



Department  
for Transport

# Driver and Vehicle Licensing Agency

Amending the Road Traffic Act 1988 to allow Registered Healthcare Professionals to complete DVLA medical questionnaires

## Public Consultation

November 2021

Department for Transport  
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London  
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## Foreword

Driver and Vehicle Licensing Agency (DVLA) made over 500,000 medical licensing decisions in 2020 – 2021, many of which depended on information from a drivers' own doctor.

In 2020, the Government committed to a review of the bureaucracy in the Health and Social Care sectors including in general practice. Clinical practice is changing and there is now a broader range of professionals working in Health and Social Care in multi-disciplinary teams. These professionals may often be the best placed to provide medical evidence due to their expertise and clinical contact with patients. Utilising their expertise can help to reduce workloads on doctors while improving the information Government departments receive.

Over the last few years there has been a marked increase in the number of driving licence applicants where the driver's health condition is managed by healthcare professionals other than doctors. We believe that widening the scope of registered healthcare professionals, (such as specialist nurses who are registered with the Nurse and Midwifery Council (NMC)) who can complete DVLA medical questionnaires will provide greater flexibility for individual GP practices and hospital teams in deciding how to manage requests for medical information from DVLA and customers will benefit from reduced waiting times for medical licensing decisions.

# Executive Summary

Driver and Vehicle Licensing Agency (DVLA), acting on behalf of the Secretary of State for Transport, determines medical fitness to drive for holders of and applicants for driving licences relating to all classes of vehicle in Great Britain. DVLA administers this statutory function on behalf of the Secretary of State, who is ultimately responsible for making the decision as to whether the holder or applicant for a driving licence meets the minimum medical standards for driving.

This consultation seeks your 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.

Currently, DVLA can only obtain (and pay for) questionnaires signed off by a registered medical practitioner. A registered medical practitioner is a doctor, licensed to practice with the GMC, as defined by the Medical Act 1983. Often, a driving licence applicant or holder's treatment is managed by other health care professionals within the system, but these professionals are not entitled to respond to DVLA's request for further medical information by completing questionnaires on behalf of their patients.

This consultation explains the current driver licensing process and the proposal to change primary legislation to widen the pool of medical professionals who can complete and be paid to complete DVLA's questionnaires. This consultation also sets out in detail the Government's proposal to use a Legislative Reform Order (LRO) to amend the legislation governing medical licensing procedures for registered healthcare professionals.

**Views are invited on all aspects of this consultation paper, with a specific focus on eligibility against the criteria for using a Legislative Reform Order.**

## How to respond

The consultation period began on 8 November and will run until 6 December.

Please ensure that your response reaches us before the closing date. If you would like further copies of this consultation document, it can be found at:

[www.gov.uk/search/policy-papers-and-consultations?organisations=driver-and-vehicle-licensing-agency](https://www.gov.uk/search/policy-papers-and-consultations?organisations=driver-and-vehicle-licensing-agency)

or you can contact: [DVLAHealthProfessionalsInitiative@dvla.gov.uk](mailto:DVLAHealthProfessionalsInitiative@dvla.gov.uk) if you need alternative formats (for example, Braille or audio CD).

The consultation responses can be made using the DVLA SNAP Survey Ltd tool at:

<https://online1.snapsurveys.com/vz5zbd>

When responding, please state whether you are responding as an individual or representing the views of an organisation. If responding on behalf of a larger organisation, please make it clear who the organisation represents and, where applicable, how the views of members were assembled.

If you have any suggestions of others who may wish to be involved in this process, please contact us by emailing [DVLAHealthProfessionalsInitiative@dvla.gov.uk](mailto:DVLAHealthProfessionalsInitiative@dvla.gov.uk)

## Freedom of Information

Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with the Freedom of Information Act 2000 (FOIA) or the Environmental Information Regulations 2004.

If you want information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence.

In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the Data Protection Act 2018 (DPA) and in most circumstances this will mean that your personal data will not be disclosed to third parties.

## Data Protection

This consultation by Driver and Vehicle Licensing Agency (DVLA), an executive agency of the Department for Transport (DfT), is to gather opinions to inform our view on making changes to the Road Traffic Act 1988 which will enable healthcare professionals other than registered medical practitioners (doctors) to complete DVLA medical questionnaires.

We are asking for:

- your name and email address - please note, we will not use these details to contact you
- whether you are representing an organisation or submitting a response as an individual (member of the public)
- the total number of employees in your organisation or business (if applicable)
- your profession - this is to better understand your relationship with the issue

Your consultation response and the processing of personal data that it entails is necessary for the exercise of our functions as a government department. The legal basis for processing your personal data is to perform a task carried out in the public interest, or in the exercise of official authority vested in the controller.

DVLA will, under data protection law, be the data controller for this information.

More information about your rights in relation to your personal data, how to complain and how to contact the Data Protection Manager can be found at:

[www.gov.uk/government/publications/dvla-privacy-policy](http://www.gov.uk/government/publications/dvla-privacy-policy)

Your personal data is processed on behalf of the DVLA by SNAP Survey Ltd. SNAP Survey Ltd. hosts the survey collection only, and your personal data will not be shared with any other third parties.

We will only retain your personal data for as long as it is needed for the purposes of the consultation.

We will not use your name or other personal details that could identify you when we report the results of the consultation.

# 1. Introduction

- 1.1 There are currently 50 million driving licence holders in Great Britain. Since the medical licensing process was introduced there have been significant demographic changes, advances in medicine and better health awareness resulting in individuals living longer and healthier lives. Many individuals are dependent on using cars and motorcycles to maintain an independent and mobile lifestyle.
- 1.2 DVLA received 603,000 medical notifications and applications in 2020 – 2021. Increased life expectancy, an ageing population and a rise in certain medical conditions means that the number of health notifications reported to DVLA is likely to continue to grow every year. In addition to this, cases are also becoming more complex, with more individuals notifying DVLA of multiple medical conditions.
- 1.3 Current legislation (see section 2 of this document for a summary of the relevant legislation) places a legal obligation on a driver to tell DVLA if a new medical condition develops or if an existing medical condition gets worse. DVLA, on behalf of the Secretary of State for Transport, is responsible for investigating each notification to determine if a driver's health condition will affect their ability to drive safely.
- 1.4 When notified about a medical condition, DVLA needs to assess whether the individual can meet the required health standards for driving. The current driver licensing system asks drivers who are applying for a new licence and those who hold a current licence, to complete and return medical questionnaires.
- 1.5 In many cases a licensing decision can be made based on the information provided by the licence holder or applicant. In more complex cases, DVLA may need to gather further information from healthcare professionals involved with the individual's care. The DVLA will write directly to their 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 currently only allows DVLA to make decisions about fitness to drive based on medical information received from a registered medical practitioner, for example, a GP or hospital doctor.
- 1.6 Most driving licence applications where a medical condition is notified are processed by specially trained DVLA staff using operating instructions that correspond with the questionnaires.
- 1.7 The DVLA also has an in-house team of doctors and nurses who are trained to assess the most complex cases. DVLA doctors are qualified medical professionals, registered with the General Medical Council. DVLA nurses are registered with the Nursing and Midwifery Council.

