

# **Amending the Road Traffic Act 1988 to allow registered healthcare professionals to complete DVLA medical questionnaires**

RoSPA's response to Driver and Vehicle Licensing Agency (DVLA) and Department for Transport's consultation

Response to DVLA and DfT's consultation: Amending the Road Traffic 1988 to allow registered healthcare professionals to complete DVLA medical questionnaires

## Introduction

This is the response of The Royal Society for the Prevention of Accidents (RoSPA) to the Driver and Vehicle Licensing Authority (DVLA) and Department for Transport's (DfT) consultation on amending the Road Traffic Act 1998 to allow registered healthcare professionals to complete DVLA medical questionnaires. It has been produced following consultation with RoSPA's National Road Safety Committee and RoSPA's National Occupational Safety and Health Committee.

As part of the consultation process, we also surveyed RoSPA and Scottish Occupation Road Safety Alliance (ScORSA) members to understand their views of the proposals. 76 survey responses were received. This response takes into account comments from RoSPA and ScORSA members.

We have no objection to our response being reproduced or attributed.

The consultation seeks views on changing the Road Traffic Act 1988, as amended, to enable healthcare professionals other than registered medical practitioners (doctors with full General Medical Council (GMC) registration) to complete DVLA medical questionnaires. This change will apply in England, Scotland and Wales only. Driver licensing is a devolved matter in Northern Ireland.



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## Personal and organisational details

### Are you responding as an individual or as an organisation?

As an organisation.

### Name

Rebecca Needham.

### Organisation

The Royal Society for the Prevention of Accidents.

### Email address

[rneedham@rospa.com](mailto:rneedham@rospa.com)

### How large is your organisation?

Between 101 and 150 people.

### What is your profession?

Road safety professional.



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## Consultation to change procedures for registered healthcare professionals

The proposal is to amend the existing legislation to enable other healthcare professionals, as well as registered medical practitioners (that is any doctor registered with the General Medical Council, with a licence to practise), to complete relevant medical questionnaires to assist the DVLA in determining fitness to drive for holders or applicants of a driving licence.

### To what extent do you agree or disagree with the principal intention of the proposal?

#### RoSPA response

RoSPA agrees with the intention of the proposal. Of the 76 RoSPA and ScORSA members who responded to our short survey, 80% (60) of respondents either agreed or strongly agreed with the intention of the proposals. 17% (13) of the respondents either disagreed or strongly disagreed with the proposals.

RoSPA recognises that the DVLA received 603,000 medical notifications and applications in 2020-2021. As we are now living longer, there has been a rise in certain medical conditions, some of which can affect an individual's ability to drive safely. The UK is an ageing population, meaning that the number of health notifications reported to the DVLA is likely to increase year on year. Although the DVLA is able to make a licensing decision in less complex cases, in 2020-2021, the DVLA had to send out approximate 207,000 medical questionnaires, which had to be completed by a doctor.

Given the increasing number of medical notifications the DVLA receives, and that medical practice is changing, meaning some patients are primarily treated by healthcare professionals other than doctors, for example diabetes specialist nurses, it seems sensible that 'the most appropriate healthcare professional (HCP) working with an individual' should be able to complete and sign DVLA medical questionnaires. This could be a positive change, provided that the healthcare professional can access the patient's full medical history. Without this, the healthcare professional would not be able to understand other risk areas, which could have fatal consequences if they were to be involved in a collision as a result of their condition affecting their ability to drive safely.

It will also be very important that those who will be expected to complete and sign these forms receive the appropriate training to enable them to do so.



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**To what extent do you agree or disagree:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
That the proposal meets the preconditions for use of a Legislative Reform Order as set out in Section 7 – The Legislative Reform Order Process						X
That if the proposal is implemented, the impact of that would provide greater flexibility and opportunity to General Practice surgeries and hospital teams completing medical questionnaires. This would allow the GP surgery or hospital team to determine who would be the most appropriate healthcare professional to provide the DVLA with medical information and allow quicker licensing decisions for some customers.	X					

RoSPA is not in a position to comment on the first statement.

RoSPA surveyed both RoSPA and ScORSA members on the second statement. 82% (60) of those who responded to the survey either agreed or strongly agreed that if the proposal is implemented, this would provide greater flexibility and opportunity to General Practice surgeries and hospital teams completing medical questionnaires. 14% (10) disagreed or strongly disagreed with the statement.

As the paper states, currently, if a healthcare professional other than a doctor is best placed to complete a DVLA medical questionnaire, they will have to get it countersigned by a doctor. This can lead to situations where a very experienced specialist nurse would need to have their work signed off by a junior doctor with no expertise in that medical condition.

