Title: The Motor Vehicles (Driving Licences) (Amendment) (No.?) Regulations 2012 ("the UK Regulations")	**Impact Assessment (IA)**
	Date: 06/08/2012
IA No: DFT00009	**Stage:** Final
Lead department or agency:	**Source of intervention:** EU
Department for Transport	**Type of measure:** Secondary legislation
Other departments or agencies: DVLA	**Contact for enquiries**: Mark Davies 01792 783981

Summary: Intervention and Options

RPC: RPC Opinion Status

Cost of Preferred (or more likely) Option				
Total Net Present Value	**Business Net Present Value**	**Net cost to business per year** (EANCB on 2009 prices)	**In scope of One-In, One-Out?**	**Measure qualifies as**
£35,000	Not Known	Not Known	No	NA

What is the problem under consideration? Why is government intervention necessary?

Drivers with restricted visual function can pose a safety risk to themselves and other road users. Government intervention is required to regulate driving licences for medical conditions such as restricted visual function because individuals are not able to accurately self-assess the risk they pose. Such regulation needs to be evidence based and proportionate to ensure that safety standards are maintained without unnecessarily preventing people from driving when they can do so safely. Therefore, from time to time the standards are reviewed and updated. Specifically, a change is needed now to implement appropriately the EC Driving Licence Committee's revised minimum standards**.**

What are the policy objectives and the intended effects?

The policy objectives are to apply the agreed new standards so that people with visual impairments will be allowed to drive if they do not pose a threat to road safety. The intended effect is that licensing decisions will be made on the basis of criteria that more fairly and precisely reflect their ability to drive safely.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

There is now only one set of proposals under consideration. Of the categories of visual impairment covered by the Directive, some UK standards will be relaxed and others will be tightened. In one category (relating to twilight vision and contrast and glare sensitivity) further research will need to be undertaken before a UK standard can be set. We are obliged to apply the minimum standards set out in the Directive, but stricter standards can be set if these are justified. The proposals were considered by medical professionals and DVLA (taking into account operational difficulties with its processes) prior to going out to public consultation.

Will the policy be reviewed? It will be reviewed. **If applicable, set review date:** 08/2017

Does implementation go beyond minimum EU requirements?			No		
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base.	**Micro** Yes	**< 20** Yes	**Small** Yes	**Medium** Yes	**Large** Yes
What is the CO_2 equivalent change in greenhouse gas emissions? (Million tonnes CO_2 equivalent)			**Traded:** N/A	**Non-traded:** N/Q	

I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) that the benefits justify the costs.

Signed by the responsible Minister: Stephen Hammond Date: 11/11/12

Summary: Analysis & Evidence

Policy Option 1

Description:

FULL ECONOMIC ASSESSMENT

Price Base Year 2012	PV Base Year 2012	Time Period Years 10	Net Benefit (Present Value (PV)) (£m)		
			Low: N/K	**High:** N/K	**Best Estimate:** -£0.035

COSTS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low				
High				
Best Estimate	£0.035		N/K	**£0.035**

Description and scale of key monetised costs by 'main affected groups'

There are monetised costs of re-issuing DVLA guidance material and amending forms in line with the new standards. This will be a one off cost incurred in 2012 estimated to be around £35,000 to cover all the changes.

Other key non-monetised costs by 'main affected groups'

We propose that some categories are slightly stricter than the existing UK standards and may lead to some people being rejected for licences that currently receive them. We are unable to estimate the numbers affected although the scale of people affected is judged to be low. People that are no longer eligible for a licence may suffer from reduced mobility. Businesses that employ someone that loses their licence may incur costs associated with hiring and training new employees.

BENEFITS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low				
High				
Best Estimate	N/A		N/A	**N/A**

Description and scale of key monetised benefits by 'main affected groups'

None Quantified.

