

# RCGP response to DVLA call for evidence – driver licensing for people with medical conditions

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## Background

The current [licensing] process involves asking drivers who are applying for a new licence and those who hold a current licence to complete and return medical questionnaires that are specific to their medical conditions. The driver is also asked to provide authorisation for their healthcare professionals to release information held on their medical records to DVLA if further investigations are needed.

In many cases a licensing decision can be made based on the initial information given by the licence holder or applicant. In more complex cases, DVLA may need to obtain further information from healthcare professionals involved with the individual's care and treatment. DVLA will write directly to the doctor and request further medical information in the form of a questionnaire, which is designed to be completed from medical records. In these cases, the law also allows other registered healthcare professionals to give DVLA information where it is appropriate to do so. The decision of which appropriately registered healthcare professional completes the questionnaire is for the individual practice or hospital team to make. DVLA may also commission a medical examination, for example, an eyesight test, or require a driving assessment. If a driver has more than 1 medical condition it may be necessary to investigate each medical condition in this way.

Most driving licence applications where a medical condition is notified, are processed by specially trained DVLA staff who refer to operating instructions that correspond with the questionnaires. These operating instructions are based on the medical standards of fitness to drive. DVLA also has an in-house team of doctors and nurses who are trained to assess the more complex cases based on clinical judgment.

# Drivers medical licensing and the law

It is a legal requirement for holders of and applicants for a driving licence to inform DVLA at any time of any medical condition which may affect their ability to drive safely. The General Medical Council (GMC) tells doctors that they should advise their patients where there is a condition or diagnosis affecting their ability to drive, and when the driver, in line with the legislative requirement, should notify DVLA. Doctors can notify DVLA directly without breaching confidentiality if their patient fails to do so despite their advice. Similar guidance is provided by the General Optical Council. DVLA provides guidance for doctors and other healthcare professionals about the health requirements for driving on GOV.UK, '[Assessing fitness to drive: a guide for medical professionals](#)' (AFTD).

## Section 94:

- Gives the Secretary of State the powers to undertake medical enquiries.
- Allows DVLA to ask for the licence holder or applicant to provide authorisation to obtain information from their doctor, or for the driver to have a medical examination or driving assessment.
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## What are your views of the legal obligations or responsibilities placed on healthcare professionals?

The legal obligations placed on GPs through legislation are largely appropriate, however there are some complicating factors.

For instance, it is difficult to determine the point at when a patient has lost their fitness to drive with gradual deterioration of long-term conditions, and some patients may mask their symptoms for fear of losing their license. The current workforce and workload issues in general practice also limit practices' ability and willingness to take on these duties. These raise challenges for how GPs can meet their legal responsibilities in assessing fitness to drive.

Difficulties may also arise when GPs have to disclose confidential patient information to DVLA, especially for ongoing doctor-patient relationships.

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

Other systems, such as the system for reporting notifiable diseases, have laid a framework for a more formal and protective system of disclosures from healthcare professionals. The process for healthcare professionals reporting to the DVLA could be formalised in a similar way, to ensure that breaches of doctor-patient confidentiality are protected in law and avoid complaints.

A code of practice should be developed that would allow more regular changes to be made to processes of license certification.

## What other countries do

Across the world, governments and driver licensing authorities need to consider how best to balance the needs of drivers against the safety of all road users. This is a challenge for every licensing authority, and there are a range of ways different countries assess fitness to drive. Some require the driver to have a medical examination or provide a health certificate up front when they apply for a driving licence. Some countries require this periodically during the lifecycle of a driving licence, for example, every 10 years.

Some countries use medical tests to identify those who are unfit to drive, other licensing authorities have a specific network of registered doctors whose sole responsibility is to undertake medical assessments for driver licensing purposes. Others rely primarily on the applicant's own doctor to provide an assessment of an individual's fitness to drive. These examinations or doctors' certificates do not always have to be provided by the driver's own doctor and in many cases are at the driver's own expense.

Some countries place a legal obligation on doctors to inform the driver licensing authority if someone has a medical condition that might make them unfit to drive. No such obligation exists in GB, but doctors are encouraged by the GMC to notify DVLA if they believe the patient won't and will be putting themselves and others at risk.

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

The current approach strikes an effective balance between safety, bureaucracy and trust.

