



Driver & Vehicle
Licensing
Agency

Driver and Vehicle Licensing Agency Call for Evidence

Driver licensing for people with
medical conditions

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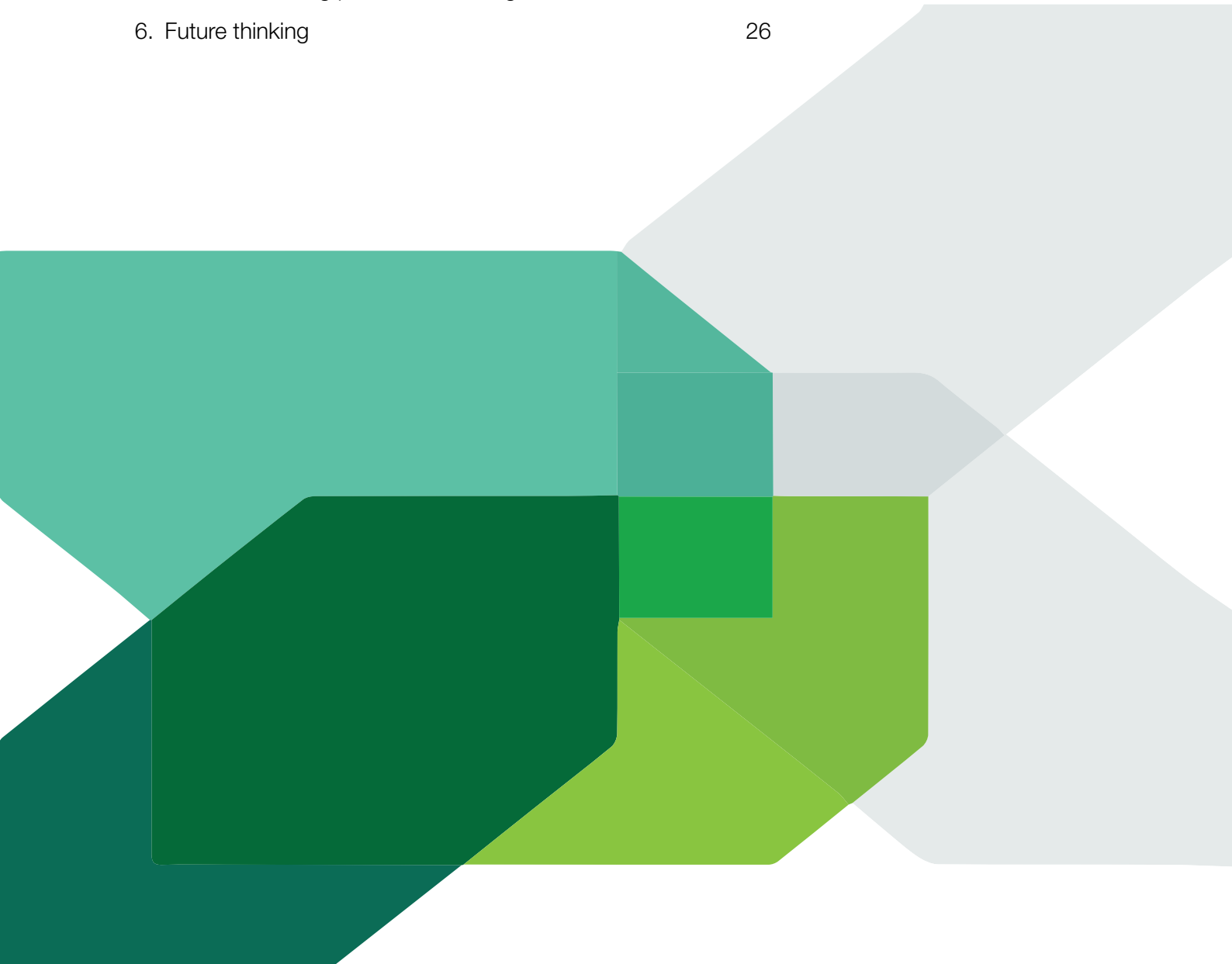


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Foreword

As Roads Minister, the safety of all road users is one of my key priorities. While many factors contribute to road safety, the health and fitness of drivers is a very important consideration. Driving a vehicle is a complex task which involves perceptions, using good judgement, adequate response times and appropriate physical capability.

A range of medical conditions, disabilities and treatments can affect an individual's ability to safely control a vehicle. All drivers are therefore legally obliged to tell the Driver and Vehicle Licensing Agency (DVLA) about any medical condition that affects their ability to drive. This is vital in helping to make sure that their health does not unduly increase their risk of having a road traffic accident which could cause injury or death to themselves and other road users.

DVLA is responsible for driver licensing in Great Britain (GB). As the volume and complexity of driving licence applications or renewals where the applicant has one or more medical condition increases, the government believes that the time is right to review the existing legal framework. However, we recognise that there are many people and organisations with a wide range of expertise that might have views or ideas that they wish to share and that is why we are launching this call for evidence. We want to understand any opportunities for change in this area and we need your help with that.

The aim of this call for evidence is to tap into a wide range of experience, views, and research to help us to identify areas where policy or legislative changes may be able to improve outcomes for drivers and other road users.

Richard Holden MP, Minister for Roads and Local Transport

Executive summary

DVLA determines medical fitness to drive for holders of and applicants for driving licences relating to all classes of vehicle in GB (driver licensing is devolved in Northern Ireland).

DVLA administers this statutory function on behalf of the Secretary of State for Transport, who is ultimately responsible for deciding whether the holder or applicant for a driving licence meets the required medical standards for driving. 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. It is important that licensing decisions are made based on the correct information and strike the right balance between the road safety risks and the needs of a driver to maintain mobility.

This call for evidence explains the current driver licensing framework and provides an insight into other countries' medical licencing processes. This is not a consultation on developed proposals, but rather an early-stage request for input to help formulate proposals that could support potential future changes to the legislative framework.

How to respond

The call for evidence period began on 31 July and will run until 22 October.

When responding to this call for evidence, it will be helpful if you give some information about yourself. Please tell us 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.

In answering the questions, please provide any practical examples, relevant data, research evidence or experience that support your views.

Do not feel obliged to reply to all the questions.