Other key non-monetised benefits by 'main affected groups'

We propose to relax one of the current UK vision standards which will allow more people to obtain a driving licence without adversely affecting road safety. The tightening up of some standards should lead to marginal improvements in road safety although it is not possible to quantify these. There will be savings for DVLA in issuing fewer driving licences but the extent of the net impact is unclear.

Key assumptions/sensitivities/risks **Discount rate (%)** 3.5%

No figures are available for the number of people affected, as you either pass or fail a vision test and the level attained is not recorded. Where the UK standard is being relaxed to meet EU standards, we would expect more people to be able to apply for a driving licence. Where the UK standard is being raised to meet EU requirements we would expect some marginal benefit to road safety.

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:			In scope of OIOO?	Measure qualifies as
Costs: Not Known	**Benefits:** Not Known	**Net:** Not Known	No	NA

EVIDENCE BASE (for summary sheets)

1 – Background (and application process)

This Assessment relates to proposals to amend the rules for issuing Group 1 (Cars, motorcycles and light vans) and Group 2 (buses and lorries) licences to drivers with visual impairments.

New drivers must make a formal declaration that their eyesight meets the required standard. In cases of doubt further investigations will be made before a provisional licence is issued. Also, as part of the practical driving test, candidates must read a number plate in good daylight from a distance of 20 metres (new style registration marks). Drivers should be aware of the eyesight rules and the requirement to wear glasses or contact lenses if they are needed.

DVLA must be informed of an eyesight condition even if it is unlikely to affect the applicant's ability to pass the 20 metre test. This includes any visual condition which affects both eyes (not including short or long sight or colour blindness). Having sight in only one eye should also be notified. Any corrective surgery must also be declared at the application stage.

In 1991, the European Commission established standards for testing the visual function of drivers in the Council Directive 91/439/EEC (1991). These licensing rules were introduced in the UK in 1997. In 2003 there was a proposal for a small revision of these standards and the EC Eyesight Working Group was established in March of 2004 by the EC Driving Licence Committee to give advice as to how to adjust the standards. The Working Group report (link below in 3 – Current Position) was published in 2005 with recommended new standards. The EC's Driving Licence Committee published the revised minimum standards in August 2009 (references: 2009/112/EC and 2009/113/EC), to come into effect by August 2010.

2 – Problem under Consideration and Rationale for intervention

Drivers with restricted visual function can pose a safety risk to themselves and other road users. Government intervention is required to regulate driving licences for medical conditions such as restricted visual function because individuals are not able to accurately self-assess the risk they pose. Such regulation needs to be evidence based and proportionate to ensure that safety standards are maintained without unnecessarily preventing people from driving when they can do so safely. Therefore, from time to time the standards are reviewed and updated.

Specifically, a change is required now to incorporate those new EC minimum standards agreed by the UK Medical Advisory Panel into UK driver licensing rules. If the minimum standards were not adopted, the UK could be subject to infraction proceedings or UK residents could be disadvantaged compared to their European counterparts.

3 – Current Position

The current rules are contained in The Motor Vehicles (Driving Licences) Regulations 1999 and in guidance in AAG (At A Glance) and are based on the second European Council Directive on driving licences (91/439/EEC), which harmonises rules in the EEA for the mutual recognition and exchange of licences, and specifies minimum medical standards for safe driving. EU medical experts have reviewed the standards for vision and following this, the EC's Driving Licence Committee published revised minimum standards in August 2009 (references: 2009/112/EC and 2009/113/EC), to come into effect by August 2010.

The EC Review can be found at:

http://ec.europa.eu/transport/road_safety/behavior/doc/new_standards_final_version_en.pdf

This review took account of refinements to medical evidence that shows that some drivers with visual problems can be allowed to drive safely where previously it wasn't considered appropriate. The Secretary of State's Honorary Medical Advisory Panel on Vision (The Panel) has considered the proposals in detail and has made recommendations as to how the Directive should be implemented into UK law.

