

Policy of Age-related Health Examinations as a Condition of Drivers' License Renewals in OECD Countries: A Systematic Review

Yuval Dadon MD MBA MPH^{1,2,3}, Francis B. Mimouni MD^{2,4}, and Joseph Mendlovic MD MHA^{3,5}

¹Hospital Management, Wolfson Medical Center, Holon, Israel

²Gray Faculty of Medical and Health Sciences, Tel Aviv University, Tel Aviv, Israel

³Israel Ministry of Health, Jerusalem, Israel

⁴Department of Pediatrics, Leumit Health Services and Research Institute, Tel Aviv, Israel

⁵Department of Pediatrics, Shaare Zedek Medical Center, affiliated with the Hadassah-Hebrew University School of Medicine, Jerusalem, Israel

ABSTRACT Medical conditions affecting driving ability become more common with age, raising concerns about road safety in older adults. Many countries impose medical examinations for license renewal, but policies differ widely, and the evidence base supporting such requirements remains unclear. In Israel, the age-based re-licensing policy is currently under review. We conducted a systematic search of all 38 Organisation for Economic Co-operation and Development (OECD) countries about requirements of age-related medical examinations for driver's license renewal (September–November 2023). Searches were performed in English and local languages. Additional data were obtained from the OECD official website and by direct correspondence with representatives. Six countries (16%) had no stated age-related policy. Among the 32 countries with defined policies, 16 (50%) set the examination threshold at ≥ 70 years, five (16%) at ≥ 50 , three (9%) at ≥ 75 , and two (6%) at ≥ 80 . Five countries (16%) explicitly declared no age-related requirements. The United States (3%) lacked a unified federal policy, with thresholds varying by state from 63 to 85 years. The frequency of reassessment also differed widely, and none of the policies provided an evidence-based rationale. The absence of data-driven justification underscores the need for research to establish consistent, evidence-based health policies that define appropriate medical evaluation requirements for older drivers.

IMAJ 2026; 28: 191–195

KEY WORDS: aging, driving license, renewal, Organisation for Economic Co-operation and Development (OECD)

The Transportation Ministry in Israel requires all private drivers aged ≥ 70 years to undergo an evaluation of fitness to drive every 5 years. The assessment includes a test of vision and a complete medical evaluation completed by both the applicant and the treating general practitioner (GP).

The reason for requirement is to ensure that older drivers do not endanger themselves or others due to medical limitations. This requirement was introduced in 1992 [1] and was based on expert opinions from the Israeli Ministry of Health. It was not based on medical evidence on road traffic crashes related to the age of the driver. Such legislation may impact public health, personal health, and personal and public safety. It may also have financial and organizational impact in terms of eligibility assessment efforts and costs, both at the individual level and the national level.

When the law requires that a certain percentage of the population must undergo medical tests, it places a significant burden on the healthcare system and risks moving critical medical resources to less critical goals. However, there is a risk of not screening drivers prone to motor vehicle crashes.

The life expectancy of the Israeli population has consistently increased since the establishment of the State of Israel in 1948 [2]. Thus, we expect that the number of medical encounters needed for the purpose of re-licensing will continue to increase.

The U.S. National Institutes of Health (NIH) described many medical diagnoses that make it difficult for older people to drive safely [3]. The U.S. National Highway Traffic Safety Administration also mentions major medical conditions that may potentially impair fitness to drive [4] and provides a basis for concerns about aging and driving.

Recent large-scale studies on crash data and experimental studies have shown that age-related declines in visual, cognitive, and physical function are strongly associated with unsafe driving behaviors and increase crash risk among older adults [5].

Experimental hazard-perception studies have also shown that older drivers exhibit slower processing speed, reduced useful field of view, and impaired hazard anticipation in complex traffic scenarios, which are all associated with increased risk of crash involvement [6].

In this review, we assessed whether the 38 current Organisation for Economic Co-operation and Development (OECD) countries maintain similar policies. We reported on existing policies and assessed both disparities among countries and whether individual countries provided evidence required for the development of such policies. We hypothesized that the majority of OECD countries have such policies, but few, if any, mention the level of evidence that these policies were based on.

