



accidents don't have to happen

Driving licensing for people with medical conditions

RoSPA's response to DVLA's call for evidence

October 2023



Response to DVLA's call for evidence: Driver licensing for people with medical conditions

Introduction

This is the response of The Royal Society for the Prevention of Accidents (RoSPA) to the DVLA's call for evidence on driving licensing for people with medical conditions. It has been produced following consultation with RoSPA's National Road Safety Committee. We have no objection to our response being reproduced or attributed.

The call for evidence seeks to identify areas where policy or legislative changes may be able to improve outcomes for drivers and other road users.



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Personal and organisational details

Are you responding as an individual or on behalf of an organisation?

On behalf of an organisation.

Name

Rebecca Guy.

Organisation name

The Royal Society for the Prevention of Accidents (RoSPA).

Email address

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How large is your organisation?

Between 51 and 100 people.

What is your profession and/or what type of work is your organisation engaged in?

Accident prevention on the roads, at home, at leisure and at work.



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Drivers medical licensing and the law

What are your views of the legal obligations or responsibilities placed on:

- **the Secretary of State for Transport and DVLA?**
- **Drivers and/or applicants**
- **Healthcare professionals**

RoSPA response

RoSPA supports the current arrangements for licensing through the DVLA on behalf of the Secretary of State, where the DVLA determines medical fitness to drive for holders of and applicants for driving licences relating to all classes of vehicles in England, Scotland and Wales. As fitness to drive is such an important factor in the safety of our roads, DVLA assesses the fitness to drive of individuals with medical conditions and makes licensing decisions to make sure that driving licences are only issued to those who meet the required medical standards.

We agree that where a health condition is declared, the DVLA should continue to make enquiries, ranging from seeking additional information from the applicant's healthcare professionals to medical examinations and fitness to drive assessments. We agree with this approach, which allows for a centralised and standardised approach to medical fitness to drive.

In terms of responsibilities for drivers and applicants, the onus is on them to declare any medical condition, and to co-operate with the DVLA's medical investigations, including providing information, providing authorisation for their healthcare professionals to release information to the DVLA and by attending any medical appointments or driving assessments required as part of the investigation. Reporting medical conditions is vital to ensure that health does not increase the risk of being involved in a collision that could cause injury or death to themselves or other road users.

RoSPA agrees that there should continue to be stricter medical standards for those driving lorries and buses, as drivers of these larger vehicles sometimes carry passengers and drivers are expected to spend a lot of time on the road as part of their role. Requirements include providing and paying for a D4 medical examination report to prove fitness to drive on application and at regular intervals in their career.

We believe that the approach for drivers and applicants ensures that motorists remain accountable for ensuring that they continue to be fit to drive, although there is, of course, some concern that a small proportion of drivers may not report notifiable conditions to the DVLA. This may be because they are not aware of the rules, or in some cases, some may deliberately withhold this information because they fear their licence being revoked. Although they can be fined for omitting this information, and their insurance may be void, this is often when it is too late, when a collision has already occurred.

The General Medical Council tells doctors to advise patients when there is a condition or diagnosis which could affect their ability to drive safely and ask the driver to report the condition to the DVLA. If the patient fails to do



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so, doctors can notify the DVLA directly without breaching patient confidentiality. We do, however, recognise that this is a difficult process for medical professionals, and may damage trust with the patient. Medical professionals continue to play an important role in sharing information with the DVLA, and RoSPA welcomes the changes to allow a more varied range of professionals to provide this information to take some of the pressure off doctors and consultants.

Do you think any specific parts of the law should be changed and can you provide evidence to support your views?

RoSPA response

The Third European Directive on Driving Licences (Directive 2006/126/EC) does not provide minimum standards for physical and mental fitness except for a few factors, such as eyesight. This leaves a gap in interpretation and may result in inconsistent application. Clearer and more comprehensive standards would ensure a harmonised approach to enhancing road safety.

The directive also provides limited guidance on temporary impairments, such as fatigue and being under the influence of alcohol and/or drugs, despite these impairments having a considerable effect on our ability to drive safely. In 2022, 581 people were killed or seriously injured in collisions where fatigue was a contributory factor. 1,990 people were killed or seriously injured where alcohol impairment was deemed a contributory factor and 1,023 where drugs (illicit or medicinal) were a contributory factor. More explicit guidelines on temporary impairments would be beneficial.

As highlighted in the previous response, the onus is on drivers and applicants to notify the DVLA of any medical conditions. However, there will likely be a proportion of drivers who choose not to disclose their condition. We have access to contributory factors data, which provides some information about how driver health can impact on driving, although this does not necessarily show the full picture. This shows that in 2022, 131 people were killed 851 people were seriously injured in collisions where uncorrected, defective eyesight or driver/rider illness or disability were deemed as a contributory factor. Decisions made about any part of the process should be taken carefully to ensure that the number of people killed and injured on our roads as a result of these factors does not increase.