The Panel's terms of reference are to contribute to DfT/ DVLA's primary aim of achieving continued improvements in road safety by:

- Providing the Secretary of State with informed medical advice in relation to vision and driving, taking account of available medical data and opinions. Where available information is insufficient, to provide expert judgement on implications of vision and driving. To inform the Secretary of State of the assumptions and uncertainties underlying the advice;

- Providing expert informed medical advice on policy options proposed by the Secretary of State;

- Considering on behalf of the Secretary of State relevant clinical developments published in medical literature and to advise on issues requiring research; and;

- Advising the Secretary of State on individual cases relating to vision and driving, ensuring consistency of standards. Such advice may be requested of individual members outside scheduled meetings for which remuneration will be awarded.

4 – Policy Objective

The policy objectives are to apply the agreed new standards so that people with visual impairments will be allowed to drive if they do not pose a threat to road safety. The intended effect is that licensing decisions will be made on the basis of criteria that more fairly and precisely reflect their ability to drive safely.

5 - Consultation

A public Consultation was issued on 3rd February 2011 and ran until 28 April 2011. A total of 309 documents were issued by DVLA. The Consultation also included proposals for changes to Diabetes and Epilepsy. Changes to Diabetes standards were introduced in November 2011. Epilepsy changes will be introduced alongside those for Vision but are the subject of a separate Impact Assessment.

Out of the 132 responses received, 40 responses were received relating to the Vision proposals and included groups such as the Optical Confederation, the College of Optometrists and the Parliamentary Advisory Council for Transport Safety. Of these 20 disagreed with our recommendations, stating the standards needed to be stricter. 15 agreed with the proposals. Three agreed with some proposals and disagreed with others and one disagreed with the recommendations, stating they should be relaxed further and one gave no comment.

Regrettably, the original consultation document did not accurately reflect some of the opinions of the Panel. In light of this, DVLA wrote to all those who responded to the vision aspects of the original consultation pointing out the opinions of the Panel and where they differed from the consultation document and asked if they wanted to change or add to their previous comments.

Out of the 11 responses received, six disagreed with the recommendations, stating the standards needed to be stricter. Three agreed with the proposals. Two agreed with some proposals and disagreed with others.

Overall, responses were split roughly equal between those that support the proposals and those that were against the proposals. Those supporting the standards felt they were fair as they were based on the advice of the Panel and allowed individual assessment. Those who were against the proposals and recommended the standards should be stricter, were either against the use of the number plate test as a test of visual acuity or recommended there should be regular eyesight tests throughout the driving career, possibly linked to photocard driving licence renewal.

Having considered consultees concerns around retaining the number plate test and reducing the distance which it is conducted, we retained the current distance of 20 metres. In addition, by retaining the number plate test as the test of visual acuity, drivers are able to test their visual acuity at any time throughout their driving career and enforcement agencies are able to conduct tests at the roadside where they have concerns about a driver's vision.

The Current Standards.

If the UK does not adopt the Directive and no changes are made to regulations the following standards would apply.

All applicants for a driving licence are tested to ensure 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.

Licensing may be considered for group 1 drivers (cars, motorcycles and light vans) 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 as measured by the number plate test.

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

Group 1 Drivers:

VISUAL FIELD IN BOTH EYES

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.

VISUAL ACUITY

The current UK standard as measured by the "number plate test" measures visual acuity at the standard of approximately Snellen 6/10 (decimal 0.6), with corrective lenses if necessary. This means that the UK standard is for some drivers slightly higher than the EU visual acuity standard, which has for some time, been decimal 0.5 for drivers with binocular vision. However, if there is a reduction in the distance from which the number plate is read there could be a small number of drivers who pass it with eyesight below the minimum EU standard.

PROGRESSIVE EYE DISEASE

In UK legislation any such progressive eye condition would be treated as a "prospective disability" and would be subject to regular review for any category of licence holder.

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

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.

Group 2 Drivers:

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

The current UK 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.

