



Consultation report on proposals to amend **driving licence standards for vision and epilepsy**

**Annex III to Directive
91/439/EEC and 2006/126/EC**

A report on the DVLA Consultation on Proposals to amend Driving Licence Standards for Vision, Diabetes and Epilepsy as a result of changes to Annex III of the Directive 91/439/EEC

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1. Introduction

The current driver licensing rules in the UK are based on the second European Council Directive on driving licences (91/439/EEC). The Directive harmonised the rules throughout the European Economic Area for the mutual recognition and exchange of Member State licences. Annex III of the Directive specifies the minimum medical standards for the issue of driving licences. Member States may impose standards that are stricter than the minimum European requirements.

The Third Directive on driving licences (2006/126/EC) is to be implemented by 19 January 2013 and contains the same Annex III standards as in the second Directive, although it increases the frequency of medical checks for Group 2 drivers.

The Directives recognise two groups of drivers for medical purposes:-

Group 1 relates to vehicle categories A and B. These include 2 or 3-wheeled vehicles, cars and light vans up to 3.5 tonnes.

Group 2 relates to vehicle categories C, and D (and their sub categories of C1 and D1) these include medium and large lorries and buses.

The medical licensing standards for Group 2 are more stringent than for Group 1 drivers. The processes and higher medical standards aim to balance the additional risks to road safety presented by the size and weight of the vehicles being driven and the greater time the driver may spend at the wheel in the course of their occupation.

2. Background

In recent years officials and medical experts drawn from across the European Union were involved in EU working groups which reviewed the medical standards for vision, diabetes and epilepsy. Following receipt of their reports the European Commission's Driving Licence Committee considered amendments to the standards and adopted revised minimum standards on 25 August 2009 in the form of Directives: 2009/112/EC and 2009/113/EC ("the Medical Directives"), which came into force on 15 September 2010 and amended the 2nd and 3rd Driving Licence Directives respectively.

DVLA participated in the EC working groups that reviewed the standards and the relevant Secretary of State's (SoS) experts on the Honorary Medical Advisory Panels (the Panel) for vision, diabetes and

neurology considered the Medical Directives and provided expert advice on how these standards compared with the existing UK standards.

For the most part, the Medical Directives relax or more precisely define the existing EU minimum medical standards. Where the new EU minimum standards offer an opportunity to relax a standard, a greater number of individuals could potentially apply for a licence. Where we have identified a need to tighten a standard, some applicants and existing drivers may be prevented from holding a licence. However, any “tightening up” is obligatory under EU law and we anticipate the number of drivers affected is likely to be small. In addition, we have taken the opportunity to review our current legislation generally against EU medical standards for driving licensing.

Where the Panel advised that a relaxation of the UK standards to the new EU minimum standard would be consistent with road safety we have recommended that the new minimum standard should be adopted.

3. The Consultation Exercise

The consultation was issued by the Department for Transport (DfT) on changes to the UK minimum medical standards for vision, diabetes and epilepsy in relation to driving. The document sought views on the implementation of the revised medical standards in the UK. The consultation exercise ran for 12 weeks from 03/02/2011 until 28/04/2011.

Invitations to respond to the consultation were sent to 309 consultees, these included Motoring Organisations, Local Authorities, Police Organisations, Members of Parliament, Medical Charities and various other interested stakeholders, the consultation document was also published on the DfT and DVLA websites. In addition, the Driver and Vehicle Agency in Northern Ireland invited 54 consultees to respond and published the consultation document on their website. The Driver Standards Agency also notified 27,418 individual contacts electronically.

The consultation proposed to implement regulatory and administrative changes to introduce the revised standards and posed the following questions.

Question 1 – Vision

Do you agree that these new standards should be applied?

If you disagree your views should be supported with the appropriate scientific evidence.

Question 2 – Diabetes

Do you agree that these new standards should be applied?

If you disagree your views should be supported with the appropriate scientific evidence.

Question 3 – Epilepsy

Do you agree that these new standards should be applied?

If you disagree your views should be supported with the appropriate scientific evidence.

A total of 132 organisations and individuals commented on the proposals. These included a cross section of interested parties including, Individuals, Advanced Driving Instructors, General Practitioners, Local Government, Optical Organisations, Road Safety Organisations, Medical Charities and Organisation who represent individuals with an interest in the medical fields of vision, diabetes or epilepsy. A summary table of responses is contained in **Annex A** to this document.

4. Key Findings

Question 1 – Vision

Out of the 132 responses received, 31 responses were received specifically on the Vision proposals in the Consultation. Out of the 31 responses, 17 disagreed with the recommendations, stating the standards needed to be stricter. One disagreed with the recommendations, stating they should be relaxed further. 10 agreed with the proposals. Two agreed with some proposals and disagreed with others and one gave no comment.

In addition, there were 59 responses where the response referred to more than one condition, of these nine made comments on the Vision proposals in the Consultation. Three disagreed with our recommendations, stating the standards needed to be stricter. Five agreed with the proposals and one agreed with some proposals and disagreed with others.

Regrettably, the original consultation document did not accurately reflect some of the opinions of the Panel. In light of this, DVLA wrote to all those who responded to the vision aspects of the original consultation pointing out where the Panel's opinions differed from the consultation document and asked if anyone wanted to change or add to their previous comments.

Out of the 11 responses received, nine had replied to the original consultation; two were new responses. Six disagreed with the recommendations, stating the standards needed to be stricter. Three agreed with the proposals and two agreed with some proposals and disagreed with others.

Summary of Vision Responses

Those supporting the proposals felt they were fair as they were based on the advice of the Panel and allowed individual assessment. Of those who were against the proposals the majority recommended the standards should be stricter. In particular, they expressed reservations about the use of the number plate test; were against reducing the distance from which it is read; or recommended there should be regular eyesight tests throughout the driving career, possibly linked to photocard driving licence renewal. The majority of those who responded to the letter DVLA issued, clarifying the Panel opinions, welcomed the clarification, but did not change their views from the original consultation.

Question 2 – Diabetes Mellitus

The diabetes summary report was published in October 2011 at www.dft.gov.uk/dvla/consultations The diabetes regulation changes came into force on 15 November 2011.

Question 3 – Epilepsy

Out of the 132 responses received, seven responses were received specifically on the Epilepsy proposals in the Consultation. Of these four agreed with the proposals. One said the standards should be relaxed further. Two responses supported some of the recommendations but were against others.

In addition, 59 responses referred to more than one condition. Nine made comments on Epilepsy. Eight agreed with the recommendations and one disagreed with the Group 2 definition of epilepsy remaining (two seizure in ten years), suggesting the Directive definition of two seizures in five years should be adopted, not to disadvantage UK drivers.

Summary of Epilepsy Responses

Responses were generally in favour of the proposed standards. There was disagreement from two respondents around the definition of epilepsy for Group 2 drivers. In addition, the respondent disagreed with the proposal to allow driving for those having seizures without influence on consciousness or the ability to act, as it would result in patients who are having lapses in awareness during seizures being allowed to drive.

5. Way Forward

Vision

The number plate test will be retained as the primary way of assessing vision because it offers several advantages over an optician's test: These are:

- a) It offers an easy to use benchmark for drivers to continuously review their own eyesight and therefore is more responsive to changes in eyesight than more formal periodic tests which could be several years apart;
- b) It can be used by police for road side enforcement purposes;
- c) It minimises costs and burdens.

An eyesight test by an optician may be less relevant to real conditions experienced while driving. It would be disproportionate to require an optician's certificate in all cases – particularly since to have any value that certificate would require regular updating.

