Driver & Vehicle Licensing Agency

Driver Services

Review of the Motor Vehicles (Driving Licences) (Amendment) Regulations 2013. (SI No.258)

Interactive document
October 2018

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PIR No: DfTPIR0030

Lead department or agency:
Driver and Vehicle Licensing Agency (DVLA)

Other departments or agencies: N/A

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Source of intervention: EU

Type of regulation: SI

Date of implementation: 8 March 2013

Date review due: 8 March 2018

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This is a post implementation review (PIR) of the Motor Vehicles (Driving Licences) (Amendment) Regulations 2013 (SI No 258) ('the regulations'). The regulations updated the Motor Vehicles (Driving Licences) Regulations 1999 (SI 1999/2864), which prescribed the requirements for issuing driving licences to people with medical conditions relating to epilepsy and eyesight.

Background

The Third Driving Licence Directive 2006/126/EC is transposed in Great Britain largely by amendments to the Motor Vehicles (Driving Licences) Regulations 1999. Annex III of the directive sets the minimum standards of physical and mental fitness for driving a power driven vehicle.

Expert medical opinion is constantly evolving in light of scientific advances and improved treatments. In 2009, the European Commission's Driving Licence Committee adopted revised minimum medical requirements in the form of directive 2009/113/EC ('the directive').

The regulations, which came into force on 8 March 2013, fully implement the directive by:

- giving legislative effect to Great Britain's standards, which were previously applied through administrative guidance
- defining the circumstances in which eyesight and epilepsy are prescribed disabilities and to the prescribed conditions under which a licence can be granted to a person with an eyesight condition or epilepsy.

The changes were made in consultation with medical experts and stakeholder groups and continued a long standing process of applying the latest research and medical opinion to the finely balanced decisions that are made in individual cases.

There was no impact on business.

The changes were not designed to address any specific road safety problems that had been identified, making it difficult to measure the impact of the regulations. There was no evidence that the previous rules might have produced sub-optimal road safety outcomes. We do not know the number of drivers affected by changes to the medical rules or how many of those people would, or would not, have gone on to have been involved in a road traffic accident. However, over many years, UK and worldwide road safety statistics have improved steadily through a wide range of factors. It is fair to presume that the application of the best medical opinion to driver licensing decisions will have played some part in this improvement.

It is not possible to assess the precise impact of individual rule changes. Much of the evidence in these issues will be anecdotal or illustrated by individual cases. There were no identified issues in respect of the matters addressed by the 2013 regulations, particularly where the directive requirements were already being applied in GB administratively. There is also no anecdotal evidence of any unintended consequences. It would not be appropriate to attempt to link the detailed changes in the regulations to any overall improvement in the road safety statistics.

On 23 June 2016, the EU referendum took place and the people of the United Kingdom voted to leave the European Union. Until exit negotiations are concluded, the UK remains a full member of the European Union and all the rights and obligations of EU membership remain in force. During this period, the government will continue to negotiate, implement and apply EU legislation. The outcome of these negotiations will determine what arrangements apply in relation to EU legislation in future once the UK has left the EU.

What were the policy objectives and the intended effects?

The regulations were developed in consultation with the Secretary of State for Transport's Honorary Medical Advisory Panels and with key stakeholder groups. The UK was obliged by the directive to apply minimum standards, but was able to apply stricter standards where these were considered appropriate. The primary objective was to improve road safety by restricting people's access to driving licences when the latest medical opinion is that they pose a risk to road safety, while ensuring that people who are deemed medically able to drive safely are not prevented from doing so.

The regulations amend the medical standards applicable for driver licensing of applicants and licence holders in relation to eyesight and epilepsy by making amendments to the Motor Vehicles (Driving Licences) Regulations 1999. All existing driving licence holders and those applying for a driving licence must meet the medical standards of fitness to drive. If an applicant or licence holder is suffering from a relevant or prescribed disability as defined in section 92(2) of the Road Traffic Act 1988, then a licence must be refused or revoked unless an exception applies.

Overview of 2013 regulations – eyesight

Group 1 vehicles (cars, motorcycles and small vans)

The regulations specify the conditions when a licence can be issued and prescribe the minimum visual acuity and visual field standards that must be met.

The visual acuity standard was amended so that drivers are required to read a number plate from a distance of 20 metres along with being able to meet the minimum acuity of 0.5 decimal measured on the Snellen scale (with glasses or contact lenses, if necessary). While the directive allows limited exceptionality to the acuity standard, it was decided not to allow any exceptions to this requirement so this was not included in the regulation.

The regulations also prescribe the adaptation conditions for a person with diplopia or sight in only one eye. These require that adaption has taken place over an 'appropriate' period of time and that the level of adaption has been clinically tested.

The minimum field requirements were prescribed in regulations and represent the minimum requirements of the directive. We also prescribed in detail the conditions that must be met to allow a driving licence to be issued on an exceptional basis to a driver who has failed to meet the visual field standards.

