Driver and Vehicle Licensing Agency

Consultation report on proposals to amend driving licence standards for diabetes

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

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Department for Transport

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 recognises two groups of drivers:-

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 EC 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 relaxed or more precisely defined the existing EU minimum medical standards. Where the new EU minimum standards offered an opportunity to relax a standard, a

greater number of individuals could apply for a licence. Where we identified a need to tighten a standard, it prevented some applicants and existing drivers 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 took 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 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.

4. Key Findings
Diabetes

Of the 132 responses to the consultation received, 35 related specifically to the diabetes proposals. Of these 30 agreed with the proposals. Three disagreed because they considered further relaxation was appropriate; two responses were unclear.

59 responses commented on more than one condition; nine made comments on the diabetes proposals, with eight supporting the recommendations. One respondee made a link to driving emergency vehicles, which is outside the scope of this consultation.

Summary of Diabetes Mellitus Responses

Responses were generally in favour of the proposed revision to standards, particularly around individual assessment and allowing insulin treated diabetics to be considered for a Group 2 vehicle licence.

5. Way Forward

Diabetes

- DVLA will take forward the diabetes proposals as set out in the consultation document, sooner than the proposals for the other two medical conditions, in order to open up the possibility of Group 2 licensing, for insulin treated diabetics, where the condition is appropriately controlled..
- For the most part, the consultation proposals will be implemented by the Motor Vehicles (Driving Licences) (Amendment) Regulations 2011 ("the 2011 Regulations"), now being laid. 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 circumstances in which a Group 1 licence must be refused, in the case of diabetes treated with medication other than insulin, will be set out in the 2011 Regulations. The circumstances where a licence may be granted to such persons, provided the disability is controlled, will continue to be set out in guidance, rather than in Regulations, as this will permit greater flexibility in the length of licence granted, commensurate with the road safety risk.
- To satisfy the requirement for regular blood glucose monitoring for Group 2 licensing, applicants with insulin treated diabetes will need to have been using a glucose meter with a memory function and at the annual review by a consultant diabetologist three months of blood glucose readings must be available on the memory of the meter. DVLA has undertaken an education program to inform the public about this requirement.
- To satisfy the requirement to see a consultant diabetologist, the diabetologist has to be one of the DVLA approved and independent diabetologists.
- Insulin treated diabetics will be able to apply for any category of Group 2 licence when the new legislation comes into force in November 2011, provided they meet the prescribed conditions.
- 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 on road safety.

Vision and Epilepsy

These conditions are still under consideration and further input is needed from some of those who have responded. Their responses will help inform our decisions on these conditions. The medical licensing rules currently in place contribute to the UK having some of the safest roads in the world and any decisions to relax these standards cannot be taken lightly. We plan to make further changes to the Motor Vehicles (Driving Licences) Regulations 1999 (SI 1999/2864) and the guidance produced for doctors in "At a Glance" in the near future, to deal with these two conditions.

ANNEX A – SUMMARY OF RESPONSES

Diabetes Mellitus

The table summarises the responses received.

	Agree with Proposals (38)	Disagree with proposals – recommend standards relaxed further (3)	Others (2)	Concerns (1)
Individuals	27		1	
Transport Interests	4	1		
Medical Interests	4	1	1	1
Safety Organisations	2			
Local Authority/Council	1	1		
Total	38	3	2	1

Some of the comments include:

- My only concern relates to the requirement for an annual diabetologist review. In practice many insulin diabetics are now managed exclusively in general practice, often with support from community diabetic nurse specialists. If there is to be a requirement for these individuals to now be referred for hospital consultant based services purely to meet DVLA regulations, this places an additional financial pressure on the NHS, unless the driver is to be expected to bear this cost. Has this been considered, or is there some flexibility in the definition of the skill set required be a "diabetologist" that would allow this to be carried out by a suitably experienced general practitioner? Does our local general endocrinologist fit this bill? NOTE OF CLARIFICATION: The annual diabetologist review relates to Group 2 licensing for insulin treated diabetes. We consider a diabetologist to be a hospital consultant specialising in the treatment of diabetes. There should be no financial burden to the NHS as DVLA will pay for the independent report. Since access to all categories of Group 2 vehicles is being opened up; and this

Group includes large vehicles such as buses and lorries, where the consequence of an accident are more severe; we consider that it is proportionate and reasonable to ensure that expert advice is obtained to minimise the road safety risk. In other cases, where a medical review is required, the 2011Regulations allow greater flexibility as to who carries out the review.

- I fully endorse what has been decided and have always stated that the responsible way forward is for individual assessments on an annual basis. I believe this would ensure that high driving safety standards are still maintained and the individuals involved would be encouraged to maintain a high standard of health to ensure they comply with the relevant legislation. Regarding reinstatement of licences how would this be achieved?

- It's about time we were treated as individuals not a group as like all illnesses it effects everyone differently.

