



Department
for Transport

Consultation report

Amending the Road Traffic Act 1988
to allow registered healthcare professionals
to complete DVLA medical questionnaires

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01. Executive Summary

- 1.1.** The Driver and Vehicle Licensing Agency (DVLA) sought views on the proposal to change the Road Traffic Act 1988 to enable healthcare professionals as well as registered medical practitioners to complete DVLA medical questionnaires for driver licensing purposes. Currently, the DVLA can only obtain and pay for questionnaires signed off by a registered medical practitioner who is a doctor licensed to practise with the General Medical Council, as defined by the Medical Act 1983.
- 1.2.** Often a person's treatment is managed by a healthcare professional that's not authorised to respond to DVLA's request for further medical information by completing questionnaires on behalf of their patients, from medical records.
- 1.3.** The proposal is to amend Sections 94(6)b and 94(9) of the Road Traffic Act 1988. It will allow a driver or applicant to authorise a healthcare professional, who may be primarily responsible for managing certain medical conditions but is not a doctor, to complete the medical questionnaire. This will ensure information is provided by the most appropriate healthcare professional.
- 1.4.** The proposal to amend the wording of the legislation to include 'registered healthcare professionals' as well as 'registered medical practitioners' does not require individual GP surgeries and hospital teams to change the way they currently operate. It provides them with greater flexibility to decide how they allocate DVLA medical questionnaires going forward.
- 1.5.** Prior to the consultation, informal stakeholder engagement was carried out with several professional bodies associated with doctors and other registered healthcare professionals, NHS representatives and the devolved administrations in Scotland and Wales. All stakeholders were broadly in favour of the proposal.
- 1.6.** A public consultation was held to formally seek the views of individuals, organisations and stakeholders who would have an interest in the proposed change. The overall reaction to the proposals from the responses to the consultation was positive, with more than 80% of respondents agreeing with the proposal.

02. Introduction

2.1. On 8 November 2021, DVLA launched a public consultation on GOV.UK. The proposal put forward in the consultation was to change the legislation that currently excludes other registered healthcare professionals to complete DVLA medical questionnaires via a Legislative Reform Order (LRO).

2.2. The law does not currently allow anyone other than a 'registered medical practitioner' to provide information to DVLA to allow them to assess an individual's fitness to drive. A registered medical practitioner is a person who is qualified as a doctor in accordance with the Medical Act 1983.

2.3. DVLA wrote to a number of organisations and representative bodies within the health sector with an interest in the proposed change to inform them when the consultation went live. The consultation paper was publicised on GOV.UK and a departmental communication was issued. The closing date for the receipt of responses to the consultation was 6 December 2021.

03. Background

3.1. There are currently 50 million driving licence holders in Great Britain. Since the medical licensing process was introduced, there have been significant demographic changes, advances in medicine and better health awareness, resulting in individuals living longer and healthier lives. Many individuals depend on using cars and motorcycles to maintain an independent and mobile lifestyle.

3.2. Increased life expectancy, an ageing population and a rise in certain medical conditions means that the number of health notifications reported to DVLA is likely to continue to grow every year. In addition to this, cases are also becoming more complex, with more individuals notifying DVLA of multiple medical conditions.

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

3.4. The medical licensing system is based on a 'self-notification' process and all drivers and licence applicants have a legal duty to notify DVLA of a medical condition that may affect safe driving. In some cases, DVLA will be able to make a licensing decision from the information received from the driver or applicant. However, for many cases further information may be required.

3.5. DVLA may gather evidence about a health condition from the driver, their doctors and in some circumstances, commission driving assessments from other specialists. The largest source of expert medical information is collected, with a driver's consent, via specially designed questionnaires which are completed by doctors, from information held on medical records. Section 94 of the Road Traffic Act 1988 only requires that a driver provides authorisation for a registered medical practitioner, that is a doctor registered and licensed to practise by the General Medical Council, to provide information to DVLA. The law also states that only doctors can be paid for completing questionnaires. In practical terms this means that DVLA can only accept medical questionnaires completed by a doctor.

3.6. DVLA sends out an average of 267,080¹ medical questionnaires per year, all of which must be completed by a doctor. The average time taken to receive information from doctors has been severely impacted by the pandemic and other resultant demands on their time.

3.7. Currently the time taken to gather and assess information, particularly in complex cases with multiple conditions where more than one doctor may need to respond, can lead to lengthy delays for those being assessed. In some instances, the individual's doctor may first need to seek updated information from other health care professionals who are more closely involved with the day-to-day management of the patient's condition, before reporting back to DVLA. This has implications for the speed of service that individuals receive.

3.8. The current restriction on who can complete medical questionnaires does not reflect current clinical practice. Some patients are primarily treated by healthcare professionals other than doctors, for example diabetes specialist nurses. Currently, these healthcare professionals cannot be authorised to respond to DVLA's requests for further medical information on behalf of their patients. If a health professional other than a doctor is best placed to complete the questionnaire, they will have to get it countersigned by a doctor. This can lead to situations where a very experienced specialist nurse would need to have their work signed off by a junior doctor with no expertise in that medical condition. DVLA pays for the completion of the questionnaires as this work is outside of the NHS contract, but the legislation specifies that payment can only be made to a doctor who is authorised to provide the information.