ETHICS APPROVAL

All study methods were performed in accordance with the ethics standards, as provided in the Declaration of Helsinki and its later amendments or comparable ethical standards. In addition, because the data were public, ethics committee approval was deemed unnecessary.

METHODS

Between 1 September 2023 and 1 November 2023, we conducted a search of the websites of the ministries of transportation of the 38 OECD countries. We used the Google search engine to systematically enter the websites of the transportation ministries of these OECD countries. We reviewed the driving license renewal process by age in each country. When this search led to a non-English language website, we used either the English language feature of the website or a translation by Goggle. When the search did not return an official national website, we repeated it in the local language and translated the result to English via Google translate. When information could not be retrieved by either method, we searched for other related unofficial websites addressing these issues including information on the requested questions.

We searched whether a standard requirement for medical assessment existed for driving license renewal and verified whether it was age related.

We also searched the official OECD website (<https://data.oecd.org>) using keywords such as *transport*, *car accidents*, and *driving licensing*. We only found statements related to young drivers, not older drivers. We also wrote directly to OECD data representatives and

were told that such data are not systematically collected by the OECD. No statistical analyses were conducted in this descriptive systematic review.

RESULTS

Table 1 presents the data retrieved. Of 38 countries, 32 (84.2%) had no formal translated website in English (or English translatable). However, after entering those national websites in their local language, we were able to retrieve an official governmental website for all OECD countries.

Table 1. Summary results of driving license renewal policies in OECD countries

Category	Age in years	Number	%
No stated policy		6	15.8
Stated policy		32	84.2
Stated policy that no renewal by age required*		5	15.6
Stated policy of age threshold for renewal*		27	84.4
	≥ 50	1	3.1
	≥ 60	1	3.1
	≥ 65	3	9.4
	≥ 70	16	50.0
	≥ 75	3	9.4
	≥ 80	2	6.3
	State**	1	3.1

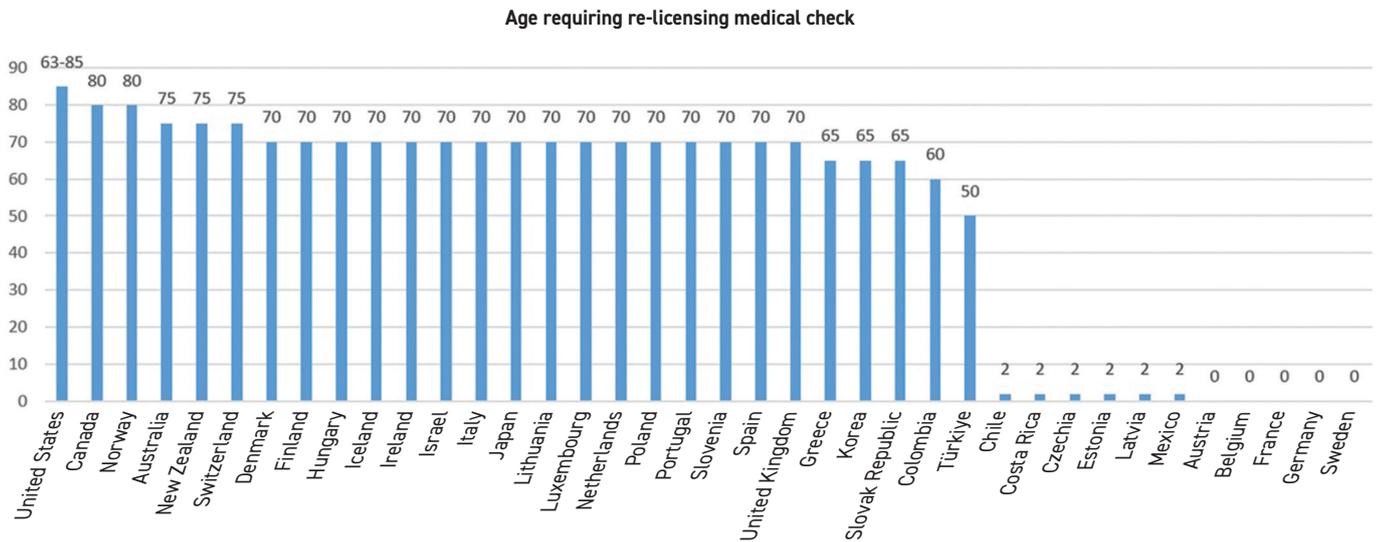
OECD = Organisation for Economic Co-operation and Development
 *Of the 32 countries that have a stated policy
 **Depends on the U.S. state

POLICIES AMONG OECD COUNTRIES DIFFER WIDELY REGARDING AGE-RELATED MEDICAL EXAMINATIONS FOR LICENSE RENEWAL, WITH THRESHOLDS RANGING FROM 50 TO 85 YEARS.

