



Proposals to amend Driving Licence Standards for Vision, Diabetes and Epilepsy

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

Medical Standards: Annex III to Directive 91/439/EEC

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Information about the Consultation Process

Topic of this consultation

1.1 This consultation is being issued by the Department for Transport (DfT) on changes to the minimum standards for vision, diabetes and epilepsy in relation to driving. Driver licensing in Great Britain (GB) is carried out by Driver and Vehicle Licensing Agency (DVLA) and in Northern Ireland (NI) by Driver and Vehicle Agency (DVA). This document relates to licensing standards across the United Kingdom (UK); any reference to DVLA applies to DVA.

1.2 This document seeks views on changes to the medical standards for vision, diabetes and epilepsy.

1.3 All references to the "UK regulations" in this document, unless otherwise stated, refer to The Motor Vehicles (Driving Licences) Regulations 1999, the Motor Vehicles (Driver Licences) Regulations (Northern Ireland) 1996 and the Motor Vehicles (Taxi Drivers' Licences) Regulations (Northern Ireland) 1991. In order to implement these changes, amendments will be made to the UK Regulations 1999 and the guidance issued to medical practitioners "At a Glance".

Duration

1.4 The consultation runs for 12 weeks from 03/02/2011 until 28/04/2011. Any responses received after this date may be taken into consideration only in exceptional circumstances.

Impact Assessment

1.5 An initial Impact Assessment (IA) is provided at Annex A. This will be developed in light of any comments received in response to this consultation.

How to respond

1.6 Please use the reply form at Annex D to make your responses.

1.7 If you have difficulty downloading the reply form please:

email us at: annex3consultation@dvla.gsi.gov.uk or if you are unable to respond electronically please post the reply form to:

Mr M Davies,
Annex III, Medical Standards
DVLA,
Corporate Affairs Directorate, D16,
Longview Road,
Swansea
SA6 7JL.

Freedom of Information Disclaimer

1.8 Respondents are asked to note that we may publish some or all of the comments received in response to this consultation. Also, if a request from a third party for sight of such comments is received, we may be obliged by law (for example, under the Freedom of Information Act 2000) to disclose such information. If there are particular reasons why you would not wish your comments to be published or disclosed, please let us know. Although your wishes in this respect may not override any statutory requirement to disclose, they will be taken into account so far as possible. If you reply by email, the above overrides any confidentiality disclaimer generated by your IT system.

Enquiries

1.9 Please refer any questions to Mark Davies (details as in point 1.7)

Additional ways to become involved

1.10 If you know of anyone who might be interested in commenting on this consultation please suggest they obtain a copy of this document and response form from the website at www.dvla.gov.uk/consultations

After the consultation

1.11 All responses will be considered, suggestions and comments supported by evidence will be used to inform administrative and regulatory changes.

1.12 The summary of responses will normally be published before or alongside any further action, (e.g. laying legislation before Parliament). It will be available online at: www.dvla.gov.uk/consultations.

Code of Practice on Written Consultations

1.13 This document is considered to comply with the Government's code of practice set out at Annex B. If you believe that the consultation criteria have not been met please write to the address provided in the annex.

Background

1.14 The current driver licensing rules in the UK are based on the second European Council Directive on driving licences (91/439/EEC). That harmonised rules throughout the European Economic Area for the mutual recognition and exchange of Member State licences and Annex III specified 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.

1.15 In recent years officials and medical experts drawn from across the European Union have reviewed the 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 amending the 2nd and 3rd Driving Licence Directives respectively. DVLA participated in the working groups set up to review the standards. Additionally the relevant Secretary of State's (SoS) experts on the Honorary Medical Advisory Panels (the Panel) for vision, diabetes and neurology have considered the medical directives and provided expert advice on how these compare with existing UK standards. For the most part, the medical directives relax or more precisely define existing EU minimum medical standards. Where the Panel has advised that a relaxation is consistent with road safety we are recommending that this is adopted. In addition, we have taken this opportunity to review our legislation generally against EU medical standards for driving licensing. Our existing legislation must be interpreted at least at the level of the EU minimum standards, and in some respects we have identified a need to tighten our legislation to make this clearer. The implementation of these revised standards is the basis of this consultation.

The Directive 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 lorry and bus drivers 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.

1.16 Where new EU minimum standards offer an opportunity to relax a standard, a greater number of individuals may apply for a licence. Where we have identified a need to tighten a standard, this will prevent 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.

1.17 New applicants will need to meet the new standard when the domestic legislation implementing it comes into force.

1.18 For existing licence holders, we propose that:

a) Group 1 drivers will be first assessed against the new standards as follows:-

- in GB at age 70, or earlier if they require renewal of a short period licence on medical grounds;
- in Northern Ireland, at the next 10 year renewal, or earlier if they require renewal of a short period licence on medical grounds.

b) Group 2 drivers will currently be assessed at age 45, or if they are already over 45 at their next 5 yearly check (or sooner if they have short period medical licences). With effect from the first photocard renewal after January 2013, Group 2 drivers will be assessed 5 yearly irrespective of age.

Aims

1.19 Results of this consultation will inform the formulation of recommendations to the Secretary of State for necessary changes to the minimum medical standards for driving in the UK. We anticipate making changes to the Motor Vehicles (Driving Licences) Regulations 1999 (SI 1999/2864) and the guidance produced for doctors in “At a Glance” <http://www.dft.gov.uk/dvla/medical/ata glance.aspx>.

Proposals

1.20 We welcome your views on the proposals detailed at Annex C. This shows the extent of the changes to standards and highlights the areas where further advice is being sought from the relevant expert panel that advises the Secretary of State for Transport. Annex C also contains PDFs of the EC working group reports and Annex III Directive 2009/112/EC.