- 1.8 In 2020 – 2021 DVLA sent out approximately 207,000 medical questionnaires, all of which had to be completed by a doctor, in accordance with the existing legislation.
- 1.9 The average time taken to receive information from doctors has been severely impacted by the pandemic and other resultant demands on their time. It has more than doubled in the last 12 months to approximately:
- 94 calendar days for motorcycle and car licence applications
  - 75 calendar days for bus and lorry licence applications
- 1.10 Currently, the time taken to gather and assess information, particularly in complex cases with multiple conditions where more than one doctor may need to respond, can lead to lengthy delays for those being assessed. In some instances, the individual's doctor may first need to seek updated information from other health care professionals more closely involved with the day-to-day management of the patient's condition, before reporting back to DVLA. This has implications for the speed of service that individuals receive.
- 1.11 The current restriction on who can complete medical questionnaires does not reflect current clinical practice. Some patients are primarily treated by healthcare professionals other than doctors, for example diabetes specialist nurses. Currently, these healthcare professionals cannot respond to DVLA's requests for further medical information on behalf of their patients. If a health professional other than a doctor is best placed to complete the 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. DVLA pays for the completion of the questionnaires as this work is outside of the NHS contract but can only pay a doctor.
- 1.12 To reduce the administrative burden on NHS doctors and improve turnaround times for customers, DVLA has started exploring a change to primary legislation to widen the scope of registered healthcare professionals, for example to include specialist nurses, who can provide information to DVLA.
- 1.13 DVLA has carried out customer insight with six individual GP practices who confirmed that generally, clinics are run by other registered healthcare professionals, for example, specialist nurses who are registered with the NMC, under the supervision of a doctor, but with these nurses undertaking the consultation and advising on treatment regimens. It is these specialist nurses who have the most detailed knowledge of an individual patient. In certain cases, it may be more appropriate for the doctor to approach them to complete a DVLA questionnaire about their patients. We are considering, as part of this consultation which healthcare professionals should be in this widened cohort of people who will be able to respond to DVLA questionnaires.
- 1.14 The Department of Health and Social Care has advised that the delivery of healthcare has changed significantly over the years, with increasing integration and

multidisciplinary teams, where other registered healthcare professionals, such as specialist nurses are at the forefront of managing patient care.

- 1.15 As the number of specialist nurse-led services increase, more patients will have their healthcare diagnosed, treated, and managed by registered healthcare professionals who are not doctors. These professionals may often be the best placed to provide medical information due to their expertise and clinical contact with patients. Utilising their expertise can help to reduce workloads on doctors whilst improving the information government departments receive.
- 1.16 Amending the wording of the legislation to allow registered healthcare professionals other than doctors to also complete the medical questionnaires, would give individual GP practices, hospital teams and doctors the flexibility to decide who the most appropriate healthcare professional is to provide DVLA with medical information and allow quicker licensing decisions for customers.

## 2. How does the burden result from legislation?

- 2.1 Sections 94(5) of the Road Traffic Act 1988 state that the Secretary of State may by notice in writing served on the applicant or holder:
- a. require him to provide the Secretary of State, within such reasonable time as may be specified in the notice, with such an authorisation as is mentioned in subsection (6).
    - i. Subsection 6 states that the authorisation referred to in subsection (5)(a) above
  - b. shall be in such form and contain such particulars as may be specified in the notice by which it is required to be provided, and
  - c. shall authorise any **registered medical practitioner** who may at any time have given medical advice or attention to the applicant or licence holder concerned to release to the Secretary of State any information which he may have, or which may be available to him, with respect to the question whether, and if so to what extent, the applicant or licence holder concerned may be suffering, or may at any time have suffered, from a relevant or prospective disability.
- 2.2 Section (94)(9) specifies 'defray any fees or other reasonable expenses of a **registered medical practitioner** in connection with providing the information in RTA Section 94(5)(b)', which requires the Secretary of State to pay for any reports or medical examination commissioned from a doctor.

## 3. Why the Department thinks the law should be changed

- 3.1 The existing requirement to use a registered medical practitioner to provide information places an unnecessary burden on doctors. The current assessment process focuses mainly on the consideration of medical evidence. The numbers here are growing significantly because of the increase in the volume of medical notifications that DVLA receive.
- 3.2 The time taken to gather and assess information, particularly in complex cases, can lead to lengthy waits for those being assessed. This has implications for the speed of service that individuals receive.
- 3.3 Some patients are treated by healthcare professionals other than doctors and these professionals are not entitled to respond to DVLA's requests for further medical information by completing questionnaires on behalf of their patients. This proposal will allow doctors and GP practices to delegate work to other registered healthcare professionals within their GP Practice or hospital team, such as specialist nurses (registered with the NMC) to complete, sign and return the medical questionnaire to DVLA.

## 4. Proposal to remove the identified burden

- 4.1 The proposal is to amend the words 'registered medical practitioner' in section 94 of the Road Traffic Act 1988 to 'registered healthcare professional' (or similar). This proposal would not introduce any new burdens other than allowing registered healthcare professionals other than doctors to complete a form which they may already assist a doctor in completing.
- 4.2 DVLA propose 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, Parkinson's nurses. This will include the requirement for the registered healthcare professional to be regulated with a professional body, for example, the GMC or NMC. We are seeking views as part of this consultation to understand which registered healthcare professionals are the most appropriate to provide the DVLA with medical information, from medical records, and will use this information to further refine this list.
- 4.3 DVLA's obligation to ensure that only those who are fit to drive are issued with a driving licence could still be met by retaining the status quo. Therefore, the policy objective of ensuring only those who are fit to drive are issued with a licence could

be achieved by non-legislative means. Legislation is however required to allow medical professionals other than doctors to complete questionnaires, with the aim of streamlining the process and allowing those who are eligible to drive to be issued with a licence more quickly. This will also free up resources in doctors' surgeries and hospital teams.