When corrective lenses are used to attain a minimum acuity of 6/7.5 (decimal 0.8) and 6/12 (decimal 0.5), the correction must be well tolerated and the uncorrected acuity in each eye must reach Snellen 3/60 (decimal 0.05).

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

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

IMPAIRED CONTRAST SENSITIVITY

This is a new requirement. Measurable standards for impaired contrast sensitivity are not available.

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. The panel will consider the need for research and the results will be published when available.

6 - Description of options - The Proposals

Proposal	EU Standard	UK Standard
1 – Visual acuity for binocular vision, Group 1 and 2	The EU retains the current minimum visual acuity level of decimal 0.5.	The UK will retain the number plate assessment. This is measured by reading a registration mark containing letters and numbers from a distance of 20 metres for number plate formats post 01/09/2001. Although opticians certificates will not be routinely required, where an eyesight test is taken and reveals eyesight of less than decimal 0.5 this will also debar

		from licensing.
2 – Visual acuity for loss of vision in one eye, Group 1	The EU minimum standard is reduced from decimal 0.6 to decimal 0.5.	As above.
3 – Exceptional cases for visual acuity, Group 1	The EU minimum standard allows drivers or applicants who cannot meet the minimum visual acuity standard of decimal 0.5 to be considered as an exceptional case.	The UK will retain the current standard and will not allow drivers or applicants who cannot meet the number plate test or whose opticians test reveals minimum visual acuity standard of less than decimal 0.5 to be considered as an exceptional case.
4 – Field of vision for binocular vision Group 1	The EU minimum standard is more defined and requires drivers or applicants with vision in both eyes, a horizontal visual field of at least 120 degrees, an extension of 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.	The UK will adopt this more defined standard.
5 – Field of vision for monocular vision, Group 1	The EU minimum standard is more defined and requires drivers or applicants with vision in one eye, a horizontal visual field of at least 120 degrees, an extension of 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.	The UK will adopt this standard.
6 – Visual acuity for the worse eye, Group 2	The EU minimum standard for drivers or applicants, who have vision in both eyes, the worse eye standard is reduced from decimal 0.5 to decimal 0.1 and any glasses worn must not require a lens power exceeding plus eight dioptres to reach this standard.	The UK will adopt this standard which relaxes the current standard for the worse eye.
7 – Visual acuity for the better eye, Group 2	The EU minimum standard for visual acuity in the better eye has not changed the standard from decimal 0.8, however, we previously interpreted this standard as meaning Snellen 6/9 (close to decimal 0.66). Medical experts have reconsidered this standard	The UK must adopt this standard.

	and their opinion is that decimal 0.8 is closer to Snellen 6/7.5.	
8 – Substantial loss of vision in one eye, Group 2	The EU has introduced a minimum standard required after a “substantial loss” of vision in one eye. After a “substantial loss” of vision in one eye, there should be an appropriate adaption period during which the driver or applicant is not allowed to drive, driving is only allowed after a favourable opinion from vision and driving experts.	The UK will adopt this standard. The duration of the adaptation period will vary according to individual circumstances.
9 – Field of vision for binocular vision, Group 2	The EU minimum standard for the horizontal visual field is more defined and requires a visual field of 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.	The UK will adopt this standard.
10 – Impaired contrast sensitivity, Group 2	The EU has introduced a minimum standard for impaired contrast sensitivity that requires driving licences shall not be issued to, or renewed for, applicants suffering from impaired contrast sensitivity. However, it does not state any levels of impaired contrast sensitivity.	The UK will adopt this standard as fully as possible. When considering contrast sensitivity we will apply the current general test – i.e., is the person likely to be a “source of danger to the public?” The standard will be reconsidered further when research has been undertaken and safety levels have been identified. This could result in a possible future amendment to the regulations and the standard applied. This change would require a further Impact Assessment.

The proposals relate to both Group 1 (car and motorcycles) and Group 2 drivers (buses and lorries). The medical standards for bus and lorry drivers are much more stringent than those for smaller vehicles, to reflect the additional risk to road safety because of the size of the vehicles and the greater amount of time these drivers spend at the wheel.