3.9. To reduce the burden on doctors and improve efficiency in terms of turnaround times for customers, DVLA has explored a change to primary legislation via a Legislative Reform Order to widen the scope of registered healthcare professionals, for example to include specialist nurses, who can provide information to DVLA.

3.10. Prior to the consultation, DVLA carried out customer insight with six individual GP surgeries who confirmed that generally, clinics are run by other registered healthcare professionals, for example, specialist nurses who are registered with the Nursing and Midwifery Council, under the supervision of a doctor but with these nurses undertaking the consultation and advising on treatment regimens. It is these specialist nurses who have the most detailed knowledge of an individual patient. In certain cases, it may be more appropriate for the doctor to approach them to complete DVLA medical questionnaire about their patients.

3.11. As the number of specialist nurse-led services increases, more patients will have their healthcare diagnosed, treated, and managed by registered healthcare professionals who are not doctors. These professionals may often be best placed to provide medical information due to their expertise and clinical contact with patients. Utilising their expertise can help to reduce workloads on doctors whilst improving the information government departments receive.

3.12. Amending the wording of the legislation in a way that will allow registered healthcare professionals other than doctors to also complete the medical questionnaires would give individual GP surgeries and hospital teams the flexibility to decide who the most appropriate healthcare professional is to provide the medical information required. This would allow DVLA to assess fitness to drive and make quicker licensing decisions for those individuals.

¹ This figure is based on an average of medical questionnaires sent over a 5-year period (2016 – 2021) to doctors for completion from medical records. Although the original volume of questionnaires quoted in the consultation paper was 445,500 this included examination and specialist report requests which are out of scope for this proposal.

04. Consultation responses

4.1. This section provides a summary and analysis of the consultation carried out by DVLA between 8 November 2021 and 6 December 2021 (in accordance with section 13 of the 2006 Act).

4.2. The consultation document was published on GOV.UK and can be found at www.gov.uk/government/consultations/amending-the-road-traffic-act-1988-to-allow-registered-healthcare-professionals-to-complete-dvla-medical-questionnaires

4.3. A full list of consultation questions can be found at Appendix 2.

4.4. The consultation provided an explanation of the proposed measure to change the Road Traffic Act 1988 to enable healthcare professionals other than registered medical practitioners (doctors with full General Medical Council registration) to complete DVLA medical questionnaires. It also explained the Legislative Reform Order (LRO) process. The consultation invited written responses from those working with the health professions and their representatives, as well as other interested parties.

4.5. A total of 411 responses were received. While some responses were not fully complete or were on matters not relevant to the proposal, all responses were scrutinised, and any relevant information or opinions were extracted and featured within the analysis.

4.6. The majority of consultation responses came from members of the public, around a quarter of responses came from those who are medical professionals or work within the health sector. The table below provides a breakdown of consultation respondents.

Type of respondent	Number
Individual (Member of the public)	229
Organisation and/or Medical/healthcare professional	182

Table: Breakdown of consultation respondents from medical professionals and other healthcare professionals

Type of respondent	Number
General Practitioner (GP)	32
Medical Consultant	15
Hospital doctor (Trainee/Non-training grade)	1
Nurse	8
Occupational Health professional	18
Optometrist	6
Nurse Practitioner	16
Physician Associate	3
Other	83

Responses to questions

Questions 1–4 asked respondents to provide their name, contact details, name of their organisation (if applicable), and profession.

Question 5 – The proposal is to amend the existing legislation to enable other healthcare professionals, as well as registered medical practitioners (that is any doctor registered with the General Medical Council, with a licence to practise), to complete relevant medical questionnaires to assist DVLA in determining fitness to drive for holders or applicants of a driving licence. To what extent do you agree or disagree with the principal intention of the proposal?

256 (62%) Strongly agree

80 (19 %) Agree

7 (2%) Neither agree nor disagree

26 (6%) Disagree

41 (10%) Strongly disagree

1 (0.2%) Don't know

4.7. Nearly 82% of respondents (335) said they strongly agreed or agreed with the proposal, showing overwhelming support for the proposal to widen the pool of healthcare professionals who would be able to complete the medical questionnaires. The reason for supporting the proposal given by many respondents was that it would provide greater flexibility and would allow the GP surgery or hospital team to determine who would be the most appropriate healthcare professional to provide DVLA with medical information. Many respondents thought the proposal would reduce bureaucracy and improve efficiency, resulting in quicker licensing decisions by DVLA for some customers.

4.8. Several doctors disagreed with the proposal, conveying their concerns that other health professionals would not have the skills and knowledge to complete questionnaires.

“Complex medical conditions require the expertise of a doctor. This is a move to cut corners, not to improve safety”.

Source – Hospital Consultant

“Non-medical degree qualified professionals can only follow protocols not take a holistic picture. They have a one-dimensional approach. If it's ticking a box you want use any staff”.

Source – General Practitioner

“I will often complete the medical questionnaire and then our medic countersigns this. Yet they have never met the patient and rely solely on the information I have completed”.

Source – Advanced Nurse Practitioner in an NHS Foundation Trust

“A lot of information required is demographic and factual and it is entirely possible for other roles e.g. administrators to complete this information on the GP's behalf”.