You can respond to this call for evidence using the DVLA SNAP Survey Ltd tool at:

<https://online1.snapsurveys.com/s3dxzw>

Alternatively, you can respond by emailing us at:

CFE.meddriverlicensing@dvla.gov.uk

Or you can post your response to:

**Driver Licensing Policy
Call for Evidence
C2 East
DVLA
Swansea
SA6 7JL**

Please make sure that your response reaches us before the closing date. You can contact CFE.meddriverlicensing@dvla.gov.uk if you need alternative formats (for example, paper copies, audio CD).

Freedom of Information

Information provided in response to this call for evidence 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 call for evidence by DVLA, an executive agency of the Department for Transport (DfT), is to gather opinions to inform our view when considering potential changes to the existing medical licensing framework and process.

In this call for evidence, we are asking for:

- your name and email, in case we need to contact you about your responses (you do not have to give us personal information, but if you do provide it, we will use it only for the purpose of asking follow-up questions if we need to)

For organisations, we are asking for:

- a brief description of your organisation to better understand the relationship between your organisation's work and the topic

This call for evidence and the processing of personal data that it entails is necessary for the exercise of our functions as a government department. If your answers contain any information that allows you to be identified, DVLA will, under data protection law, be the controller for this information.

If responding to this call for evidence online, your personal data will be processed on behalf of DVLA by SNAP Surveys Ltd, which runs the survey collection software. SNAP Surveys Ltd. hosts the survey collection only, and your personal data will not be shared with any other third parties. If you want to understand how your data is used by SNAP Surveys Ltd, you may wish to [read their privacy statement](#).

Your 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.

We will not use your name or other personal details that could identify you when we report the results of the call for evidence. Any information you give will be kept securely and destroyed within 12 months of the closing date. Any information given through the online questionnaire will be moved to our internal systems within two months of the call for evidence period end date.

[DVLA's privacy policy](#) has more information about your rights in relation to your personal data, how to complain and how to contact the Data Protection Manager.

1. Introduction

History of medical licensing

1.1 Driving licences have been needed since 1903 for the purpose of identifying a driver. The concept of medical fitness was developed during the First World War, when concern was expressed about the fitness of motor cab, bus or tram drivers who had lost a limb or an eye. In 1916, a parliamentary committee considered such disabilities incompatible with the safety of passengers.

1.2 It was not until 1930 that a minimum age for driving licences was introduced and in the same year a form of driving test was introduced specifically for disabled drivers. Driving tests for cars did not become compulsory for all drivers until 1935 and these incorporated a visual acuity test in the form of the ability to read a number plate at a prescribed distance. This aspect remains in place today as part of the driving test. One of the factors that influenced the introduction of the driving test was that with only 1.5 million registered vehicles in 1934, there were 7,000 deaths in road accidents.

1.3 Epilepsy was the first medical condition to be identified as a potential bar to being issued with a driving licence. This remained the situation, with a few exceptions, until the 1960s when ministers established a panel of experts to consider allowing persons with epilepsy to drive. In 1970, the panel's recommendation that driving could be permitted after three years of being free from seizures came into effect, the forerunner of present-day epilepsy rules.

1.4 Until 1973, when DVLA began registering and licensing all drivers and vehicles, driving licences were issued by local authorities and had to be renewed every three years. In 1971, the decision was taken to centralise and computerise the driver licensing system and to extend the validity of driving entitlement up to the driver's 70th birthday. Licences could then be extended further at intervals if drivers met the health standards. In 1999, photocard driving licences were introduced with an administrative validity of ten years. Drivers are required to update their photograph when they renew their licence every ten years.

Drivers medical licensing and the law

1.5 Certain medical conditions and episodes of illness are potentially debilitating for drivers. The law currently says that having certain medical conditions will lead to an individual being issued with a driving licence of restricted duration so drivers can be reviewed at regular intervals.

1.6 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).

1.7 In addition, DVLA has published on GOV.UK an [A-Z of health conditions](#) that applicants and drivers can check to understand whether they need to tell DVLA about their condition. There are 189 medical conditions included in the A-Z. This is not exhaustive as a list, but it should be noted that not all medical conditions need to be notified and the law specifically excludes notification of a medical condition that will last for less than three months, for example a straightforward limb injury that will be resolved within that period.

1.8 The Secretary of State for Transport (in practice DVLA acting on their behalf) is responsible for establishing if the medical standards for driving are met or not. DVLA must be satisfied, following an enquiry, that a driver can meet the appropriate health standards before a licence is issued. DVLA's enquiry can range from the consideration of information given by the driver or applicant to a more detailed investigation which can include information given by medical professionals, reports, or examinations.

1.9 A driver or applicant is legally required to co-operate with a DVLA medical investigation, providing information, authorisation for their healthcare professionals to release medical information to DVLA and by attending any medical or driving assessments that may be needed as part of the investigation. DVLA is legally obliged to pay fees for reports or examinations needed as part of this investigation.¹

1.10 The medical licensing process is based on the following key legislation:

[Sections 92 to 96 of the Road Traffic Act 1988](#) contain the overarching legislation that covers the statutory requirements around fitness to drive and DVLA's obligations to make medical enquiries. Each section is summarised below:

Section 92

- Defines those medical conditions which are 'relevant' and 'prospective' disabilities for driver licensing purposes.
- Contains the requirement to declare on application whether a licence holder or applicant has a relevant or prospective disability.
- Places the onus on the Secretary of State for Transport to refuse to issue a driving licence where it appears from a declaration that the licence holder or applicant is suffering from a relevant disability.

Section 93

Provides the power for the Secretary of State to:

- Revoke a current driving licence if satisfied after enquiries are made that the licence holder is suffering from a relevant disability.
- Revoke an existing licence and issue a new licence of restricted duration (between one and 10 years) to allow for regular review.

¹ The law specifically excludes examinations required as part of the High-Risk Offenders scheme for those applying for a licence after committing certain drink driving offences.

Section 94

- Provides the requirement for a licence holder to inform the Secretary of State at any time of a previously undisclosed relevant or prospective disability and to notify in writing of the nature and extent.
- 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.
- Grants the Secretary of State the power to refuse an application for or revoke an existing licence if the applicant or licence holder fails to comply with a requirement to provide authorisation or attend a medical examination or driving assessment.
- Requires the Secretary of State to pay for any reports or medical examinations commissioned from a doctor.
- Section 94A provides for a driver to be guilty of an offence if they drive after their driving licence application has been refused or their existing licence revoked.

Section 95

- Provides for an insurer to notify the Secretary of State of a driver's state of health if they refuse to grant them an insurance policy on health grounds.

Section 96

- Provides for a driver to be guilty of an offence if they drive with uncorrected defective eyesight.

