Australian Capital Territory

Road Transport (Driver Licensing) Amendment Regulation 2026 (No 1)

Subordinate law SL2026–19

made under the

Road Transport (Driver Licensing) Act 1999, s 26 (Regulation-making power)

EXPLANATORY STATEMENT

This explanatory statement relates to the *Road Transport (Driver Licensing) Amendment Regulation 2026 (No 1)* (Amending Regulation) as made by the Executive. It does not form part of the Amending Regulation and has not been endorsed by the Legislative Assembly.

This statement must be read in conjunction with the Amending Regulation. It is not, and is not meant to be, a comprehensive description of the Amending Regulation. What is said about a provision is not to be taken as an authoritative guide to the meaning of a provision, this being a task for the courts.

OVERVIEW

Nurse practitioner workforce

There are approximately 3,643 nurse practitioners endorsed to practice across Australian states and territories, with 81 listing their principal place of practice as the ACT.[1] Nurse practitioners are regulated under the National Registration and Accreditation Scheme under the *Health Practitioner Regulation National Law* (ACT) (National Law)[2] by the Australian Health Practitioner Regulation Agency (Ahpra), consistent with the regulatory arrangements for medical practitioners and other registered health professionals. Nurse practitioners are highly skilled, advanced practice clinicians already authorised to practice independently and autonomously beyond the scope of a registered nurse.

[1] Nursing and Midwifery Board (2025). Nursing and Midwifery Board of Australia registrant data.

[2] Australian Health Practitioner Regulation Agency (2025). Health Practitioner Regulation National Law. <https://www.ahpra.gov.au/About-Ahpra/What-We-Do/National-Law.aspx>.

Changes to practice authority under the Amending Regulation
The full potential of the nurse practitioner workforce is not yet fully realised. Current regulatory constraints include the ability for nurse practitioners to assess fitness to drive and submit their advice to the road transport authority in accordance with the National Standards, limiting their capacity to practice to the full extent of their skills, qualifications, and competencies.

The Amending Regulation aims to expand the activities nurse practitioners are authorised to perform under law and regulation (practice authority) in alignment with the clinical activities they are competent to do (scope of practice). In the case of assessing fitness to drive, a nurse practitioner may undertake this activity dependent on their individual scope of practice, employer credentialling requirements, and their employed role. Nurse practitioners are already authorised to diagnose and manage complex health conditions in serving as a member of the patient's primary healthcare team; with their scope of practice defined by their qualifications, training, credentialling and in meeting the Nursing and Midwifery Board of Australia standards under the National Law.[3]

The Amending Regulation

The Amending Regulation primarily updates the *Road Transport (Driver Licensing) Regulation 2000* (the Principal Regulation) made under the *Road Transport (Driver Licensing) Act 1999* (the Act). The Amending Regulation will remove regulatory barriers to enable nurse practitioners to work to full scope of practice, by providing nurse practitioners the practice authority to assess fitness to drive, in accordance with the national Assessing Fitness to Drive Standards as published by Austroads (the National Standards) (however named).

Currently under the Principal Regulation, an authorised doctor, occupational therapist, optometrist or psychologist can assess fitness to drive in accordance with the National Standards. The Amending Regulation will include nurse practitioners in multiple sections of the Principal Regulation alongside these other health practitioner categories where fitness to drive assessments are required or arise. The definition of 'medically fit' will also be updated to include nurse practitioners alongside doctors. This initiative will improve timely access to fitness to drive assessments and better meet the needs of the community.

The Amending Regulation will also extend to nurse practitioners the requirement under section 90B of the Principal Regulation to report concerns about a person's ability to drive a heavy vehicle safely (clause 15). This amendment aligns this provision with the overall expansion of nurse practitioners' practice authority to include assessing fitness to drive. As nurse practitioners will encounter individuals whose medical condition may affect their capacity to drive heavy vehicles safely, it is appropriate that nurse practitioners are subject to the same reporting obligation as other health practitioners who can conduct fitness to drive assessments (namely

[3] Australian College of Nurse Practitioners (2019). ACNP Position Statement: Nurse Practitioner Scope of Practice. <https://www.acnp.org.au/client_images/2159748.pdf>.

doctors, occupational therapists, optometrists and psychologists), who are already subject to section 90B.

Other minor and technical amendments are included in the Amending Regulation to improve consistency across the ACT statute book. Primarily, references to 'medical examination' have instead been replaced with 'examination' to correct an existing drafting inconsistency with other road transport legislation (such as the *Road Transport (Alcohol and Drugs) Act 1997*). Schedule 1 of the Amending Regulation makes the same minor updates to the *Road Transport (General) Regulation 2000*.