1.21 Each section is prefaced by relevant definitions followed by a brief analysis of the current and proposed positions.

VISION

Current UK standard

2.1 All applicants for a driving licence shall undergo an appropriate test to ensure that they have adequate visual acuity for driving power-driven vehicles. In the UK this is the “number plate test”. Where there is reason to doubt that the applicant’s vision is adequate, they are required to be examined by a competent medical authority.

2.2 Licensing may be considered for group 1 drivers in exceptional cases where there is a horizontal field defect, on an individual basis, subject to strict criteria. There are no exceptions allowed to the visual acuity standard measured by the number plate test.

2.3 All exceptional cases are assessed to confirm that the applicant is not a source of “danger to the public”.

New EU Rules

2.4 All applicants for a driving licence shall undergo an appropriate test to ensure that they have adequate visual acuity for driving power-driven vehicles. For Group 1 drivers, in “exceptional cases” where the visual acuity standard or visual field standard cannot be met the driver should undergo examination by a competent medical authority to demonstrate that there is no other impairment of visual function, including glare, contrast sensitivity and twilight vision. The driver or applicant should also be subject to a positive practical test conducted by a competent authority.

Proposed change to UK standard

2.5 Any detailed examination of vision must take into account all aspects of vision listed in the medical directives.

2.6 We are not intending to provide for exceptions to the rules on visual acuity at present but will keep this under review. The current exceptionality allowed for visual field in some circumstances will continue.

Consideration of the need for change

2.7 Further research into the standards for the measurement of contrast sensitivity, twilight vision and glare sensitivity will be required prior to setting any precise standards. For the time being guidance to doctors will be that all these elements of vision should be assessed whenever a detailed examination is undertaken, by way of the current UK test – is the person a “danger to the public”?

Group 1 Drivers:

VISUAL FIELD IN BOTH EYES

Definition

2.8 The area which can be seen without shifting the gaze.

Current UK standard

2.9 Driving licences shall not be issued or renewed if, during the medical examination, it is shown that the horizontal field of vision is less than 120 degrees, subject to limited exceptionality.

New EU Rules

2.10 The horizontal visual field should be at least 120 degrees; the extension should be at least 50 degrees left and right and 20 degrees up and down. No defects should be present within a radius of the central 20 degrees.

Proposed change to UK standard

2.11 This standard will be implemented whenever a full visual examination is carried out.

Consideration of the need for change

2.12 The standard is mandatory and has to be implemented. We do not propose to go above it, but will continue to allow limited exceptionality. The Panel will be asked to consider an appropriate minimum qualifying field of vision standard that should be met before an application may be considered.

VISUAL ACUITY

Current UK standard

2.13 The current UK domestic standard as measured by the “number plate test” which measures visual acuity at the standard of Snellen 6/10 (decimal 0.6), with corrective lenses if necessary.

EU Rules

2.14 The UK current standard is higher than the EU visual acuity standard, which has for some time, been decimal 0.5 for drivers with binocular vision. The medical directives do not change this standard.

Proposed change to UK standard

2.15 We propose that the domestic standard be brought in line with the longstanding EU standard of decimal 0.5. This will be achieved by slightly reducing the distance at which the number plate has to be read in the number plate test. This would mean that to comply with the proposed EU minimum acuity standard of 6/12 (decimal 0.5) measured by the standard Snellen eye chart, a number plate would need to be read in the driving test from approximately:

- 17.5 metres for letters 79 millimetres high and 50 millimetres wide (format post 1.9.2001)

2.16 We propose that only new style numberplates are used in the drivers test, as the vast majority of numberplates are now the new style format. We intend to remove the reference to the old style numberplates from the Regulations; this should make the law clearer.

Consideration of the need for change

2.17 The panel has recommended adopting the standard, DVLA supports the Panel recommendation, this is a relaxation of the current standard and requires a change to the Snellen 6/12 (decimal 0.5) UK regulation.

PROGRESSIVE EYE DISEASE

2.18 The medical directives requires regular examination. In existing UK legislation any such progressive eye condition would be treated as a “prospective disability” and subject to regular review for any category of licence holder and so no change is needed.

TOTAL FUNCTIONAL LOSS OF VISION IN ONE EYE (monocular vision)

Current UK standard

2.19 The existing EU standard for those who have total functional loss of vision in one eye or who use only one eye (e.g. in the case of diplopia) is that there should be:

- Visual acuity of at least decimal 0.6;
- Normal field of vision;
- A period of adaptation.

This is reflected in the UK by the number plate test measuring decimal 0.6 and the detailed guidance given to doctors.

New EU Rules

2.20 The visual acuity standard and horizontal field standard are now the same as the standards for drivers with binocular vision (i.e. decimal 0.5). The requirement for an adaptation period is retained.

Proposed change to UK standard

2.21 The panel has recommended dropping the visual acuity standard measured by the number plate test to decimal 0.5 this would mean reading a numberplate in the driving test from approximately 17.5 metres for letters 79 millimetres high and 50 millimetres wide (post 1.9.2001). DVLA supports the Panel recommendation; this is a relaxation of the current standard. Where there has been a recent substantial or total loss of vision in one eye, there should be an adaptation period, the length of which can vary according to individual circumstances.

Consideration of the need for change

2.22 There should be no adverse impact on road safety arising from the small relaxation in the visual acuity standard for the functioning eye.

Group 2 Drivers:

VISUAL ACUITY FOR THOSE WITH BINOCULAR VISION (i.e. vision in both eyes)

Current UK standard

2.23 The current EU standard is that applicants for a driving licence or for the renewal of such a licence must have a visual acuity, with corrective lenses if necessary, of at least Snellen 6/7.5 (decimal 0.8) in the better eye and at least Snellen 6/12 (decimal 0.5) in the worse eye.