Source – General Practitioner

“It would speed up the time taken to process applications, reduce the amount of time GPs are spending on tasks away from face to face appointments, and reduce costs involved of assessing an application”.

Source – Health professional with a medical condition requiring a decision from DVLA.

“The questionnaire doesn't ask for an opinion on fitness to drive, just for the medical background. Anyone with understanding of the medical language can complete the form”.

Source – General Practitioner

"I work as a diabetes nurse in general practice. I manage all the patients with diabetes. DVLA forms come in for my patients, who I know better than the GP, and the GP has to ask me about the patient to complete the form. It is a waste of their time".

Source – Diabetes nurse practitioner

"We support the proposal as we believe widening the number of professionals who can sign this medical questionnaire, with the right training and support will make the process more efficient".

Source – Patient Group representative

"Using the health professional, including allied health professionals will enable the professional who best knows the person to undertake the assessment. This will be more efficient, easier for the individual (with a practitioner they know) and potentially more clinically accurate (based on a knowledge of the person not a single assessment)".

Source – Representative of devolved administration

"If there is greater flexibility in who is best placed to complete the medical questionnaires it should improve the waiting times involved with HGV medical renewals".

Source – Industry Representative body

Government response:

4.9. This proposal is intended to accommodate the different working practices of individual GP surgeries and hospital teams. It adds flexibility to the current system of gathering information on medical conditions.

4.10. It should be noted that some responses refer incorrectly to this proposal being about other registered healthcare professionals being permitted to conduct medical examinations. This is not the case. No change is being made to the provision which enables the Secretary of State to seek medical examinations from doctors. The proposal only relates to the provision of information that already exists on medical records by a suitable healthcare professional. We know that other healthcare professionals already complete the questionnaires so that a doctor can sign them off, some 25% of medical professional respondents to the consultation confirmed that this is the case.

Question 6 – That the proposal meets the preconditions for use of a Legislative Reform Order as set out in Section 7 – The Legislative Reform Order Process. To what extent do you agree or disagree?

4.11. Of the 384 responses to this question, 58% agreed or strongly agreed, while 7% disagreed or strongly disagreed. 35% did not know or neither agreed nor disagreed. While this question did not attract a great number of comments to back up the response made, many of those who did respond felt that the assessment made in the consultation as to why the proposal met the conditions to use an LRO were sound.

Government response:

4.12. The majority of those responding felt that the proposal did meet the preconditions for using an LRO to change primary legislation. A third of respondents did not know or felt unable to express an opinion.

"The provision does not remove any necessary protection – it maintains a fair balance between the public interest and the interests of any licence holder".

Source – Specialist Community Public Health Nurse

"I agree with assessment in consultation paper".

Source – Member of the public

Question 6b – That if the proposal is implemented, the impact of that would provide greater flexibility and opportunity to general practice surgeries and hospital teams completing medical questionnaires. This would allow the GP surgery or hospital team to determine who would be the most appropriate healthcare professional to provide DVLA with medical information and allow quicker licensing decisions for some customers.

4.13. Of the 394 responses to this question, 81% agreed or strongly agreed, while 14% disagreed or strongly disagreed. The rest either did not know or neither agreed or disagreed. The responses show that respondents felt that the proposal would positively impact GP surgeries, hospital teams and those waiting for a driving licence decision. Some respondents felt that the proposal would make no difference to the pressures that the NHS and doctors are currently under.

“Surgeries and hospital teams will have greater flexibility to choose who is most appropriate to complete the questionnaire, which will likely be based on who has had the most contact with the patient and what areas they are focussing on which are relevant to fitness to drive”.

Source – Driving assessor

“More flexible but not more appropriate or safer”.

Source – Consultant

“Absolutely, government services are strained enough so spread out the work to meet demands”.

Source – Member of public

“Eases workload on GPs and speeds up process for both general practice surgeries and for patients”.

Source – Physician Associate

“GP surgeries are under an immense pressure currently to provide core services. We are inundated with unprecedented demand for clinical work. All GPs, trainees and ANPs are required to help the clinical backlog in the NHS. The proposal would not stop this”.

Source – General Practitioner

“This assumes that there is someone else that could do this task. There is nobody else”.

Source – General Practitioner

“GPs have increasing paper based work loads which can be easily completed by others to the same or higher standard”.

Source – Healthcare Professional

Government response:

4.14. This proposal adds flexibility to the current system of gathering information on medical conditions for driver licensing purposes and improves its efficiency. When asked whether they would be comfortable using this option to complete medical questionnaires 49% of respondents said that they would.

Question 7 – How else might this proposal impact on GP business practices/hospital team practices and efficiency?

4.15. The vast majority of responses reflected the belief expressed in question 6, that the proposal will positively impact GP business and hospital teams’ efficiency and allow them more flexibility in the way they allocate DVLA medical questionnaires.

“Allows GPs to focus on acute patient presentations instead of using up their time on the medical questionnaires, increased moral for both patients & general practice staff”.

Source – Physician associate

"Reduce bureaucracy and free up time for more complex cases to be managed by senior clinicians".