The National Standards guide health practitioners in Australia in assessing a driver's medical fitness to operate a vehicle safely. Developed by Austroads and the National Transport Commission, these standards are used by health practitioners and licensing authorities across all Australian states and territories to manage road risk and safety. Health practitioners evaluate a driver's condition in line with the National Standards and provide recommendations, however, the relevant licensing authority (the road transport authority for the ACT) makes the final decision as to the driver's licensing conditions. The Amending Regulation will further align the Principal Regulation with the National Standards to ensure greater operationalisation of the national framework.

Nurse practitioners have strong therapeutic relationships with their patients, particularly when providing care for older people and chronic disease management, which are both increasingly represented in patient cohorts requiring fitness to drive assessments. This trust can lead to more honest disclosure, more comprehensive assessments, and increased support and counselling, including at times when discussing ongoing driver safety concerns.

In February 2026, Austroads launched a new online education module to build practitioner capability and confidence in applying the National Standards in everyday practice. The module provides practical guidance on assessing and managing fitness to drive.[4] With this new module, individual nurse practitioners, like other health practitioners who can conduct fitness to drive assessments, can ensure they have the competencies to provide this service for the community. The training will strengthen the existing expertise of nurse practitioners in holistic assessment, enabling them to deliver thorough, patient-centred fitness to drive assessments that align with the National Standards and support safe driving practices.

Alignment with broader program of reform

The Amending Regulation aligns with broader Commonwealth and ACT reforms aimed at enabling all health professionals to work to their full scope of practice.

[4] Austroads (accessed April 2026). New education module for general practitioners. <https://austroads.gov.au/drivers-and-vehicles/assessing-fitness-to-drive/for-health-professionals/new-education-module-for-general-practitioners>.

This includes the Australian Government's *Unleashing the Potential of our Health Workforce Scope of Practice Review* and the *Nurse Practitioner Workforce Plan*,[5] both of which emphasise removing unnecessary barriers that limit safe, full scope of practice by health professionals. Allowing nurse practitioners to conduct and submit a fitness to drive assessment is a practical example of this national policy reform.

This also includes national reform to expand the practice authority of nurse practitioners through the removal of Collaborative Arrangements,[6] which came into effect on 1 November 2024, eliminating the requirement for nurse practitioners and eligible midwives to maintain formal arrangements with medical practitioners to provide Medicare Benefits Scheme services and prescribe Pharmaceutical Benefits Scheme medications.

Another example is the National Nursing Workforce Strategy, released on 6 August 2026 by the Hon Mark Butler MP, Australian Government Minister for Health and Ageing, which identifies the importance of ensuring regulatory settings support contemporary models of care. The proposed amendments are consistent with this national direction, removing unnecessary legislative barriers and enabling nurse practitioners to provide fitness to drive assessments within their scope of practice.

At an ACT level, the Amending Regulation follows the *Nurse Practitioners Legislation Amendment Act 2026* (Amendment Act).[7] This Amendment Act enables nurse practitioners to independently issue cause of death certificates where they were responsible for the care of the individual immediately before their death. The Amendment Act also provides for nurse practitioners to be able to witness non-written health directions for validity, without requiring the second health professional witness to be a doctor.

Additional reforms were also made under the *Voluntary Assisted Dying Act 2024* (ACT) and the *Health Act 1993* (ACT), to further expand nurse practitioner practice authority in areas such as prescribing, administering and providing care and treatment associated with voluntary assisted dying, as well as supplying and administering medical terminations of pregnancy.

Collectively, these legislative, regulatory and policy reforms support timely access to care through a complementary, interdisciplinary model. The intent is not to replace other health practitioners, but to support shared, multidisciplinary care that delivers the right care at the right time for the ACT community.

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[5] Australian Government. (2023). Unleashing the Potential of our Health Workforce - Scope of Practice Review. Unleashing the Potential of our Health Workforce – Scope of Practice Review | Australian Government Department of Health, Disability and Ageing

Australian Government. (2023). Nurse Practitioner Workforce Plan. Nurse Practitioner Workforce Plan | Australian Government Department of Health, Disability and Ageing

[6] Australian Government. (2024). Collaborative Arrangements. Collaborative Arrangements | Australian Government Department of Health, Disability and Ageing

[7] ACT Government. (2026). ACT Government delivers more nation-leading reforms for nurse practitioners. ACT Government delivers more nation-leading reforms for nurse practitioners - Chief Minister, Treasury and Economic Development Directorate

CONSULTATION

The initial impetus for reform stemmed from consultation undertaken between 2020 and 2022 as part of the Nurse Practitioner Professional Practice Project (NP-PPP), by the former ACT Health Directorate (now part of the Health and Community Services Directorate (HCSD)). Based on an ACT nurse practitioner workforce and employer survey, the NP-PPP Final Report recommended, amongst other things, regulatory changes to enable practice authority for nurse practitioners to assess fitness to drive in accordance with the National Standards.