Figure 1 summarizes the different policies of the threshold age for driving license renewal in OECD countries. There was no stated policy related to age in six of the countries (15.8%). The threshold age for driving-license renewal was set at ≥ 70 years in 16 (50.0%). One country used a limit as low as ≥ 50 years (Türkiye), three countries (9.4%) used ≥ 75 years as their threshold, and two countries (6.3%; Canada and Norway) used ≥ 80 years as the minimum age for renewal. Five countries (15.6%) explicitly stated that they had no age-related renewal requirements policy for driving license renewal. The United States has no federal standardized policy, and age requirements thresholds for

Figure 1. Threshold age for driving license renewal policy in OECD countries

0 = no renewal required by driver age, 2 = no data published
 OECD = Organisation for Economic Co-operation and Development



renewal are determined by each state. The age-related renewal policies ranged from 63 years (Idaho) to 85 years (Texas). No country indicated a specific upper age limit when driving was completely prohibited.

Only Norway and Estonia had a requirement for health assessment for an administrative extension of an existing driving license. Norway required a health certificate for drivers with known medical restrictions such as diabetes mellitus. Estonia required a medical examination every 10 years or whenever prescribed by the driver's doctor. This requirement corresponds with the lack of age threshold and was consistent with the frequent check-ups.

The frequency of subsequent re-assessments after the initial threshold age-related renewal process also varied among countries. Of the 32 countries with a stated age-related policy, 20 (62.5%) had a stated policy regarding frequency of additional assessment, ranging from a yearly assessment requirement in two countries, up to every 5 years in nine countries. The remaining countries defined different time intervals that at times were age dependent. Older drivers had more frequent assessments.

None of the countries specified the exact evaluation required for medical fitness to drive. They only required a

doctor's certificate. Only four countries clearly indicated the need for vision testing (Canada, Finland, Netherland, and United Kingdom), although some countries (such as Israel) included the results of vision testing only on the form needed for renewal.

The most elaborate check-up, besides vision testing, was found in Finland, where a GP's certificate was required. It included a comprehensive medical assessment, addressing a wide range of functional, medical, and cognitive capabilities, including evaluation of the applicant's personal medical background, current medical conditions and ongoing treatments, assessment of memory, orientation, judgement, and community activities, in addition to hobbies and self-care [7].

Cognitive performance and intellectual impairment were required and included a choice of evaluations such as the Mini-Mental State Examination test, the CERAD task series, the clock face test, the A section of the Trail making test, or the Montreal Cognitive Assessment and Clinical Dementia Rating. In addition, everyday functional abilities were mapped, using the ADCS-ADL assessment or the Katz index and the IADL scale (www.toimia.fi). In Finland, the assessment also included the driver's response to a questionnaire completed under the supervision of a

CAREFUL EVALUATIONS OF THE FITNESS OLDER DRIVERS DURING LICENSE RENEWAL PERIODS MIGHT BE REQUIRED PERIODICALLY, BUT MEDICAL STATUS AND FUNCTIONAL CAPACITY, RATHER THAN CHRONOLOGICAL AGE MAY BETTER PREDICT DRIVING SAFETY.

GP or a nurse. The questionnaire uses indirect questions indicative of initial process of driving incapability such as: "Have you gotten lost while driving in a familiar place?", "Have the police stopped you in traffic because of driving problems?", "Have your loved ones worried about your driving ability?". Other questions were related to cardiac symptoms and drowsiness that could lead to sudden incapacitation while driving.

None of the sites in any of the OECD countries stated its rationale to support their age policy, such as details on the frequency of road traffic crashes at different ages, or incidence of age-related co-morbidities that may be strongly associated with such events.