For example, for a diabetic patient reliant on insulin, having the most appropriate healthcare professional complete and sign the DVLA form would be preferable. Some diabetics have continuous monitoring sensors (worn on the arm), which monitor the number of hypos and low blood sugar incidents experienced by the individual. Diabetes specialists are best placed to interpret these results and see how many incidents are occurring over a given period of time and how this may impact the ability to drive safely. It is less likely that a doctor without specialist diabetes experience would be able to interpret this. Therefore, the most appropriate healthcare



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professional completing and signing the form is likely to improve the information DVLA receives. The current process could also be causing delays in licensing decisions as doctors may be reliant on having to source patient information from colleagues.

## **How else might this proposal impact on GP business practices/hospital team practices and efficiency?**

### **RoSPA response**

RoSPA expects that one of the key benefits of this proposal would be to free up GP and hospital doctor time, as other healthcare professionals would be able to complete and sign off DVLA medical questionnaires. It is well-reported that the NHS is under immense pressure and is experiencing huge demand and backlogs due to the COVID-19 pandemic, and RoSPA would welcome the exploration of any avenues that would ease the strain.

As the paper states, the existing requirement for a registered medical practitioner to provide information to the DVLA places an unnecessary burden on doctors. To make a licensing decision, the DVLA is required to collect medical evidence. As a result of the increasing numbers of medical notifications that the DVLA is receiving, doctors are having to complete increasing numbers of questionnaires.

Should these proposals go ahead, the doctor will be able to reduce their admin responsibilities by allowing the most appropriate healthcare practitioner to complete the forms. This will free up doctor capacity for other tasks.

As described above, allowing other healthcare professionals to complete and sign the questionnaire is likely to reduce the amount of time between the DVLA issuing the medical questionnaire and receiving medical evidence. The accuracy of the information supplied is also likely to improve as a result of the most appropriate healthcare professional completing the form.

However, a potential cost of this proposal is that the workload of other healthcare professionals may increase. RoSPA recognises that this may be out of the control of the DVLA, as the allocation of requests will be a decision for GP surgery and hospital teams to make, but this potential cost must be considered.



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We hope that the proposal will help reduce bureaucracy in the NHS by increasing the scope of those within surgeries and hospitals who can provide the information. That will allow doctors to concentrate on patients rather than time spent on administration.

The Department of Health and Social Care (DHSC) define it as:

The government's focus is on limiting excess bureaucracy, defined as: excessively complex rules (whether legal, organisational or cultural) or assurance and reporting administrative processes, which either have no benefit, or have no net benefit as they are unduly resource intensive, inefficient and time consuming.

**To what extent do you agree or disagree that the proposal will help reduce bureaucracy in the NHS Service and GP surgeries?**

**RoSPA response**

RoSPA agrees that the proposal is likely to help reduce bureaucracy in the NHS service and GP surgeries. Allowing the most appropriate healthcare professional to complete DVLA medical forms will reduce bureaucracy by reducing doctor workloads and improving the information that the DVLA receive.

**To what extent do you agree or disagree with the following statements:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
The proposal will improve efficiency for GP surgeries and hospital teams.		X				
The proposal will improve efficiency for the DVLA.		X				

For RoSPA's comments on the first statement, please see our comments on the impact of the proposal on efficiency and flexibility for medical teams.

RoSPA would expect that these proposals will also lead to improved efficiency for the DVLA, as widening the pool of professionals able to complete the DVLA questionnaire may lead to reduced wait times between the DVLA issuing the medical questionnaire and receiving the required medical evidence to make a licensing decision.



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**If you are aware of any benefits or costs to businesses that have not been identified, please provide details below.**

### RoSPA response

RoSPA expects that the key benefit for businesses with employees who drive for work, should this proposal go ahead, could be reduced wait times on licensing decisions for their drivers. As the paper states, the average time taken to receive information from doctors has been impacted by the pandemic. It has more than doubled in the last 12 months to 75 calendar days for bus and lorry licence applications and 94 calendar days for motorcycle and car licence applications.

The time taken to gather and assess information, especially for those with multiple conditions, where more than one doctor must complete a medical questionnaire, can also lead to long delays. Doctors often also need to liaise with other healthcare practitioners, such as specialist nurses, who are more involved in the patient's care, before reporting back to the DVLA.

These delays must be considered in tandem with the current shortage of HGV drivers and the impacts that lengthy wait times and licensing decisions can have on recruitment of drivers. Should these proposals go ahead, decisions could be made more quickly as the need for doctors to liaise with other healthcare professionals will be reduced. Allowing quicker licencing decisions to be made will be beneficial for both employers and employees.

**If you are aware of any benefits or costs to society that have not been identified, please provide details below.**

### RoSPA response

As is the case for businesses, one of the key benefits for individuals, should this proposal go ahead, would be quicker licensing decisions made for the individual. Driving or riding can be a key part of a person's independence, and allowing the decision as to whether an individual will be able to drive or ride to be made more quickly could reduce stress for the individual and improve their standard of living.