- 4.4 The interests of road safety would still be protected by the decision on issuing a driving licence having to be made by trained DVLA doctors and nurses, and administrative caseworkers, following strict guidelines. Protection of civil liberties would remain unchanged. The provisions of the proposed order would not prevent a person from exercising any right or freedom.
- 4.5 The proposals are not likely to be classed as controversial as the decision to issue a driving licence remains with DVLA, and this merely facilitates that decision. Rights of appeal are unaffected.
- 4.6 The territorial extent of the LRO will be GB-wide, driver licensing is devolved in Northern Ireland.
- 4.7 This proposal would reduce the administrative burdens on doctors and allow other healthcare professionals to assist with responding from enquiries from DVLA on behalf of the Secretary of State, providing a more streamlined system which in turn will free up resources in doctors' surgeries and hospital teams. The intention is not to replace the role of doctors in the medical licensing process. It will be up to individual practices and hospital teams whether they change the way that the medical questionnaires are allocated for completion.
- 4.8 This change will also indirectly reduce burdens on licence holders/applicants by allowing a greater range of healthcare professionals to provide DVLA with information about an individual's medical condition. Providing a wider base from which evidence of a driving licence applicant's or holder's medical condition can be drawn will make the process less onerous on individual doctors, help decrease the length of time taken to process applications and ensure that DVLA obtains information from the most appropriate healthcare professional to allow licence applications to be processed faster.

## 5. Binding the Crown

- 5.1 All the proposed changes in this consultation would not create additional powers or obligations on the Crown.

## 6. Possible Parliamentary procedures

- 6.1 The Minister can recommend one of three alternative procedures for Parliamentary scrutiny dependent on the size and importance of the LRO.
- **Negative Resolution Procedure** – This allows Parliament 40 days to scrutinise a draft LRO after which the Minister can make the LRO if neither House of Parliament has resolved during that period that the LRO should not be made.
  - **Affirmative Resolution Procedure** – This allows Parliament 40 days to scrutinise a draft LRO after which the Minister can make the LRO if it is approved by a resolution of each House of Parliament.
  - **Super-Affirmative Resolution Procedure** – This is a two-stage procedure during which there is opportunity for the draft LRO to be revised by the Minister.
- 6.2 The negative resolution procedure is the least onerous and therefore may be suitable for LROs delivering small regulatory reform. The super-affirmative procedure is the most onerous involving the most in-depth Parliamentary scrutiny. Although the Minister can make the recommendation, Parliamentary Scrutiny Committees have the final say about which procedure will apply.
- 6.3 The super-affirmative resolution procedure allows Parliament 60 days of initial scrutiny, when the Parliamentary Committees may report on the draft LRO, or either House may make a resolution about the draft LRO.
- 6.4 If after the expiry of the 60-day period the Minister wishes to make the LRO with no changes, he or she must lay a statement. After 15 days, the Minister may then make an LRO in the terms of the draft, but only if it is approved by a resolution of each House of Parliament.
- 6.5 If the Minister wishes to make material changes to the draft LRO he must lay the revised draft LRO and a statement giving details of any representations made during the scrutiny period and of the revised proposal before Parliament. After 25 days, the Minister may only make the LRO if it is approved by a resolution of each House of Parliament.
- 6.6 Under each procedure, the Parliamentary Scrutiny Committees have the power to recommend that the Minister not make the LRO. If one of the Parliamentary Committees makes such a recommendation, a Minister may only proceed with it if the recommendation is overturned by a resolution of the relevant House.

## 7. The Legislative Reform Order process

7.1 We propose to amend existing legislation by means of a Legislative Reform Order (LRO) under Section 1 of the Legislative and Regulatory Reform Act 2006 (LRRRA).

7.2 An LRO is a statutory instrument which can be used to amend primary legislation to remove or reduce a burden to which any person is subject because of any legislation and/or ensure regulatory functions comply with better regulation principles.

7.3 This consultation is being conducted in accordance with the provisions of section 13 of the LRRRA.

7.4 Information on LROs can be found at:

[www.parliament.uk/site-information/glossary/legislative-reform-orders/](http://www.parliament.uk/site-information/glossary/legislative-reform-orders/)

7.5 Further information on the Cabinet Office consultation principles can be found at:

[www.gov.uk/government/publications/consultation-principles-guidance](http://www.gov.uk/government/publications/consultation-principles-guidance)

## 8. Parliamentary Scrutiny

8.1 Both Houses of Parliament scrutinise draft LROs. This is conducted by the Regulatory Reform Committee in the House of Commons and the Delegated Powers and Regulatory Reform Committee in the House of Lords.

8.2 Each Committee might take oral or written evidence to help it decide these matters, and each Committee would then be expected to report.

8.3 Copies of Committees' reports are available on the Parliament website at Regulatory Reform Committee in the Commons, and Delegated Powers and Regulatory Reform Committee in the Lords.

## 9. How the proposed legislative changes meet the preconditions for use of a Legislative Reform Order

9.1 The following paragraphs describe how the aims of the proposal meets the preconditions required to use a LRO to enact the change.

9.2 **Precondition 1:** There are no non-legislative solutions that will achieve the intended outcome of the provision.

- a. To allow medical reports and questionnaires to be completed and signed by the most appropriate healthcare professional involved in a patient's care, would reduce the current burden on licence holders/applicants by allowing GPs' practices to use a greater range of healthcare professionals to provide medical information, making the process less onerous.
- b. This proposal would also reduce administrative burdens on the GP providing a more streamlined system which in turn will free up resources in doctors' surgeries. This can only be achieved through legislative amendments.
- c. It is not possible to achieve this administratively as DVLA can only exercise its functions by statute, and that statute currently excludes registered health practitioners from providing this service.

9.3 **Precondition 2:** The effect of the provision is proportionate to the policy objective.