In order to strike a reasonable balance, we have modified our original proposals in a number of ways, so as to respond to concerns about the number plate test: We have decided not to reduce the distance at which the number plate will be read. The number plate test will remain as the test of visual acuity and the distance from where the number plate (post 1.9.2001 font) is read will remain at 20m.

In addition, it will be a relevant disability to have a visual acuity of worse than decimal 0.5 (Snellen 6/12), when measured clinically. Although we shall not routinely require an eyesight certificate before a Group 1 driving test or licence application, where an eyesight test is taken and reveals an acuity of less than decimal 0.5 (6/12) the individual must notify DVLA and the licence will be refused or revoked. Since most individuals will undergo eyesight testing at some point when they need it, this is a more proportionate way of reinforcing the effectiveness of the number plate test, than to require mandatory formal testing on every licence renewal.

We do not propose to amend any criminal offences relating to driving and disabilities. It should be noted that it is already a criminal offence not to report any relevant disability for driving purposes unless there is good reason and this existing offence already covers failure to report other eyesight defects which make a person a source of danger when driving. We shall make it clear to opticians and the medical profession that individuals should be advised to report to DVLA an acuity reading of less than decimal 0.5 or 6/12, (just as they currently advise individuals to report other eyesight problems such as double vision or visual field defects).

We have considered carefully the Vision Panel's recommendations that licensing be allowed:

- a) where an individual fails the number plate test but can meet decimal 0.5 (6/12) when measured on a Snellen scale; and

b) in some exceptional cases where an individual cannot meet either the number plate test or the decimal 0.5 Snellen standard 6/12.

However, we have decided not to adopt either recommendation because of:

- a) consultee concerns about any further relaxation of standards;
- b) the practical difficulties for roadside enforcement by the police if some drivers are allowed not to meet the number plate test;
- c) the risks of creating further complexity.
- d) operational difficulties for DVLA.

We have retained exceptionality for visual field standards, in line with current practice and the Panel recommendations, because visual field standards are not applied by roadside enforcement and only fall to be considered on a detailed eye test.

For Group 2 licensing, we will implement the new visual acuity standard and, if correction is needed to meet this standard, then this will be with glasses of a power no greater than +8 Dioptres or with the aid of contact lenses. In future, there will be no standard for uncorrected acuity. Although some consultees expressed concerns about the relaxation of standard for the “worse eye” when each eye is separately examined, we feel the weight of expert evidence, both at EU level and from the UK own Vision Panel, makes this justifiable in terms of road safety. This is particularly so, since the relaxation in this one respect is counter balanced by clarification of other aspects of the vision standards – such as visual field.

Group 2 licences will be refused or revoked where the driver does not have some sight in both eyes (to at least the EU “worse eye” standard) or suffers from uncontrolled diplopia.

- For the most part, the consultation proposals will be implemented by the Motor Vehicles (Driving Licences) (Amendment) Regulations 2012 (“the 2012 Regulations”), which we aim to lay as soon as possible. These amend the Motor Vehicles (Driving Licences) Regulations 1999 (SI 1999/2864).
- Amendments will also be made to the guidance produced for doctors in “At a Glance”.
- The number plate test will be retained as the basic test of eyesight at driving test and for roadside enforcement purposes. However, where an eye test reveals visual acuity of less than decimal 0.5 (6/12), or an inability to meet visual field standards – the applicant or licence holder will be obliged to report to DVLA and a licence cannot be granted or may be revoked (subject to limited exceptionality in the case of visual field).
- Where applicants for a licence are required to attend a medical examination, as a condition of being granted a licence, we propose to specify in guidance that this must have been carried out within a reasonable time of making their application.
- We will monitor the effect of the changes on road safety.

Diabetes Mellitus

- The diabetes regulation changes were laid on 24 October 2011 and came into force on 15 November 2011.

Epilepsy

- DVLA to take forward the epilepsy proposals as set out in the consultation document.
- For the most part, the consultation proposals will be implemented by the Motor Vehicles (Driving Licences) (Amendment) Regulations 2012 (“the 2012 Regulations”), which we aim to lay in the first part of 2012. These amend the Motor Vehicles (Driving Licences) Regulations 1999 (SI 1999/2864).
- Amendments will also be made to the guidance produced for doctors in “At a Glance”.
- Where applicants for a licence are required to attend a medical examination, as a condition of being granted a licence, we propose to specify in guidance that this must have been carried out within a reasonable time of making their application.
- We will monitor the effect of the changes on road safety.

Comments Received

A cross section of comments received is available at www.dft.gov.uk/dvla/consultations

ANNEX A – SUMMARY OF RESPONSES

Question 1 – Vision

The table below shows the responses received in relation to the vision proposals in the consultation including those where the response refers to more than one of the conditions in the consultation.

	Agree with proposals (15)	Disagree with proposals – recommend stricter standards (20)	Disagree with proposals – recommend standards relaxed further (1)	Other (4)
Individuals	7	3	1	
Transport Interests	6	9		
Medical Interests	2	4		3
Safety Organisations		1		1
Others		3		
Total	15	20	1	4

A CROSS SECTION OF THE COMMENTS RECEIVED ON THE VISON PROPOSALS

- The number of people who attempt to commence driving with defective vision is significant. The majority of those who just meet the standard, but are unable to read a number plate from 23 meters, have great difficulty in identifying road signs ahead. This leads to late decision making, unnecessary speed reductions and late lane changes, causing danger to other road users.
- When RAC, or other organisations have checked drivers' eyesight, they have typically found 5 to 10% of drivers can't read the basic, current requirement on eyesight. With about 30 million drivers in the UK, this represents over 1.5 million drivers with sub-standard eyesight. These people can't read a number plate, so how can they read road signs, etc. This eyesight requirement is only for the driving test, and there is no requirement to take another eyesight test for around 50 years, or so, utterly ludicrous. If safety is paramount, then the consideration of reducing the required level for new drivers would not be entertained. It would seem massively foolish to propose a reduction in the current standard. **NOTE OF CLARIFICATON: Drivers are required to continuously monitor their own eyesight by ensuring they meet the number plate test and will be committing a criminal offence if they drive with eyesight below the number plate test standard. So there are safeguards after the initial number plate test is conducted on a driving test.**
- To even consider lowering the acceptable level of eyesight a driver has and still be legally permitted to drive is not the right direction to go. The chances of having a crash increases the longer the driver drives; fluctuating concentration levels are likely to impact on observational and awareness skills; not scanning the road ahead sufficiently can result in late and, potentially, fatal decision making. The longer it takes for a motorist to recognise and respond to a developing hazard, the less chance there is of avoiding it. Poor quality eyesight will and does affect this decision making process.
- You took my licence away some 12 years ago for glaucoma. In the Netherlands the practice was to put people in my position through a 200 mile test with a senior police examiner. That is what I think should happen in this country. While I understand the need to find a test which is of easy application around the country such as the Humphrey-Estemann test I do not believe it should be used as a definitive result, but as a weeding out position with further tests/practical's being used for reaching a decision.
- I would be one of the few people affected by the proposed change to visual acuity. I have recently booked my test, and it was only when my instructor took me to where the number plate is read, that we found I could not manage it. On another, brighter, day, I did manage it. I have checked with another optician, who confirms I DO indeed meet the current minimum requirements, but may not necessarily in dull weather conditions. I was delighted to see the proposal to bring the visual acuity test in line with the EU directive; if it is agreed it will enable me to be able to sit my test with confidence about the number plate test. **NOTE OF CLARIFICATON: The original consultation proposals have been revised. It will not be possible to be licensed on the basis of an optician's certificate where an individual cannot pass the number plate test. We regret that some individuals may be disappointed by this, but have weighed the interests of those individuals against the interests of road safety and the public as a whole.**
- I am against the proposals to weaken the regulations on standards of vision.