2.24 When corrective lenses are used to attain a minimum acuity of 6/7.5 (decimal 0.8) and 6/12 (decimal 0.5), either:

- a) the uncorrected acuity in each eye must reach Snellen 3/60 (decimal 0.05); or
- b) the corrected minimum acuity must be achieved by means of glasses with a power not exceeding plus or minus eight dioptres (unit of measurement of optical power of a lens) or with the aid of contact lenses. The glasses or contact lenses must be well tolerated ("the spectacles requirement").

2.25 In the UK, we currently implement the EU standard of visual acuity by requiring measurements of 6/9 in the better eye and 6/12 in the worse eye. Where corrective lenses are used, UK opted to implement by means of the preceding paragraph (a), although we also require the correction to be well tolerated.

New EU Rules

2.26 The standard in the worse eye has been lowered from decimal 0.5 to decimal 0.1. The better eye standard remains the same.

2.27 The spectacles requirement is now mandatory and an uncorrected visual acuity standard can no longer be used as an alternative to the spectacles requirement.

Proposed change to UK standard

2.28 In respect of the better eye GB has to date interpreted the EU minimum visual acuity standard in the 2nd Directive of decimal 0.8 as meaning Snellen 6/9. Although this would be within the expected range of variation for someone whose acuity was recorded on another occasion as Snellen 6/7.5 expert opinion now believes it should be Snellen 6/7.5 rather than 6/9. This will require a change to the regulations, raising the better eye standard. In theory, some vocational drivers could lose their Group 2 entitlement on renewal, even though their eyesight has not changed. However, the appropriate standard is only slightly higher than that applied currently so the number of people likely to be affected is expected to be minimal.

2.29 We propose to take the opportunity to lower the worse eye standard to decimal 0.1.

2.30 We propose removing the uncorrected acuity standard from Regulations (which we could alternatively retain, putting UK above the EU standards). We must adopt the spectacles requirement which is mandatory, the reason being that very strong corrective lenses can distort vision. Drivers who wear spectacles to meet eyesight standards will need to provide evidence (such as an optician's prescription) to demonstrate that their spectacles meet the requirement. The Panel have advised that there will be very few people who meet the current UK "uncorrected acuity standard" who cannot meet the spectacles standard.

Consideration of the need for change

2.31 The panel has recommended adopting the standard, DVLA supports the Panel recommendation. This is, on the whole, a relaxation of the current standard. There may be a very small number of cases, where a driver who meets the existing domestic standard does not meet the new standard. However, we expect there to be far more "winners than losers".

VISUAL FIELD FOR THOSE WITH BINOCULAR VISION (i.e. vision in both eyes)

Current UK standard

2.32 Driving licences shall not be issued, to or renewed for, applicants or drivers without a normal binocular field of vision or suffering from diplopia.

New EU Rules

2.33 The horizontal visual field with both eyes should be at least 160 degrees; the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.

Proposed change to UK standard

2.34 The panel has recommended adopting this more precise standard, DVLA supports the Panel recommendation.

Consideration of the need for change

2.35 This is a more precise standard and will be easier to apply and understand.

IMPAIRED CONTRAST SENSITIVITY

Definition

2.36 Contrast sensitivity is the ability to perceive differences between an object and its background.

Current UK standard

2.37 This is a new requirement. Standards for impaired contrast sensitivity are not available.

New EU Rules

2.38 The Directive requires that driving licences shall not be issued to, or renewed for, applicants suffering from impaired contrast sensitivity, but it does not state any measurements to be applied. The EU working groups acknowledged further research is needed.

Consideration of the need for change

2.39 The Panel will consider the need for research and the results will be published when available. However, in the meantime, we shall ask any detailed examination of eyesight to consider contrast sensitivity and to apply the current general test – i.e., is the person likely to be a “source of danger to the public”?

SUBSTANTIAL LOSS OF VISION IN ONE EYE FOR THOSE WITH BINOCULAR VISION (i.e. vision in both eyes)

Current UK standard

2.40 A substantial loss of vision in one eye is not currently specified in the UK, however, Group 2 drivers who suffer a loss of vision in one eye have to meet the minimum acuity of Snellen 6/7.5 (decimal 0.8) in the better eye and Snellen 6/12 (decimal 0.5) in the worse eye to retain their licence.

New EU Rules

2.41 After a “substantial loss” of vision in one eye, there should be an appropriate adaptation period during which the driver/applicant is not allowed to drive, driving is only allowed after a favourable opinion from vision and driving experts.

***Note:** Someone who suffers a substantial loss of vision in one eye, but still meets the visual acuity standard, with corrective lenses if necessary, of at least decimal 0.8 in the better eye and decimal 0.1 in the worse eye, must still serve an appropriate adaption period.*

Proposed change to UK standard

2.42 The panel has recommended adopting the standard, DVLA supports the Panel recommendation.

Consideration of the need for change

2.43 This is an introduction of a new standard. The justification, as explored by the EU working groups, is that a sudden substantial loss of vision can take time to adjust too. The adaptation period requirement will need to be adopted, but we propose that the length of this should vary according to individual circumstances.

Cost of eye examinations

2.44 In general, eye examinations are paid for by licence applicants, not the Secretary of State. This is because such examinations are often conducted by optometrists who are not registered medical practitioners and even where the examination is by a medical practitioner regulations allow the applicant to be charged for examinations relating to visual acuity or visual field. We propose to amend regulations to make it clear that the Secretary of State is not required to pay for the examination of any visual impairment, regardless of who carries it out.

Please provide your views on the changes proposed at Annex D

DIABETES MELLITUS

Definition

3.1 Diabetes is caused by the body's failure to produce insulin or insulin resistance. Insulin is a hormone released by the pancreas to help control levels of sugar in the blood.