Motor Vehicles (Driving Licences) Regulations 1999 Regulations 70 to 75

- Explains the prescribed conditions for both drivers of cars and motorcycles (Group 1) and buses and lorries (Group 2).
- Lays out the minimum eyesight standards for all drivers.
- Provides the requirements that need to be met for diabetes and epilepsy.
- Sets out the detail of the High-Risk Offender scheme for those drivers disqualified for certain drink drive offences.
- Allows the Secretary of State to require that the applicant or licence holder be examined by a nominated officer. These examinations include driving assessments where there is a limb disability, or visual acuity and/or field tests with an optometrist, or number plate test with the DVSA where there is a medical condition affecting eyesight.

Call for evidence questions

1a What are your views of the legal obligations or responsibilities placed on:

- i. the Secretary of State for Transport and DVLA
- ii. drivers and applicants
- iii. healthcare professionals

1b Do you think any specific part of the law should be changed and can you provide evidence to support your views?

The medical standards of fitness to drive

1.11 The medical standards relating to eyesight, hearing, reduced function or mobility, cardiovascular diseases, diabetes mellitus, neurological diseases, mental disorders, alcohol, drugs and medicinal products, renal disorders and miscellaneous conditions that could potentially cause functional incapacity affecting road safety, are provided for in legislation or dealt with administratively by their inclusion in the [AFTD guidance](#).

1.12 The main purpose of the AFTD guidance is to advise healthcare professionals on the medical standards of fitness to drive. It gives the foundation on which members of the medical profession advise individuals if any medical condition they may have could affect their ability to drive a vehicle safely, or whether the driver needs to notify DVLA.

1.13 The medical standards are reviewed regularly by the Secretary of State for Transport's Honorary Medical Advisory panels, which consider the scientific and technical progress in diagnosis and treatment of medical conditions in relation to driving. There are six medical panels which comprise of medical experts, and they work closely with DVLA to help shape legislation, policy, and guidelines for drivers. The six panels give advice in the following areas:

- Psychiatric Disorders
- Diabetes Mellitus
- Visual Disorders
- Disorders of the Nervous System
- Disorders of the Cardiovascular System
- Alcohol, Drug and Substance Misuse

Licence groups

1.14 Driving licences are categorised into two groups. Cars, light vans, and motorcycles are categorised as Group 1 and buses and lorries are Group 2. All driving licence applicants must declare on their application whether they have any of the medical conditions listed and that they can also meet the minimum eyesight standards for driving.

1.15 There are stricter medical standards for drivers of lorries and buses. This group of drivers must meet the minimum standards required for group 1 licensing plus additional standards that are needed for driving larger vehicles. Stricter standards are in place for drivers of Group 2 vehicles because these vehicles are generally larger, often carry passengers and because the drivers are likely to spend more time on the roads during their occupation.

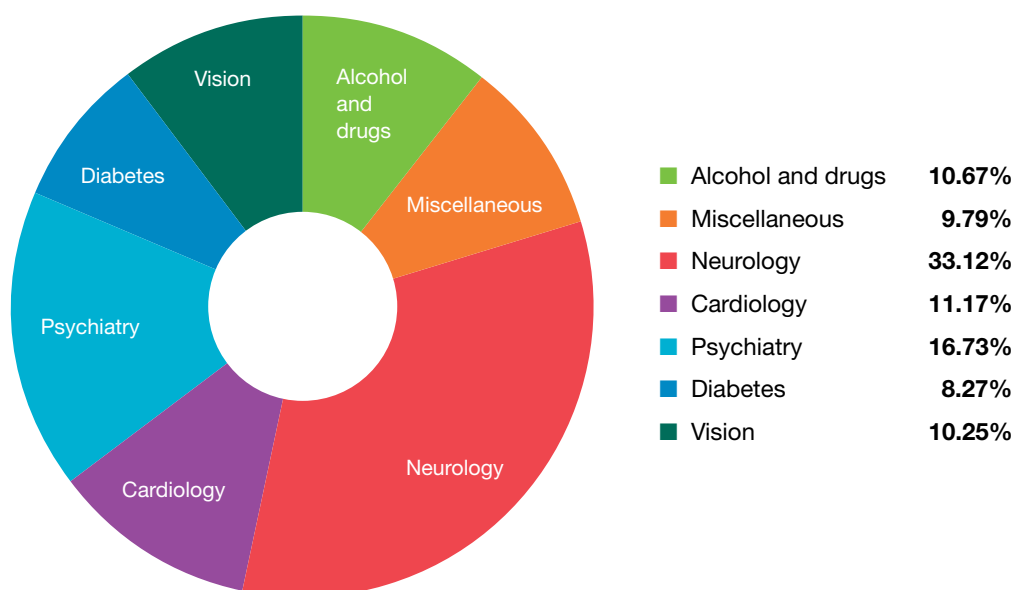
1.16 Group 2 drivers must provide and pay for a D4 medical examination report which must be submitted along with their application form when they first apply for a licence. Since 19 January 2013, new applicants for a group 2 licence are required to renew their bus or lorry licence every five years. Drivers under the age of 45 must provide a self-declaration about their health when they renew. A D4 medical examination report is also required when a Group 2 driver reaches the age of 45 and then every five years thereafter until the driver reaches the age of 65, at which point a Group 2 driving licence must be renewed annually. Where a medical condition is identified as part of the renewal process, DVLA is responsible for investigating, obtaining, and paying for any further medical information needed to establish whether the relevant health standards can be met.

Drivers medical licensing process

1.17 There are currently 50 million driving licence holders in GB and more than two million drivers have declared medical conditions. In 2022 to 2023, DVLA made 873,579 medical licensing decisions. DVLA has a dedicated Drivers Medical department of more than 900 staff who process medical applications and assess fitness to drive. This team includes 42 doctors and seven nurses.

1.18 Currently, the law places a legal obligation on a driver to tell DVLA if a new medical condition develops or if an existing medical condition gets worse. A driver can notify DVLA of a change in their health in many ways, including online, email, by post and telephone. The AFTD guidance supports doctors so that they can advise their patients if they should notify DVLA of a medical condition. DVLA, on behalf of the Secretary of State for Transport, is responsible for investigating each notification to determine if a driver's medical condition will affect their ability to drive safely.

1.19 The chart below shows the percentage and types of medical conditions that DVLA is currently investigating as of 25 January 2023.