- a. The provision would reduce the current burden on licence holders/applicants by allowing their doctor to use other registered healthcare professionals, who work within their practice, to provide medical information. This will allow greater flexibility to GPs' surgeries and hospital teams giving them the option, where appropriate, to transfer responsibility to a wider range of registered healthcare professionals to provide this service.

9.4 **Precondition 3:** The provision strikes a fair balance between the public interest and the interests of the persons adversely affected by the provisions.

- a. No one, particularly patients and DVLA customers, will be adversely affected by this provision since it will not change DVLA's statutory obligation to investigate fitness to drive. The measure will also increase flexibility for GP surgeries and hospital teams, which is in the public interest.

9.5 **Precondition 4:** The provision does not remove any necessary protection.

- a. The functions and powers of DVLA will remain the same as they are now, so no protections will be removed.

9.6 **Precondition 5:** The provision will not prevent any person from continuing to exercise any right or freedom which he might reasonably expect to continue to exercise.

- a. The functions and powers of DVLA will remain the same, so there will be no impact on any person's rights or freedoms. The driver's right of appeal against a licensing decision is unaffected.

9.7 **Precondition 6:** The provision is not constitutionally significant.

- a. The functions and powers of DVLA will remain the same, so there will be no impact on any person's rights or freedoms. The patient's right of appeal against a licensing decision is unaffected by this proposal.

- b. The interests of road safety are protected by the decision on licensing a person being made by trained DVLA doctors, nurses and administrative caseworkers, following strict guidelines. Protection of civil liberties would remain unchanged.

9.8 **Provision 7:** Where a provision will restate an enactment, it makes the law more accessible or more easily understood.

- a. This provision will not restate an enactment.
- b. The LRO will not:
  - impose, abolish, or vary taxation
  - create a new criminal offence or increase the penalty for an existing offence so that it is punishable above certain limits
  - amend or repeal any provision of Part 1 of the Legislative and Regulatory Reform Act
  - authorise forcible entry, search, or seizure or compel the giving of evidence
  - amend or repeal any provision of the Human Rights Act 1998

## 10. What will happen next

A summary of responses, including the next steps, will be published within due course on

[www.gov.uk/search/policy-papers-and-consultations?organisations=driver-and-vehicle-licensing-agency](https://www.gov.uk/search/policy-papers-and-consultations?organisations=driver-and-vehicle-licensing-agency)

Paper copies will be available on request.

If you have questions about this consultation, please contact:

[DVLAHealthProfessionalsInitiative@dvla.gov.uk](mailto:DVLAHealthProfessionalsInitiative@dvla.gov.uk)

# Annex A: Impact assessment

<b>Title:</b> Obtaining of information on driving licence holders and driving licence applicants from those other than registered medical practitioners <b>Date:</b> <i>Sign off date</i> <b>DMA No:</b> DfT-2021-17 <b>Lead department or agency:</b> Driver and Vehicle Licensing Agency (DVLA) <b>Other departments or agencies:</b> Department for Transport		<b>De Minimis Assessment (DMA)</b>	
		<b>Stage:</b> Consultation	
		<b>Source of intervention:</b> Domestic	
		<b>Type of measure:</b> Primary	
<b>Summary:</b> Rationale and Options		<b>Contact for enquiries:</b> <a href="mailto:DVLAHealthProfessionalsInitiative@dvla.gov.uk">DVLAHealthProfessionalsInitiative@dvla.gov.uk</a>	
<b>Total Net Present Value</b>  NQ – Not quantified	<b>Business Net Present Value</b>  NQ	<b>Net cost to business per year</b> <small>(EANDCB in 2019 prices)</small>  £mNQ	

## Rationale for intervention and intended outcomes

Driver and Vehicle Licensing Agency (DVLA) is required to investigate notifications of medical conditions relating to driving licence holders. Firstly, the driver is asked to provide information about their condition, give details of the doctor who is treating them and to provide DVLA with authorisation to approach that doctor for more information if that is needed as part of the investigation. In more complex cases, the DVLA, with the consent of a driver or applicant, obtains medical information via medical questionnaires directly from an individual's doctor.

Currently, DVLA can only obtain (and pay for) questionnaires signed off by a registered medical practitioner, that is a doctor or consultant, licensed to practice with the General Medical Council, as defined by the Medical Act 1983. Often, the individual's treatment is managed by other health care professionals within the system, but they are not able to sign off the subsequent questionnaires. This increases the burden on all doctors through the excessive bureaucracy which has led to lengthy waits in processing applications and therefore affects individuals being able to obtain a driving licence. Amending the law to allow medical questionnaires to be signed off by the most appropriate registered healthcare professional involved in a patient's care would reduce this burden and speed up the process for driving licence applicants or holders.

**Describe the policy options considered**

1. Do nothing. We would continue to only be able to accept information from doctors.
2. Change secondary legislation to amend the list of medical conditions that could undergo an examination to obtain information. The law allows the Secretary of State to appoint an appropriate person to conduct the examination. While this may reduce the burden on doctors, it would place a burden on drivers who would need to attend an examination. It would also likely increase costs while having a negative effect on waiting times.
3. Change primary legislation to permit flexibility to use a registered healthcare professional instead of a registered medical practitioner.

Option 3 is the preferred option as it provides greater scope and clarity while minimising the delay to drivers.

**Rationale for DMA rating**

The proposal does have an impact on business, as the service currently provided by doctors is outside of NHS contracts and is regarded as private work for which a fee is due. However, this proposal is permissive as it does nothing to prevent a business from continuing with the status quo. What the proposal does is provide flexibility for a business to use as they see fit, allowing them to delegate work appropriately if required. Frequently, the questionnaires will continue to be dealt with by doctors, but GP practices and hospital teams will also be able to have them signed off by other registered healthcare professionals, thereby reducing the burden on doctors, and speeding up the process generally. This impact would be considered indirect and is estimated as being below the £5m threshold.