Group 1 Drivers:

RECURRENT SEVERE HYPOGLYCAEMIA

Definition

3.2 Severe hypoglycaemia means that the assistance of another person is needed. Recurrent hypoglycaemia is defined as a "second severe hypoglycaemia during a period of 12 months." On occasion, severe hypoglycaemia can result from medication other than insulin.

Current UK standard

3.3 Drivers who have had frequent hypoglycaemic episodes must cease driving. Licences may be refused or revoked for such applicants if they are considered "a source of danger to the public". However, if control has been re-established, a licence can be issued or renewed.

New EU Rules

3.4 Drivers experiencing recurrent severe hypoglycaemia shall not be issued a licence. This is more clear cut than previous EU rules, particularly because of the clear definition of recurrent hypoglycaemia as being two episodes in 12 months.

Proposed change to UK standard

3.5 The UK is obliged to adopt this standard. The Panel and DVLA also support the standard, having considered the EU working group report "Diabetes and Driving in Europe" which indicated that recent severe hypoglycaemia seemed to be predictive for future incidents. Whilst current UK Guidance in "At a Glance" is capable of implementing this standard, even at present, in practice it has previously been interpreted more flexibly. We are now required to interpret the standard more strictly and in practice, this will prevent some

applicants and existing drivers from holding a licence. However, the EU rules also allow a licence to be granted once control or awareness is re-established and we shall continue to do this.

Consideration of the need for change

3.6 The current UK standard will need to be interpreted more strictly. We shall amend guidance and /or regulations to make the new standard clearer.

IMPAIRED AWARENESS OF HYPOGLYCAEMIA

Definition

3.7 Impaired awareness of hypoglycaemia means an inability to detect the onset of hypoglycaemia due to a **total** absence of warning symptoms.

Current UK standard

3.8 Drivers with impaired awareness are required to cease driving, until awareness has been re-gained.

New EU Rules

3.9 Driving licences shall not be issued to, nor renewed for, applicants or drivers who have impaired awareness of hypoglycaemia. In practice, this will prevent some applicants and existing drivers from holding a licence.

Proposed change to UK standard

3.10 The UK must adopt this standard. As for recurrent hypoglycaemia, existing UK guidance must now be interpreted more strictly.

Consideration of the need for change

3.11 We shall amend guidance and /or regulations to make the new standard clearer.

TREATMENT WITH MEDICATION

3.12 Currently only Group 1 drivers whose diabetes is treated with insulin are required to notify DVLA. Group 1 drivers treated with medication are not required to notify DVLA unless there is some other complicating aspect, for instance developing hypoglycaemia or a visual field defect. The medical directives make it clear that even tablet treated drivers who do not suffer complications must be subject to regular medical review at least every 5 years. In the UK, NHS guidelines mean that a doctor should not prescribe medication indefinitely without reviewing the patient at least every 12 months. Thus we propose to implement this requirement by making a slight amendment to the letter issued to Group 1 drivers with tablet treated diabetes. They will not be required to notify DVLA on an ongoing basis provided these regular prescription reviews or some other type of medical review are taking place.

Group 2 Drivers:

Current UK standard (insulin treated)

3.13 Drivers with insulin treated diabetes are considered in exceptional cases for eligibility to drive only vehicle category C1 (a vehicle which has a maximum authorised mass (MAM) between 3.5 tonnes and 7.5 tonnes with a trailer up to 750kg). The driver must be over 18 years old; such cases are subject to annual review. Drivers treated with insulin may not be considered for licensing in any other Group 2 category of vehicle.

New EU Rules

3.14 Drivers treated for diabetes, which carries a risk of hypoglycaemia (that is, with insulin and some tablets), may apply for entitlement to drive all Group 2 categories provided the following specific criteria are met:

- There has not been any severe hypoglycaemic event in the previous 12 months;
- The driver has full hypoglycaemic awareness;
- The driver must show adequate control of the condition by regular blood glucose monitoring, at least twice daily and at times relevant to driving;
- The driver must demonstrate an understanding of the risks of hypoglycaemia; and,
- There are no other debarring complications of diabetes.

Proposed change to UK standard

3.15 For insulin treated diabetes the Panel recommends adopting this standard subject to the opinion of an expert diabetologist which would be required annually to support the consideration of relicensing. This annual review requirement is slightly more stringent than the EU minimum requirement of a three yearly review, but the Panel felt that it was necessary to maintain the UK one yearly review currently required for limited C1 licensing, for road safety reasons. For diabetes treated with medication other than insulin which carries a risk of inducing hypoglycaemia the Panel recommends accepting a doctor's report.

3.16 We propose to adopt this standard, as this would enable drivers with diabetes treated with insulin the same opportunities as other drivers with diabetes when applying for a driving licence.

Consideration of the need for change

3.17 This is generally a relaxation of the current standard widening access to Group 2 driving for people with diabetes and requires a change to UK regulations.

SEVERE HYPOGLYCAEMIA

Current UK Standard

3.18 Drivers should immediately report any significant change in condition. This would give rise to a reassessment of the licensing status and in particular frequent hypoglycaemic episodes likely to impair driving will lead to revocation.

New EU Rules

3.19 A severe hypoglycaemic event during waking hours, even unrelated to driving, should be reported and should give rise to a reassessment of the licensing status.

Proposed change to UK standard

3.20 Whilst current UK regulations and guidance are compatible with the EU standard, we shall amend to make it clearer that a severe hypoglycaemic episode even when not driving will lead to a reassessment.

Consideration of the need for change

3.21 Some clarification of the current UK standards will make the rules clearer.

Please provide your views on the changes proposed at Annex D

EPILEPSY

Definitions

Epilepsy

4.1 Epilepsy is defined in the medical directives as having had two or more epileptic seizures, less than five years apart. A person who suffers from epilepsy may qualify for a driving licence if they have been free from any epileptic attack for one year.