- Most tablet treated diabetics do not check blood sugars twice daily, this would be an additional burden.

- I am constantly frustrated by the lack of versatility in this area as I am fit and healthy, have a clean driving licence and many skills in the HGV industry. I am the first person to agree that medical rules need to be strict and all HGV drivers must undergo regular health checks to ensure they are safe to drive. However, from my personal experience I do not understand why under current rules Type 2 Diabetes can obtain a C and C+E licence and Type 1 Diabetics can't! I see no practical reason why the proposed changes cannot, or should not be implemented, and I am very excited and hopeful that this will take place very soon.

- An individual with good control might not necessarily test twice daily routinely. Perhaps it would be better stated that they test as appropriate to maintain good control and at times relevant to driving. Many insulin treated type 2s and some type 1s no longer see a consultant Diabetologist or DSN (Diabetic Specialist Nurse) and are managed in the community. An expert Diabetologist therefore needs clarification.

- I think it is excellent that there are going to be changes to the law. There is absolutely no reason why a diabetic should not hold either an HGV or PSV licence providing of course they do not have regular "hypos".

- This change will only victimise any one with diabetes it could put a large proportion of diabetics out of work. You make no clear definition of sever hypoglycaemia many Diabetics have nocturnal hypos (while asleep) your new rules will/could remove their licence most people with diabetic blood test before driving and plan their journeys in advance with rest/test stops.

- I can only hope that this is a positive step forward for drivers who wish to retain (reinstate) an entitlement to drive LGV vehicles from 3.5 to 7.5 tonnes gross weight.

- I support fully that the new standards for Diabetes should be implemented. I would very much appreciate learning the time line for the implementation of the new standards and additionally request that priority be given in re-instating the HGV licences which were reduced to the lesser licence back to the full group 2 HGV licence with as little delay as is possible. NOTE OF CLARIFICATION: Regarding reinstatement of licence any applicant who meets the new medical standards will be able to apply for a licence once the law has been changed and the standards come into force.

- It is proposed that Recurrent Severe Hypoglycaemia will now be defined as 2 or more episodes occurring within 12 months requiring the assistance of another person. The timing of such episodes is not specifically while driving or even during waking hours. EU proposal is that these drivers 'shall not be issued a license'. Presumably this implies that existing licences will be revoked. We suggest that this proposal is inappropriate without the option of timely expert review although driving should cease in the intervening period. We advise that hypoglycaemia during sleep should NOT be considered a basis for any modification of the driving license, consistent with current UK recommendations. We propose that after a second severe hypoglycaemic episode, a driving license is temporarily revoked, pending full specialist assessment. On occasion, it may be preferable for such cases to have independent evaluation by expert diabetologist responsible for overview of such cases on a regional basis in order to ensure there is no conflict of interest between the clinical responsibilities of a consultant who is supporting that individual patient and those of the DVLA regulatory process. We feel it is vital to separate Modified (Impaired) from Total Loss of hypoglycaemia awareness. The EU proposal is that those with 'impaired awareness' (as defined in the DVLA proposal) shall not have a licence issued or renewed, without stating the need for expert assessment and support. Given the semantic difficulties in defining this problem we feel this could be perceived as excessive and inappropriate. Amongst longer standing type 1 DM up to 20% may have modified (not total) hypoglycaemic awareness which again with judicious local expert diabetologist care locally can enable a re-establishment\ of warning symptoms. In addition ABCD feel that the current need to ensure all such cases take appropriate precautions including glucose monitoring before driving and ready access to fast acting carbohydrate in motor vehicles is a meaningful and measured basis to support such drivers. Perhaps the most logical and reasonable outcome is to change the terminology of the category 'IMPAIRED AWARENESS OF HYPOGLYCAEMIA' to 'TOTAL ABSENCE OF WARNING SYMPTOMS OF HYPOGLYCAEMIA' or as suggested by the expert panel define impaired awareness this way. Group 2 insulin treated drivers. We recommend that such cases have an independent evaluation by an expert diabetologist responsible for overview of such cases on a regional basis in order to ensure there is no conflict of interest between the clinical responsibilities of a consultant who is supporting that individual patient and those of the DVLA regulatory process. Severe hypoglycaemia (requiring assistance of another) we support this change. However given the increasing role of insulin therapy in non-specialist care we would recommend that all such cases require a full reassessment which where not already the case would require referral to expert consultant diabetologist care. NOTE OF CLARIFICATION: The new EU Medical Directives define "severe hypoglycaemia" as "an episode of hypoglycaemia requiring the assistance of another person" and this definition has been copied across exactly to the 2011 Regulations. The EU rules do not say such episodes can be disregarded if they occur during sleep and therefore we do not propose to insert such a disregard or exemption into the Regulations. This is the minimum standard we are required to apply. For Group 1 drivers, the diabetes panel has defined impaired awareness of hypoglycaemia as an inability to detect the onset of hypoglycaemia because of a total absence of warning symptoms. For Group 2 drivers the panel emphasised that there must be full awareness of hypoglycaemia.