- This law should have happened a long time ago.
- Everybody should be checked individually to apply for a HGV licence.
- I agree to the appropriate scientific evidence, everyone checked individually.
- I agree that people should be checked individually.
- I strongly agree with the proposed admin changes. Very fair on all accounts.
- Worryingly, the DVLA has just launched a consultation into an amendment to driver vision requirements which would allow people with weaker eye sight to become lorry drivers. I believe if the amendment is carried there will be an increase in fatalities for unprotected road users.
- As an Approved Driving Instructor I have taught several pupils who were only just able to meet the existing sight requirement. It was noticeable that they did not recognise road hazards as early as other students with normal vision. This 12.5% reduction in the minimum standard can only have a negative effect on road safety.
- For most drivers changes to visual fields are not readily identified through self assessment particularly gradual peripheral losses. Most conditions likely to produce gradual loss of visual field will occur in drivers over the age of 50 years. Would it be possible to require such drivers to obtain confirmation of their fields meeting the required standard at each 10 year license renewal above this age? The number plate test has inherent problems of performance variability due to a lack of standardisation and whilst it may be taken as a guide for self assessing if performed correctly it should not be taken as a repeatable or accurate assessment. If the test were to be set to ensure that no candidate with visual acuity below 6/12 passed the test (presumably as required in the new directive) then the required test distance would need to be increased and not decreased.
- I welcome the relaxation of standards for vision, diabetes and epilepsy.
- The thought that you are even considering the proposal to reduce the distance required for the eyesight test is absolutely unbelievable. If you cannot easily read a number plate from 20 mtrs then quite frankly you are a danger to yourself even as a pedestrian let alone as someone in charge of a mechanically propelled vehicle! If you are serious about road safety then the requirement should be an increase in the required distance not a reduction. How can I put it any stronger, dismiss this consultation without wasting public time and money.
- As a driver of a category C1 licence I welcome the relaxation of standards for vision, diabetes and epilepsy. Twenty years ago I applied for a HGV provisional but was refused because the visual acuity in my worse eye was 6/12 +2, even though my optician wrote a letter saying he could see no reason why I should get refused but I did and I was gutted. I have driven C1 vehicles for 21 years over rural and narrow roads all over central Scotland in all weather conditions and in the dark. I have also driven to most major cities including Manchester, Liverpool, Birmingham, Glasgow, Edinburgh etc. and have never had a single accident in what can be challenging driving. I consider myself as a professional, careful and confident driver and a few of my work colleagues say that apart from weight wise driving category C vehicles is similar to cat C1 vehicles (they are category C licence holders) I hope that the relaxation of standards is implemented soon so that I can fulfil my lifelong dream of being an HGV driver. My better eye was near perfect as I could read the bottom line of the Snellen chart.
- I welcome the review of standards relating to medical conditions and driving license standards. 'Borderline' judgements are not good enough, number plate tests are inadequate. My experiences

show that it cannot be left to drivers to make judgements for themselves. There needs to be a holistic approach to standards for licence to drive. I fully support the intention to further review twilight vision, glare sensitivity and contrast sensitivity in the future, and hope that this will be part of the development of more holistic approach.

- Internationally it is well known that only the UK specifies the way that visual standards for driving are to be measured, and that this current method lacks standardisation. It is understood that the UK method of testing visual competence to drive is highly variable and is unlikely to give consistent in this regard. Alignment of UK driver visual standards with the explicit requirements of the Directive would present an opportunity to standardise the UK testing procedure, in particular for, driver visual acuity. I am concerned that the Proposals as they stand to only amend the existing UK visual testing procedure, would therefore neglect such an opportunity. It is paramount therefore that testing of visual competence to drive, for ALL drivers in the UK, is without ambiguity from the offset. I believe that only professional medical examination could achieve this.
- Would suggest an additional element of self-regulation. A reminder or question regarding regular eye tests with a medical practitioner or optometrist should be added to the photo licence renewal form, and potentially the tax disc renewal form.
- We would like to see a requirement for drivers to complete eye tests at regular intervals, possibly every ten years to coincide with GB photo card licence renewal. In a survey recently conducted 80% of drivers said that they would support the introduction of compulsory eye tests, to be paid for by the consumer, every 10 years. Support for a regular eye tests was high amongst drivers and non-drivers alike and support did not differ significantly by gender, age group, social status or geographical location. We would like to see the DVLA working with opticians to develop an appropriate 'in consultation room' number-plate equivalent test to ensure drivers are provided with the best possible advice and information when considering their fitness to drive.
- The EU Directive states that Group 1 drivers should have a VA of 0.5. We therefore feel that the fairest and most consistent method of determining whether a driver meets this standard is to use the test that is specified in the Directive (i.e. the Snellen test). The suggestion that the numberplate is equivalent to this is refuted by the research referred to above (Drasdo and Haggerty). Drivers should be assessed to ensure they meet the 6/12 VA standard every 5 years from the age of 40 and – because of the higher incidence of visual problems in older people - every 2 years from the age of 60. A binocular Snellen VA test conducted by a competent person in an appropriately controlled environment will need minimal equipment and will not take long to do. It can therefore be done at a very modest cost to the driver. We believe that in addition to the visual field testing that is currently undertaken on those with declared medical conditions, Group 1 drivers who are over 65 years old should be tested for visual field defects by a competent authority when they reach 65 years of age and then every five years thereafter. We would like clarification as to what the DVLA mean by 'loss of vision in one eye' and what constitutes a 'substantial loss of vision' in one eye.
NOTE OF CLARIFICATION: The Secretary of State has considered the arguments for and against the use of the number plate test including the expert evidence. It is noted that the research referred to was based on a very small sample of drivers, many of whom were borderline in terms of the number plate test. This research nonetheless confirms a person with less than decimal 0.5 Snellen measurement is very unlikely to pass the number plate test. Our revised proposals provide that in the case of this small pool of individuals, an eye test confirming a measurement of less than decimal 0.5 will also debar. The Drasdo and Haggerty research also concludes that "the number plate test makes more complex demands on the visual system and may be considered to simulate

some of the driver's visual tasks more closely" – thus justifying the number plate test as being highly relevant for road safety purposes and in some respects offering advantages over a formal optician's assessment. A substantial loss of vision is not defined in the Directive and each case would need to be assessed on its own individual merits.