Group 2 vehicles (buses and lorries)

The regulations for group 2 drivers were changed to reflect the new minimum standards for visual acuity and visual field. This included the condition that no other impairment of visual function including glare sensitivity, contrast sensitivity or impairment of twilight vision should be present. The uncorrected acuity standard was replaced by a maximum dioptres requirement for drivers who wear glasses.

These changes on the whole represent a relaxation of the previous standards and reflect the minimum requirements of the directive.

The regulations require drivers of buses and lorries who experience a 'substantial loss' of vision in one eye, to have an appropriate adaptation period during which they are not allowed to drive. Driving will then only be allowed after a favourable opinion from vision and driving experts. Drivers must still have a minimum acuity of decimal 0.8 in the better eye and decimal 0.1 in the worse eye. The relevant Secretary of State for Transport honorary medical panel supported this requirement. The regulations reflect the minimum requirements of the directive.

The directive requires that drivers of buses and lorries who have impaired contrast sensitivity, should not be issued with a licence. Following consultation with the medical panel, we did not include any requirements around contrast sensitivity within the regulations as no standards or measurements were specified in the directive. Instead, impaired contrast sensitivity is considered as part of the vision assessment required as part of the application and renewal process for group 2 driving licences.

Overview of 2013 regulations – epilepsy

Group 1 vehicles (cars, motorcycles and small vans)

The regulations provided for the first time definitions of epilepsy, epileptic seizure, isolated seizure, medication adjustment seizure, provoked seizure and unprovoked seizure.

The regulations made changes that relaxed the previous standards and allowed more people with epilepsy to drive cars, motorcycles and small vans.

Epilepsy is prescribed in the regulations as a relevant disability if there has been more than one epileptic seizure in the previous five years, although the regulations also specify circumstances in which a licence can be granted to a person who has had two or more epileptic seizures in that period. The regulations also specify that a driving licence must not be refused if the driver or applicant has been seizure free for one year or if the only seizure in the last year is a permitted seizure. The definition of a 'permitted seizure' in this context is also prescribed in the regulations.

The regulations prescribe an isolated seizure or isolated epileptic seizure as a relevant disability if the seizure occurred in the last six months, or one year if there is an underlying causative factor. The conditions where a driving licence can be issued if the applicant or driver has had an isolated seizure are also defined. Drivers who have experienced a solitary seizure may be issued with a licence after a period of six months without seizures if there has been an appropriate medical assessment. We chose not to adopt the minimum standard in the directive, which would allow drivers with recognised good prognostic indicators to be entitled to driver sooner.

The regulations prescribe that those who experience epileptic seizures only while they are asleep can drive once a pattern of 'asleep only' seizures has been established. The regulations reduced the period required to establish a pattern of 'asleep only' seizures from three years to one year. This change meets the minimum requirements of the directive.

Those who experience seizures where there is no influence on the level of consciousness, and no influence on the ability to act, are allowed to retain a driving licence as long as there is no history of any other type of unprovoked seizure. A period of one year is prescribed as required to establish a pattern of such seizures. Prior to the change, the normal epilepsy rules applied, requiring one year seizure free from the date of the last event before a licence could be considered. This change meets the minimum requirements of the directive.

The regulations introduced a relaxation of the standards where a seizure occurred as a result of a change or reduction in epilepsy medication, which was directed by a physician. Prior to the change, a licence would be revoked for one year. The issue of a driving licence may now be considered earlier than this if treatment has been reinstated for six months, provided there was no further seizure in the six months following the reinstatement of the medication. This change meets the minimum requirements of the directive.

The regulations specify that if a seizure occurs during withdrawal of anti-epilepsy medication, we require a period of six months off driving following resumption of the previously-effective medication. While this is a relaxation of the previous rules, the directive allowed a minimum period of three months off driving. The decision not to introduce the minimum standard was based on the expert medical advice at the time that there was insufficient evidence available to support the change.

Group 2 vehicles (buses and lorries)

The regulations specify the circumstances when a licence must not be refused on the grounds of epilepsy. These are; that either the conditions for an isolated seizure are met, or there has been no seizure in the last 10 years and no epilepsy medication has been prescribed in the 10 years prior to the licence being granted.

The regulations provide a different definition of what is an isolated seizure for Group 2 purposes. An isolated seizure is prescribed as a relevant disability if one has occurred in the last five years or if medication has been prescribed to treat epilepsy or a seizure. The conditions where a driving licence can be issued if the applicant or driver has had an isolated seizure are also prescribed.

We chose not to change our regulations for Group 2 (buses and lorries) drivers to reflect the EU minimum standards, instead retaining the standards that were already in place. We did not reduce the requirement to be seizure free from 10 years to five years for group 2 drivers (buses and lorries) who had experienced two seizures more than five years apart. The decision not to apply the minimum standards was based on expert medical advice at the time and taken in the interests of road safety.

To what extent is the existing regulation working?