Will the policy be reviewed? <b>No</b>		If applicable, set review date:		
Are these organisations in scope?	<b>Micro Yes</b>	<b>Small Yes</b>	<b>Medium Yes</b>	<b>Large Yes</b>

Senior Policy Sign-off:  Date: **DD/MM/YYYY**

Peer Review Sign-off:  Date: **DD/MM/YYYY**

Better Regulation Unit Sign-off:  Date: **DD/MM/YYYY**

## 1.0 Policy Rationale

### Policy background

Driver and Vehicle Licensing Agency (DVLA), acting on behalf of the Secretary of State for Transport, determines fitness to drive for holders and applicants of driving licences in Great Britain. DVLA administers that statutory function on behalf of the Secretary of State for Transport, who is ultimately responsible for making the decision as to whether a driving licence holder or applicant meets the minimum medical standards for driving.

The medical licensing system is based on a 'self-notification' process and all drivers and licence applicants have a legal duty to notify DVLA of a medical condition that may affect safe driving. In some cases, DVLA will be able to make a licensing decision from the information received from the driver or applicant. However, in just over 50% of cases, further evidence may be required, with the driver's consent, from the doctor or healthcare professional involved with the individual's care.

DVLA may gather evidence about a health condition(s) from the driver, their doctors, and in some circumstances, commission examinations by other specialists, for example, driving assessments. The largest source of expert medical information is collected via specially designed questionnaires, completed by doctors, from information held on medical records. DVLA only has authority under S94 of the Road Traffic Act 1988 to request this information from a registered medical practitioner i.e., a doctor.

The existing law does not reflect clinical practices where other healthcare professionals may be primarily responsible for managing certain medical conditions. Amending the wording of the legislation from 'registered medical practitioner' to 'registered healthcare professional' (or similar) to allow registered healthcare professionals other than doctors to also complete the medical questionnaires, would ensure that information is provided by the most appropriate healthcare professional. This addition will provide greater flexibility to individual surgeries.

### Problem under consideration

The existing law (S94 of the Road Traffic Act 1988) does not reflect current clinical practices. The time taken to gather and assess information, particularly in complex cases, can also lead to lengthy waits for those being assessed as other registered healthcare professionals cannot directly provide DVLA with the information required to assess fitness to drive. Amending the wording of the legislation from 'registered medical practitioner' to 'registered healthcare professional' (or similar), will allow healthcare professionals other than doctors, who may be primarily responsible for managing certain medical conditions, to complete the medical questionnaires. This will ensure that information is provided by the most appropriate healthcare professional.

Applicants for a vocational driving licence and drivers who notify DVLA of a health condition are required to undergo medical investigations. This is outside of the routine D4 examination process, where all applicants for a Group 2 licence (lorry or bus entitlement) must submit a medical report, at their own expense, with an application. The medical questionnaires relating to HGV licence applicants with health conditions are within scope for this proposal.

The proposal would provide greater flexibility to individual surgeries and hospital teams and may improve turnaround times for DVLA, and it supports the Department of Health and Social Care (DHSC)'s initiative of 'Reducing GP Bureaucracy'. DVLA has also informally engaged with several representative bodies from the health sector, and the devolved administrations, all of whom have been broadly supportive of the proposal in principle.

The proposal is not considered controversial, it has the support the Secretary of State for Transport, medical bodies, and devolved administrations.

There may be some indirect costs to business, for example, GP practices may need to train staff members within their practice, who are not familiar with DVLA questionnaires.

## **Rationale for intervention**

Currently, medical questionnaires are required to be completed by a doctor who often is not primarily responsible for the management of such medical conditions. In most cases, medical conditions are diagnosed and treated by specialists which may not meet the current criteria as set out in legislation.

This causes a number of issues, leading to numerous individuals being involved in the completion of a medical questionnaire, including the direct specialists having to liaise with other practitioners, such as doctors, to sign these questionnaires off in order to meet the criteria. In some cases, where an individual has only been seen by another healthcare professional, the doctor will request that the individual concerned makes an appointment so they themselves can carry out an assessment before signing off the medical questionnaire. This often leads to numerous individuals being involved to complete the questionnaire, often unnecessarily.

Under the current approach, the time taken to provide evidence for complex cases can lead to lengthy waits for those being assessed. This increases the time and cost associated with those in the healthcare sector responding to questionnaires, and ultimately delays individuals receiving confirmation that they are fit to hold a licence. Not only does this place the healthcare system under a period of strain because of the backlog created by the COVID-19 pandemic, but also adds to the delay experienced by drivers moving through the licensing process.

Currently, an average of 207,000 questionnaires require completion by a doctor on a yearly basis, and we are seeking to understand the level of these which could be completed by an alternative professional during consultation. Any increase in the number of professionals able to assess the cases will help alleviate the bureaucracy and resource required to complete the questionnaires.

## **Policy objective**

The objective to is to provide greater flexibility around who can complete the medical questionnaires that DVLA requires to decide whether an individual with health conditions meets the appropriate health standards for driving. The intention is not to replace the role of doctors in the medical licensing process but to enhance it. It will be up to individual GP practices and hospital teams whether they change the way questionnaires are allocated for completion.

The proposal will ensure that information is provided by the most appropriate healthcare professional. The aim is to reduce the administrative burden on NHS doctors, increase operational flexibility for individual GP surgeries, which aligns with the Department of Health and Social Care (DHSC) aim to 'Reduce GP Bureaucracy' and improve turnaround times for drivers. This will include professional drivers who are self-employed and those employed by the road haulage industry. Businesses may benefit from a faster turnaround providing more certainty and allowing more effective planning.

## **Options considered**

**Option 1** – Do Nothing. The policy objective could not be achieved by non-legislative measures. Primary legislation or a statutory instrument is required to widen the scope of the legislation to allow those other than doctors to be able to complete this process, without involving the doctor (see other options below).

Not amending the law would maintain the current status quo and although there are no fundamental cost implications, the policy consequence would be a missed opportunity to reduce inefficiency and will not reflect current and modern clinical practice.

Not proceeding with the proposal would impact on the DHSC and its focus on reducing GP bureaucracy.

**Option 2** – Amend secondary legislation to increase the list of medical conditions where a driver could undergo an examination. The law allows the Secretary of State to appoint an appropriate person to conduct the examination. While this may reduce the burden on doctors, it will place a burden on drivers who need to attend an examination. It will also likely increase costs to DVLA, as in most cases DVLA is responsible for paying not only the health professionals cost, but also costs for the accommodation and hire of medical equipment to undertake the examination. It is likely to have a negative effect on waiting times.