- We have examined the proposed new regulations on vision and concluded that these minor changes are unlikely to cause any major road safety problems. The issue is not that drivers cannot see well, it is that they choose not to take in what their eyes are showing them and then make a fatal mistake because of it. This can best be addressed by awareness raising and post test refresher training rather than longer and more expensive eyesight testing requirements.
- We are seriously concerned that, not only will the number plate test remain, but also it will be made easier by shortening the distance from which it is read. We strongly believe the number plate test should be replaced by an assessment of visual acuity in a controlled environment, performed by a healthcare professional, for example by using a letter chart (Snellen chart or equivalent). Our chief concerns with the number plate test are, as follows: - The number plate test does not produce consistent results and can be affected by environmental conditions. Drivers can fail the test in different lighting or weather conditions. - A number of scientific publications have questioned the accuracy and reliability of the number plate test as a method of screening visual acuity. - The number plate test is not equivalent to the underlying 6/12 standard in the Directive 2009/113/EC and should be replaced by an established method of assessing visual acuity. - Lowering the required visual acuity standard would send out the wrong message to drivers, who may already undervalue the importance of good vision for driving. - Replacing the number plate test with a Snellen acuity test would make it easier for health professionals to give advice to patients on fitness to drive. We strongly believe that peripheral vision (visual fields), i.e. side vision, should be assessed alongside visual acuity (when renewing a driving licence). In addition to this, best practice would be to assess a driver at the age of 50 years and over, as is already the case in a number of other EU Member States. We also advocate ongoing assessment of all drivers' vision throughout their driving career for the following reasons. - Many drivers do not notice a gradual change in their vision (over time) and are therefore unaware that they may fall below the required legal eyesight standard.
- The "numberplate test" has no definition in terms of resolution or equality of legibility of characters (letters and numbers) unlike logMAR visual acuity, how can a "competent medical authority" relate the numberplate test to a standardized clinical test? I have no objection to the status of a "numberplate test" being a rough and ready street estimator of VA the final arbiter should only be a properly calibrated and illuminated logMAR chart using the Snellen fraction as recorded measurement. I support the intention to provide for no exception in VA. Contrast Sensitivity is readily measurable in a clinical setting via the Pelli-Robson test, albeit there is no agreed protocol to assess impact of glare. As this is the single most likely "dangerous" impairment of driving function more urgency on this issue is required. It is simply silly to ask that any "detailed examination of eyesight to consider Contrast Sensitivity" without offering any suggestion as to what measure might be used. This consultation makes no mention of the use of BiOptic telescopes in driving. These are permitted in the Netherlands after assessment of visual stability, assessment and training. What is the UK intention? The UK remains one of the few sophisticated jurisdictions that does not recognise the use of BiOptics in driving which denies a number of people with stable correctable visual impairment (e.g. albinism, nystagmus, to drive).

- Currently far too many people are killed and injured in road crashes. Some of these crashes occur due to impairments or as a result of incapacitating disease (principally poor vision) on the part of drivers. We see no reason to weaken the standards that apply to driver's visual acuity when levels of death and injury are already so high. The DVLA should be taking this opportunity to reduce access to motor vehicles for people at the highest risk of having poor vision or suffering incapacitating illness when in control of motor vehicles.
- We do not agree that a proper case, based on research evidence, has been made for reducing the minimum distance required to read a number plate from 20 metres to 17.5 metres. We propose that all applicants for a driving licence should be required to have their eyesight tested for acuity, field of vision, glare and contrast sensitivity (when test standards are agreed), twilight vision and medical eye diseases by a competent optical professional (optometrist or ophthalmologist) and certified as meeting the minimum European standards (or better) before applying for their provisional licence. We also propose that all drivers should be required to have their eyesight re-certified in the same way before each ten year licence renewal, since eyesight inevitably deteriorates between age 17 and 70 and markedly so from age 50 onwards.
- All drivers should be required to have their eyes tested by a qualified medical practitioner for visual acuity and field at the start of their driving career (ideally before obtaining a provisional licence) and thereafter at regular intervals of at least every 10 years, but ideally more often. At the very least, drivers should be required to produce evidence of a recent eye test covering the above elements at the same time as renewing their licence photocard on a 10 yearly basis. Brake also disagrees that the standards for visual acuity should be reduced as a response to the EU Directive; the visual acuity standards stated in the Directive are a minimum level, not a stipulation. The Directive should be used as an opportunity to strengthen regulation on driver eyesight for the benefit of road safety, not to weaken it.
- We do not support the proposed reduction in the vision standard. The method used in the UK to provide the "appropriate assessment" of vision is the Number Plate Test, which driving test candidates take at the start of their practical driving test by reading a vehicle number plate from a distance of approximately 20 metres (or 20.5 metres for old style number plates). This is already a very crude test of a person's eyesight, and can be affected by lighting and weather conditions or by the examiner's estimate of 20 metres, and it does not test for field of vision (peripheral vision). To make such a crude, flawed test even weaker by reducing the distance from 20 metres to 17.5 metres does not make sense. As Member States are permitted to impose stricter medical standards than the minimum standards set by the EU Directives, we believe that the current UK standards should be retained. A more fundamental question is whether the Number Plate Test should be replaced by a proper medical eyesight test conducted by a qualified optometrist or medical practitioner. We suggest that opportunities are sought to remind drivers of the importance of regular eyesight tests because changes in eyesight are often gradual and can be imperceptible for some individuals until their eyesight has actually deteriorated substantially. Advice could be provided when drivers are required to renew motoring documents, such as their photocard licence, insurance, MOT, etc. We agree that exceptions to the visual acuity test should not be allowed. Visual Field in Both Eyes. We support the Group 2 proposals on Visual Field for those with Binocular Vision (vision in both eyes), Impaired Contrast Sensitivity and Substantial Loss of Vision in One Eye for those with Binocular Vision (vision in both eyes). **NOTE OF CLARIFICATION:** Information will be provided to drivers and to the medical and optometry professions, to make it

clear that a formal measurement of less than decimal 0.5 visual acuity is a relevant disability and the driver should notify DVLA.

- The focus is on road safety, protection of the public and clearer legislation, which we welcome. However, in relation to raising the eyesight standard, some drivers could lose their Group 2 entitlement, even though their eyesight has not changed. As acknowledged, the number of people likely to be effected is expected to be minimal, however the impact of this has to be explored.
- We agree with the majority of the changes proposed in this document. We do have some concerns, however, that the new standards for vision do not universally represent an improvement, and may be difficult to put into practice.
- We believe Number Plate Test is a crude test of an individual's eyesight as the test can be affected by weather conditions, is subject to objectivity and does not test for peripheral vision. As such, we do not see merit in reducing the distance from which the test is taken from 20 meters to 17.5 meters as we do not believe the evidence merits the reduction. The reduction does have the potential to increase the number of drivers with poorer eye sight on the roads and it could ultimately impact on road safety. Given the concerns with the Number Plate Test, we question the appropriateness of retaining the test as a method of accurately testing a driver's eyesight for roadworthiness. We have concerns with the DVLA relying on self-assessment by drivers of the quality of their eyesight, rather than them undertaking a formal eye sight examination, when renewing their driving licence. We would welcome clarification of para 1.18 in the consultation which states "Group 1 drivers will be first assessed against the new standards ... in GB at age 70, or earlier if they require renewal of a short period licence on medical grounds", as it is not clear what this means in practice and it should not be a continuation of the current system of self-declaration. Given the reason outlined in point 6, we would welcome compulsory full eye examinations for those renewing driving licence at age 70 and over. **NOTE OF CLARIFICATION: For existing Group 1 drivers the new medical standards will apply at their next licence renewal, when they will be assessed against the new standards, this is normally age 70. Those with short period medical licences will be assessed against the new standards when their current licence expires. New drivers will be assessed against the new medical standards.**
- Agree with proposals, The relaxations to meet the Directive standards simplify existing arrangements and are unlikely to impact significantly on road safety standards. The proposals to increase standards to meet European Directive requirements are, for the most part, a simple tightening (ie making more specific) of existing approaches.
- We do not support the proposal to reduce from 20 metres to 17.5 metres for the eyesight test. We do not have scientific evidence to support our response. However, we do not believe that a reduction in the most eyesight standard is progress, even if a similar standard is used elsewhere in Europe.
- We accept the recommendations of the consultation. We are well aware that eyesight and driving is a controversial issue with many conflicting views from organisations with different interests. We are however not aware of research that shows that there is any critical point in visual acuity at which a driver becomes dangerous. We feel that the other proposals made are a sensible and practical way of dealing with the Directive. We would hope that the slight slackening of the eyesight regulations will not lead to publicity which will suggest to drivers that the need to have their eyes tested, or to wear glasses when necessary, has diminished. Should this be the case we hope the government will be active in ensuring the right rebuttals are made.