Solitary Seizure

4.2 An abnormal paroxysmal neuronal discharge in the brain causing abnormal function. Such solitary seizures, whether epileptic in nature, or not, are distinguished from the new EU definition of epilepsy and are subject to different rules in the medical directives.

Provoked Seizure

4.3 A provoked epileptic seizure is defined as one which has a recognisable causative factor that is reliably avoidable. A person who suffers from a provoked epileptic seizure can be declared able to drive on an individual basis, subject to neurological opinion.

UK Definitions

4.4 Currently, "epilepsy" is not defined in UK regulations so would have its normal medical meaning. In practice, however, we already distinguish between recurrent epileptic attacks, a single seizure and provoked seizures in the guidance "At a Glance" (although not in regulations).

Group 1 Drivers:

TWO OR MORE SEIZURES

Current UK Standard

4.5 Must be free from epileptic attack for at least 12 months (although different rules apply to seizures only occurring in sleep - see below).

New EU Rules

4.6 As in the UK, must be free from epileptic attack for at least 12 months in the case of waking seizures.

Proposed change to UK standard

4.7 The current UK standard for waking seizures is identical to the EU standard and will be retained.

Consideration of the need for change

4.8 The current UK standard works and meets the EU requirement.

FIRST SEIZURE

Current UK Standard where epilepsy has not been diagnosed

4.9 The driver or applicant who has had a first seizure must notify DVLA. This will result in six months off driving from the date of the seizure, if the licence holder has undergone assessment by an appropriate specialist and no relevant abnormality has been identified on investigation, a 'til "70" licence is restored, provided there is no further attack and the individual is otherwise well.

New EU Rules

4.10 The applicant who has had a first unprovoked epileptic seizure can be declared able to drive after a period of six months without seizures, if there has been an appropriate medical assessment. National authorities may allow drivers with recognised good prognostic indicators to drive sooner.

Proposed change to UK standard

4.11 Having considered the EU working group report, "Epilepsy and Driving in Europe", the Panel for neurology recommends maintaining the current standard.

Consideration of the need for change

4.12 The Panel does not recommend allowing drivers with recognised good prognostic indicators to drive sooner than the current six months, DVLA supports the Panel recommendation.

SEIZURES EXCLUSIVELY IN SLEEP

Current UK standard

4.13 A person who has epilepsy, and has suffered an attack whilst asleep, must refrain from driving for at least one year from the date of the attack. However, if they have had an asleep attack more than three years previously (and have had no attacks whilst awake since that original attack whilst asleep) they may be licensed even though attacks whilst asleep may continue to occur. If an attack whilst awake subsequently occurs, the normal epilepsy rules apply and require at least one year off driving from the date of the most recent attack.

New EU Rules

4.14 It is proposed that drivers who have had asleep seizures only, and have never had an awake seizure, will be required to establish an asleep-only pattern over one year rather than three. Where a further attack while awake occurs, a one year seizure free period is then required again before re-licensing.

Proposed change to UK standard

4.15 The Panel has recommended adopting the standard, DVLA supports the Panel recommendation.

Consideration of the need for change

4.16 This is a relaxation of the standard in respect of sleep only attacks and will require a change to UK Regulations. For those with a history of both asleep and awake attacks, the current standard for asleep seizures remains unchanged.

SEIZURES WITHOUT INFLUENCE ON CONSCIOUSNESS OR THE ABILITY TO ACT

Current UK standard

4.17 Seizures without influence on consciousness, or the ability to act, are subject to the normal epilepsy rules and require one year off driving from the last attack.

New EU Rules

4.18 Subject to expert opinion, a driver or applicant whose seizures are deemed to have no effect on consciousness, and do not cause any functional impairment, can be declared fit to drive provided a pattern has been established over a one year period even if they continue

to have these seizures - and there is no historical evidence of any other form of seizure. If there is an occurrence of any other type of seizure, a one year period free of any further event is required before licensing can be considered.

Proposed change to UK standard

4.19 The Panel has recommended adopting the standard; DVLA supports the Panel recommendation.

Consideration of the need for change

4.20 This is a relaxation of the standard and will require a change to UK Regulations.

SEIZURES OCCURRING DURING PHYSICIAN-ADVISED CHANGE, REDUCTION OR WITHDRAWAL OF ANTI-EPILEPSY THERAPY

Current UK standard

4.21 Patients are advised not to drive from commencement of the period of withdrawal of medication and thereafter for a period of six months after cessation of treatment. Where a driver's medication is reduced and they have a seizure, normal epilepsy rules apply and they will require one year off driving.

New EU Rules

4.22 The patient may be advised not to drive from the commencement of the period of withdrawal and thereafter for a period of six months after cessation of treatment. Seizures occurring during physician-advised change or withdrawal of medication require three months off driving if the previously effective treatment is reinstated.

Proposed change to UK standard

4.23 The current UK standard supports the advice from the Directive for the period off driving following withdrawal or cessation of treatment. However, for seizures occurring during physician-advised change, reduction or withdrawal of medication, the Panel did not believe that the available evidence indicated that the risk was acceptable three months after medication was re-established. The recommendation from the Panel is that the UK should not adopt this standard but should adopt the standard of six months off driving after resumption of the previously effective medication, DVLA supports the Panel recommendation.

Consideration of the need for change

4.24 This is a relaxation of the current UK standard from one year off driving to six months off driving, after the previously effective medication is re-established.

PROVOKED SEIZURES

4.25 For both Group 1 and Group 2, UK guidance already allows these types of seizure to be distinguished and licences granted subject to individual assessment. No change is proposed.