Source – Member of the public

"Not much. The notion that completing DVLA forms is onerous or time consuming is I think not correct".

Source – Hospital consultant

"It would allow GPs to focus on more complex medical cases than being distracted by the requirement to complete admin tasks".

Source – Representative from Medical Practice

"Duplication, constant interruptions by healthcare staff not willing or able to make assessments on their own or take responsibility for their own decision. They will still refer to the doctor just to check".

Source – General Practitioner

"It will help spread the workload and free up valuable GP time".

Source – Paramedic

"The only issue with this proposal is that it merely moves the workload around the system taking it from GPs but putting it with another healthcare professional. Everyone has a high workload so it may not alleviate the problems being experienced by DVLA in terms of speeding up their processes. It simply robs Peter to pay Paul in effect".

Source – Member of the public

Government response:

4.16. The proposal adds flexibility to the current system for GP surgeries and hospital teams, enabling the most appropriate healthcare professional with access to medical records to complete the medical questionnaire without having a doctor approve it. No GP surgery or hospital team has to implement the change where they see no benefits.

Question 8 – We hope that the proposal will help reduce bureaucracy in the NHS by increasing the scope of those within surgeries and hospitals who can provide the information. That will allow doctors to concentrate on patients rather than time spent on administration.

The Department of Health and Social Care (DHSC) define it as:

The government's focus is on limiting excess bureaucracy, defined as: excessively complex rules (whether legal, organisational or cultural) or assurance and reporting administrative processes, which either have no benefit, or have no net benefit as they are unduly resource intensive, inefficient and time consuming.

To what extent do you agree or disagree that the proposal will help reduce bureaucracy in the NHS Service and GP Surgeries?

4.17. The majority, 66% of the 408 respondents agreed or strongly agreed that the proposal would help reduce bureaucracy, while 19% disagreed or strongly disagreed, 15% neither agreed nor disagreed, or did not know.

"Because more staff nurses will like to undertake and take on jobs like such as this".

Source – Nurse

"General Practice is extremely busy at the moment with the current push for patients to be managed primarily in the community and therefore anything that eases workload on GPs is beneficial. Also eases time that patients have to wait easing strain on DVLA".

Source – Physician Associate

"The proposal means that HCPs can take on the paperwork in relation to DVLA enquiries where appropriate and so Drs will be tied up less in DVLA paperwork".

Source – Member of the public

"In our memory clinic Advanced Nurse Practitioners lead with patient assessment, diagnosis and treatment. Our Medic may never meet many of the patients coming through clinic. We complete the medical assessment form. It seems counterproductive that the forms have to be countersigned by someone who has never met them. I think that healthcare provision is changing and this type of proposal is keeping up to date with the changes that are already in place".

Source – Advanced Nurse Practitioner

"A Medical Practitioner does not need to complete the documentation – information can be taken from clinical notes or other sources etc by other personnel".

Source – member of the public

"The regime for medical questionnaire completion varies from surgery to surgery, and health trust to health trust – there seems to be no consistent methodology at present. Changing this would hopefully create a new methodology that is consistent".

Source – member of the public

"To reduce bureaucracy, you need to make things much more automated and online, rather than paper based".

Source – Hospital Consultant

"By involving other suitably qualified HCPs this would aid the driving application process and reduce the problems of renewal under the current system whereby Medical Practitioners are the only HCPs legally allowed to undertake this documentation".

Source – Member of the public

"Whether it is the GP or a nurse, someone still needs to take time away or on top of clinical and contractual NHS work for something which is not part of the NHS contract".

Source – General Practitioner

"At present it seems simply a formality/tradition that a doctor is the best professional to know their patient. Since they rarely know their patients well now adays with large group practices and virtually no face to face contact since covid, other health professionals are better placed to advice on fitness to drive".

Source – Occupational Therapist

"Will reduce GP work but will increase work elsewhere in primary care".

Source – General Practitioner

Government response:

4.18. The proposal will increase the scope of those who may provide relevant medical information to DVLA and we are pleased that the majority of respondents agree that the proposal will reduce bureaucracy within the NHS.

Question 9 – To what extent do you agree or disagree with the following statements:

Question 9a – The proposal will improve efficiency for GP Surgeries and hospital teams (agree/disagree).

4.19. 69% of the 402 respondents to this question strongly agreed or agreed that the proposal, if implemented, would improve efficiency. 17% disagreed or strongly disagreed that the proposal would improve efficiency in GP Surgeries and hospital teams, 14% did not know.

"In secondary healthcare, I can complete a form and sign this. It then goes to a medical secretary and can take several days to be countersigned by a medic. So potentially, DVLA will receive these forms back much faster".

Source – Nurse

"GPs etc will be able to have more time to deal with patients that need their help rather than having to spend that time completing admin forms".

Source – member of the public

"Maximise productivity and increase timely critical care".

Source – member of the public

"I don't think these proposals reduce bureaucracy as the same questions have to be answered but efficiency should be improved as the most appropriate person would complete the questionnaire".

Source – member of the public

"Agree that some bureaucracy may be reduced, but there is a risk that the burden is shifted from GPs to other professionals. To reduce time spent on administration the process would need to be improved, streamlined and systems will need to be joined up to facilitate reduced duplication and efficient administration of the process".