- As the Secretary of State for Transport's Honorary Medical Advisory Panel will be looking closely into the appropriate requirements for vision, we implore them to re-visit the eyesight requirements for Private Hire and Taxi drivers now.
- We generally supports the proposed changes to the vision requirements, however where the changes may mean that some holders may lose their licence we strongly feel that it is important that an actual number of those that might lose their entitlement is given so that we can fully consider/communicate the implications of this proposal. Additional, we do have concern regarding the actual benefit of producing optician's prescriptions to satisfy the dioptries requirements. Will the recipient be qualified to interpret the data against the glasses being worn; indeed if the UK is to conform to this requirement the Agency must specify what evidence is actually acceptable. **NOTE OF CLARIFICATION: It is not known how many licence holders may lose their licence as eyesight tests are recorded as a pass or fail, the actual visual acuity is not recorded.**
- I am a driving instructor and have just been reading about the above proposals. I am worried that the distance is being reduced from 20 mtrs to 17.5 mtrs as it is plainly obvious from pupils that I teach those who just meet the current test struggle more than those who don't. I have no statistical data on this, just years of experience dealing with teaching people to drive. I also noticed various details about eyesight (field of vision L/R and Up/down etc) standards but no eye site test is required to get a provisional licence and the only test done is 'read a number plate at xxx mtrs' at the start of the driving test. I feel we should be increasing standards (crowded roads, higher speeds etc) and ensure that proper eyesight tests become obligatory for ALL drivers on a regular basis so as to ensure road safety (is there any data on road traffic collisions and eyesight?). I part base my comments on perception of pupils and part knowledge that we travel at app 4.5mtrs per sec for every 10mph therefore on a standard 'A' road travelling at 60mph some 27mtrs per second are being covered and it seems odd that we would decrease the threshold for various road sighs to come into focus (this excluded rain/night/bright sun etc etc).
- I work with, and am part of the Sudbury U3A, the organisation for the older person – University of the Third Age – a nationally recognised organisation. I assess the driving standards of older people who are responsible enough to have their driving looked at for reasons of safety. The assessment takes a full morning and is carried out on main single and dual carriageway roads, country lanes and in local towns and villages. Bad habits that have been picked up over decades of driving are highlighted, Highway Code is discussed and matters of safety pointed out during the drive. Afterwards a written recommendation of actions to be taken is given to the driver. Yes, I have advised one person to stop driving. This assessment and advice is all done at no cost to the driver, except that their fuel is used. One constant problem is that of eyesight. One person, when asked to read the numberplate of a car answered “It doesn't have one, does it?” Another, when asked when he last had an eyetest said that he had one last month, but then told me that he couldn't find and new frames that he really liked for the glasses so he didn't get any. We should be encouraging older drivers to improve their sight, not to reduce the requirement. Please contact the relevant Governmental person to register my concerns and the concerns of others who have road safety as a priority. I am not a member of Brake, and I think that Brake often goes too far in a number of their complaints and comments, but on this occasion they are completely correct.
- Please can you object to the proposed changes in the eyesight test within the driving test; we should be strengthening the test not making it easier. The availability of cheap glasses means that it is easy to have access to help if you have poor eyesight. I hope you will contact the Minister of Transport and object to this change.

The table below shows the responses received after clarifying the Panel's views.

	Agree with proposals (3)	Disagree with proposals – recommend stricter standards (6)	Other Agreed/Disagreed (2)
Individuals	2	2	
Transport Interests		2	
Medical Interests	1	2	2
Safety Organisations			
Others			
Total	3	6	2

A CROSS SECTION OF COMMENTS RECEIVED IN RELATION TO CLARIFYING THE PANEL'S VIEWS.

- The amended documents still promote a REDUCTION in the visual acuity standards. As an experienced Driving Instructor and ex Police officer I CANNOT support this. I have never had a satisfactory and safe drive from a driver who is currently borderline on the current standards. The proposed standards would allow drivers onto the road with uncorrected poor vision increasing risks. The Minster has recently taken a stance on improving the safety on our roads, how will this promote safety? This is one of the worst ideas ever to come out of the DVLA, it will set back road safety at a stroke. At a time when we are looking to improve road safety how can we justify lowering eyesight levels to the lowest denominator? I network with several hundred driving instructors, not one that I have spoken to supports this measure and we are the professionals seeing the results on poor eyesight on driving on a day to day basis.
- Thank you for allowing me to provide comments to the Consultation earlier this year. The letter I sent would basically be the same reply I would give to this e-mail, but I would just like to add that my eyesight standard of 6/12 + 2 was able to read 2 letters from line 6/12 in my worse eye but that was corrected and uncorrected as I have a slight "lazy eye" but unfortunately for me it was not enough to reach the medical standard for driving HGV s. As I replied in my letter I have been driving C1 vehicles for over 22 years without an accident, and some of the vehicles ranged from 20

feet long to 28 feet long in and around busy city centres and also narrow rural roads in all weather conditions day and night. I feel I am competent enough to drive heavier but sometimes not bigger than what I drive just now, as I have had a small drive in some of the trucks we have at work in our private yard and I don't really see much difference in width or length of our Class 2 vehicles to mine. I welcome any relaxation in visual acuity so that one day I might be able to re-apply to take a medical and hopefully get to drive the heavier vehicles I dreamt about driving when I was 21. Thank You again for allowing me to reply.

- So it is still planned to reduce the standard sight requirement for UK drivers. I am amazed - and disgusted. I conduct seminars for older drivers and they are always surprised to discover how lax the current required standard actually is. And now you are going to make it worse. Do I congratulate the panel now or later? Let's hope that they don't suffer the consequences of meeting a driver with 'defective eyesight', because at the proposed new standard, to my mind the driver shouldn't even be walking, never mind aiming a ton of metal along a road. Unbelievable.
- My reading of the document (ANNEXE III discussions (final version) 1 implies one or two wholesale change in meaning from the original Annex 3 but I am not sure that these are clear and in plain English. Annex III discussion appear to say that the numberplate test is a "screening test" but that Snellen 6/12 measured clinically is the ultimate arbiter. Is this the case? The Medical Standards annex 3 does not state this explicitly. What I take the panels opinion to mean is that IF a person fails the "numberplate test" but passes a Snellen 6/12 in a clinical setting then this is an acceptable standard. If so this is a very sensible reversal of the wholly illogical and unscientific previous argument. There is still no mention of BiOptic telescopes in cases of stable adapted low vision. Dioptres remains undefined, in any meridian? The term "very strong corrective remains undefined."
NOTE OF CLARIFICATION: The number plate test will be retained and failure to pass it will debar. Where there is an acuity of less than decimal 0.5, the standard would also not be met. Bioptics were not part of the EU directive and are not currently acceptable for driving in GB.
- Since my original submission re the sight test and reducing the requirement to 17.5mtrs I have spoken to several other ADI's and ALL have expressed concern at this move. I hope that the various motoring bodies are being consulted so that a much wider opinion could be gained. We believe this move in lowering the requirements is a detrimental move and also believe that proper eyesight test be carried out to obtain a licence in the first place and that an eyesight test be a requirement of renewal of the photo licence.
- Having carefully reviewed the documents listed above, it is my opinion that the Medical Advisory Panel should reconsider the "exceptional cases" provisions with respect to cases where the visual acuity standard cannot be met. The revised UK rules should provide for such exceptionality in line with the requirements of the EU Directives referred to above. In addition, where appropriate, for the purposes of passing the UK driving test the opinion of a competent medical authority should take precedence over the "number plate" test. I believe that in their current form the proposed UK rules are discriminatory towards individuals with reduced visual acuity. Discrimination arguments could be constructed under The Equality Act 2010 as well the EU principle of respect for human rights and fundamental freedoms.

