR itself). If this is the individual's first application for a driving licence then a driving test will, of course, be required. The Central Office for Motor Vehicle Driver Testing has an extensive protocol for this purpose. The declaration of driver fitness is valid for a maximum of one year.

Annex **D**

Letter from the Minister of Infrastructure and the Environment to the Lower House of the Dutch Parliament

dated 2 July 2012, concerning the response to the Bashir motion

Dear Chairman,

I am writing in response to the Bashir motion regarding periodic re-assessment for a driving licence (Parliamentary Documents II, 2011/2012, 29398, No. 330). By means of this motion, the House has requested that I immediately terminate the re-assessment of individuals with ADHD who are undergoing treatment.

The current regulations regarding medical fitness requirements are based on the European Driving License Directive. The Fitness Criteria Regulations 2000 includes a section on ADHD. This stipulates that the Central Office for Motor Vehicle Driver Testing can determine the fitness to drive of individuals with ADHD, based on the following elements:

a) The medical self-report form
b) An assessment report drawn up by a medical specialist
c) The option of a driving test, if necessary.
d) Based on this, the Central Office for Motor Vehicle Driver Testing can issue a declaration of driver fitness that is valid for up to three years for Group 1 licence holders (cars and motorcycles) and up to one year for group 2 licence holders (trucks and buses).

The House has previously questioned me concerning the current regime associated with the re-assessment of individuals with ADHD. In response, I indicated that I have asked the Health Council to advise me on the periodic re-assessment of stable disorders such as ADHD (Letter May 22, Parliamentary Documents II,

2011/2012, 29398, No. 325), as a matter of priority. Before the details of this advisory report have been made known, the House has requested - via the Bashir motion (Parliamentary Documents II, 2011/2012, 29398, No. 330) - that I immediately terminate the assessment of individuals with ADHD who are undergoing treatment.

As I have previously stated in the House, I would have preferred to await the Health Council's scientific findings, in order to substantiate any statements to the effect that abolishing such assessment involves no hazards to road safety. My caution is prompted by the fact that, in recent years, the CBR has refused to issue declarations of driver fitness in dozens of cases each year, in connection with ADHD. In spite of this, you are asking me (by means of the motion that has been passed) to terminate this periodic re-assessment. I would like to explain how I plan to comply.

On an experimental basis, I will terminate periodic re-assessment for Group 1 licences for individuals with ADHD who are receiving treatment. For this specific group, I have determined that a medical recommendation appended to the medical self-report form is sufficient. This recommendation must show that applicants for a declaration of driver fitness are undergoing treatment and that no other risk factors (such as mental disorders or medication abuse) are involved. This medical recommendation is mandated by the European Driving License Directive.

Thus the new process for this particular group will be as follows:

a) Submission of the medical self-report form, including the recommendation of the attending physician or specialist.
b) On this basis, the Central Office for Motor Vehicle Driver Testing will issue a declaration of driver fitness for a period of three years.

The regulations will not need to be modified for the purposes of this experiment.
This means that, for this particular group, periodic re-assessment by a CBR-appointed medical specialist plus a mandatory driving test (where appropriate) will no longer form part of re-assessment for licence renewal. However, these measures will continue to be used in the context of initial assessments.
I estimate that it will be possible to replace re-assessment with a recommendation, on an experimental basis, within a period of three months. This period of grace is needed to give the Central Office for Motor Vehicle Driver Testing sufficient time to adapt the relevant procedures. Finally, I would like to stress once again that, in complying with your request, I am acting before the results of the Health Council advisory process on periodic re-assessment in cases of ADHD have been made known. This means that, in terms of road

safety, it is currently unclear exactly what risks are involved. Should the Health Council's advisory process reveal the existence of major road safety risks, I will terminate the experiment and, if necessary, modify the regulations in accordance with the advisory report's findings.

Yours sincerely,
(signed)
The Minister of Infrastructure and the Environment,
Ms. M.H. Schultz van Haegen