Source – Occupational Therapist

Government response:

4.20. The majority of respondents think this proposal will provide greater flexibility for a GP surgery or hospital team to determine who would be the most appropriate healthcare professional to provide DVLA with medical information. It also supports the government's commitment to review bureaucracy in general practice. A concordat has been developed with key stakeholders, including the British Medical Association (BMA) and Royal College of General Practitioners (RCGP). A number of government departments, including the Department for Transport, have signalled their agreement to sign up to the principles that aims to reduce the administrative burdens in general practice to free up time for doctors to focus on patient care. The government plans to publish the final 'bureaucracy busting' concordat shortly.

Question 9b – The proposal will improve efficiency for DVLA (agree/disagree).

4.21. Of the 397 responses received to this question, 64% agreed and 13% disagreed that the proposal would improve efficiency, the balance neither agreed nor disagreed or didn't know. Those who agreed with the proposal suggested that a wider pool of health professionals would mean that questionnaires would be completed more quickly, and this would have a positive effect on turnaround times at DVLA. Some respondents suggested that DVLA may receive better information, and this would improve DVLA's decision making. Those who disagreed felt the proposal may have a detrimental effect on the quality of the information in the questionnaires and this would have an impact on the decisions made or result in delays and double handling due to DVLA rejecting medical questionnaires.

"Greater pool of professionals will speed the process".

Source – member of the public

"DVLA will not have to wait as long for forms to be countersigned. This can add several working days onto how fast things are managed within healthcare settings".

Source – Nurse

"DVLA risk being swamped with poorly completed forms requiring further correspondence".

Source – Consultant

"This would bring us in line with Eire and Australia and Canada, where it is legislated to a certain body of OT or OH and where their systems are more efficient. This should bring about an increase in timely and appropriate information for DVLA to make an appropriate decision regarding safety to drive".

Source – Occupational Therapist

"The forms can be adjusted for each health professional, making shorter questionnaires depending on the medical condition and saving paper and time in completing the questionnaires".

Source – Optometrist

"The current waiting time is unacceptable for driving licence applications for people with medical conditions therefore if extra health professionals could complete the forms this would help deal with the delay".

Source – member of the public

Government response:

4.22. The impact on DVLA is not yet known. However, with a wider pool of professionals able to complete questionnaires and GP surgeries and hospital teams having the flexibility to manage their resources more effectively, it is reasonable to assume that medical questionnaires may be returned more quickly resulting in a positive impact on drivers because DVLA will be able to respond promptly.

Question 10 – If you are aware of any benefits or costs to businesses that have not been identified, please provide details below:

4.23. 131 respondents offered a response to this question including a number of 'No' and 'N/A'. While there was a lack of relevant information or supporting evidence provided by respondents to this question, many mentioned the benefits of quicker licensing decisions for those who drive for a living and their employers.

"Businesses who have drivers waiting on a Dr giving info back to DVLA before they can drive should be able to drive quicker if info gets to DVLA quicker via an HCP therefore benefiting the business and the driver".

Source – Member of the public

"Efficiency in recruitment and reduction of sickness absence for all organisations employing professional drivers- faster decision making on ill health retirement and other aspects impacting work and health".

Source – Occupational Health Professional

"I work with a large transport company. The delays for drivers in waiting for DVLA to give them their license back ultimately affects the driver's income since SSP only lasts for so many weeks".

Source – Member of the public

"Quicker replies to medical applications shorten times that business is disrupted by employees not being able to drive".

Source – Member of the public

"I suppose an extra duty of triaging DVLA paperwork to the most appropriate member of the GP practice would have to be accommodated and training given. Not sure how this would work in secondary care".

Source – Member of the public

Government response:

4.24. This proposal allows GPs and hospital teams the flexibility to continue with their current system of providing information to DVLA about their patients' medical conditions. Any benefits or costs to businesses will be dependent on the size of the GP surgeries or hospital teams and whether they choose to adopt the proposal if implemented.

Question 11 – If you are aware of any benefits or costs to society that have not been identified, please provide details below:

4.25. 179 respondents offered a response as to whether they were aware of any benefits or costs to society that have not been identified. Relevant responses included potential road safety and societal benefits related to licensing decisions being made more quickly. Disbenefits were noted for road safety and society if the proposal was to result in a reduction in the standard of the medical information received, impacting the quality of DVLA's decision making.

"The roads would be much safer. In our business alone, we have found drivers who are not known to DVLA, have not been told to stop driving or inform DVLA and are in fact very ill and not fit to drive – yet continue to do so. This I am sure is why the accident rate is so high".

Source- Occupational Health Professional

"Public safety could be compromised by this proposal".

Source – General Practitioner

"The more drivers not hanging about waiting on a Dr to give info to DVLA, the better for society. Also the less that Drs are tied up in DVLA paperwork, the more time they have available for other members of society".

Source – member of the public

"Reduce perception of 'doctor knows best' amongst general public – widens perception that other healthcare professional can address problems".