1.20 When notified about a medical condition, DVLA must assess whether the individual can meet the required medical standards for driving. If the driver is found to be suffering from a medical condition that may impair driving, this can result in their licence being revoked, a shorter period licence being issued, or a long-term licence (valid until the driver reaches the age of 70) being issued.

1.21 The current 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.

1.22 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 one medical condition it may be necessary to investigate each medical condition in this way.

1.23 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.

1.24 DVLA takes a structured approach when assessing a person's fitness to drive and medical applications or notifications are addressed at different levels, according to how much information is needed to make a licensing decision.

1.25 The most straightforward cases can be resolved following consideration of the information provided by the driver or applicant. The most difficult cases to resolve include those where drivers either have complex or multiple medical conditions. These may need consideration by more experienced caseworkers or DVLA's nurses and doctors. The more complex cases will usually require further information from a healthcare professional, for example a doctor or consultant.

1.26 DVLA pays for all tests, examinations, medical reports, and medical questionnaires commissioned from doctors or other healthcare professionals. DVLA also pays for driving assessments. The exceptions to this are the examinations needed by someone who falls into the High-Risk Offenders scheme (someone applying for a licence after committing certain drink driving offences) where payment by DVLA is excluded by law and for the standard D4 medical assessments needed by all bus and lorry drivers, regardless of health. DVLA also has a network of franchised doctors, independent diabetes assessors and optometrists who carry out certain medical examinations on its behalf.

Changes to legislation

1.27 In GB, the regulations and medical standards relating to fitness to drive are managed by DVLA and supported by expert medical advisory panels. DVLA regularly reviews its driver licensing policies and legislation in line with the advice from the panels to ensure that it keeps up with medical advancements. Although DVLA has made changes to the law to reflect changes in clinical practice, the basic principles of the legal framework underpinning the medical licensing process are unchanged and must still be applied.

1.28 In 2018, DVLA changed the law to allow drivers of cars and motorcycles (Group 1) to use continuous glucose monitoring systems to monitor their glucose levels at times relevant to driving. Previously drivers were required by law to undertake blood glucose monitoring using the traditional 'finger prick' test involving the extraction of blood every two hours. This legislative change has greatly improved the driver licensing requirements for Group 1 drivers with diabetes by allowing them to use alternative methods to effectively monitor their glucose levels.

1.29 To reduce the administrative burden on NHS doctors and improve turnaround times for customers, DVLA changed the law in July 2022 to widen the pool of registered healthcare professionals, for example to include specialist nurses, who can provide information to DVLA. This could only previously be done by a doctor. This change provides greater flexibility for individual GP surgeries and hospital teams in the way they manage DVLA's requests for medical information. This change will help to reduce the time it takes for DVLA to receive medical information.

2. What other countries do

2.1 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.² 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.

2.2 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 cap the fee that can be charged for the medical evidence needed for a driving licence application while others may allow the applicant to claim back the fees in limited circumstances.

2.3 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.

2.4 The following paragraphs set out the practice in GB and other selected countries of assessing fitness to drive of those with ordinary (car and motorcycle) entitlement.

² [Are medical fitness to drive procedures fit for purpose? \(PIN Flash 40\).](#)

Great Britain

2.5 The medical driver licensing legislative framework in GB is based on an initial self-declaration. 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. This application form does not need to be signed by a healthcare professional.

2.6 If the applicant does have a notifiable medical condition, DVLA will initiate medical investigations and send them a medical condition specific questionnaire for completion. If further information is needed, DVLA may contact the applicant's own doctor or consultant, arrange for the applicant to be examined by a doctor, consultant or specialist or ask the applicant to undergo a driving assessment, eyesight or driving test. DVLA pays all the costs associated with medical investigations, including fees for the provision of information from GPs, consultants and healthcare professionals as this is a private service provided by GP surgeries and hospitals and is not part of the NHS contract.

2.7 Once DVLA is satisfied that all the relevant medical information has been gathered, a decision will be taken in accordance with the medical standards of fitness to drive about whether a licence can be issued.

Germany

2.8 Germany does not require an applicant for a car or motorcycle driving licence to make a health declaration, however, they must undergo an eyesight test when first applying for a driving licence. The eyesight test is carried out by a suitably qualified eyesight centre, who will issue the applicant with a certificate which indicates if they have suitable vision or need corrective lenses. If the applicant fails the eyesight test, they need to obtain a further report from an ophthalmologist and must present this to the driving licence authorities. The applicant is required to pay for all certificates or reports. If the report is favourable, the licensing authority will issue a driving licence of 15 years validity.

2.9 Germany does not routinely screen the driving population once they have been granted their driving licence, including when they are older. Instead, drivers are relied upon, or medical professionals are obliged to report health conditions which may affect fitness to drive, to the licensing authorities. Such reporting will trigger an initial medical fitness to drive assessment.

2.10 A driver will be expected to attend a medical examination with an independent traffic doctor at a specialist centre, to decide if the applicant is fit to drive, or if a driving assessment is needed. The traffic doctor will submit a report to the licensing authority with their decision. If the applicant has a medical condition, they will be issued with a conditional driving licence and must undergo regular medical fitness to drive screening each time their driving licence needs to be renewed. Applicants for a driving licence are required to pay the medical examiner or traffic doctor directly for medical examinations and eyesight tests.

Finland

2.11 In Finland, applicants will have their medical fitness to drive checked when they first apply for a driving licence and each time they renew their driving licence. They are required to have an examination and eye test with their own doctor and, where necessary, a further examination by a specialist consultant. Where a driver meets the appropriate health standards, they will be issued with a certificate that they will provide with their driving licence application to the licensing authority. No driving licence application can be made to the licensing authority without a medical certificate. All fees associated with evidencing fitness to drive are paid by the applicant and are capped as long as they are undertaken under their public health system. Fees for private examinations are not fixed.

2.12 Once issued with a licence, drivers must have an eyesight test at the age of 45. A medical examination is needed when the licence is renewed at the age of 70 and every five years after that. The licence can also be renewed for a period less than five years where needed. There is no legal requirement for drivers or their doctors to notify the licensing authority of a health condition. At any time during the validity of a driving licence, the police may order a driver to submit a new medical certificate completed by a doctor or specialist, to retake the practical driving test or to take a driving skills reassessment if there is reason to believe that the licence holder no longer fulfils the health requirements for driving.