I consider this matter to be of such personal importance that I am copying this letter to the persons listed at the end, who I believe will find its content of interest.

I have an eye condition, nystagmus, which I have had from birth. As a result I have reduced visual acuity but have no other visual impairments such as partial loss of field. My visual acuity is

LogMAR 0.1 (equivalent to Snellen 6/7.5) which is better than the current UK standard of visual acuity required for driving of Snellen 6/10.

As the enclosed correspondence explains in detail, even though I have the required level of visual acuity I am unable to pass the number plate test. The current number plate test is not a test of Snellen 6/10 vision. The charts used for both Snellen and LogMAR visual acuity tests are standardised in terms of the size and spacing of the letters as well as the level of back illumination. Such standardisation is not present in the number plate test. The spacing between the characters is too small and the contrast is variable. In deed in their discussions the Medical Advisory Panel “recognised that the number plate test is not an accurate method of assessing acuity as defined by the Directive” (see document 2, page 1). The current number plate test requires better visual acuity than Snellen 6/10.

In order to bring the UK in line with the rest of the EU regarding vision requirements for driving, the UK vision standard will become a visual acuity of Snellen 6/12, which will continue to be tested by a number plate test. Having measured out the proposed new distance of 17.5m from the number plate, I still have difficulty focussing on individual letters, especially those in the centre of the number plate, due to the tight spacing.

The EU Annex at no. 6 states “For Group 1 drivers, licensing may be considered in ‘exceptional cases’ where the visual field standard or visual acuity standard cannot be met; in such cases the driver should undergo examination by a competent medical authority to demonstrate that there is no other impairment of visual function” (see document 1, page 20). In response, the UK “are not intending to provide for exceptions to the rules on visual acuity at present but will keep this under review” however, “the current exceptionality allowed for visual field in some circumstances will continue” (see document 1, page 20).

It seems there is no way round the number plate test. I have a full field of vision but reduced visual acuity. Currently, in my case, the opinion of a competent medical authority cannot override the outcome of the number plate test. Under the proposed new UK rules this will still be the case even though the EU Annex directs otherwise. However, if I had a reduced visual field the opinion of a competent medical authority would be pervasive.

I see that the Medical Advisory Panel “consider that relatively few individuals would fail to meet the visual acuity standards for driving without having another impairment of visual function, suggesting that some cases of albinism and of congenital nystagmus may qualify but Panel do not wish to limit the exceptionality to specific conditions” (see document 2, page 3). And as set out above, currently the UK does not intend to provide for such exceptionality to the rules on visual acuity.

I am one of these “relatively few individuals” with reduced visual acuity but no other impairments of visual function. Thus, I am an individual with a disability that has not been provided for within the UK proposals to amend driving licence standards for vision, even though the EU Annex states that individuals like me should be provided for. Anecdotally, nystagmus is reported to affect 1 in a 1000 people, although the associated deficit in visual acuity varies amongst that population.

My mother had a stroke a few years ago resulting in her being unable to move her right arm and a partial loss of visual field. Her fitness to drive was assessed at a special driving centre to determine whether her driving would be a “danger to the public”. Currently, there is no such procedure for an individual with a visual acuity disability.

I note that The Equality Act 2010 should operate to protect me from any discrimination due to a visual disability. **NOTE OF CLARIFICATION: The Secretary of State has considered the need to afford equal access to driving wherever possible. However, it is legitimate to weigh up other considerations too, such as EU obligations, road safety and the practicalities of roadside enforcement.**

I also note that were I to reside in the Republic of Ireland or Finland where standardised assessments of vision for driving have been introduced, carried out by a competent medical authorities, I would pass the visual acuity test and be able to hold a driving licence. Accordingly, it could be argued that as a result of me residing in the UK, the EU principle of respect for human rights and fundamental freedoms is breached. **NOTE OF CLARIFICATION: All EU States are obliged to implement the EU rules at least to the level of the minimum standards. States can take up options in the directive (e.g. to allow exceptionality) or can adopt higher than minimum standards and still comply with the Directive. Therefore, although standards across Europe should meet the minimum standard they are not required to be exactly the same.**

Previous correspondence dated 14 September 2011. I am writing regarding the proposed changes to the eyesight requirements for driving in the UK, as set out in the above Standard Note. In brief, the Note sets out the Government's intention to reduce from 20.5 m to 17.5m the distance at which a person must read a car number plate in order to hold a UK driving licence.

Given that changes are going to be made to the eyesight requirements for driving, I would like to highlight my particular difficulties with the number plate test and voice my agreement with the Optical Confederation's view that the current number plate test should be replaced by a standardised assessment of visual acuity, such as the Snellen letter chart test, or equivalent, routinely used by opticians.

I have an eye condition called Nystagmus, which makes it particularly difficult for me to pass a number plate test, although in an optician's chair I achieve the current driving standard visual acuity of 6/9.

Given that I achieve 6/9 vision in an optician's chair, I learned to drive when I was 17. When I took the driving test I failed the number plate test and my provisional licence was revoked. Subsequently I was referred to an Ophthalmology Consultant who completed the required forms for the DVLA, confirming that my eyesight met the necessary 6/9 standard, and my provisional licence was reissued. However, I have not taken my driving test again as I know that I can't pass the number plate test at 20.5m. I have measured the distance out and tried many times.

So I am in a frustrating position. Medical professionals are happy to state that I meet the eyesight standard sufficient to drive, yet I can't pass the current number plate test. And the reason for this is that the current number plate test is not a true test of 6/9 visual acuity; it requires better vision than 6/9, and similarly, the proposed reduced distance number plate test will not be a true test of 6/12 visual acuity. The main reason for the increased visual difficulty of the number plate test is that the numbers and letters in a number plate are set very close together, due to the limitations of space. The height of the numbers and letters may be representative of 6/9 visual acuity, but the tight spacing is not, as it makes it visually more difficult to pick out individual numbers and letters, especially those situated in the middle. Letters in standard letter charts used by opticians are laid out such that the spaces between the letters are equal to the height of the letters themselves. So it is therefore possible to have 6/9 vision according to the UK standard eyesight test yet not be able to read a number plate at the required distance.

Another factor that makes the number plate test visually more difficult is the particular way in which the number and letters are depicted in a number plate, for example “Y”s and “V”s look similar, as do “D”s and “O”s, and due to the restricted space, “M”s and “W”s, as they are particularly squashed.

The number plate test is also susceptible to variations in lighting (cloud or sunshine), contrast (black on yellow vs. Black on white; a clean or dirty number plate), and orientation of the number plate with respect to the viewer. All of which set the number plate test apart from the recognised standardised tests of visual acuity.

As the Optical Confederation’s response to the Government’s proposals referred to here concludes, the number plate test is neither fair nor a reliable test of visual acuity. Accordingly the Confederation urges the Government to introduce a standardised assessment of vision for driving, including a field of vision test, to be carried out by an optical specialist. Indeed, other Member States have already introduced such a standardised assessment of vision for driving, including Finland and the Republic of Ireland. The costs of such assessments would be borne by the candidate.