**Option 3** – Amend primary legislation to enable a 'registered healthcare professional' such as specialist nurses, who are qualified in a chosen area of practice, to provide replies to DVLA's medical questionnaires.

Option 3 is the preferred option in terms of amending the legislation. While option 2 would reduce the burden on doctors it would place an added time and cost burden on drivers. Option 3 would provide greater flexibility and remove an unnecessary burden, while maintaining at least an equivalent quality of service.

## 2.0 Rationale for De Minimis Rating

The proposal does have an impact on business as the service currently provided by doctors is outside of NHS contracts and is regarded as private work for which a fee is due. However, this proposal is permissive as it does nothing to prevent a business from continuing with the status quo. What the proposal does is provide flexibility for a business to use as they see fit, allowing them to delegate work appropriately if required.

There is no significant distributional impact as we are using established and existing business to provide the information and there is no transfer of responsibility to other business other than those in the health care profession. We do not expect a disproportionate burden on small health care businesses within the wider health care profession as the status quo will be maintained in that the work will be completed in house by whoever that business decides to allocate it to.

We do not envisage that the potential small indirect positive and negative impacts on individual businesses would lead to a significant overall impact on the primary care sector, as the potential savings and costs are extremely small and because this is a permissive change and individual businesses can decide whether they want to use the increased flexibility or maintain their current business processes.

Potentially, when the changes are established practices, there could be some small individualised social, environmental, financial, or economic impacts, however these would not be significant. The change is intended to reflect what the current situation is relating to the various health professional roles in clinical practice. As a result, we do not believe that the change is contentious or raises any significant new elements.

GPs' practices and hospital teams will have more flexibility in how they administer DVLA requests for information. Frequently, the questionnaires will continue to be dealt with by doctors, but practices will also be able to have them to be completed and signed by other healthcare professionals, thereby

reducing the burden on doctors and speeding up the process generally. This impact would be considered indirect and is estimated as being below the £5m threshold.

Some DVLA questionnaires, operating instructions and literature will need to be amended but there will be no associated cost for this as the roles and responsibilities of DVLA's Change Management Teams, in Drivers Medical and Service Management, are to ensure any new changes are implemented using well established change activities and processes. This initiative would form part of their work portfolio and will be prioritised appropriately.

We do not anticipate any impact on GPs' surgeries and hospital teams in terms of increased costs. However, it would be expected that there would be indirect time-saving benefits as more specialised healthcare professionals can complete the medical questionnaires rather than doctors and the benefit will be the difference in the cost of the service (that is, cost of doctors' time minus cost of specialist nurses time). While we have not included analysis in the NPV yet due to seeking further evidence, a range of estimates have been provided which rely on nearly all questionnaires shifting to other members of staff, which isn't likely to occur under this change.

If GPs' surgeries and hospital teams do apply the new permissions that would be an indirect benefit to the business practice. Where a medical practice takes up this option, there may be some indirect benefits such as a reduced burden on doctors' time and administration. This will also increase efficiency for DVLA who will receive information from the most appropriate health care professional. Driving licence applicants will benefit from faster case resolution.

The overall impact on businesses is expected to be below the £5m per year threshold given most of the impacts are indirect. Indicatively monetised impact calculations also suggest that these will be lower than this threshold, but more refined analysis will be presented after consultation.

## 3.0 Costs and Benefits

### Option 1 – Do Nothing

If the legislation is not changed to allow a wider pool of registered healthcare professionals to complete questionnaires, DVLA will still need to obtain medical information but it will only be doctors who are able to complete medical questionnaires.

DVLA's medical caseload is increasing year on year and the number of cases requiring medical input is increasing as a result. The impact of 'do nothing' would be most acutely felt by doctors, GPs surgeries and hospital teams, who will see more requests for questionnaire completion. The current legal requirements prevent GPs and hospital teams having the flexibility to administer their resources effectively to manage the conflicting priorities in clinical practice. The indirect time-saving benefits of having other registered healthcare professionals who can complete the questionnaires would be lost.

Drivers are also likely to be impacted by potential delays to the decision on whether they can be licensed to drive where clinical care is prioritised over questionnaire completion. This option does nothing to improve the current waiting time associated with the completion of DVLA's questionnaires.

### Option 2 – Amend Secondary Legislation

We could amend The Motor Vehicles (Driving Licences) Regulations 1999 - Regulation 75, to add to the list of medical conditions where information could be gathered through a medical examination instead of via a questionnaire. The law allows the Secretary of State to appoint an appropriate person, possibly someone other than a doctor to conduct the examination. This is currently how DVLA refers drivers for a vision test or an on-road driving assessment.

This may reduce a resource indirect time-saving burden on doctors. However, if drivers are required to be examined this would require accommodation for the examination and the direct costs that incurs. Examinations may be undertaken outside of a GP's surgery and by another party so the business may lose an income.

DVLA's costs would increase, as in most cases DVLA is responsible for paying not only the medical professionals cost, but also costs for the accommodation/facilities to undertake the examination. It is likely to have a negative effect on waiting times.

The requirement to undergo an examination would place a burden on drivers with health conditions. The gathering of data from doctors via questionnaire by DVLA has little effect on drivers and requires no effort from them. If the driver was required to make an appointment and attend an examination this would place a burden on drivers. There is also potential that an examination would take longer to arrange and so increase the time a driver waits for a licensing decision.

### **Option 3 – Amend Primary Legislation**

Amending the legislation to enable a 'registered healthcare professional' such as a Specialist nurse Practitioner/specialist and Specialist Nurse Consultant to complete DVLA medical questionnaires will provide greater flexibility to GPs' surgeries and hospital teams around how they manage these requests.

This is a permissive change and costs and benefits will only be experienced by those GPs' surgeries and hospital teams who choose to change the way that they currently deal with questionnaires from DVLA. We believe most of the costs will be one-off costs that will be experienced as a result of the transition to a new way of working. These indirect costs will be around the time taken to familiarise staff who administer the allocation of DVLA work and those who now can, but have not previously, completed questionnaires.

DVLA will see a small cost in familiarising staff with the new rules around who can complete questionnaires. There will also be a small cost in amending wording included in questionnaires that capture the treating healthcare professional's details and in amending the covering letter sent out with the questionnaires that currently advise that they cannot be completed by anyone other than a doctor. These amendments will be to system produced questionnaires and letters so there will be no stock wastage to consider.