Denmark

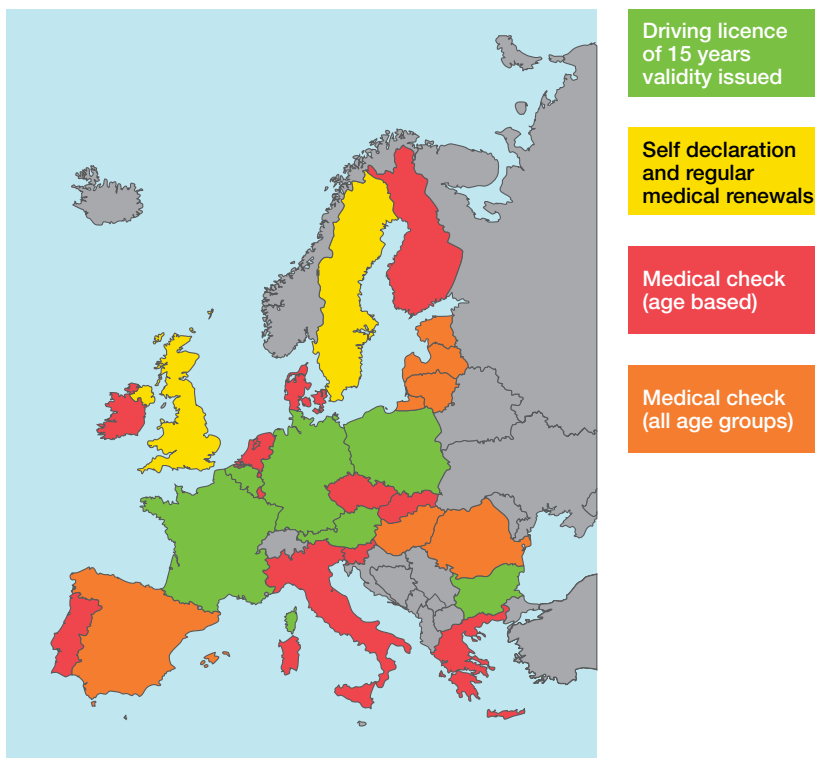
2.13 All those applying for their first driving licence need to provide a medical certificate based on a self-declaration, medical examination, and eye test. If the examining doctor is undecided or has concerns, the consideration of medical fitness will fall to the licensing authority. The licensing authority may need additional information and may request certificates or other information from specialists, further examinations, and a driving test. The costs incurred in obtaining the medical certificate and any other reports are paid for by the applicant, are not fixed and may vary depending on what examinations are required.

2.14 There are no regular follow-up assessments of health for those who meet the requirements to be issued with a driving licence and drivers are issued with a driving licence that is valid for 15 years. It is the driver who is responsible for notifying the licensing authority if they develop a medical condition that affects fitness to drive during the currency of the licence. A medical certificate is needed by all drivers at the ages of 70, 75 and then every two years. However, a driving licence can be issued for a shorter period if the applicant's health requires this. Only those drivers with specific medical conditions must undergo regular medical assessment each time their driving licence needs to be renewed. A conditional driving licence will be granted with a limited validity of between one and 15 years by the driver licensing authority, to assess whether the medical condition worsens over time. The medical certificate, and any further evidence needed is paid for by the applicant.

Spain

2.15 All drivers in Spain undergo regular medical screening every ten years and then every five years from age 65 at specialist driver testing centres. When applying for the first time or when renewing their licence, a psychophysical examination at one of the many Driver Recognition Centres is needed. Applicants will need to undergo several tests, carried out by a doctor, ophthalmologist, and psychologist. The test takes around 20 minutes, and there are two steps to the assessment. There is a basic level for all drivers and applicants and then a specific protocol only when a medical condition that may affect driving is observed or reported. In all tests, the outcome will be a pass or fail. A driver can retake the tests at a different driving centre and if they pass the result would need to be checked by a third centre. The applicant pays the fee for the examination. Applicants who pass the medical screening are issued a driving licence of 10 years duration.

2.16 The map below shows the distribution of countries across Europe and the four broad approaches to driver licensing and assessing medical fitness to drive.



a) The countries shown in green (France, Germany, Austria, Belgium, Bulgaria, France, and Poland) do not need a person to make a health declaration when they first apply for a driving licence. Instead, they are required to have a mandatory eyesight test, and provide a certificate or report upfront to the licensing authority with their driving licence application. Applicants are usually issued with a driving licence of 15 years validity, unless they come to the attention of the licensing authority, either by self-reporting a medical condition, failing a test, are reported to the licensing authority by their doctor, or come to the attention of the police through road traffic offences. Applicants and drivers are required to pay for all certificates and reports that support their application for a driving licence.

b) The countries shown in yellow (United Kingdom, Sweden) need a person to make a health declaration when they first apply and when they next renew their driving licence. All applicants and drivers are required to self-report a medical or eyesight condition that may affect their ability to drive safely. Only once the licensing authority are notified of a health condition, will they carry out, and pay for, medical investigations into a person's fitness to drive.

c) The countries shown in red (Italy, Portugal, Czech Republic, Luxembourg, Greece, Slovakia, Cyprus, Denmark, Finland, Malta, Slovenia, The Netherlands) need all drivers to have a medical assessment with a doctor when they first apply for a driving licence and when they next renew their driving entitlement. Applicants are required to pay for these medical assessments and must provide a certificate or report to the driving licence authority, who will decide if a driving licence can be issued. The medical checks are age based, for example, Italy and Portugal require all drivers at the age of 50 to have a medical check before applying to renew their driving licence, regardless of whether they have a medical condition.