Not being able to drive greatly impacts my life; from the location I need to live to the type of jobs I am able to do to the choice of after school activities I am able to take my young children to. Put simply, if a standardised assessment of vision were introduced for driving rather than the current number plate test, or if the DVLA would accept the written opinion of a medical professional in place of a number plate test, I would be able to drive.

I would be very grateful if you could forward the details I have presented here to the appropriate person(s) for their kind consideration.

- We note the proposed changes to the vision standards applied to drivers required by the European Directive of 2009 (Annex III to Directive 91/439/EEC and 2006/126/EC) and welcomes the clarification afforded by recent documents (received 221 November 2011) from the DVLA which correct unfortunate errors in the initial consultation papers. In particular the College notes that the current number-plate test carried out at 20m will be used as an initial screening test, but that the definitive visual acuity standard will become decimal 0.5 (6/12). The College also notes that in exceptional circumstances where other visual functions are normal, the visual acuity standard may be lowered.
- The Department for Transport regularly refers to the fact the UK has among the safest roads in Europe. In order to maintain this position, road safety policy cannot stand still. Sadly the proposals set out to implement the visual requirements contained in Directives 2006/126/EC and 2009/113/EC will result in the UK falling further behind best practice in fellow European countries e.g. Estonia, Italy, Ireland, and Lithuania, all of whom require documented assessments of vision by medical practitioners prior to issuing a first (provisional) licence and on renewal above a certain age.

We welcome the recognition that the number plate test is not an accurate method of assessing visual acuity. In our view this makes it an inappropriate method of screening visual acuity. The UK is one of only four Member States in Europe to use something akin to the number plate test to screen Group 1 drivers’ vision. A survey of European countries method of assessing drivers’ vision found that the vast majority of European countries (EU and non-EU) assess vision on a Snellen chart or equivalent, and the assessment is performed by a medical doctor, optometrist or optician.

It is helpful that Snellen visual acuity of 6/12 (decimal 0.5) can be accepted for driving purposes as this clarification will allow healthcare professionals to advise drivers of their fitness to drive. Given the problems with the accuracy of the number plate test, it is also sensible that where an individual fails the number plate test, he or she may submit medical evidence of visual acuity of Snellen 6/12 (decimal 0.5). This will assist individuals who have been unable to drive due to difficulties in passing the number plate test under variable environmental conditions, and this proposal will allow such cases to be fairly considered.

Whatever distance is being proposed for the number plate test (and notwithstanding our fundamental objections to it, a more satisfactory "equivalent" to 6/12 would in fact be the 20 metre distance), our position remains that the number plate test should be scrapped and replaced with a documented assessment of visual acuity on a Snellen chart or equivalent, performed by an appropriately qualified healthcare professional.

In our original proposal we also made the case for ongoing assessment of visual acuity for all drivers when renewing their licence, which we still believe would be a fair and proportionate method to ensure that all drivers meet the minimum visual acuity requirements. Our position on this has not changed.

We feel it is only fair that experienced drivers who fall just below the visual acuity and visual fields standards are provided with an opportunity to present for further analysis of their visual condition, and where appropriate attend for a practical assessment of their on-road driving skills.

- In our original response we voice our concerns about the accuracy and reliability of the number plate test and we are pleased to see that the Panel recognises that the number plate test 'is not an accurate method of assessing acuity as defined by the Directive, although they considered that it could be used as a screening test. In their summary of discussions document dated 9 June 2011 the Panel have suggested the number plate test could be used to screen drivers, with those that 'fail' this test then being assessed using a conventional (Snellen or LogMAR) visual acuity (VA) test to see if they meet the 6/12 standard. This suggestion will identify individuals who unnecessarily 'fail' the number plate test whilst still meeting the requirements of the Directive. Such a suggestion would provide an improvement on simply using the number plate test alone as it would enable healthcare professionals to advise a driver who meets the 6/12 VA standard in the consulting room that they would be legal to drive. However, it should be recognised that this will not identify those individuals who may 'pass' the number plate test whilst not meeting the 6/12 VA standard.

The danger of continuing to use the number plate test as a proxy for meeting the 6/12 standard is that whilst the number of people who may pass the number plate test whilst having an acuity below 6/12 may be small with the current 20m distance, this number is likely to increase if the distance at which the number plate is read is reduced to 17.5m. If the number plate test is retained, before the distance is reduced, therefore, we would ask that research be conducted to ascertain how many people would be able to read the number plate test at 17.5m but who would not meet the 6/12 standard as specified in the Directive.

We would also point out that discussion of the distance at which the number plate is supposed to be read rather misses the point that the number plate test is not equivalent to a reliable VA test for the reasons discussed in our consultation response, and is another reason for using a more reliable VA test rather than trying to tinker with the distance at which the number plate test is used.

- We do not see merit in reducing the distance from which the test is taken from 20 meters to 17.5 meters as we do not believe the evidence merits the reduction. The reduction does have the

potential to increase the number of drivers with poorer eye sight on the roads and it could ultimately impact on road safety. Member States are permitted to impose stricter medical standards than the minimum standards set by the EU directive and we believe that the current standard should be retained.

Furthermore, given the concerns with the Number Plate Test, we question the appropriateness of retaining the test as a method of accurately testing a driver's eyesight for roadworthiness. We believe that consideration should be given to carrying out a cost benefit analysis (including the potential for reducing accidents due to poor eyesight) of replacing the Number Plate Test with a proper eye sight examination (which should include as a minimum visual acuity and visual fields) carried out by a relevant medical professional. This would be in line with best practice in other EU Member States such as Finland, Italy and the Republic of Ireland.

We have concerns with the DVLA relying on self-assessment by drivers of the quality of their eyesight, rather than them undertaking a formal eye sight examination, when renewing their driving licence. We believe that consideration should be given to taking a more rigorous approach, especially where there is evidence of increased prevalence of eye conditions that can affect driving.

Question 2 – Diabetes Mellitus

The diabetes regulation changes were laid on 24 October 2011 and came into force on 15 November 2011.

Question 3 – Epilepsy

The table below shows the responses received in relation to the epilepsy proposals in the consultation including those where the response refers to more than one of the conditions in the consultation.

	Agree with Proposals (12)	Agree with some but not others (2)	Disagree with Group 2 definition (2)
Individuals	3		1
Transport Interests	5		
Medical Interests	3	2	1
Safety Organisations	1		
Total	12	2	2

A CROSS SECTION OF THE COMMENTS RECEIVED ON THE EPILEPSY PROPOSALS

- Seizures exclusively in sleep we are not clear, however, on the rationale for retaining the need to establish three years of asleep seizures for individuals who have experienced previous awake seizures. Why should this not also be reduced to one year? Seizures without influence on consciousness or the ability to act we would suggest that this specification be relaxed so that any individual who has established a pattern of seizures without influence on consciousness or the ability to act for one year is able to drive, regardless of whether they have experienced other seizure types or not in the past. Although the standard is reasonable, we would caution that this will be hard to define in some cases, and could be subject to inaccurate disclosure by individuals. This proposed standard could be an incentive for individuals to fail to disclose seizures that do affect their consciousness and ability to act. Seizures occurring during physician-advised change, reduction or withdrawal of anti-epilepsy therapy we caution that this situation may put more onus on the neurologist to answer queries about the enforcement of the ‘advice’ and the risk of seizure recurrence. There may also be increased pressure on the neurologist to confirm that seizures occurred due to a change in medication that may, in fact, not have been initiated by the neurologist but by the patient acting in isolation. The standard may also encourage individuals who have ‘forgotten’ a dose to claim that it was physician-initiated withdrawal. **NOTE OF CLARIFICATION:** **The Directive allows those who have had seizures exclusively in sleep to establish a pattern after**

one year. The Directive does not expressly deal with those with a history of both asleep and awake seizures. Following the advice of the Panel that a mixed pattern of seizures is indicative of greater risk, we have decided to apply a longer pattern of sleep seizures in such cases.