The regulations achieved the immediate objective of ensuring that Great Britain applied the principles of the directive. The regulations have also applied the latest views of medical experts in the UK and throughout Europe in relation to decisions made in individual cases to determine whether people are fit enough to be allowed to drive. Some rules were relaxed and others were made more restrictive. The supporting impact assessments made the logical assumptions that more people would be able to drive when the rules were relaxed and less when stricter criteria were applied. In these individual cases, there will be an economic impact on the lives of the people involved. However, there has been no attempt to measure the extent to which the new rules may have increased or decreased the number of people who are allowed to hold a driving licence. This was not the primary purpose of the changes and, in any event, there is no data that would show the cumulative effect of individual licensing decisions or to link those decisions to overall road safety outcomes.

The regulations relate to the licensing decisions made in respect of private citizens and they were not assessed in the context of the impact on business. No costs and benefits for business were identified in the supporting impact assessments. The impact assessments did identify some potential costs for the DVLA in updating forms and guidance leaflets, but these were not items of expenditure that could be distinguished from routine reprint exercises and no attempt was made to try to do so after the event.

The DVLA has maintained an ongoing dialogue with key stakeholder groups and continues to monitor official and ministerial correspondence, which can often identify anomalies in the way that regulations are working in practice. No unintended consequences have been identified.

Is government regulation still required?

There will always be a need for laws and rules that determine if people with medical conditions are fit enough to be allowed to drive. These have existed since the Road Traffic Act 1930 and they have been continuously updated to reflect the latest medical opinion and improved treatments. This will continue to be the case.

What are stakeholders' views on implementation?

DVLA consulted with key stakeholders, including the Secretary of State's Honorary Medical Advisory Panels on driving and disorders of the nervous system and visual disorders. Consultation also took place with other relevant medical groups (the Association of British Neurologists, Epilepsy Action, Epilepsy Society, the Optical Confederation, the Royal College of Ophthalmologists and the College of Optometrists). Industry bodies were also consulted, including the Road Haulage Association and the Freight Transport Association to canvass opinion on the impact of the regulations. All engagement was carried out via explanatory letters sent by email.

Of the 10 UK based stakeholders consulted, six responded. The responses from the vision stakeholders were broadly supportive of the legislative changes. The Optical Confederation particularly reported that the regulations have achieved the aim of aligning with EU standards with no unintended consequences.

However, stakeholders did raise the difficulty in defining the minimum standards for glare sensitivity and contrast sensitivity. This is also acknowledged in the Visual Standards for Driving in Europe consensus paper, which was published in January 2017 by the European Council of Optometry and Optics. Until such time as dedicated research is undertaken and analysed, it remains difficult to apply a specific means to measure glare and contrast sensitivity.

The responses from the epilepsy and neurologist stakeholders were more limited but the relevant Secretary of State's Honorary Medical Advisory Panel did provide a comprehensive response. This incorporated feedback from the wider medical community and reported that the regulations now enable the panel and the DVLA to define the conditions under which this group of applicants can access or return to driving. No unintended consequences were reported and the panel considered that the regulations represent current medical thinking and that some patients now being able to drive who were previously unable to do so, is a demonstrable benefit to society.

Stakeholders are content that the regulations achieve an appropriate balance between maintaining road safety standards, maintaining public confidence in those standards, and allowing people to drive when they can be reasonably regarded as fit to do so. Stakeholders agree that the regulations provide an appropriate level of control over the issue of licences. The regulations represent current medical thinking and no concerns about them have been identified. The medical community accepts that the regulations are fair and reasonable.

The DVLA also consulted a selection of other EU Member States (Germany, Sweden and the Netherlands) that were under the same obligation as the UK to transpose the requirements of the directive. Responses were received from Germany and Sweden, both confirming that the directive was considered to be working well.

The DVLA is content that the responses and the views expressed in an ongoing dialogue with medical professionals and other stakeholder groups are a consistent representation of the view that the regulations are considered to be working effectively.

If this regulation is still required, what refinements could be made?

The wider regulation of driving licences for people with medical conditions will continue to be required. The DVLA will continue to liaise with medical experts through the Secretary of State's Honorary Medical Advisory Panels to ensure that the latest medical standards are applied. Regulations will also be set in the context of technical developments that might enhance the ability of people with medical conditions to be able to drive safely.

In respect of the particular issue of eyesight and contrast sensitivity, a Consensus Paper, published in January 2017 by the European Council of Optometry and Optics (ECOO), acknowledged that there is nothing in the current directive, to define 'normal' contrast sensitivity - and the main barrier to setting such a threshold is the lack of evidence to allow guidelines to be set. If and when this information is established, the regulations and administrative processes can be reassessed.

The regulations relating to epilepsy and eyesight will continue to be monitored as part of ongoing policy reviews about how people with all medical conditions are assessed and reviewed throughout their driving careers. One of the immediate objectives of the 2013 regulations was to align the UK standards with the EU Directive. At present, the Medical Panels are content that an appropriate balance has been struck.

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OOJ/18/070
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