The Directive specifies 10 minimum standards for vision which affect the UK. It is recommended that six of the new minimum standards are accepted. The tenth is an option to allow exceptional cases which has not been accepted for road safety and operational reasons.

Where the standard has been raised, not applying the minimum standard in the Directive could lead to infraction proceedings against the UK by the EU Commission, by adopting the standard

the UK will not face infraction proceedings. Where the standard has been relaxed, advice from the medical experts and responses to the consultation supported the relaxation. This should allow more people the opportunity to apply for a driving licence without compromising road safety.

In the case of visual acuity, UK will retain its current method of measurement i.e. the number plate test, as the primary means of assessment. A small number of people who fail this assessment may be capable of meeting the EU minimum standard if measured at an optician. However, licensing drivers who cannot read a number plate on the basis of a certificate would cause operational difficulties at DVLA and for the police and responses to the consultation which were against lowering the standards. The Directive provides that Member States must comply with minimum standards, at least, but they are allowed to apply higher standards if they consider this to be appropriate. The Directive states that "Member States are allowed to impose standards that are stricter than the minimum European requirements, as laid down in Annex III point 5 to Directive 91/439/EEC".

One standard - impaired contrast sensitivity, cannot yet be fully adopted in legislation until further research has been undertaken to indentify minimum measurable standards. In the meantime it will be assessed administratively, where necessary on an individual basis under the statutory "source of danger to the public test".

These are the full set of standards for vision.

UK Standard Retained

Proposal 1 – Visual acuity for binocular vision

Groups 1 & 2 drivers – The Directive retains the current visual acuity level of decimal 0.5. The UK measures this with the number plate test. Advice was sought from the Panel and questions were asked in wider consultation to consider whether the distance we use to read a number plate (in the driving test) would be reduced to more closely match the current EU visual acuity level which was reduced some years ago. Currently, a registration mark containing letters and numbers is read from a distance of 20 metres for number plate formats post 01/09/2001 (20.5 metres for number plates formats pre 01/09/2001).

We do not propose to change the distance a registration mark containing letters and numbers is read from 20 metres. Expert advice was that the number plate test might not always correspond exactly to a measurement in an opticians. Reducing the distance to reflect approximately decimal 0.5 could mean that someone whose visual acuity is less than decimal 0.5 may pass the test, enabling them to obtain a licence. This in turn would mean we would be below the EU minimum standard and we could face infraction proceedings. It could also carry road safety risk. The responses to the consultation did not support a reduction in the visual acuity standard.

We also do not propose to use the number plate test as a screening test and allow people who fail to read the number plate to prove their acuity by an optician certificate. Operational difficulties at DVLA and additional costs mean that using the number plate test as a screening test is not feasible. Factors that were taken into account in reaching this decision were how long would an optician's certificate be valid for, is the certificate valid (forgeries could easily be made), a certificate would have to be carried by an individual during driving as proof that the required standard can be met. Currently, enforcement authorities can stop a driver at the roadside and carry out a check of their eyesight (by reading a number plate) which is much more practical. By retaining the current distance of 20 metres, which represents approximately decimal 0.6, someone whose visual acuity is less than decimal 0.5 is unlikely to pass the test by reading the number plate. However, when someone is measured clinically and is found to be below decimal 0.5 they will be refused a licence or have their licence revoked. We believe this strikes the right balance between road safety, practical enforcement costs and burdens.

We also propose to test against the new style number plates (post 01/09/2001) only since the vast majority of number plates are now the new style format. This means that there will be just one distance (20 metres). Regulations will be amended to make this clear.

Proposal 2 – Visual acuity for loss of vision in one eye
Group 1 *(cars and motorcycles)* – The Directive requires an overall visual acuity of decimal 0.5.

We do not propose to change the distance a registration mark containing letters and numbers is read from 20 metres but we do propose to test against the new style number plates (post 01/09/2001).