- I agree with the proposed changes to relax the regulations regarding epilepsy and driving, but disagree with the decision not to also reconsider the guidelines regarding group 2 licences and epilepsy medication.
- I fully agree with the proposed changes to bring the UK in line with the rest of the EU.
- I am very pleased that this consultation is taking place and that there is hope for thousands of people who have a need to drive and know that they would be no danger at all to other road users. I hope that my views will be taken into consideration and that the ambiguous statement that I have highlighted could be clarified and give me hope for my future. There is however an ambiguous statement which is only written on this document (Annex 3 to Directive) about that there has to be no historical evidence of other seizures. This is not mentioned in any other literature. **NOTE OF CLARIFICATION:** The reference to no 'historical evidence of other seizures', means if an individual has had any seizure other than a seizure without influence on consciousness or the ability to act they would not meet this standard and would require one year off driving from the date of their last seizure.
- We suggest that the usual definition of epilepsy is used. The proposed definition doesn't make explicit that 'provoked' seizures (as defined in the consultation) must be excluded, as would again be the case with any acceptable clinical definition. For seizures exclusively during sleep we have no reason to resist this change, but recommend that the DVLA clinical information on drivers be used to provide data in this area. It should, however, ask for a clearer definition of 'never', so as to exclude remote provoked seizures such as febrile seizures. A wording such as "never had an unprovoked epileptic seizure whilst awake, since the age of 5 years". The ABN seeks reassurance that those who have had a previous unprovoked awake seizure, will still be subject to the DVLA's 3-year rule. For seizures without influence on consciousness and the ability to act, we strongly recommend that the current regulations remain unchanged. We agree with the other proposals. **NOTE OF CLARIFICATION:** For those with a history of both asleep and awake seizures they will still be subject to current standard, i.e. they must refrain from driving for at least one year from the date of the last awake seizure. If they have had an asleep seizure more than three years previously (and have had no attacks whilst awake since the original attack whilst asleep) they may be licensed even though seizures whilst asleep may continue to occur. Provoked seizures will be excluded from the definition of epilepsy.
- We believe that if epilepsy is defined with a time limit, it should be given the same definition for all licence types, as per the European directive. This would mean reviewing the regulations accompanying Group 2 licences. For seizures occurring during physician-advised change, reduction or withdrawal of anti-epileptic therapy, we believe the UK Standard should follow the distinction between patient lead withdrawal (six months off driving) and physician lead withdrawal (three months), as per the EU directive. The EU directive states that for Group 2 national authorities may allow drivers with recognised good prognostic indicators to drive sooner, we would like the Panel to consider this. The same principle that applies to sleep seizures should apply whether it is a Group 1 or a Group 2 licence; drivers of neither vehicle are likely to be asleep behind the wheel. We agree with the other proposals. **NOTE OF CLARIFICATION:** As stated in the original consultation, we consider that it is not consistent to require a 10 year seizure free

period for Group 2 licensing (the EU minimum standard) but then to say if two seizures occurred more than 5 years apart, the Group 2 epilepsy standards need not apply. This would mean treating seizures occurring after the grant of a licence more harshly, than 2 seizures occurring prior to the grant of a licence.

- We would only support aspects of the new standards that relax the rules if consultation with medical experts confirms that there won't be a negative impact on road safety.
- We support the proposals.
- Yes, we agree with the DfT/DVLA proposals.
- We have considerable respect for the work of the Honorary Medical Advisory Panels and the advice they provide. We are accordingly content with the changes.
- We remain unsure why the UK is proposing to retain its current definition of epilepsy for group 2 drivers. We assume that the criteria established back in 2005 has been applied and as a result it was decided based on the evidence that the standard should remain unchanged, however the Agency has failed to quantify this in this consultation. Therefore until such a time that DVLA can support its decision based on transparent evidence we would argue that the definition for epilepsy of 2 seizures in 5 year should be the standard for both group 1 and group 2 licence holders as set out in the Directive. It has already been stated that DVLA will relax rules as long as road safety is not compromised, a view which we fully support, however it is imperative that the UK does not end up with a two tier set of medical standards with drivers from other member states driving vehicles which UK based licence holders are prevented from because of tougher medical rules which are not evidentially based.

ANNEX B – LIST OF RESPONDEES

Keith Farrow
Keith Arksey
Hazel Cleasson
Alasdair Adam
Mary Dalgleish
Guy Bradley
Brian William Meechan
Robert McBride
Morgan Heers
Claire Kelly – Kirkintilloch Insurance Services Broker
Jacqueline Ramsey – Kirkintilloch Insurance Services Broker
Peter Evans
Mr C P Joyce – ADI
Prof Steve Taylor
Gary Kidd
Colin Muddimer
Nigel Sign
Dr Kath Orlandi
Mr M A Cope
Parliamentary Advisory Council For Transport Safety
RAC Foundation
Nystagmus Network
The College Of Optometrists
Institute of Advanced Motorists
Optical Confederation
BBR Optometry Ltd
CTC (National Cyclists' Organisation)
Institute of Master Tutors of Driving
Mr S Owen-Roget
Dr Jackie Brown
Mr. D.M. Walker

Dr Richard Gent
Adrian Tant
Peter Glenn
Jim Nelson
Mr J Smith
Archie Meechan
Dr Scully
Reading Borough Council
Billy Graham – Barbour European Haulage
D Horne – Barbour European Haulage
Barbour European Haulage
Alex McFarlane
Douglas Hamilton
John Brian
Bryan Silvestro
A Graham
John Kelly
Malcolm Jones
Stephen Hughes
F Meechan
Miss K Hodson
Mr Albert Cruickshank
Gary Julian
Mark Houlston – NHS
Paul Croucher
Stephen Walter
Saffron Price-Walter
Stephen Barrow – Highways Agency
Philip Hardwill – Philip Hardwill Ltd
Alasdair Lewis BA, BSc (Hon)
Donald A Campbell – D Steven and Son
Association of British Clinical Diabetologists
Diabetes UK

Martin Campbell
Epilepsy Society
Kim Cobb
Anthony Manzaroli
Ian Caddy
Association of British Neurologists
Epilepsy Action
David Atkinson
Andrew Gowans
Mr R Walmsley
Hampshire County Council
Dorset Fire & Rescue Service
Northern Ireland Judicial Appointments Commission (NIJAC)
Keith McDowell
Roy Craigie
Y Duncan
Thomas McBride
Robert McBride
William Muir
John Boal
L Chambers
John Kelly – Morrison Bowmore Distillers
Malcolm Jones
Stephen Hughes
I McRae – Scocia Trucking
J Baird – Scocia Trucking
S McGoldrick – KWE UK Ltd
J Gibson – KWE UK Ltd
J Gibson
M Barker
David Gressick
David Thomas
Donald Hutchison

Miss Donna Clark – Morrison Bowmore Distillers

S Wilson

James Wilson

Stanley C Mooney – Morrison Bowmore Distillers

Disability Action

Brake

Mr Christopher Kaye

RoSPA

Northern Ireland Ambulance Service

British Medical Association

Association of British Insurers

Royal College Of General Practitioners

MOD

Road Haulage Association Ltd

The AA

Licensed Private Hire Car Association

Royal College of Physicians

Fleet Transport Association

The Royal College of Ophthalmologists