External Stakeholders

HCSD consulted with key external stakeholders on the proposed amendments while noting ICT, policy, and system updates needed to support implementation. Stakeholders included:

- Professional and industrial bodies such as the Australian College of Primary Health Care Nurses, Australian College of Nurse Practitioners, Royal Australian College of General Practitioners (RACGP) (National), Australian Medical Association (AMA) (ACT/NSW Branch) and the Australian Nursing and Midwifery Federation (ACT Branch)
- Offices of the Chief Nursing and Midwifery Officer across Australian and New Zealand jurisdictions (however named)
- Industry representatives including nurse practitioners
- Carer and consumer organisations such as Carers ACT and Health Care Consumers' Association.

Most stakeholders were in support of the proposed amendments. However, while the AMA did not communicate specific concerns in relation to nurse practitioners conducting fitness to drive assessments, they more generally recommended a cautious approach to any expansion of nurse practitioner practice authority. Additionally, the RACGP noted the importance of clinicians having access to a patient's comprehensive medical record when assessing fitness to drive. These considerations informed the drafting of the Amending Regulation and will inform implementation activities.

HCSD and the City and Environment Directorate (CED), responsible for leading and implementing the reform, have worked closely with Austroads to ensure alignment with the National Standards and contemporary best practice.

ACT Government Agencies

This reform agenda is overseen by the Nurse Practitioner Taskforce, comprising representatives from HCSD, CED, Justice and Community Safety (JACS), Canberra Health Services (CHS), and the Chief Minister, Treasury and Economic Development Directorate (CMTEDD).

HCSD engaged directly with CED's Transport Policy and Regulation Team, which holds administrative responsibility for the Principal Regulation. The scope of the Amending Regulation was finalised following advice from Access Canberra that

certain fitness to drive assessments relating to Part B: Medical Standards of the National Standards could not be included until the National Standards medical framework is updated.

Consultation with the Canberra Health Services Fitness to Drive Medical Clinic also provided valuable insights into current assessment workflows, interdisciplinary responsibilities and the operational impacts of expanding the list of authorised health professions undertaking fitness to drive assessments to include nurse practitioners.

Consultation with the Parliamentary Counsel's Office, and Human Rights Scrutiny team (JACS) informed the development of the Amending Regulation to ensure consistency with the ACT's drafting principles, and the requirements of the *Human Rights Act 2004* (Human Rights Act).

CLIMATE IMPACT

No climate impact is anticipated for this Amending Regulation which enables nurse practitioners to carry out fitness to drive assessments in the ACT.

REGULATORY IMPACT STATEMENT

A regulatory impact statement is not required as the Amending Regulation does not impose any new obligations that are likely to result in appreciable costs on the community, or part of the community. Significantly, enabling nurse practitioners to assess fitness to drive alongside doctors, occupational therapists, optometrists, and psychologists will benefit the community by increasing avenues for which a person can undertake required assessments, improving access and convenience.

CONSISTENCY WITH HUMAN RIGHTS

During the development of this regulation, due regard was given to its compatibility with human rights as set out in the Human Rights Act. The Amending Regulation does not limit human rights. Rather, it supports and promotes the right to work and other work-related rights under the Human Rights Act.

Section 27B of the Human Rights Act recognises that everyone has the right to work, including the right to just and favourable conditions of work and the right to choose their occupation or profession freely. The Amending Regulation promotes this right by removing regulatory barriers to nurse practitioners working to their full scope of practice, through expanding their practice authority to perform general fitness to drive assessments.

The Amending Regulation recognises that nurse practitioners are highly educated and trained, appropriately qualified, skilled and professionally competent to undertake these assessments. By expanding the practice authority of nurse practitioners in line with their clinical training and capability, the Amending Regulation supports the right of nurse practitioners to fully participate in their chosen profession. The Amending Regulation reduces professional limitations by

aligning nurse practitioner practice authority under the ACT's regulatory framework with clinical capability and responsibility and accountability.

CLAUSE NOTES

Clause 1 Name of regulation

This is a technical clause and sets out the name of the regulation as the *Road Transport (Driver Licensing) Amendment Regulation 2026 (No 1)* (the Amending Regulation).

Clause 2 Commencement

This clause provides that the Amending Regulation commences 6 months after its notification day.