Expert advice was that the number plate test might not always correspond exactly to a measurement by an optician. Reducing the distance to reflect a reduction from approximately decimal 0.6 to decimal 0.5 could mean that someone whose visual acuity is less than decimal 0.5 may actually be able to pass the test, enabling them to obtain a licence. This would put us below the EU minimum standard and we could face infraction proceedings. It could also represent a road safety risk. The responses to the consultation did not support a reduction in the visual acuity standard. As we have retained the existing UK standard, which for some individuals but not all, may be marginally higher than the new EU standard, we would expect this to lead to a marginal benefit in road safety, although it is not possible to quantify this.

Removing the number plate test, and requiring drivers to obtain an optician's certificate would increase DVLA's operational costs and would add significant additional costs to the motoring public, with little demonstrable benefit. There would also be the question of how long a Certificate would remain valid, and the potential for them to be forged. Certificates would, presumably, have to be carried by drivers as proof of compliance, whereas enforcement authorities can currently stop a driver at the roadside and carry out an eyesight check by reading a number plate, which is much more practical. By retaining the number plate test at the current distance of 20 metres, which represents approximately decimal 0.6, someone whose visual acuity is less than decimal 0.5 is unlikely to pass the test by reading the number plate. However, when someone is measured clinically, and is found to be below decimal 0.5, they will be refused a licence or have their licence revoked. We believe this strikes the right balance between road safety, practical enforcement, and the financial burden on the taxpayer.

With both proposals 1 and 2 above if anyone has a standard of worse than decimal 0.5 they will not be granted a licence or could have their licence revoked.

Proposal 3 – Exceptional cases for visual acuity
Group 1 *(cars and motorcycles)* – The Directive now allows for drivers or applicants who cannot meet the visual acuity standard of decimal 0.5 to be considered as an exceptional case.

We do not propose to adopt exceptional cases for visual acuity as this would cause operational difficulties at DVLA. Allowing exceptional cases would require all these drivers to obtain opticians certificates. Currently, enforcement authorities can stop a driver at the roadside and carry out a check of their eyesight (by reading a number plate), this would not be possible if we allowed exceptional cases. As exceptional cases would not be wide spread the use of opticians certificates could be rare and the enforcement authorities may not accept the certificate where the driver had failed the number plate test, which could cause difficulties at the roadside. Other factors that were taken into account in reaching this decision were how long would an optician's certificate be valid for, is the certificate valid (forgeries could easily be made), a certificate would have to be carried by an individual during driving as proof that the required standard can be met.

In addition, a large number of consultees including Road Safety Organisations, Optometrists the Optical Confederation, the College of Optometrists and other eye experts indicated the visual acuity standard should not be reduced. The EU working group report concluded that until acceptable standard for Contrast Sensitivity, Twilight Vision and Glare Sensitivity in relation to driving is known and until such time as the further research is completed we should not underestimate the importance of visual acuity. (Working group report page 7).

As we have retained the existing UK standard which is marginally higher than the new EU standard we would expect this to lead to a marginal benefit in road safety, although it is not possible to quantify this.

UK adopting the EU minimum standard.

Some standards have already been adopted administratively in order to notify transposition in time and avoid infraction. However, there will be greater legal certainty and less DVLA resources spent on appeals if clear cut and mandatory standards are also adopted in legislation.

Any driver affected by changes to the new eyesight standards, would be required to inform DVLA immediately. This could be as a result of an optician's examination, where their eyesight had deteriorated sufficiently that it could affect their driving.

Proposal 4 – Field of vision for binocular vision
Group 1 *(cars and motorcycles)* – Previously driving licences could 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.

The Directive requires drivers or applicants with vision in both eyes a horizontal visual field of at least 120 degrees, an extension of 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.

This standard is more precisely defined and mandatory and we propose to adopt it. However, on advice from the Panel, we shall maintain the current methods of measuring and interpreting defects.