Group 2 Drivers:

4.26 The new EU rules largely reflect existing UK rules. There are no proposed changes to the current UK standards. However, we propose to maintain the current UK standard in one respect where the new EU definition of epilepsy has the effect of lowering the existing GB standard and of creating an inconsistency as set out in the next paragraph.

4.27 Where a person suffers two or more seizures which are more than 5 years apart, before applying for a licence, the new EU rules would not treat this as “epilepsy” as defined, but would treat it as a single solitary seizure requiring a 5 year seizure free period. However, if a person suffers two or more seizures within 5 years after being granted a licence, they come within the definition and therefore must have a 10 year seizure free period before being licensed.

4.28 We propose to require a 10 year seizure free period in all cases where there has been two or more seizures less than 10 years apart because this is more consistent with fairness between different classes of driver and road safety. This effectively means the UK will have a higher standard than the EU minimum but one which is the same as our existing standard and is considered by the Panel of experts to be justified.

Please provide your views on the changes proposed at Annex D

Other Changes

5.1 There are a number of medical conditions not referred to in the medical directives, but subject to minimum standards in the driving licence directives, where Group 1 drivers who notify DVLA may be issued with an ordinary licence without the need for ongoing review by DVLA. We propose to further clarify and expand this advice in relation to specific conditions [i.e. serious renal failure, organ transplant and artificial implant]. We will advise drivers that permission to not notify continues only as long as they are free from symptoms affecting ability to drive and that they continue to undergo regular medical checks. We expect that this will not create any difference in practice since drivers receiving regular medication or treatment, for instance renal dialysis, will have to be under the ongoing care of their GP or other doctor.

Impact Assessments

Vision IA 07 10
10.doc

Epilepsy IA 07 10
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Diabetes IA07 10
10.doc

Code of Practice on Written Consultations

This Code of Practice applies to all UK public consultations by government departments and agencies, including consultations on EU directives.

Although the code does not have legal force, and cannot prevail over statutory or other mandatory external requirements (e.g. under European Community Law), it should otherwise generally be regarded as binding unless Ministers conclude that exceptional circumstances require a departure.

The following seven criteria must be reproduced within all consultation documents. There should be an explanation of any departure from the criteria and confirmation that they have otherwise been followed.

Consultation Criteria

1. **When to consult** – Formal consultation should take place at a stage when there is scope to influence the policy outcome.
2. **Duration of consultation exercises** - Consultations should normally last for 12 weeks with consideration given to longer timescales where feasible and sensible.
3. **Clarity of scope and impact** - Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.
4. **Accessibility of consultation exercises** - Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.
5. **The burden of consultation** - Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.
6. **Responsiveness of consultation exercises** - Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.
7. **Capacity to consult** - Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

A full version of the Code of Practice is available on the Department for Business Innovation and Skills web-site at:

<http://www.berr.gov.uk/whatwedo/bre/consultation-guidance/page44420.html>

If you consider that this consultation does not comply with the code or you have comments about the consultation process please contact:

Tim Ford

Consultation Co-ordinator
Corporate Affairs Directorate
DVLA
Swansea
SA6 7JL

Please see the EC working group documents below.
Click on logo to activate



The following tables summarise the requirements for.

Colour Key:

- No change to the current UK standard.
- This requires a change to the current UK regulation/administrative procedures.
- Recommendation from the Panel is that the UK should not adopt this standard.
- The SoS panel will provide expert advice.

Annex III EYESIGHT

The revised annex states

“6. All applicants for a driving licence shall undergo an appropriate investigation to ensure that they have adequate visual acuity for driving power-driven vehicles. Where there is reason to doubt that the applicant’s vision is adequate, he/she shall be examined by a competent medical authority. At this examination attention shall be paid, in particular, to the following: visual acuity, field of vision, twilight vision, glare and contrast sensitivity, diplopia and other visual functions that can compromise safe driving.”

Annex No.	Group 1 Drivers (as detailed in Annex III)	Note
6.	For group 1 drivers, licensing may be considered in “exceptional cases” where the visual field standard or visual acuity standard cannot be met; in such cases the driver should undergo examination by a competent medical authority to demonstrate that there is no other impairment of visual function, including glare, contrast sensitivity and twilight vision. The driver or applicant should also be subject to a positive practical test conducted by a competent authority.	<ul style="list-style-type: none"> ● We are not intending to provide for exceptions to the rules on visual acuity at present but will keep this under review. ● The current exceptionality allowed for visual field in some circumstances will continue.
6.1	Applicants for a driving licence or for the renewal of such a licence shall have a binocular visual acuity, with corrective lenses if necessary, of at least 0.5 when using both eyes together.	<ul style="list-style-type: none"> ● Change to the current UK standard. The number plate test will continue as the initial test of visual acuity. However, the distance we use to read the number plate will be reduced to meet the visual acuity level. This requires a change to the current UK Regulations.
	Moreover, the horizontal visual field should be at least 120 degrees; the extension should be at least 50 degrees left and right and 20 degrees up and down. No defects should be present within a radius of the central 20 degrees.	<ul style="list-style-type: none"> ● This will be implemented at any detailed eye examination.
	When a progressive eye disease is detected or declared, driving licences may be issued or renewed subject to the applicant undergoing regular examination by a competent medical authority.	<ul style="list-style-type: none"> ● No change to the current UK standard.

6.2	Applicants for a driving licence, or for the renewal of such a licence, who have total functional loss of vision in one eye or who use only one eye (e.g. in the case of diplopia) must have a visual acuity of at least 0.5, with corrective lenses if necessary. The competent medical authority must certify that this condition of monocular vision has existed for a sufficiently long time to allow adaptation and that the field of vision in this eye meets the requirement laid down in paragraph 6.1.	<p>● This requires a change to the current UK regulation. The number plate test will continue as the initial test of visual acuity. However, the distance we use to read a number plate will be reduced to meet the visual acuity level.</p> <p>For drivers with sight in one eye only, or those with diplopia treated with an eye patch, it was noted that the visual field standard is now the same as that for binocular drivers.</p>
6.3	After any recently developed diplopia or after the loss of vision in one eye, there should be an appropriate adaptation period (for example six months), during which driving is not allowed. After this period, driving is only allowed following a favourable opinion from vision and driving experts.	● No change to the current UK standards. We shall consider the length of the adaptation period flexibly.