Clause 3 Legislation amended

This clause identifies that the Amending Regulation amends the *Road Transport (Driver Licensing) Regulation 2000* (the Principal Regulation) and the legislation mentioned in schedule 1, being the *Road Transport (General) Regulation 2000*.

Clause 4 Section 56 (5) (c) (ii)

Section 56(5)(c)(ii) provides that the road transport authority can set the date of effect of a variation of a licence to be immediate, if a person has failed to comply with a requirement under the Principal Regulation to undergo an examination by a practitioner from the specified list of practitioners.

This clause substitutes subsection 56(5)(c)(ii) to include nurse practitioners in the specified list of practitioners. It also makes minor changes to improve consistency and readability by:

- Replacing “medical examination” with “examination”; and
- Replacing “allied professional practitioner” with direct references to the types of practitioners that have been covered by this term (a term which is now being removed from the Principal Regulation by the Amending Regulation).

Clause 5 Section 62 (7), definition of *medically fit*

This clause amends the definition of *medically fit* to include nurse practitioners alongside doctors, to enable nurse practitioners to sign off on a person’s medical fitness to hold a public vehicle licence.

Clause 6 Section 63 (3) (a) and (b), except note

This clause substitutes subsections 63(3)(a) and (b) to include nurse practitioners alongside doctors so that when the road transport authority requires a person who was issued a public vehicle licence to show that they meet the required medical standards, a nurse practitioner can examine the person in accordance with the required medical standards, and certify the person for this purpose.

Clause 7 Section 69 (6) (d)

Subsection 69(6)(d) provides that the road transport authority can require a person to undergo an examination by a practitioner from the specified list of practitioners in accordance with the required medical standards, when the person applies for the issue or variation of learner licences, provisional licences and heavy vehicle learner licences.

This clause substitutes subsection 69(6)(d) to include nurse practitioners in the specified list of practitioners. It also makes minor changes to improve consistency and readability by:

- Replacing “medical examination” with “examination”; and
- Replacing “allied professional practitioner” with direct references to the types of practitioners that have been covered by this term (a term which is now being removed from the Principal Regulation by the Amending Regulation).

Clause 8 Section 69 (8) (a)

This clause substitutes "medical examination” with “examination”, to ensure the consistency of the ACT statute book.

Clause 9 Section 73W (1) (c)

This clause omits “medical” in "medical examinations”, to ensure the consistency of the ACT statute book.

Clause 10 Section 78 heading

This clause omits “medical” in "medical examinations” in the heading of section 78 to ensure the consistency of the ACT statute book.

Clause 11 Section 78 (2) (c)

Subsection 78(2)(c) provides that the road transport authority can require a person to undergo an examination by a practitioner from the specified list of practitioners in accordance with the required medical standards, when the person is a holder of a driver licence or is an exempt driver.

This clause substitutes subsection 78(2)(c) to include nurse practitioners in the specified list of practitioners. It also makes minor changes to improve consistency and readability by:

- Replacing “medical examination” with “examination”; and
- Replacing “allied professional practitioner” with direct references to the types of practitioners that have been covered by this term (a term which is now being removed from the Principal Regulation by the Amending Regulation).

Clause 12 Section 78 (2) (d) and (3)

This clause substitutes "medical examination" with “examination”, to ensure the consistency of the ACT statute book.

Clause 13 Section 88 (5) (c) (ii)

Section 88(5)(c)(ii) provides that the road transport authority can set the date of effect of a variation, suspension or cancellation of a driver licence to be immediate, if a person failed to comply with a requirement under the Principal Regulation to undergo an examination by a practitioner from the specified list of practitioners.

This clause substitutes subsection 88(5)(c)(ii) to include nurse practitioners in the specified list of practitioners. It also makes minor changes to improve consistency and readability by:

- Replacing “medical examination” with “examination”; and
- Replacing “allied professional practitioner” with direct references to the types of practitioners that have been covered by this term (a term which is now being removed from the Principal Regulation by the Amending Regulation).

Clause 14 Section 90B (1), example 1

This clause substitutes the reference to “health practitioner” in example 1 to “optometrist”, to improve the clarity of the example. The amendment elects a type of practitioner listed under the definition of *relevant health practitioner* to replace the generic reference to a “health practitioner”.

Clause 15 Section 90B (8), definition of *relevant health practitioner*

This clause inserts a definition for *physiotherapist* for the purposes of this section, which is not defined or referenced elsewhere in the Principal Regulation.

This clause also substitutes the definition of *relevant health practitioner* to:

- Include nurse practitioners; and
- simplify the definition.

