

Consultation response, DVLA changes to driver licensing laws

24 February 2012

Brake, the road safety charity

Proposals

Brake welcomes DVLA proposals aimed at improving efficiency in driver medical assessments and ensuring drivers who are unfit to drive are notified of DVLA's decision sooner.

It is vital drivers with conditions that potentially impair driving are given a decision by the DVLA as soon as possible, so if their condition poses a risk behind the wheel they are taken off the road as quickly as possible. Brake is concerned that a period of up to 90 days is too long for drivers with dangerous medical conditions to continue to drive, and is keen to learn other ways the DVLA may improve efficiency and reduce the time it takes for decisions to be made on fitness to drive.

Brake would be interested to know how much the DVLA expects these proposals will reduce the time it takes for assessments to be completed, and whether it will enable a reduction in the current maximum of 90 days.

Proposal one: medical information sign-off by medical practitioners rather than GPs only

Brake supports this proposal if it will speed up DVLA decisions on fitness to drive, which should have a positive effect on road safety as drivers who are not fit to drive will be taken off the road sooner.

Brake would caution that appropriate safeguards should be put in place to ensure that information can only be provided by an appropriate medical professional who is qualified to assess the medical condition under scrutiny, and to guard against fraud. Brake would be interested in seeing specific proposals for the type of medical practitioners considered appropriate to sign off forms and how the DVLA will guard against any potential abuse of this system.

Proposal two: email as an option for licence decisions and notifications

Brake supports this option for drivers to receive information via email which is then deemed legally received. This is on the basis that DVLA predicts this will reduce the amount of time for processing many driver assessments, which will have a positive impact on road safety due to unfit drivers being removed from the road more quickly.

Further comments

Brake believes further improvements could be made by DVLA in its processes and practices in relation to fitness to drive, outlined below, which we hope may also be considered.

Length of decision making process:

Brake is concerned it can take up to 90 days after reporting a medical condition before a decision is made by the DVLA. During this time drivers with conditions that can be deadly behind the wheel retain their licences, so the faster decisions are made, the lower the risk posed to the public.

Brake appreciates the proposals above are intended to make this process more efficient, and would be keen to know the impact these are likely to have on the time it takes, and if any further efficiencies could be made so that the maximum time of 90 days, and the average time taken, can be significantly reduced.

In particular, Brake is keen to learn whether the DVLA has target timescales for completing assessments in cases where fitness to drive is reported as a serious concern by police. If not, Brake recommends implementing target timescales for these cases, ensuring they are fast-tracked through the system very quickly.

Brake is working with MP Bob Russell and the family of Cassie McCord, who was killed by a driver with inadequate eyesight. Her case demonstrates why it is so crucial to minimise the time between police stopping drivers with medical impairments and action being taken by the DVLA. The driver had been stopped by the police three days earlier and reported to the DVLA, but had not yet received a disqualification decision when he ran over and killed Cassie¹.

Clarity of information and communications

Brake recommends the DVLA use every opportunity in communications with drivers to remind them of their responsibilities to ensure they are fit to drive. DVLA could use communications to outline ways drivers can help ensure they are fit to drive, what to do if they have concerns, and potential consequences if they take to the road unfit. In particular, Brake would like to see the DVLA promoting messages about the impact of common medical conditions on driving, advice to have eyesight examinations every two years, and the importance of consulting a doctor immediately if you think your health could be affecting your driving. This could be included in email and paper communications, including those issued at renewal of driving licence photocard.

Brake also recommends clarifying information on the Directgov website relating to fitness to drive. Brake is concerned that key advice on drivers' responsibilities is not clear. For example, there should be a clear and prominent message of the vital importance of seeking medical advice promptly if drivers have concerns about their health affecting their driving, because their safety and that of others depends on it.

Brake is also concerned drivers may be discouraged from self-reporting health issues to the DVLA after reading information on the Directgov site, as procedures following self-reporting are not clearly outlined, nor is the basis on which decisions are made by the DVLA. Brake believes that clearly outlining what steps the DVLA will take once a disclosure is made, such as asking the driver to contact their GP and clarifying that the DVLA will not directly contact their GP or other professionals without the driver's knowledge, will help drivers understand the implications of submitting an application and encourage them to do so. Brake believes it is also important to emphasise that many conditions are treatable, and drivers will be permitted to keep their licence in certain circumstances, or be reissued with a licence following treatment. This will encourage more drivers who have concerns about their fitness, but fear losing their licence permanently, to self-report.

¹ See [The Huffington Post](#), 13 January 2012

GP training on fitness to drive:

Evidence suggests that DVLA guidance for GPs on fitness to drive could be significantly improved, to encourage them to report patients who are unfit to drive, and proactively raise the issue of safe driving with patients who have conditions that can be a danger behind the wheel.

In a report commissioned by the Department for Transport in 2010, medical professionals were found to be reluctant to report patients who were unfit to drive and many failed to discuss fitness to drive with patients. The report said barriers included over-complex DVLA guidelines, and that systems and procedures for implementing DVLA medical standards were poorly communicated to some groups of healthcare professionals².

Brake recommends the DVLA consult medical practitioners on how it could improve guidance to ensure greater clarity among medical professionals of their role and responsibilities in communicating effectively with the DVLA to help prevent people driving when they are not fit to do so.

Obstructive Sleep Apnoea and commercial drivers:

Brake is concerned that many commercial vehicle drivers who have undiagnosed Obstructive Sleep Apnoea (OSA) may be slipping through the net due to inadequate assessment of OSA by GPs using the D4 medical form to complete drivers' medical exams.

There is evidence that one in six HGV drivers in the UK suffer from undiagnosed OSA³. Sufferers from sleep apnoea have been shown to be six to 15 times more likely to have a road crash than those without the condition⁴.

Brake urges the DVLA to look into this matter and improve the D4 form as appropriate to ensure deeper enquiry into OSA and improve guidance for GPs on the importance of diagnosis of OSA in relation to fitness to drive.

Through the D4 form, GPs are asked to answer if there a history of, or evidence of, sleep apnoea. GPs need only fill in additional details on risk factors relating to sleep apnoea if the answer to this initial question is yes. Brake would suggest revision of the form so it prompts more specific questioning and assessment of common symptoms of OSA as part of filling in the form rather than simply asking if diagnosis or symptoms are present. The form should also clearly state the need to refer patients to a sleep study if symptoms are identified. This should enable a greater proportion of OSA sufferers to be diagnosed and receive treatment as a result of the form being completed.

For further information on any of the above, contact Ellen Booth, Brake senior campaigns officer, on 01484 550067 or email ebooth@brake.org.uk

² [Attitudes of health professionals to giving advice on fitness to drive](#), Department for Transport, 2010

³ Respiroics SASA research, for BBC Real Story with Fiona Bruce, BBC1, 21 November 2005

⁴ Automobile Accidents Involving Patients with Obstructive Sleep Apnoea, Findley, L J, Unverzagt, M E, Suratt, P M, et al, in American Review of Respiratory Disease, 1988