Finally, RoSPA believes that it may be useful for medical professionals to take a more proactive approach, as they are more equipped to judge the impact of the condition on driving ability and may be able to notice changes that suggest a decline in ability between appointments.



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What other countries do to assess medical fitness to drive

If you have experience of medical driver licensing from another country, please tell us about it.

RoSPA response

RoSPA is not in a position to comment.

What are your views on Great Britain's (GB) approach to driver licensing?

RoSPA response

In the UK, the onus is on the licence holder to notify the DVLA of any 'notifiable' medical condition. Applicants are required to complete a driving licence application form and declare if they have a medical condition that might impact their ability to drive safely. Many of those with notifiable conditions will be made aware by a medical professional that they will need to report their condition to the DVLA, but there is also information available on the DVLA website.

Once the DVLA has been notified, the DVLA will initiate a medical investigation, sending a medical condition specific questionnaire for the applicant or driver to complete. If further information is needed, the DVLA may contact the applicant's health professionals and arrange driving assessments and examinations. Once the relevant information has been gathered, a decision will be made in accordance with the medical standards of fitness to drive on whether a licence can be issued.

As stated in our first response, we agree that the process is centralised and provides a consistent and standardised approach to fitness to drive. Our main concerns centre around individuals who do not report a notifiable condition to the DVLA, potentially placing themselves and other road users at risk.

Do you think GB should consider adopting a different approach? Please explain your reasons and provide any evidence to support your views.

RoSPA response

As noted above, our main concern is around the onus placed on the licence holder to let the DVLA know if they are diagnosed with a notifiable condition. RoSPA believes that medical professionals could play, with guidance, a more proactive role, reporting certain conditions that impair a person's driving ability to the DVLA. Those with notifiable conditions that progress over time should be monitored regularly, as their ability to drive safely may change over time.



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There is also a need to make drivers aware of their responsibility to report notifiable conditions to the DVLA. Education and awareness campaigns could be useful in improving the level of knowledge about this. There could also be more campaigns about temporary impairments, such as fatigue, drugs (illicit or medicinal) and alcohol and how these affect our ability to drive. Medical professionals and pharmacists could have a role to play in reminding motorists that conditions, and some treatments prescribed for those conditions, can affect their ability to drive safely.

There are a couple of situations in which decisions made can lead to challenges for the person under medical investigation. For example, sometimes, when an individual is asked to take a driving assessment to determine their fitness to drive, adaptations to their vehicle may be recommended. However, there seems to be a lack of regulation around how vehicles should be adapted, and information about whether these adaptations would place those in the vehicle at a higher risk of serious injury in the event of a collision. RoSPA is regularly contacted by individuals asking for guidelines on vehicle adaptation. RoSPA believes that guidance and regulation on safe adaptations to vehicles is needed to assure safety of the product and to allow motorists to make informed choices.

As it is often a medical professional that will make an applicant aware of their need to notify the DVLA of a medical condition, it may also be useful to develop strategies to help address the negative connotations of licence revocation, in the event that there is not a treatment for the applicant's condition. The loss of a licence can be seen as a loss of independence, particularly if the applicant lives in a part of Great Britain where public transport links are poor and they do not have nearby friends and family. More guidance could be provided on the alternatives to driving, and how not having a licence does not necessarily mean a loss of independence.

Given that some motorists may fear declaring a condition as they are concerned about having their licence revoked, some sort of incentive for drivers to regularly check and confirm their fitness to drive could also be considered.

Finally, given that medical professionals play such an important role in providing evidence in DVLA investigations, the DVLA should consider working more closely with them. They could work together to establish some standardised evaluation criteria for making decisions on fitness to drive or offer support and training to medical professionals on how to approach fitness to drive.



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Other sectors where medical fitness is assessed

If you have experience of having to prove medical fitness as a pilot, seafarer or in another situation, please tell us about it.

RoSPA response

RoSPA is not in a position to comment.



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Multiple medical conditions and an ageing population

Are any changes needed to address the growing prevalence of drivers with multiple medical conditions?

RoSPA response

Population ageing is a long-term development that has been apparent for several decades in Europe. By 2041, it is expected that the proportion of the population aged 65 and over will be 26 per cent and four per cent will be 85 years and older¹. There have also been significant advances in medicine and better health awareness resulting in people living and working for longer. As the paper states, as a society, we expect to be able to use cars, motorcycles, and leisure vehicles for longer and in our later years and to help maintain an independent lifestyle, particularly in rural areas.