The inclusion of nurse practitioners to the definition of *relevant health practitioner* has the effect of extending to nurse practitioners the obligation under section 90B for relevant health practitioners to report to the road transport authority about a person who holds or is applying for a heavy vehicle licence, if the practitioner has examined the person and forms an opinion that the person has a condition that is likely to impair their ability to drive a heavy vehicle safely.

Clause 16 Section 102 (e)

This clause omits “medical” in "medical examinations”, to ensure the consistency of the ACT statute book.

Clause 17 Section 103 (5) (c) (ii)

Section 103(5)(c)(ii) provides that the road transport authority can set the date of effect of a disqualification of interstate or external licences to be immediate, if a person failed to comply with a requirement under the Principal Regulation to undergo an examination by a practitioner from the specified list of practitioners.

This clause substitutes subsection 103(5)(c)(ii) to include nurse practitioners in the specified list of practitioners. It also makes minor changes to improve consistency and readability by:

- Replacing “medical examination” with “examination”; and
- Replacing “allied professional practitioner” with direct references to the types of practitioners that have been covered by this term (a term which is now being removed from the Principal Regulation by the Amending Regulation).

Clause 18 Section 103AA (3) (c)

Section 103AA(3)(c) provides that the road transport authority must be satisfied that a person has undergone an examination from a practitioner in the specified list of practitioners in accordance with the required medical standards, before the person is eligible to apply for, or be issued with, a probationary licence. This section applies to overseas drivers who cease to be exempt from holding an Australian driver licence.

This clause substitutes subsection 103AA(3)(c) to include nurse practitioners in the specified list of practitioners. It also makes minor changes to improve consistency and readability by:

- Replacing “medical examination” with “examination”; and
- Replacing “allied professional practitioner” with direct references to the types of practitioners that have been covered by this term (a term which is now being removed from the Principal Regulation by the Amending Regulation).

Clause 19 Section 104 (2)

This clause amends medical fitness requirements so that alongside doctors, nurse practitioners can assess medical fitness to drive for a person seeking to be accredited as a driving instructor or heavy vehicle driver assessor.

Clause 20 Section 105 (1) (b)

This clause makes a consequential amendment to correct a section reference, following the amendment at clause 19.

Clause 21 Section 120 heading

This clause substitutes "medical examination” with “examination” in the heading of section 120 to ensure the consistency of the ACT statute book.

Clause 22 Section 120 (1) (b) (iii)

Section 120(1)(b)(iii) provides that the road transport authority can require a person to undergo an examination by a practitioner from the specified list of practitioners in accordance with the required medical standards, when the person is accredited as a driving instructor or heavy vehicle driver assessor.

This clause substitutes subsection 120(1)(b)(iii) to include nurse practitioners in the specified list of practitioners. It also makes minor changes to improve consistency and readability by:

- Replacing “medical examination” with “examination”; and
- Replacing “allied professional practitioner” with direct references to the types of practitioners that have been covered by this term (a term which is now being removed from the Principal Regulation by the Amending Regulation).

Clause 23 Section 120 (1) (b) (iv) and (2)

This clause omits “medical” in "medical examination”, to ensure the consistency of the ACT statute book.

Clause 24 Dictionary, note 2

This clause inserts “nurse practitioner” and “optometrist” to the list of defined terms in Note 2, to clarify that the *Legislation Act 2001*, dict, pt 1 contains the definitions of these defined terms, relevant to the operation of the Principal Regulation.

Clause 25 Dictionary, definition of *allied professional practitioner*

This clause is a consequential amendment to omit the definition for *allied professional practitioner*, which is no longer referred to throughout the Principal Regulation.

Clause 26 Dictionary, new definitions

This clause is a consequential amendment to include definitions for *occupational therapist* and *psychologist* in the Dictionary, as terms used throughout the Principal Regulation.

Schedule 1 Road Transport (General) Regulation 2000—Consequential amendments

Clause [1.1] Schedule 1, part 1.4, item 18, column 3

This clause substitutes "medical examination” with “examination” and makes a consequential grammatical amendment to ensure the consistency of the ACT statute book.

Clause [1.2] Schedule 1, part 1.4, item 46, column 3

This clause omits “medical” in "medical examination”, to ensure the consistency of the ACT statute book.

Clause [1.3] Schedule 1, part 1.4, item 47, column 3

This clause substitutes "medical examination” with “examination” and makes a consequential grammatical amendment to ensure the consistency of the ACT statute book.

Clause [1.4] Schedule 1, part 1.4, item 72, column 3

This clause omits “medical” in "medical examination”, to ensure the consistency of the ACT statute book.