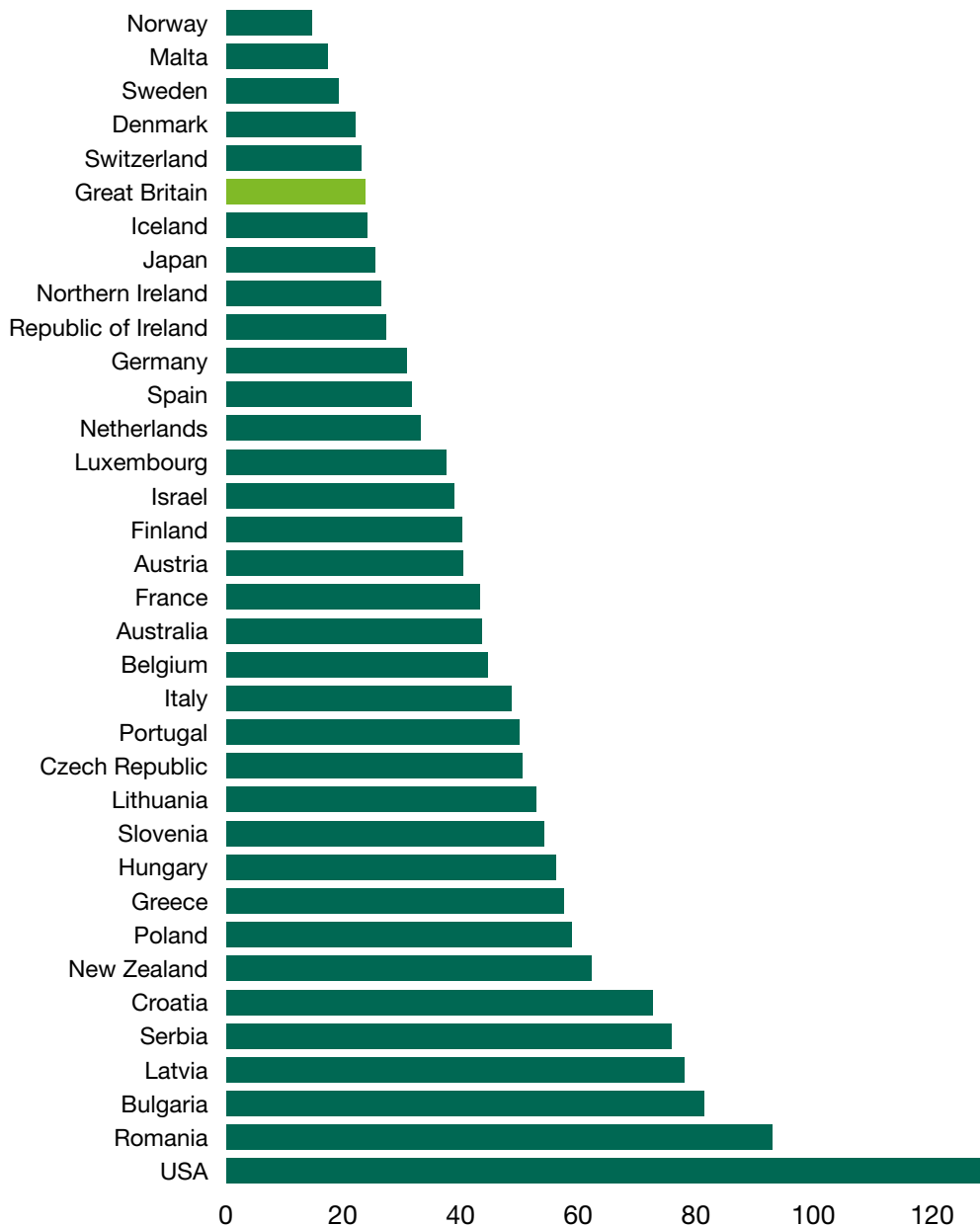
d) The countries shown in orange (Romania, Hungary, Lithuania, Latvia, Estonia and Spain) need a person to have a medical examination when they first apply for a driving licence. The examining doctor decides if an individual is fit to drive and informs the licensing authority when a person passes or fails. Driving licences are only issued to those who pass the medical examination, for a ten-year period. All drivers are required to have further medical examinations each time they renew their driving licence.

International comparison of road accident statistics

2.17 It is known that some road accidents involve drivers who have a medical condition, but there is very little data on whether the medical condition or event was a cause or contributory factor in the accident or whether it played no part at all. For example, there are circumstances where drivers involved in fatal accidents have had a medical event, for example, a heart attack, but it is impossible to know whether that was the cause of the collision or whether it occurred immediately afterwards because of the collision.

2.18 Road collisions can occur for a wide range of reasons, including road user behaviour and the roads and vehicles involved. However, the 'Reported Road Casualties for Great Britain Annual Report 2021' gives useful comparisons of road fatalities per million population between countries in Europe. This report shows that road fatality figures for GB have been among the lowest in the world for many years. In 2021, GB had the fifth lowest rate of road fatalities per million people among European countries with a population over one million, behind Norway, Sweden, Denmark and Switzerland. It is important to note, however, that there is no data on the impact of medical conditions on road accidents, so it is very difficult to draw firm conclusions about the impact of different medical driving licensing regimes on accident statistics.

Road deaths per million population by country 2021



Call for evidence questions

- 2a If you have experience of medical driver licensing from another country, please tell us about it.
- 2b What are your views on Great Britain's (GB) approach to driver licensing?
- 2c Do you think GB should consider adopting a different approach? Please explain your reasons and provide any evidence to support your views.

3. Other sectors where medical fitness is assessed

3.1 There are other examples where the ongoing fitness of an individual for their role needs to be assessed in the United Kingdom.

Civil Aviation Authority (CAA)

3.2 There are 62,000 licensed pilots in the UK, 43,000 of whom are private (recreational) pilots. Prior to applying for a licence, they must have completed a training course at an approved training organisation. There are various requirements depending on the type of licence applied for.

3.3 The application process is currently online and requires the applicant to have certain documentation certified by authorised parties and to submit these with the application, including a medical certificate. For light aircraft, the certificate can be obtained from a GP. However, if a medical condition is identified or notified then the applicant must be referred to an aeromedical examiner (AME). Medicals need to be renewed every five years for pilots under 40 and every two years for those over 40.

3.4 Medical certificates for commercial pilots are more stringent and an examination must be carried out by an AME. Aeromedical Centres are specially approved medical facilities authorised to issue medical certificates for pilots. The examination and required tests take approximately half a day and include medical history, eyesight, physical examination, Electrocardiogram (ECG), lung function test, haemoglobin blood test, urine test. Further tests are needed if a medical condition is identified.

3.5 There are set charges for examinations and tests which are payable by the applicant. For example, the cost of a new or initial appointment for the medical certificate for class 1 is around £620, a renewal is £186 plus the cost of an ECG and/or audiogram if required. An initial Class 2 medical certificate is around £225 and renewal £165 plus the cost of an ECG if needed.

3.6 If all the requirements are met at the examination the appropriate certification can be issued the same day. If further information is needed, it will take longer for the certificate to be issued.

3.7 Medical certificates can be issued with some limitations or restrictions where applicants do not meet the minimum standards, these can be explained in more detail by the AME.