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

We do not consider that Great Britain should adopt a different approach to driver licensing. There are risks that patients may not disclose conditions that impair their ability to drive with their GP or with the DVLA. However, additional requirements on drivers would increase workload for little benefit, and there are already delays in license processing. Reducing requirements may pose a risk to public safety and provide more opportunities for applicants to game the system.

It is however suggested that the driver licensing system move away from paper towards an electronic portal, to ensure that forms are completed correctly first time and to provide guidance for multidisciplinary staff.

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

Issues have been identified with taxi driver medical assessments in some areas, as there are significantly different arrangements for this across the UK. This means there are different requirements for taxi driver certification and different funding arrangements per Council, which should be standardised across the country.

## Multiple medical conditions and an ageing population

Increased life expectancy, an ageing population, and a rise in prevalence of certain medical conditions means that the number of health notifications reported to DVLA is growing and is likely to continue to grow each year. Not only is DVLA's caseload rising, but cases are also becoming increasingly complex as more people are notifying DVLA of more than 1 medical condition. GB's legal framework and medical standards for driving are predominantly centred on single medical conditions. However, drivers having more than 1 condition is common and the prevalence of multiple medical conditions is predicted to increase in the future. The likelihood of there being multiple medical conditions also increases with age.

The myriad combinations of medical conditions (and medications to treat them) that are reported to DVLA, and their severity present a level of complexity that complicates the decision-making process when assessing driving fitness. Assessing multiple medical conditions is time consuming as medical information is often needed from several doctors or healthcare professionals involved in a person's ongoing care and treatment.

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

The DVLA's planning for the increasing prevalence of patients with multiple long-term conditions is welcome and appropriate considering the potential impact on the licensing process in future.

A number of changes could be introduced to assist with this:

- Providing early assessment for those with frailty and multiple conditions.
- Increasing the availability of driving assessments and introducing compulsory re-assessment.
- Expanding the use of the "At a Glance" guide for medical professionals.
- Developing an online portal for license applications, which enables different parties (e.g., the applicant, optician, general practice, occupational health service, and DVLA) to enter and view different components of the record. This portal should be designed around a more effective process for licensing that enables automatic reminders and workflows. This will better enable the system to respond to higher rates of requests for medical evidence.
- Increasing knowledge among drivers of the conditions they should self-report to the DVLA.
- Ensuring multidisciplinary information is better shared between providers and with the DVLA.

## Medical licensing process and costs

The medical licensing process relies heavily on medical input from external sources that by law must be obtained and paid for by DVLA rather than individuals applying for a licence.

Further information from a healthcare professional is required in many of the cases that DVLA considers. Most commonly, DVLA needs to obtain further information from healthcare professionals involved with the individual's care and treatment. This information is requested from the authorised healthcare professional via a medical condition specific questionnaire, designed to be completed from medical records.

Completing DVLA's medical questionnaires is not part of the NHS contract so DVLA pays NHS healthcare professionals for completing each questionnaire. As completion of these questionnaires is a private service, it is not compulsory for GPs or healthcare professionals to complete them. If an individual has more than 1 medical condition a separate condition-specific medical questionnaire is needed for each condition. DVLA also obtains information from medical examinations, for example visual field tests, or on road driving assessments.

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

The intention of medical licensing is ensuring safety for all road users; therefore the cost for individual drivers should be borne by the state. This is also a more equitable approach than requiring individuals to pay for their medical investigations.

However, the costs for those driving for companies must be considered differently. The RCGP views this as a decision for government rather than medical professionals.

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

A nominal or means tested fee could be applied that would cover some of the cost of medical investigations. However, if applicants with long-term or complex conditions are routinely required to pay additional costs for medical examinations compared to other applicants this could result in increased inequalities and could be considered discriminatory.

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

Taxi driver medical assessments, where applicants are known to shop around for the cheapest price, regardless of quality. Some organisations have been known to advertise that they do low price medical assessments, particularly those who do not provide other patient care.

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

As mentioned earlier, the assessing clinician must rely on the information that the applicant chooses to share with them, which means that important relevant information may not be shared, either intentionally or unintentionally. There is a health risk associated with non-sharing with normal GP of clinical information that could disadvantage a driving assessment, for example alcohol and drug use, memory loss, angina, limb weakness. The DVLA's [Assessing](#)

fitness to drive - a guide for medical professionals is a useful source of information for GPs in this area.