Source – Pharmacist

Government response:

4.26. This proposal adds flexibility to the current system of gathering information on medical conditions and improves its efficiency. We do not believe that road safety would be compromised as only appropriately registered healthcare professionals who have access to the information held on medical records will be able to complete the questionnaires. In addition, there may be some benefits to road safety if the most appropriate healthcare professional is completing the questionnaire. If questionnaires are returned more quickly it will mean that DVLA have the information it needs to make decisions and those who should not have a licence will be off the road sooner.

Question 12 – If you are aware of, or you believe that there will be any unintended consequences as a result of this proposal, please provide details below:

4.27. There were 183 respondents who provided a view as to whether they believed that there would be unintended consequences of this proposal. Most relevant responses raised issues that had already been considered elsewhere and views that had already been provided in answer to other questions in the consultation.

"As long as the vetting process is sufficiently rigorous there should be no problem".

Source – member of the public

"Increased professional indemnity insurance costs to those producing such reports".

Source – member of the public

"Corruption, red tapeism and delays".

Source – member of the public

"There are always risks but the decision of stopping somebody driving lies ultimately with DVLA".

Source– Occupational Therapist

Government response:

4.28. This proposal adds flexibility to the current system of gathering information on medical conditions and improves its efficiency. Only medical questionnaires from appropriately registered healthcare professionals will be accepted by DVLA. The issue of professional indemnity insurance has also been considered, and it will be for individual health professional and their employers to consider whether the direct or indirect benefits are worth absorbing any additional costs around indemnity.

Question 13 – Have you completed medical questionnaires for DVLA? (Yes/No).

4.29. 47% (82 of 175 respondents) have completed medical questionnaires for DVLA. Of those who responded, 96% of GPs have completed questionnaires 86% of consultants, 50% of nurses, 58% of occupational health professionals, 80% of optometrists, 43% of nurse practitioners and 0% of physician associates. No comments were received as it was a yes/no question.

Government response:

4.30. The response indicates that a high percentage of healthcare professionals are already familiar with the process and that is encouraging.

Question 14 – What is the average length of time taken to complete a medical questionnaire in your experience?

4.31. Responses varied on length of time taken to complete questionnaires from 5 minutes to 1 hour, with 30 minutes being the common theme. The average time based on the responses to the consultation was 22 minutes. This question did not ask for comments.

Government response:

4.32. This proposal adds flexibility to the current system of gathering information on medical conditions and improves its efficiency. It will help remove the burden that currently rests only with doctors to provide information in response to DVLA's medical questionnaires. Again, there were a wide range of estimates for the time taken to complete a medical questionnaire. This may reflect the fact that some questionnaires take longer than others to complete. However, it is also worth noting that some respondents to the consultation were answering on the basis that the routine medical reports required by drivers of buses and lorries that involve a physical examination are included in this proposal. These examinations will take longer than simply completing a questionnaire from medical records and are not in scope of this proposal.

Question 15 – Have you identified any issues that delay the process?

4.33. 82 responses were received from healthcare professionals with 66% indicating yes and 34% indicating no. No comments received.

Question 15a – How can DVLA improve the content of the medical questionnaires?

4.34. 40 of those who responded to this question provided a comment. Some respondents were happy with the questionnaires as they are, while others referenced suggestions for the questionnaire for a particular medical condition. A few responded that there was a level of repetition if drivers had more than one medical condition. Others felt that we should be using electronic means for requesting and receiving information.

“The forms are quite basic. They are short and to the point”.

Source – Nurse

“Make them electronic”.

Source – Consultant

“Switch to electronic format of forms and allow responses to be sent electronically”.

Source – General Practitioner

“Online”.

Source – Consultant

Question 15b – How can DVLA improve the format of the medical questionnaires?

4.35. 34 respondents offered a view on how DVLA could improve the format of the medical questionnaires. The majority of the comments suggested that the process should move away from paper and should allow questionnaires to be completed online.

“Reduce the number of questions, less repetitive questions”.

Source – General Practitioner

“It must move online in order to be efficient and effective, current forms outdated and slow to go through the system”.

Source – Nurse Practitioner

“Enable online/electronic completion”.

Source – General Practitioner

Government response to questions 15, 15(a) and 15(b):

4.36. The content of the medical questionnaires is continuously reviewed and the comments and input from respondents to the consultation will be considered as part of that process. Work is already underway to simplify the questionnaires so that only the relevant questions are asked. There are benefits of being able to complete medical questionnaires online and this option is currently being explored.

Question 16 – Do other healthcare professionals in your practice or hospital currently complete medical questionnaires from a patient’s record prior to the form being signed off by a registered medical practitioner?

4.37. 46% of respondents indicated that other healthcare professionals did not complete DVLA medical questionnaires, 29% don’t know and 25% indicated yes.

Question 16a – If yes, please explain any reasons for this:

4.38. 34 respondents offered a comment as to why other health professionals already complete medical questionnaires that are then signed off by doctors. The responses confirmed that this was done to save GP time and because the other health professional was best placed to complete the questionnaire. It is interesting to note that other respondents advised that they also complete questionnaires or reports for insurance cover purposes.

“We know the patients and the GP/consultant has usually not had contact with the medical condition or person for some time”.

Source – Nurse Practitioner

“Save GP time”.

Source – Pharmacist

“Often know the patient better and are advising the medical professionals on their responses”.