Maritime and Coastguard Agency (MCA)

3.8 In 2021, there were an estimated 21,970 UK nationals active at sea. Any person, who works in any capacity on board a ship and whose normal place of work is on a ship will need a medical certificate or a medical certificate and medical report, depending on their role. A seafarer needs a medical certificate to make sure that they are fit for the job they are doing on a day-to-day basis, and during emergencies. A medical examination will establish whether there is a health condition that could result in someone needing urgent treatment, or potentially put fellow crew or passengers' lives at risk at sea. Medical practitioners approved by the MCA, known as "Approved Doctors", carry out the medical examination required by law.

3.9 It is the responsibility of the Approved Doctor to determine a seafarer's health meets the statutory medical and eyesight standards. The standards provide some flexibility to reflect relative risk and enables Approved Doctors to take some account of particular circumstances, such as the distance the seafarer will be from medical care, and the normal duties and requirements for crew members.

3.10 The ENG1 medical examination takes about 45 minutes. The cost is set in law at £115 and is paid by an employer. If extra tests are needed, the Approved Doctor can charge more.

3.11 Certificates are valid for two years for those over 18 (one year under 18) and can be shorter based on the recommendation of the examining doctor. The examining doctor may also record restrictions or conditions on the certificate, for example, in terms of geographical area.

3.12 If a seafarer passes the ENG1 examination, a certificate will usually be issued on the day of the examination. If the Approved Doctor has any concerns about medical fitness and needs to get additional medical information or seek advice from MCA chief medical adviser, a 'temporarily unfit certificate' will be issued to cover any likely delay in the doctor's final decision.

3.13 An Approved Doctor may suspend or cancel a medical certificate if they believe the medical circumstances have changed since the certificate was issued, where the conditions attached to certification are not being met, or where the information supplied at the time of certification was incomplete.

Call for evidence questions

3a If you have experience of having to prove medical fitness as a pilot, seafarer or in another situation, please tell us about it.

4. Multiple medical conditions and an ageing population

4.1 Over recent decades there have been significant demographic changes with advances in medicine and better health awareness resulting in individuals living longer and working longer. 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. Losing a driving licence can be a life-changing event and can have significant impacts on an individual, making them more dependent on others, reducing their freedom and sense of wellbeing.

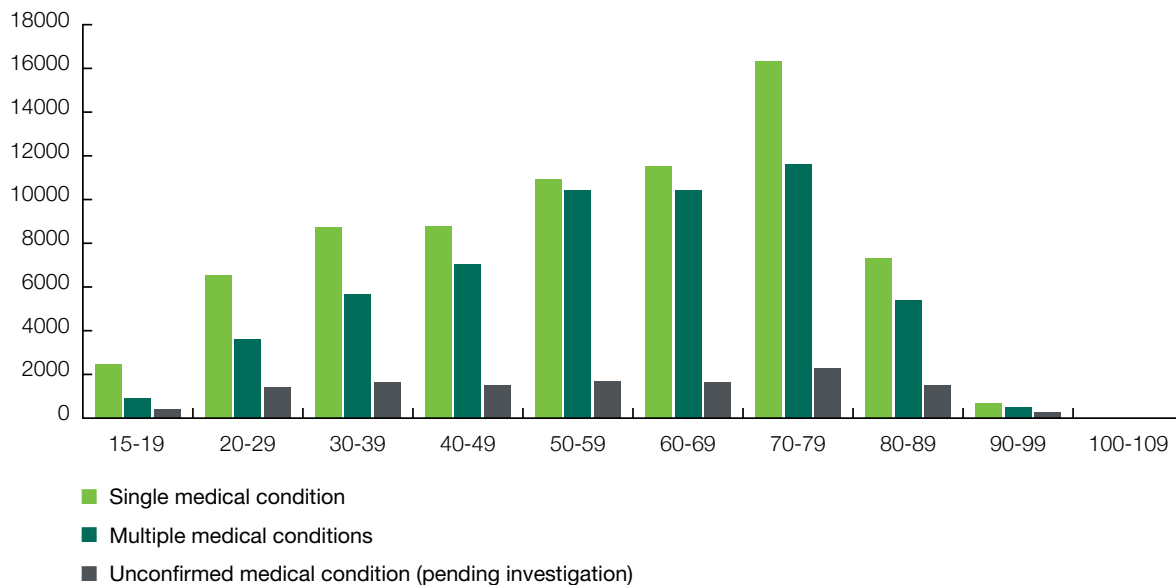
4.2 The natural ageing process increases the risk of individuals developing certain medical conditions that may affect their fitness to drive. This applies not only in later years but in middle age where certain medical conditions relevant to driving, for example heart conditions and vision conditions, become more common. While certain medical conditions like Alzheimer's, Parkinson's disease, strokes, and arthritis are more common among the older population, other conditions can lead to impairment in cognitive, physical or visual abilities necessary to drive safely, for drivers of all ages.

4.3 Examples include loss of consciousness or control due to medical conditions including diabetes, epilepsy, and sleep apnoea, physical impairments due to multiple sclerosis, spinal cord injuries, and amputations, impairments in cognitive function because of traumatic brain injury, mental illnesses like schizophrenia and bipolar disorder and eye diseases, and disorders affecting vision.

4.4 Many medications used to treat medical conditions can also impair safe driving as they may have side effects including drowsiness, dizziness, hypotension, hypoglycaemia, fainting, blurred vision, and loss of co-ordination. When carrying out medical investigations, DVLA is increasingly having to take into consideration the potential cumulative effects of a combination of medical conditions and medication and whether this is likely to affect driving safety.

4.5 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 one medical condition. GB's legal framework and medical standards for driving are predominantly centred on single medical conditions. However, drivers having more than one 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.

4.6 The below graph shows a snapshot of DVLA's current casework volumes [as of 27 March 2023] with a breakdown of people with single and multiple medical conditions by age.



4.7 The rise in multiple medical conditions notified to DVLA reflects the increasing numbers of people in the general population who have more than one medical condition. The National Institute for Health and Care Research suggests that more than one in four of the adult population lives with two or more medical conditions³. It must be noted not all these conditions will be notifiable as they may not have an impact on safe driving.

4.8 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.

4.9 Currently, driver licensing law and medical guidelines are focused on medical standards being applied to each diagnosed condition. However, considering the combined effect of multiple medical conditions that affect safe driving is a challenge and will usually need clinical judgement. Where multiple medical conditions are assessed, DVLA must take a holistic approach and consider all the medical evidence gathered to make an informed decision about whether a driving licence can be issued.