However, as we get older, our chances of developing an age-related condition increase. This applies not only in later years but in middle age where certain medical conditions relevant to driving, for example heart conditions and vision conditions, become more common. Medications used to treat some of these conditions can also cause side effects that affect our ability to drive safely. As life expectancy increases and the ageing population trend continues, we can expect to see more people living with multiple conditions. For people living with more than one condition, a DVLA investigation is likely to be time consuming, as medical information will be needed from several doctors or health professionals involved in their care.

One way in which medical fitness to drive can be assessed is through a driving assessment. RoSPA is supportive of medical driving assessments, often carried out by Driving Mobility centres. As the demand for these assessments increases, we would welcome the opening of new assessment centres. There is a demand for more centres to allow people to access a centre within a reasonable distance of their home without needing to wait for long time periods for an assessment slot to become available for them.

¹ ONS (2018) 'Living longer: how our population is changing and why it matters'

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13#how-is-the-uk-population-changing>



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Medical licensing process and costs

Do you think that the cost associated with medical investigations should be paid by taxpayers and DVLA?

RoSPA response

Yes. Although RoSPA recognises that there are costs associated with gathering information to assess if an individual can meet the appropriate medical standards, we would be concerned that if the individual had to cover these costs, it would mean that those with medical conditions do not have equal access to the licensing process.

Those with health conditions often already face barriers to employment and being unable to drive could restrict them further. Some health conditions or impairments make paid work impossible, while others mean people can still be supported to do a job. Regardless, disabled people or those with health conditions are much less likely to be in work than others. There is a 31 per cent employment gap between people who are disabled or have a health condition and those that don't².

Would it be appropriate for the individual customer to pay for medical investigations in relation to their fitness to drive?

RoSPA response

No. RoSPA believes that asking for the applicant to pay for medical investigations, which could come at considerable cost, particularly for those with more than one condition, could lead to less people with medical conditions choosing to continue driving. In turn, this could lead to those who do not have nearby family and friends living in areas with poorer public transport links missing out on work, education and social opportunities, which would have a negative impact on quality of life.

Costs could also discourage applicants from undergoing necessary medical conditions or from notifying the DVLA of a medical condition. This could have negative implications for road safety, as it could lead to an increase in the number of people having collisions that are contributed to by them being impaired by illness.

² Citizens Advice (2016) 'Working with a health condition or disability'

<https://www.citizensadvice.org.uk/Global/CitizensAdvice/Work%20Publications/Working%20with%20a%20health%20condition%20or%20disability%20FINAL.pdf>



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Do you have any knowledge of alternative arrangements for funding medical driver licensing requirements? If so, please describe.

RoSPA response

RoSPA is not in a position to comment.

Do you have any evidence relating to the success of or any problems with these arrangements?

RoSPA response

RoSPA is not in a position to comment.



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Future thinking

Do you believe that the current medical standards will need to change to take into account advances in in-vehicle technologies? Please give the reason for your answer.

RoSPA response

Yes. To future-proof driver licensing, there will need to be continuous review as new vehicle technologies and adaptations become available. These developments may allow some of those who were previously unable to drive because of their condition to do so in future. The DVLA will need to collaborate with vehicle manufacturers and medical professionals to understand the capabilities and limitations of in-vehicle technologies and how these may enable a wider group of people to hold a licence.

As vehicles become increasingly autonomous and eventually self-driving in some conditions, the possibility of those who have previously been unable to drive because of their condition being able to drive increases. The government must continue to explore the opportunities that this technology could offer for those with medical conditions and will need to make the necessary changes to legislation to allow these vehicles to be used on our roads.

Is there any evidence you would like to provide on how driver licensing could be future-proofed to accommodate advanced in-vehicle technologies?

RoSPA response

RoSPA is not in a position to comment.

Do you believe that the use of automated decision-making would be beneficial for drivers medical casework? Please explain your reasoning.

RoSPA response

Yes. As the paper states, AI has the potential to assist staff in making decisions, which could speed up the process for applicants awaiting the outcome of their case. Given that the DVLA are receiving increasing numbers of cases, this could reduce the backlog.

We expect that AI could have a role to play in simpler cases, which could help free up staff time to deal with more complex cases, such as those where a person has been diagnosed with multiple conditions.



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Do you think that a person should continue to make the decision on whether to issue or revoke a driving licence? Please explain your reasoning

RoSPA response

Yes. Although AI has the potential to assist staff in making decisions, at this stage of development, we believe that the final decision should be made by a human. The choice to issue or revoke a licence, which has considerable impact on an individual's life, is not to be taken lightly.

If AI were to make these decisions, RoSPA would be very concerned that machine learning is not capable of understanding and discretion. Ultimately, these cases need human empathy, judgement and discretion for the correct decision to be made.

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