As the most appropriate healthcare practitioner will complete the form, it may also improve the patient's confidence in the process. When surveying RoSPA and ScORSA members, several members remarked that they had a medical condition, and felt confident that the specialist healthcare practitioner responsible for their treatment had a much better understanding of their condition and how it might impact on their driving than their GP. Bottlenecks in GP availability to provide the required information to the DVLA was also a source of frustration for patients.



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There could also be road safety benefits of this proposal. Allowing the correct decision to be made more quickly, based on an improved quality of medical evidence from the appropriate practitioner could lead to a reduction in the number of deaths and serious injuries resulting from collisions involving individuals who are no longer medically fit to drive. In 2020, there were 96 accidents resulting in fatal injury and 453 resulting in serious injury, where a contributory factor of 'Driver/rider illness or disability, mental or physical' was assigned.

However, when RoSPA surveyed members, a reoccurring theme was that some members were concerned that this proposal could have negative impacts on road safety, should the wrong decision be made about licencing, which could lead to a serious or fatal collision. The main concern was that an individual with less medical knowledge would be able to complete the questionnaire.

Therefore, RoSPA believes that it is very important to provide a definition of 'registered healthcare professional' containing a list of appropriate registered health professionals, other than doctors that would be able to complete the questionnaires, for example, specialist diabetes nurses and Parkinson's nurses. It will also be vital that those who will be expected to complete forms receive the appropriate training to be able to do so.

**If you are aware of, or you believe that there will be, any unintended consequences as a result of this proposal, please provide details below:**

#### **RoSPA response**

RoSPA has no further comment.

#### **Have you completed medical questionnaires for the DVLA?**

#### **RoSPA response**

No.

**Do other healthcare professionals in your practice or hospital currently complete medical questionnaires from a patient's record prior to the form being signed off by a registered medical practitioner?**

#### **RoSPA response**

No.



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**If the proposal results in a legislative amendment, would your surgery be comfortable in using this option to complete medical questionnaires?**

**RoSPA response**

RoSPA is not a surgery and therefore is not in a position to comment.

**If the proposal results in a legislative amendment and your practice/hospital team implements the proposal, what percentage of medical questionnaires could potentially be dealt with by other healthcare professionals?**

**RoSPA response**

RoSPA is not in a position to comment.

**If the proposal results in a legislative amendment and your practice/hospital team implements the proposal, do you anticipate any costs in terms of additional staff training?**

**RoSPA response**

RoSPA is not in a position to comment.

**Based on the cost of doctor's time when completing DVLA medical questionnaires, would there be any indirect cost benefit to practises/hospital teams if other healthcare professionals were able to complete the questionnaires?**

**RoSPA response**

RoSPA is not in a position to comment.



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Some existing indemnity schemes do not cover non-NHS work. GP surgeries/hospital teams may need to clarify with their indemnity provider what cover is included for doctors and ancillary staff in providing this service.

**Do you have concerns regarding ancillary staff being required to obtain cover for professional representation and additional indemnity cover for any private work they are undertaking on behalf of the practice/hospital team?**

### **RoSPA response**

RoSPA is not in a position to comment.

### **Further comments**

Although possibly out of scope of the proposed changes, RoSPA believes that more should be done to ensure that individuals do notify the DVLA when they are diagnosed with a medical condition or seek medical treatment if they suspect an illness.

Sleep disorders remain among the most under-diagnosed and under-treated group of medical conditions. Obstructive sleep apnoea (OSA) is a condition which affects up to 13% of the adult male population, and up to 6% of adult females. Excessive sleepiness is a term used when sleepiness becomes so overwhelming that it seriously affects an individual's daily life. Those suffering with excessive sleepiness suffer from drowsiness, reduced levels of concentration and an overwhelming desire to sleep when they need to be awake.

OSAS can severely impair driving and anyone who gets behind the wheel of a vehicle has a higher risk of being involved in a collision. However, if the patient is compliant with treatment, they can drive safely. It is vital that individuals receive information about how these conditions can impact on the ability to drive safely and are reassured that with treatment, they are able to drive safely. RoSPA's concern is that some drivers fear seeking a diagnosis as they are concerned their driving licence could be revoked.

RoSPA believes that road safety organisations, employers, medical professionals and the government must work together to instil a culture in which individuals consider their fitness to drive at the beginning of each journey they make. Being tired or unwell can increase a person's chance of being involved in a collision.

RoSPA has no further comments to make on the consultation process, other than to thank DVLA and DfT for the opportunity to comment. We have no objection to our response being reproduced or attributed.