#### **Summary**

##### **Monetised Costs**

- Where GPs' surgeries and hospital teams decide to take up new permissions, there may be some direct costs associated with training or familiarisation relating to the completion of questionnaires and administration. We will ask a question as part of the consultation to fully understand these costs. There will be some small costs to DVLA to familiarise staff with new permissions, as they will no longer have to reject questionnaires completed by the other healthcare professionals.

##### **Unmonetised Costs**

- We do not believe there are any unmonetised costs, but further clarity will be sought during consultation.

## Monetised Benefits

- Where GPs' surgeries and hospital teams use the new permissions, we believe there may be indirect cost benefits to the business based on the cost of doctors' time against the cost of other medical staff, for example specialist nursing staff. However, we intend to ask a specific question as part of the consultation to fully understand potential monetised benefits.

## Unmonetised Benefits

- There may be indirect monetised benefits, as having a wider pool of people who can complete questionnaires may mean that the waiting time for questionnaire completion is reduced and DVLA can make a decision sooner as a result. This has further benefits for individuals awaiting their decision and for haulage companies in having more drivers sooner.
- We expect that there may be administration benefits for GP surgeries and hospital teams as there may be less follow up contact from the DVLA by way of reminders and medical questionnaires that need to be returned to be completed and signed by a doctor. We hope to understand more of the unmonetised benefits through the responses to the consultation.

## Costs

### Transition Costs

- There will be no additional cost for implementing any new initiatives as the roles and responsibilities of existing employees within the Change Management Teams in Drivers Medical and Service Management at DVLA. Their role is to ensure any new changes are implemented using DVLA's well established change activities and processes. This initiative would form part of their work portfolio and will be prioritised appropriately and at no additional cost.
- GPs' surgeries and hospital teams may need to provide training to their staff on new permissions.

### On-going Costs

- We do not believe that there will be ongoing costs associated with this proposal. DVLA will not be sending any more questionnaires for completion and propose to pay the same fee regardless of who completes the questionnaire.

### Unmonetised Costs

- There may be some unmonetised costs associated with familiarising staff who have not been involved in the completion of questionnaires before depending on how surgeries or clinics intend to use the new permissions. For example, they may decide to deploy the added flexibility only as and when they need to so. We hope to understand more about the potential unmonetised ongoing costs through the responses to the consultation.

## Benefits

- Where GPs' surgeries and hospital teams use the new permissions, we believe there may be indirect cost benefits to the business based on the cost of doctors' time against the cost of other medical staff, for example specialist nursing staff. We currently lack evidence on the proportion of questionnaires that could be completed by other registered healthcare

professionals and the time saved to accurately monetise these benefits, but we are seeking responses to this as part of the consultation. Indicative values have been provided below to illustrate the DMA categorisation, but are not deemed appropriate to fully monetise at this stage.

- After we have received further information from the consultation, we will use wage estimates from the Annual Survey of Hours and Earnings (ASHE)<sup>i</sup>, applying the non-wage labour uplift (NWLU)<sup>ii</sup> of 26% to determine the differential in wage costs which form this benefit. Indicative analysis has been carried out below but will be updated for the final DMA post-consultation.

Healthcare Professional	Hourly pay (2020 prices)	NWLU	Total Hourly pay (2020 prices)	Time taken per questionnaire	Cost per questionnaire
Medical practitioners (doctor)	£31.97	26%	£40.28	45 minutes	£30.21
Specialist nurse	£18.27		£23.02		£17.27
<b>Net Difference</b>					<b>£12.95</b>

- Using the net difference in pay calculated above can then be applied to the number of questionnaires that would be in scope of being completed by an alternative professional. We have assumed these would be specialist nurses, but this assumption and the proportion of questionnaires who could be completed by alternative professionals will be tested during consultation. Given the uncertainty on the proportion in scope, we have presented a range in the table below to estimate the annual indirect cost saving to business.

Net cost saving per questionnaire	Number of questionnaires per year	Percentage in scope of savings	Total cost saving per year (£m)
£12.94	445,500	100%	£5.77
		75%	£4.33
		50%	£2.88
		25%	£1.44

- Based on the estimates above, the maximum total cost saving to business is £5.77m, however this is unlikely to be the scope of the benefits as the regulations are permissive in nature and not all businesses will utilise the flexibility, but a proportion of doctors would still continue to respond to the questionnaires. Further clarity will be provided at consultation but illustrates the likelihood of the De-Minimis rating as the net impacts are likely to be less than £5m per year.

#### Unmonetised Benefits

- There may be indirect monetised benefits for drivers with health conditions, as having a wider pool of people who can complete questionnaires may mean that waiting time for questionnaire completion is reduced and DVLA can make a decision sooner as a result.
- We expect that there may be administrative benefits for GP surgeries and hospital teams as there may be less follow up contact from DVLA by way of reminders and rejections. We hope to understand more of the unmonetised benefits through the responses to the consultation.

## Business Impact Target Calculations

Given the nature of the impacts outlined above, we are not able to monetise them until after the consultation has taken place. After the consultation, we will consider the evidence received and update the analysis and Business Impact Target calculations accordingly.

## Risks and unintended consequences

We do not believe that there are a great deal of risks and unintended consequences relating to this proposal, especially as the change would simply add flexibility to a current process. GPs' surgeries and hospital teams can embrace the change as much or as little as they want or need.

Questionnaires are designed to be completed from medical records and registered healthcare professionals with access to the medical record and the training to understand the medical record should be able to complete a questionnaire. There is a small risk that relevant information may not be provided by a specialist as they may not have a full generalist view of a driver's health. However, the questionnaires that are sent out are medical condition specific, for example, if a driver has both diabetes and a heart condition a separate questionnaire will be required for each condition. However, doctors can provide an objective view in cases of comorbidity that is, where there is a simultaneous presence of two or more diseases or medical conditions in a patient.

An unintended consequence of the proposal could be that the other healthcare professionals are disproportionately impacted by paperwork. We believe that this would be beyond our control as the allocation of requests will be entirely up to GPs surgeries or hospital teams who we intend to provide the flexibility to manage DVLA requests as best suits their needs.

We hope to understand more of the risks and the potential unintended consequences of the permissive proposal through the responses to the consultation.