Call for evidence questions

4a Are any changes needed to address the growing prevalence of drivers with multiple medical conditions?

³ Multiple long-term conditions (multimorbidity): making sense of the evidence.

5. Medical licensing process and costs

5.1 The current legal framework governing medical conditions and driving was initially put in place over 30 years ago. The environment in which we now live, and work is very different to when the law was first written. DVLA has seen big increases in the volumes of medical cases and their complexity. There has also been a shift in the desire to drive. For many people, driving is considered a necessity of daily life, being essential for work, education, and social reasons. In later years, driving is frequently linked to wellbeing and continued quality of life.⁴

5.2 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.

5.3 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.

5.4 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 one 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.

5.5 At any one time, around half of DVLA's live caseload is usually awaiting information from an external source before the case can be progressed, although that increased considerably during the pandemic. While DVLA asks for questionnaires to be completed within a specified timeframe it has little control over the time it takes for them to be returned. The time taken to undergo a medical examination or driving assessment is also subject to availability within a particular locality.

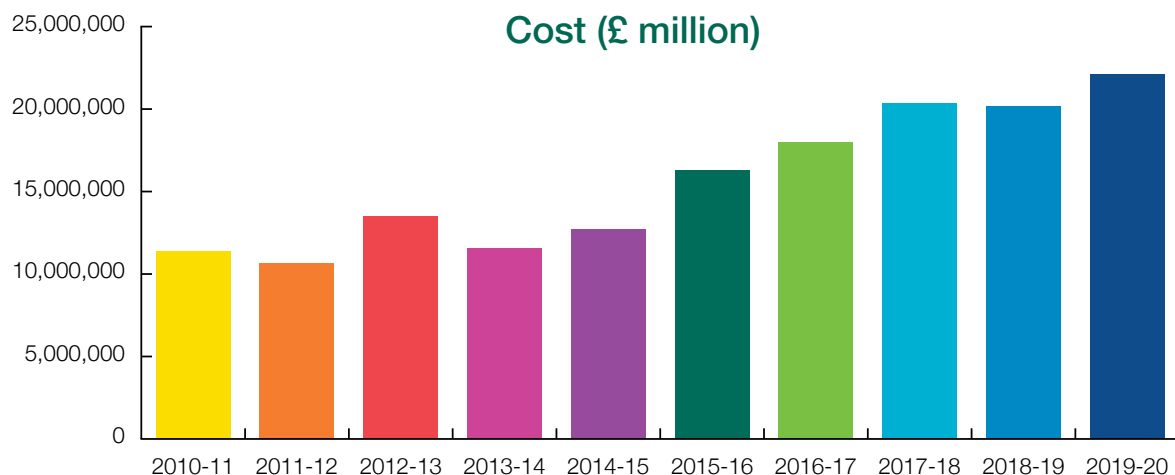
5.6 The medical licensing process has been greatly impacted by the increasing volume of cases, people notifying of multiple medical conditions and the availability of the medical information needed from external sources. Although DVLA aims to make 90% of licensing decisions within 90 days, this is becoming increasingly challenging as cases become more complex and more information is needed from third parties.

5.7 In addition to this, the law provides that DVLA shall pay any fees associated with medical investigations. This includes paying a fee for the completion of each medical

⁴ Depressive Symptoms Among Older Adults Who Do Not Drive: Association With Mobility Resources and Perceived Transportation Barriers.

condition specific questionnaire, eyesight tests, drugs and alcohol screening tests (unless under HRO legislation) and examinations.

5.8 The costs associated with gathering information to assess if an individual can meet the appropriate medical standards for driving has almost doubled in the last 10 years, from approximately £10 million to around £20 million per year. This reflects not only an increasing number of drivers with multiple health conditions but the complexity of those conditions.



Call for evidence questions

- 5a Do you think that the cost associated with medical investigations should be paid by taxpayers and DVLA?**
- 5b Would it be appropriate for the individual customer to pay for medical investigations in relation to their fitness to drive?**
- 5c Do you have any knowledge of alternative arrangements for funding medical driver licensing requirements? If so, please describe.**
- 5d Do you have any evidence relating to the success of or any problems with these arrangements?**

6. Future thinking

In-vehicle technologies

6.1 Vehicle use is for many individuals, especially outside of major cities, integral to the running of their daily lives. There have for many years been adaptations made to vehicles that have allowed individuals with disabilities to continue to safely control a vehicle.

6.2 However, we are now in an age where many vehicle manufacturers have started to include various in-vehicle technologies and sensors to aid safe driving. These include adaptive cruise control, active steering, anti-lock braking systems and GPS navigation technology.

6.3 Driver licensing will need to adapt to consider the impact of the in-vehicle technologies already available and whether the medical standards for driving need to be modified, opening driving to groups of individuals who have previously been excluded from licensing due to their health conditions, where it is safe to do so.

Automated decision making

6.4 Artificial Intelligence (AI) and machine learning is a powerful technology that can be used to perform various tasks and functions that assist, modify, and replace human decision making, for example self-driving cars, virtual assistants, and personalised recommendations in online shopping.

6.5 Over the last few years, DVLA has implemented AI in the form of automated chat bots in its Contact Centre, which can help customers by providing quicker responses to enquiries. More recently, Robotic Process Automation (RPA) of certain vehicles transactions has provided greater speed and efficiencies in processing by extracting data from scanned transactions and entering it directly on to DVLA's databases automatically. There is no staff involvement after scanning except for a very small percentage of cases.

6.6 In DVLA's medical and casework areas, AI in the form of machine learning and automated decision making could have the potential to assist in making decisions, speeding up the service to customers and reducing the training needed for some staff. However, when the current legislation underpinning medical driver licensing was introduced, the rapidly changing future developments in technology were not anticipated. The law is therefore written in a way that currently precludes the use of technologies that would fully automate decision making and instead requires that decisions to revoke or issue a driving licence must be made by a human, where discretion can be applied.

6.7 DVLA recognises the potential of AI and machine learning in medical licensing but in order to adopt AI technologies and introduce a fully automated decision-making process, significant changes to the legal framework for the medical licensing process would be needed to remove the element of discretion.

Call for evidence questions

- 6a 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.
- 6b Is there any evidence you would like to provide on how driver licensing could be future-proofed to accommodate advanced in-vehicle technologies?
- 6c Do you believe that the use of automated decision-making would be beneficial for drivers medical casework? Please explain your reasoning.
- 6d 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.