Annex No.	Group 2 Drivers (as detailed in Annex III)	Note
6.4	Applicants for a driving licence or for the renewal of such a licence shall have a visual acuity, with corrective lenses if necessary, of at least 0.8 in the better eye and at least 0.1 in the worse eye. If corrective lenses are used to attain the values of 0.8 and 0.1, the minimum acuity (0.8 and 0.1) must be achieved either by correction by means of glasses with a power not exceeding plus eight dioptres, or with the aid of contact lenses. The correction must be well tolerated.	● This requires a change to the current UK regulation. We must slightly raise the better eye standard (no option about this) and we may lower the worse eye standard to 0.1 which we propose to do.
	Moreover, the horizontal visual field with both eyes should be at least 160 degrees; the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.	● This would require a change from the current standard requiring normal binocular vision.
	Driving licences shall not be issued to or renewed for applicants or drivers suffering from impaired contrast sensitivity or from diplopia.	<p>● The Panel will consider the need for research into impaired contrast sensitivity and the results will be published when available. Until this time the UK will consider whether the person is a source of danger to the public to adopt this requirement.</p> <p>● There is no change to the current UK standard for diplopia.</p>
	After a substantial loss of vision in one eye, there should be an appropriate adaptation period (for example six months) during which the subject is not allowed to drive. After this period, driving is only allowed after a favourable opinion from vision and driving experts.	● The requirement for an adaptation period will continue to be implemented, meaning that in cases where there is a rapid loss of eyesight in one eye DVLA may still withdraw the licence even if other standards are ostensibly met, but there has been no adaptation period. We shall consider the length of the adaptation period flexibly.

Annex III DIABETES

The revised annex states - “10. In the following paragraphs, a severe hypoglycaemia means that the assistance of another person is needed and a recurrent hypoglycaemia is defined as a second severe hypoglycaemia during a period of 12 months.”

Annex No.	Group 1 Drivers (as detailed in Annex III)	Note
10.1	Driving licences may be issued to, or renewed for, applicants or drivers who have diabetes mellitus. When treated with medication, they should be subject to authorised medical opinion and regular medical review, appropriate to each case, but the interval should not exceed five years.	<ul style="list-style-type: none"> ● There is no change to the current UK standard in practice but we shall clarify guidance to say to drivers that if they are not under normal medical review they must notify DVLA.
10.2	Driving licences shall not be issued to, nor renewed for, applicants or drivers who have recurrent severe hypoglycaemia or/and impaired awareness of hypoglycaemia. A driver with diabetes should demonstrate an understanding of the risk of hypoglycaemia and adequate control of the condition.	<ul style="list-style-type: none"> ● This requires a stricter approach to be adopted routinely, although current UK guidance already permits licences to be refused or revoked in these circumstances. ● There is no change to the current UK standard.

Annex No.	Group 2 Drivers (as detailed in Annex III)	Note
10.3	<p>Consideration may be given to the issuing/renewal of group 2 licences to drivers with diabetes mellitus. When treated with medication which carries a risk of inducing hypoglycaemia (that is, with insulin, and some tablets), the following criteria should apply:</p> <ul style="list-style-type: none"> • No severe hypoglycaemic events have occurred in the previous 12 months; • The driver has full hypoglycaemic awareness; • The driver must show adequate control of the condition by regular blood glucose monitoring, at least twice daily and at times relevant to driving; • The driver must demonstrate an understanding of the risks of hypoglycaemia; and, • There are no other debarring complications of diabetes. <p>Moreover, in these cases, such licences should be issued subject to the opinion of a competent medical authority and to regular medical review, undertaken at intervals of not more than three years.</p>	<ul style="list-style-type: none"> ● This requires a change to the current UK regulation to widen Group 2 access, subject to medical conditions being met.
10.4	A severe hypoglycaemic event during waking hours, even unrelated to driving, should be reported and should give rise to a reassessment of the licensing status.	<ul style="list-style-type: none"> ● Any significant hypoglycaemic episode should already be reported and lead to a reassessment, but we shall consider clarifying existing UK rules further. This would apply to drivers on any medication used to treat diabetes, not just insulin.

Annex III EPILEPSY (Solitary Seizures and Loss of Consciousness)

The revised annex states

“12. Epileptic seizures or other sudden disturbances of the state of consciousness constitute a serious danger to road safety if they occur in a person driving a power-driven vehicle.

Epilepsy is defined in the Directive as having had two or more epileptic seizures, less than five years apart. A provoked epileptic seizure is defined as a seizure which has a recognisable causative factor that is avoidable. **(Note: DVLA propose to adopt a UK definition of epilepsy which means that the epilepsy rules apply in the case of Group 2 drivers, if there are two or more seizures less than 10 years apart.)**

A person who has an initial or isolated seizure or loss of consciousness should be advised not to drive. A specialist report is required, stating the period of driving prohibition and the requested follow-up.

It is extremely important that the person’s specific epilepsy syndrome and seizure type are identified so that a proper evaluation of the person’s driving safety can be undertaken (including the risk of further seizures) and the appropriate therapy instituted. This should be done by a neurologist.”