DISCUSSION

Our systematic review of the policies of OECD countries related to age-related renewal of driving licenses revealed significant heterogeneity. Such heterogeneity is a paradox since all OECD countries, except Colombia, accept international driver's licenses [8,9]. These licenses can be obtained in each of the OECD countries with the simple presentation of a local, valid license. So, de facto, an 85-year-old driver from an OECD country that has no age-limit for renewal can drive a rental vehicle in Türkiye, a country that requires its citizens to reapply for a driver's license as soon as they reach the age of 50 years. Moreover, in Texas (USA), 84-year-old drivers (not yet required to re-licensing) can freely drive in any state with their Texas driver's license, while local drivers residing in other states who are only 63 years old may be required to provide medical approval to get a license in their own state [10].

The heterogeneity among the various OECD countries existed in several aspects. As shown in Table 1, the age threshold for renewal requirement was 50 years in Türkiye and 85 years in Texas, USA. There were age requirements for only 27 countries. However, 50% of countries with an age requirement used the threshold of ≥ 70 years. This limit in and by itself is totally arbitrary and is not evidence-based.

In an important document related to driving and aging, NIH described the main reasons that could make it difficult for older people to drive safely [3]. This document describes common health conditions and medication side effects that may influence driving skills, including stiff joints and muscles such as with arthritis and vision issues such as glaucoma, cataracts, and macular

degeneration. The NIH recommends a dilated eye exam from an ophthalmologist every 1–2 years and the use of corrective lenses while driving as needed [11,12]. NIH recommends hearing assessment every 3 years after age 50 because age-related hearing loss occur in one-third of

EFFECTIVE COMBINATIONS OF ADVANCED TECHNOLOGIES, TRAFFIC SYSTEMS, AND POLICIES MAY BE NECESSARY TO REDUCE BURDENS ASSOCIATED WITH AGING.

65 and 74 year olds in the United States. Approximately half of those older than 75 have difficulty hearing

[12]. Medications that may impair driving ability due to drowsiness, lightheadedness, or decreased alertness. Older adults often have slower reaction times and reflexes. Other medical conditions that may make it unsafe to drive include Parkinson's disease and dementia [3].

The U.S. National Highway Traffic Safety Administration also mentions eight medical conditions of concern that may potentially impair fitness to drive: diabetes, dementia, glaucoma, hepatic encephalopathy, macular degeneration, obstructive sleep apnea, Parkinson's disease, and stroke [4]. The prevalence of most of these conditions is higher in older people, which may contribute to the overall impaired ability to drive [4].

Nevertheless, the actual yield of such screening tests in older drivers is unclear. There is a significant increase in driving errors in the older age group due to age-related declines [5].

In a study of driving tests and their relation to laboratory performance in older drivers 60–82 years old compared to a reference group of middle-aged drivers (40–50 years), researchers found that both groups differed very little. Some laboratory differences were found, such as visual acuity, traffic-related tachistoscopic perception test and reaction time. [13].

A recent scientometric overview of more than 1600 publications on older drivers identified functional impairment in visual, cognitive, and physical domains as the central theme linking aging and unsafe driving. The results emphasized the need for targeted assessment of driving fitness [14].

In parallel, simulator and machine-learning has highlighted that functional measures such as reach, strength, balance, and cognitive flexibility are strong predictors of crash risk in older drivers, supporting the necessity of health- and function-based licensing policies rather than purely age-based [15].

In addition, older adults are increasingly injured and killed when riding in a vehicle, in addition to road traffic injury involving a pedestrian, occurring while walking or bicycling. This situation may be caused by their fragility.

U.S. National Safety Council, based on mortality data collected by the Centers for Disease Control and Prevention, showed that the number of motor vehicle deaths involving drivers and other road users age 65 and older increased by 15%, from 7902 in 2020 to 9102 in 2021. Over this 10-year period, deaths increased by 34%. Concurrently, older population in the United States increased by 29%, while the death rate per 100,000 increased only by 2.5% [16].

CONCLUSIONS

The heterogeneity of our findings stems from the lack of strong, evidence-based data that allow a precise estimate of the risks of aging and driving. In the absence of such evidence, most OECD countries have probably built policies based on local expert opinions and that are not entirely explainable or even logical. There is a definite need for specific research that should assess the age, if any, at which extensive medical evaluations are required to renew a driving license. It might be more correct to base restrictions on the health status of an individual, rather than on age. Since general health, including longevity, varies from one country to the other, it might be that what is valid for a given country is not valid for another one, and that universal standards may not be desirable. Nevertheless, the ability of a driver to obtain an international driver's license based on a domestic license, which is valid in almost every other country, should also be considered.