- Diabetes UK welcomes this consultation because it recognises the European Commission harmonisation of driving standards which will end the current discriminatory practice of a blanket bans restricting Group 2 drivers with insulin treated diabetes. Diabetes UK has campaigned against the current ban on Group 2 licences and has previously secured a concession for C1 and C1+E. We welcome this opportunity to end discriminatory practice and allow individuals who drive larger vehicles for employment the opportunity to meet the new assessment criteria. .... The impact assessment undertaken by the DVLA estimates between 705 and 1,410 drivers may be adversely affected by the changes to Group 1 standards of fitness to drive. This assumes between 0.05 percent and 0.1 percent of medically restricted licence holders with diabetes could be affected by these proposals. Diabetes UK questions these estimates, considering that the numbers of people with

diabetes who will be affected by these new measures will be considerably more because all people with Type 1 diabetes are treated with insulin and around one third of people with Type 2 diabetes use insulin. We estimate that up to 1 million people could potentially be discriminated against and negatively affected by the proposed driving restrictions simply because they are on insulin to treat diabetes. We are aware of a large number of Group 2 licence holders who have been adversely affected by the current ban on insulin dependent drivers. This has been a serious concern for many HGV and lorry drivers who have lost their licences and consequently their employment because of a move to insulin treatment for their diabetes. As part of this consultation Diabetes UK has consulted with a wide range of people affected by these changes including lay people and healthcare professionals, many of whom have personally been affected by the ban on Group 2 licences This response comments on the key issues raised by the proposals for people with diabetes and look forward to further communication from the DVLA on how this will be taken forward. Any changes must be implemented fairly to ensure people with good diabetes control can continue driving safely and end blanket bans preventing the driving of larger vehicles. We welcome the opportunity to support the DVLA, providing healthcare professional expertise to work together to help clarify how such changes will be implemented across the UK. NOTE OF CLARIFICATION: No Group 1 or Group 2 licence applicant or holder will lose their licence or be discriminated against simply because they are being treated with insulin. The circumstances where a licence must be refused or revoked for such persons are if there is a recent history of lack of hypoglycaemic awareness or severe hypoglycaemic attacks.   These are the circumstances where the EU expert working group considered there to be a real risk of a further hypoglycaemic attack, compromising road safety. In other cases, where the evidence indicates the risk of hypoglycaemia is appropriately controlled, insulin treated diabetics can be considered for and granted a licence, subject to conditions designed to ensure that control is maintained.

- 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 agree with the proposal, provided the Honorary Medical Advisory Panel on Diabetes' recommendation for an annual review by an expert diabetologist is also implemented.

- This is a controversial area for standard setting and application with a complex balancing of individual human rights/freedoms with wider issues of public safety. The proposals to align to the directive reduce uncertainty and generally make those experiencing severe hypoglycaemic event or impaired awareness of hypoglycaemia subject to review or loss of driver licensing entitlement. Given the catastrophic consequences that can occur with hypoglycaemia at the wheel (more from altered judgement than risk of collapse) our expert believes these to be sensible proposals. The fourth proposal to allow more drivers to apply for consideration of group 2 licensing will be welcomed by patients.

- Proposed inclusion of insulin-treated persons with diabetes as holders of Group 2 licences - We welcome this inclusion. However, it is clear that strict safety criteria would need to be organised. We agree with the Association of British Consultant Diabetologists that independent diabetes experts have advantages, but we believe that these specialists must also take advice from the applicant's diabetes consultant and specialist nurse. A 'snapshot' assessment, no matter how expert, should not exclude the comprehensive and longstanding knowledge of a patient's potential suitability for Group 2 licence eligibility, which may only be known to their personal health care team.

- The Association supports the proposed changes to the diabetes requirements. FTA specifically welcome the changes regarding the relaxation for drivers treated for diabetes, which carries a risk of hypoglycaemia (that is, with insulin and some tablets), in that they may now apply for entitlement to drive all Group 2 categories provided a specific medical criteria is met.

ANNEX B – LIST OF RESPONDEES

Mr. D.M. Walker
Dr Richard Gent
Adrian Tant
Peter Glenn
JIM NELSON
Mr J Smith
Archie Meechan
Dr Scully
Reading Borough Council
Mr Patrick Scarry
Billy Graham
D Horne
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
NHS
Paul Croucher
Stephen Walter
Saffron Price-Walter
Highways Agency
P H Hardwill Ltd
Alasdair Lewis BA, BSc (Hon)
Donald A Campbell
Association of British Clinical Diabetologists
Diabetes UK
Brake
RoSPA
Northern Ireland Ambulance Service
Royal College Of General Practitioners
Road Haulage Association Ltd
The AA
Licensed Private Hire Car Association
Royal College of Physicians
Freight Transport Association