Annex No.	Group 1 Drivers (as detailed in Annex III)	Note
12.1	Drivers assessed under group 1 with epilepsy should be under licence review until they have been seizure-free for at least five years.	● There is no change to the current UK standard.
	If the person has epilepsy, the criteria for an unconditional licence are not met. Notification should be given to the licensing authority.	● There is no change to the current UK standard.
12.2	Provoked epileptic seizure: the applicant who has had a provoked epileptic seizure because of a recognisable provoking factor that is unlikely to recur at the wheel can be declared able to drive on an individual basis, subject to neurological opinion (the assessment should be, if appropriate, in accordance with other relevant sections of Annex III (e.g. in the case of alcohol or other co-morbidity).	● There is no change to the current UK standard.
12.3	First or single unprovoked seizure: the applicant who has had a first unprovoked epileptic seizure can be declared able to drive after a period of six months without seizures, if there has been an appropriate medical assessment. National authorities may allow drivers with recognised good prognostic indicators to drive sooner.	● There is no change to the current UK standard. The recommendation from the Panel is the UK should not allow drivers with recognised good prognostic indicators to drive sooner, as the available evidence did not support this reduction.
12.4	Other loss of consciousness: the loss of consciousness should be assessed according to the risk of recurrence while driving.	● There is no change to the current UK standard.

12.5	Epilepsy: drivers or applicants can be declared fit to drive after a one-year period free of further seizures.	● There is no change to the current UK standard.
12.6	Seizures exclusively in sleep: the applicant or driver who has never had any seizures other than seizures during sleep can be declared fit to drive so long as this pattern has been established for a period which must not be less than the seizure-free period required for epilepsy. If there is an occurrence of attacks/seizure arising while awake, a one-year period free of further event before licensing is required (see "Epilepsy").	● Recommendation from the Panel is that the UK should adopt this standard. This would need a change to UK regulations. NOTE: For those with a history of both asleep and awake attacks, the Panel recommended the current asleep-attack standard remains, as indeed do the medical directives.
12.7	Seizures without influence on consciousness or the ability to act: the applicant or driver who has never had any seizures other than seizures which have been demonstrated exclusively to affect neither consciousness nor cause any functional impairment can be declared fit to drive so long as this pattern has been established for a period which must not be less than the seizure-free period required for epilepsy. If there is an occurrence of any other kind of attacks/seizures a one-year period free of further event before licensing is required (see "Epilepsy").	● Recommendation from the Panel is that the UK should adopt this standard. This would need a change to UK regulations.
12.8	Seizures because of a physician-directed change or reduction of anti-epileptic therapy: the patient may be advised not to drive from the commencement of the period of withdrawal and thereafter for a period of six months after cessation of treatment.	● Recommendation from the Panel is that the UK should adopt this standard. This would need a change to UK regulations.
	Seizures occurring during physician-advised change or withdrawal of medication require three months off driving if the previously effective treatment is reinstated.	● Recommendation from the Panel is that the UK should accept the opportunity to have a shorter cessation of driving period in such circumstances, but believe the period should be 6 months rather than 3.
12.9	After curative epilepsy surgery	● There is no change to the current UK standard.

Group 2 - EPILEPSY (Solitary Seizures and Loss of Consciousness)

The revised annex states

“12.10 The applicant should be without anti-epileptic medication for the required period of seizure freedom. An appropriate medical follow-up has been done. On extensive neurological investigation, no relevant cerebral pathology was established and there is no epileptiform activity on the electroencephalogram (EEG). An EEG and an appropriate neurological assessment should be performed after the acute episode.”

Annex No.	Group 2 Drivers (as detailed in Annex III)	Note
12.11	Provoked epileptic seizure: the applicant who has had a provoked epileptic seizure because of a recognisable provoking factor that is unlikely to recur at the wheel can be declared able to drive on an individual basis, subject to neurological opinion. An EEG and an appropriate neurological assessment should be performed after the acute episode.	● There is no change to the current UK standard.
	A person with a structural intra-cerebral lesion who has increased risk of seizures should not be able to drive vehicles of group 2 until the epilepsy risk has fallen to at least 2 % per annum. The assessment should be, if appropriate, in accordance with other relevant sections of Annex III (e.g. in the case of alcohol).	● There is no change to the current UK standard.
12.12	First or single unprovoked seizure: the applicant who has had a first unprovoked epileptic seizure can be declared able to drive once five years freedom from further seizures has been achieved without the aid of anti-epileptic drugs, if there has been an appropriate neurological assessment. National authorities may allow drivers with recognised good prognostic indicators to drive sooner.	● There is no change to the current UK standard.
12.13	Other loss of consciousness: the loss of consciousness should be assessed according to the risk of recurrence while driving. The risk of recurrence should be 2 % per annum or less.	● There is no change to the current UK standard.
12.14	Epilepsy: 10 years freedom from further seizures shall have been achieved without the aid of anti-epileptic drugs. National authorities may allow drivers with recognised good prognostic indicators to drive sooner. This also applies in case of “juvenile epilepsy”.	● There is no change to the current UK standard.
	Certain disorders (e.g. arterio-venous malformation or intra-cerebral haemorrhage) entail an increased risk of seizures, even if seizures have not yet occurred. In such a situation an assessment should be carried out by a competent medical authority; the risk of having a seizure should be 2 % per annum or less to allow licensing.’	● There is no change to the current UK standard.

We propose to implement regulatory and administrative changes to introduce the revised standards.

Question 1 - Vision

Do you agree that these new standards should be applied?

Yes.....

No

If you disagree your views should be supported with the appropriate scientific evidence. Please attach that to your response.

Question 2 – Diabetes

Do you agree that these new standards should be applied?

Yes.....

No

If you disagree your views should be supported with the appropriate scientific evidence. Please attach that to your response.

Question 3 – Epilepsy

Do you agree that these new standards should be applied?

Yes.....

No

If you disagree your views should be supported with the appropriate scientific evidence. Please attach that to your response.

Thank you