Source – Nurse

Question 17 – What percentage of medical questionnaires are currently dealt with by other healthcare professionals? Please enter numerical %.

4.39. There were 33 responses to this question. The responses ranged from 0% to 100%, the average being that 35% of questionnaires are completed by other health professionals for countersigning by a doctor.

No comments received only estimated time percentages requested.

Government response to question 16,16a and 17:

4.40. DVLA is aware that other healthcare professionals complete questionnaires prior to them being signed off by a registered medical practitioner. 25% of medical professionals who responded to the consultation confirmed that this is the case. We believe that this will mean the transition to changing the processes within GP surgeries and hospital teams could be easier and will allow the benefits to be realised more quickly.

Question 18 – If the proposal results in a legislative amendment, would your surgery be comfortable in using this option to complete medical questionnaires?

4.41. There were 171 responses to this question, 49% of respondents stated that they would be comfortable in using the option; 34% indicated that they did not know and 17% stated no.

No comments received.

Question 18a – If your surgery or hospital would not be comfortable in using this option to complete medical questionnaires, please explain your reasons why:

4.42. There were 45 respondents who provided reasons for not being comfortable in allowing other health professionals to complete medical questionnaires if the law was changed to allow them to do so. Some respondents advised that they simply don’t have anyone else who could complete the forms within their set-up. Others said that other health professionals do not have the appropriate level of training or knowledge to complete medical questionnaires

from the medical record. One expressed the view that the other healthcare professionals in their surgery would be unwilling to take on the responsibility.

"We do not have anyone else that could do it".

Source – General Practitioner

"It may be appropriate for healthcare professionals other than doctors to contribute to questionnaires, where the information requested falls within their scope of practice. Allied healthcare professionals who wish start providing evidence to DVLA could be required to undertake additional training, so that they understand the full DVLA licencing process, and are cognisant of the associated medico-legal liability".

Source – GP Representative Body

"The current system works well and is safe and well established".

Source – General Practitioner

"I would be happy with this as an individual consultant. Can't speak for my colleagues or the hospital".

Source – Hospital Consultant

"There is limited health care professional time and we cannot spare them to do this".

Source – GP Representative Body

Government response:

4.43. We believe the proposal will help to reduce bureaucracy and improve efficiency by providing greater flexibility for a GP surgery or hospital team to determine who would be the most appropriate healthcare professional to provide DVLA with medical information. While we understand the caution expressed, it would be a positive step to remove the burden that falls only on doctors if just a small percentage of questionnaires were completed by other healthcare professionals. There are a good number of healthcare professionals already completing questionnaires that would no longer require a doctor's sign off. It is also very encouraging that just under 50% of respondents stated they would be comfortable with other health professionals completing medical questionnaires.

Question 19 – If the proposal results in a legislative amendment and your practice or hospital team implements the proposal, what percentage of medical questionnaires could potentially be dealt with by other healthcare professionals?

4.44. There were 128 responses to the question and large variation in percentage of questionnaires that could potentially be completed by other healthcare professionals. The answers ranged from 0% to 100% which gives an average of 50% of questionnaires potentially completed by other health professionals.

No comments received.

Government response:

4.45. A wide range of responses were received to this question. We believe that even if just a small percentage of questionnaires were completed by other healthcare professionals it would help remove the burden that falls on doctors and improve efficiency. In addition, there are already a good number of healthcare professionals already completing questionnaires that would no longer require a doctor's sign off.

Question 20 – If the proposal results in a legislative amendment and your practice or hospital team implements the proposal, do you anticipate any costs in terms of additional staff training?

4.46. There were 167 responses, 34% of responses from medical professionals (GP or hospital teams) do not anticipate additional staff training costs, with 34% indicating additional costs and 32% unsure.

Question 21 – If so, how much would costs increase by?

4.47. There were 35 figures providing estimated additional costs for training. These ranged from £20 to £25,000, averaging just under £3,500. It is difficult to draw any conclusions on additional costs as we don't know the numbers of staff that the estimates cover. We did not ask for comments.

Government response:

4.48. This proposal allows GPs or hospital teams the flexibility to determine who is best placed to provide information on medical conditions. We anticipate where the costs outweigh the benefits doctors will continue to be primarily responsible for completing questionnaires.

Question 22 – Based on the cost of doctor's time when completing DVLA medical questionnaires, would there be any indirect cost benefit to practises or hospital teams if other healthcare professionals were able to complete the questionnaires?

4.49. This question was directed to medical professionals and 38% of responses indicated that they anticipated indirect cost benefit to GP or hospital teams if other healthcare professionals were able to complete medical questionnaires, with 20% stating no cost benefits and 42% unsure. This question did not ask for comments or reasons for the response.

Government response:

4.50. We are pleased that more than a third of responses agreed with our assessment that where other healthcare professionals can complete questionnaires, there will be some indirect cost benefits to GP surgeries and hospital teams based on the hourly wage differences between doctors and other health professionals. We anticipate that GP surgeries and hospital teams will be more likely to involve other healthcare professionals in the completion of questionnaires where the cost benefits, both direct and indirect outweigh the costs.