A potential risk and cost are indemnity insurance cover for general practice. From 1 April 2019, NHS Resolution<sup>1</sup> has been operating a new state-backed indemnity scheme for general practice in England called the Clinical Negligence Scheme for General Practice (CNSGP) and everyone working in general practice will be automatically covered in relation to NHS services.

CNSGP does not cover non-NHS work and GPs may need to clarify with their indemnity provider what cover is included for GPs and ancillary staff in providing this service. It may be necessary for these individuals (ANP, Specialist nurses, HCAs Paramedics etc) to obtain cover for professional representation and additional indemnity cover for any private work they are undertaking on behalf of the practice.

It is not known at this stage what additional costs GPs and other health care professionals may incur in indemnity cover.

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<sup>1</sup> [NHS Resolution](#)

## Wider impacts

### Equalities Impact Assessment

DVLA is an Executive Agency of the Department for Transport. We register vehicles for the UK and issue licences for drivers in Great Britain, and where necessary conduct enquiries into the medical conditions of drivers.

All licence holders and applicants are entitled to protection from unlawful discrimination under the Equality Act 2010 in relation to the following 'protected characteristics':

- age
- disability
- gender reassignment
- pregnancy and maternity (which includes breastfeeding)
- race
- religion and belief
- sex
- sexual orientation
- marriage and civil partnership

DVLA recognises the importance of driving and holding a driving licence and the equality of opportunity to do so, however, all licensing decisions consider the impact of medical conditions and disabilities in the context of safe driving, the legislation and DVLA's statutory duties.

DVLA has not been able to identify any evidence that the proposal discriminates against any of the 'protected characteristics' relevant to equality duties. Overall, the proposed measures reduce waiting times and lessens any discrimination associated with the questionnaire process. DVLA is satisfied that decisions impact in a fair way; that they are based on the available medical evidence; that decision making is transparent, and we continue to work in partnership with patient groups, medical practitioners and stakeholders to collaborate and co-ordinate on the current medical standards for driving.

	Positive Impact	Negative Impact	Neutral Impact	Reason
Age			X	No impact
Disability			X	No impact
Gender reassignment			X	No impact
Pregnancy and maternity			X	No impact
Race			X	No impact
Religion and belief			X	No impact
Sex			X	No impact
Sexual orientation			X	No impact

## Small and Micro Businesses Assessment (SAMBA)

As per the impact assessment, the main impacted group are GPs' surgeries who currently deal with the medical questionnaires who may delegate to other healthcare professionals should they decide to. Under the Regulatory Policy Committee (RPC) guidance, GPs' surgeries would be considered as a business and would be in scope of a SAMBA.

Based on the Business Population Estimates, using code 862, which covers both medical and dental practice activities, estimates on the number of businesses are below. Although dental practices aren't in scope here, the estimates aren't disaggregated further than this, so the overall percentages will be used for this assessment (and assuming these are proportional between medical and dental practices).

<b>862 Medical and dental practice activities</b>	<b>Number of businesses</b>	<b>Employment (percent)</b>	<b>Businesses (percent)</b>
Micro (1-9 employees)	15,450	22.9	64.2
Small (10-49 employees)	8,145	57.0	33.8
Medium (50-249 employees)	445	11.8	1.8
Large (250 or more employees)	30	8.0	0.1
<b>Total</b>	<b>24,070</b>	<b>100</b>	<b>100</b>

Based on the information in the table above, around 98% of the businesses are within the small and micro businesses category, which accounts for 80% of those employed in the sector. While this might be skewed by smaller dental practices included in this category, there are no further disaggregation's available.

This information shows that small businesses (GPs) are likely to be disproportionately impacted by the measure. However, given the permissive nature of the regulatory change, it is expected to reduce the burden associated with answering the medical questionnaires, as responding to these can be delegated to other specialist healthcare professionals and receive the benefits in doing so. While there might be some additional familiarisation costs or burden associated, in line with the analysis undertaken, the overall impact is expected to be beneficial to businesses. This is a permissive change and allows those in scope to continue with their current working practices if they choose to, resulting in no costs or benefits. Businesses are only likely to implement a change in their working practice, that this proposal will facilitate, where they assess that benefits outweigh the costs. On this basis we do not propose to allow any exemptions for small and micro businesses.

## Trade Impact

The proposals do not impact on reciprocal recognition or exchange of EU member states or reciprocal licence exchange of designated countries.

## 4.0 Post implementation review

1. **Review status:** Please classify with an 'x' and provide any explanations below.

<input type="checkbox"/>	Sunset clause	<input type="checkbox"/>	Other review clause	<input type="checkbox"/>	Political commitment	<input type="checkbox"/>	Other reason	<input checked="" type="checkbox"/>	No plan to review
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Statutory review not required.

2. **Expected review date** (month and year, xx/xx):

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Five years from when the Regulations come into force

3. **Rationale for PIR approach:**

### Rationale for not conducting a PIR:

A PIR is not required as the overarching minimum health standards are still applicable, all licence holders and applicants must meet the standards specified in law and holders of driving licences and licence applicants must inform DVLA at any time of a medical condition that may affect safe driving.

The proposal to amend the law in no way affects DVLA's statutory requirement to investigate the impact of a medical condition on safe driving. The proposal only impacts on the administrative means of obtaining relevant medical information from healthcare professionals.

## Annex B: Consultation questions

This consultation is being hosted by DVLA SNAP Surveys Ltd and can be responded to by clicking on the following link:

**<https://online1.snapsurveys.com/vz5zbd>**

If you would prefer to view the questions or submit your response in an alternative format, please contact:

**[DVLAHealthProfessionalsInitiative@dvla.gov.uk](mailto:DVLAHealthProfessionalsInitiative@dvla.gov.uk)**

## Annex C: Consultation principles

The consultation is being conducted in line with the Government's key consultation principles which are listed below. Further information is available at [www.gov.uk/government/publications/consultation-principles-guidance](http://www.gov.uk/government/publications/consultation-principles-guidance)

If you have any comments about the consultation process, please contact:

Consultation Co-ordinator  
Department for Transport  
Zone 1/29 Great Minster House  
London SW1P 4DR  
Email [consultation@dft.gov.uk](mailto:consultation@dft.gov.uk)

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