Correspondence

Dr. Y. Dadon

Dept. of Road Safety, Israel Ministry of Health, Tel Aviv 6473912, Israel
Phone: (972-3) 502-8898
Email: dryuvaldadon@gmail.com

References

1. Nevo site for regulatory documents in Israel. Traffic regulation. Section 196(a). [Available from https://www.nevo.co.il/law_html/law01/p230_011.htm#Seif293] [Accessed 1 December 2025]. [Hebrew].
2. Brodsky J. The challenges of success: the aging of Israeli society. *IMAJ* 2003; 5 (5): 375-8.

3. National Institute on Aging. National Institutes of Health. Safe Driving for Older Adults. [Available from <https://www.nia.nih.gov/health/safety/safe-driving-older-adults>]. [Accessed 1 December 2025].
4. Lococo KH, Staplin L, Schultz MW. The effects of medical conditions on driving performance: a literature review and synthesis 2018. (Report No. DOT HS 812 526). Washington, DC: National Highway Traffic Safety Administration. [Available from <https://doi.org/NHTSA>].
5. Pae G, Davis J, Cavanaugh J, Zhu M, Hamann C. Predictors of driving errors contributing to crashes in older adults across age groups, 2010 to 2020. *J Safety Res* 2025; 92: 40-7.
6. Salazar-Frias D, Ortiz-Peregrina S, Martino F, Castro-Torres JJ, Clavijo-Ruiz J, Castro C. Do older drivers (65+) exhibit significant impairments in hazard prediction and attentional processes? *Accid Anal Prev* 2025; 222: 108182-97.
7. Finnish Transport and Communications Agency. Renewing your driving license. [Available from <https://ajokortti-info.fi/en/changes-driving-licence/renewing-your-driving-licence>]. [Accessed 1 December 2025].
8. United Nations Economic Commission for Europe. Convention on Road Traffic (Vienna, 1968). [Available from <https://unece.org/DAM/trans/conventn/crt1968e.pdf>]. [Accessed 1 December 2025].
9. UK Government. International Driving Permit: requirements and rules. [Available from <https://www.gov.uk/driving-abroad/international-driving-permit>]. [Accessed 1 December 2025].
10. Insurance Institute for Highway Safety. License renewal procedures. [Available from <https://www.iihs.org/topics/older-drivers/license-renewal-laws-table>]. [Accessed 1 December 2025].
11. National Institute on Aging. National Institutes of Health. Aging and your eyes. [Available from <https://www.nia.nih.gov/health/aging-and-your-eyes>]. [Accessed 1 December 2025].
12. Huang AR, Morales EG, Arnold ML, et al; ACHIEVE Collaborative Research Group. A hearing intervention and health-related quality of life in older adults: a secondary analysis of the ACHIEVE randomized clinical trial. *JAMA Netw Open* 2024; 7 (11): e2446591.
13. Alvarez FJ, Fierro I. Older drivers, medical condition, medical impairment and crash risk. *Accid Anal Prev* 2008; 40 (1): 55-60.
14. Chen B, Zhao X, Li Y, Liu X. Mapping the knowledge domain of crash risk in older drivers studies: a scientometric analysis. *J Traffic Transport Engineer* 2025; 12 (3): 587-602.
15. Silva VC, Dias AS, Greve JMD, et al. Crash risk predictors in older drivers: a cross-sectional study based on a driving simulator and machine learning algorithms. *Int J Environ Res Public Health* 2023; 20 (5): 4212.
16. National Safety Council. Older driver injury and mortality statistics. [Available from <https://injuryfacts.nsc.org/motor-vehicle/road-users/older-drivers>]. [Accessed 1 December 2025].

There is nothing worse than a sharp image of a fuzzy concept.

Ansel Adams (1902-1984), American landscape photographer and environmentalist

**I've learned that you shouldn't go through life with a catcher's mitt on both hands.
 You need to be able to throw something back.**

Maya Angelou (1928-2014), American poet, memoirist, and civil rights activist