Question 23 – Some existing indemnity schemes do not cover non-NHS work and GP surgeries or hospital teams may need to clarify with their indemnity provider what cover is included for doctors and ancillary staff in providing this service. Do you have concerns regarding ancillary staff being required to obtain cover for professional representation and additional indemnity cover for any private work they are undertaking on behalf of the practice or hospital team?

4.51. There were 170 responses to this question on indemnity, 36% of which indicated concerns over indemnity, 33% stated no concerns and 31% stated that they don't know. Respondents confirmed that the completion of DVLA's questionnaires would not be covered by the government's indemnity scheme as they do not relate to the NHS work. The concerns expressed were regarding the cost of indemnity cover and who would pay for it, as well as risk. Some respondents questioned whether other healthcare professionals would be able to get cover for private work.

"If the health care professional and an employee of a practice was completing the questionnaire as part of their job plan, the fee will need to cover their costs to the practice. This will add significant additional costs, either to the health care professional or the practice".

Source – GP Representative Body

"Indemnity is already difficult enough for non NHS work for medics. It will be even higher for non-medics".

Source – General Practitioner

"If additional indemnity costs are prohibitive then additional staff will not be prepared/able to take on this extended role".

Source – Nurse Practitioner

"Simply put, it should NOT be seen as private work. Safe driving needs to be seen as a health issue not as a pound sign".

Source – Nurse Practitioner

"Indemnity schemes are unlikely to indemnify high risk activities for non-doctors".

Source – Occupational Health Professional

Question 23b – It is not known at this stage what additional costs doctors and other healthcare professionals may incur; do you think there will be additional costs incurred for this cover to your policy?

4.52. 167 responses were received and while the previous response showed that there are clear concerns about indemnity, only a quarter expressed the belief that there would be increased costs. 49% of respondents stated that they didn't know, 25% stated there would be increased costs and 26% reported no additional costs. We did not ask respondents for comments to support their response.

Question 24 – To help us understand the potential additional costs of this cover, please specify the costs below: Potential additional costs incurred in £'s.

4.53. There were 20 respondents who provided a figure for the potential additional cost of indemnity cover. The costs stated ranged from just one pound to £10 million. We did not ask respondents for comments to evidence the basis for the figure quoted.

Government response to Questions 23, 23b and 24:

4.54. The issue of indemnity is clearly a concern for some doctors, other healthcare professionals and their employers and these concerns will be explored further. The medical questionnaires are designed to be completed from medical records. Assessing whether an individual is medically fit to hold a driving licence is DVLA's role and they take full responsibility for the decisions to issue or remove driving entitlement.

Question 25 – If you have any further comments or suggestions to make about this consultation, please tell us below:

4.55. There were further comments or suggestions about the consultation made by 156 respondents. The responses reflected the positive and negative positions of the respondents to the consultation and as a result were largely supportive of the proposal. Other suggestions already raised in earlier responses were also included, for example, allowing questionnaires to be issued electronically.

"Please bring this in asap".

Source – member of the public

"I think this is a very good development. It shows that DVLA are keeping up to date with what changes are happening in healthcare settings".

Source – Nurse

"It is as important to have specific standard operating procedures, policy and competency training in place to satisfy any indemnity insurance policy and prevent negligent claims".

Source – Occupational health professional

"I don't think this is the right thing to do. This may lead to a lot of issues for DVLA with returned forms and errors in the forms themselves".

Source – General Practitioner

"Having more health professionals contribute to DVLA questionnaires should enable greater equity for clients and enable them to get the support they need. Clients who need vehicle adaptations will then hopefully be signposted to mobility centres to have their needs assessed and suitable training rather than guessing what they need or being advised by a car dealership. This will improve road safety with licence holders having suitable adaptations to drive with and sufficient training. And also those who are not safe to drive have their licences revoked more swiftly but fairly".

Source – Driving Assessor

"I note the consultation makes a lot of references to nurses. Many allied health professionals are now also employed in GP surgeries (e.g. paramedics) working at advanced level and should be included in this change by including Health and Care Professions Council registrants as well as Nursing and Midwifery Council registrants".

Source – Member of the public

"The healthcare setting is ever changing however there is still a stigma of 'a doctor needs to sign it'. In most cases I agree there is red tape for health care professionals who work at the same level as doctors however don't have the same authority. I feel other health care professionals assessing an individual's functional or mental capacity do drive can easily be done by other health care professionals as well as doctors. Examples of this are practice nurses and advanced clinical practitioners".

Source – Nurse Practitioner

"I think this change in legislation would benefit both patients/drivers and healthcare staff as it recognises the changes in healthcare and clinical conditions and allows the most appropriate healthcare professional to provide accurate and up to date information about patients conditions and the impact on their ability to drive safely. This would allow for more timely responses to and from DVLA".

Source – Consultant Nurse Practitioner

05. Disclosure of information

As part of the consultation, we told recipients that at the end of the consultation period we would publicise the responses received unless they asked us to treat their responses as confidential. None of the respondents asked for their response to be treated as confidential.

06. Next steps

The Secretary of State would like to thank all respondents who replied to the consultation and is pleased to see representation from a wide range of stakeholders.

The Secretary of State is satisfied that the responses to the consultation demonstrate that stakeholders agree with his view that the preconditions for an LRO are met by the draft Order.