Proposal 5 – Field of vision for monocular vision
Group 1 *(cars and motorcycles)* – Previously driving licences could only be issued or renewed where there had been a period of adaption and there was a normal field of vision.

The Directive requires drivers or applicants with vision in one eye that their 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.

The visual field standard for drivers with sight in one eye is now the same as that for binocular drivers. The Panel was content with this requirement for monocular drivers and we propose to adopt this standard.

Proposal 6 – Visual acuity for the worse eye
Group 2 *(buses and lorries)* – Currently applicants for a driving licence or renewal of such a licence must have a visual acuity, with corrective lenses if necessary, in the worse eye of Snellen 6/12 (decimal 0.5). Where corrective lenses are used to attain this standard the uncorrected acuity must reach Snellen 3/60 (decimal 0.05) and the correction must be well tolerated.

The Directive relaxes the standard for drivers or applicants who have vision in both eyes, by reducing the acuity standard for the worse eye from decimal 0.5 to decimal 0.1, but must not require glasses with a lens power exceeding plus eight dioptres to reach this standard. We propose to adopt this standard.

Proposal 7 – Visual acuity for the better eye

Group 2 *(buses and lorries)* – The Directive has not changed the visual acuity standard for the better eye, however, we previously interpreted the EU minimum visual acuity standard in the second Directive of decimal 0.8 as meaning Snellen 6/9 (close to decimal 0.66). Medical experts have reconsidered this and their opinion is that decimal 0.8 is closer to Snellen 6/7.5.

We were obliged therefore to raise the UK standard from decimal 0.66 to decimal 0.8 for Group 2 drivers to meet the minimum EU standard. It is difficult to assess the impact that such a slight change may have; the current acuity standard of Snellen 6/9 is not so vastly different from Snellen 6/7.5 and would be within the expected range of variation for someone whose visual acuity was recorded on another occasion as Snellen 6/7.5. However, it is feasible that some vocational drivers could lose their Group 2 entitlement on renewal because they do not meet the new standard.

Proposal 8 – Substantial loss of vision in one eye

Group 2 *(buses and lorries)* – Currently a substantial loss of vision in one eye is not in itself specified in the UK. However, Group 2 drivers who suffer a loss of vision in one eye have to meet the minimum acuity standard 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.

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

We propose to adopt this standard. The duration of this adaptation period was discussed by the Panel but no definite time period was suggested; we propose that the length of the adaption period should vary according to individual circumstances.

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.

Proposal 9 – Field of vision for binocular vision

Group 2 *(buses and lorries)* – Previously driving licences could only be issued or renewed where there was a normal binocular field of vision.

The Directive requires drivers or applicants that their horizontal visual field 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. The Directive does not stipulate how the visual field is tested or how many points should be tested. On advice from the Panel, we shall maintain the current methods of measuring and interpreting defects.

We propose that if there is no reason to suspect a visual field defect (due to pathology) outside the width of field measured by the Humphrey Field Analyser, then there should be no change to the protocol already employed when assessing the visual field. Whilst stressing the importance of a normal central visual field, we propose to adopt the slightly less stringent standard for peripheral visual field. Any missed point due to pathology would be considered significant for

the purposes of Group 2 driver licensing. This change will lead to a more precise standard and will be easier to apply and understand.

The following proposal cannot be fully adopted until further research is undertaken

Proposal 10 – Impaired contrast sensitivity

Group 2 *(buses and lorries)* – This is a new requirement, previously there was no requirement for impaired contrast sensitivity.

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.

We propose to adopt this standard as fully as possible and 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?" The standard will be reconsidered when further research has been undertaken and adaptable safety levels have been identified. This could result in a possible future amendment to the regulations and the standard applied, this would also require a further Impact Assessment.

7 – Monetised and non monetised costs and benefits

Those affected by the changes obviously include drivers who have eyesight problems and could lose their licences. However, there will be drivers who will as a result of changes be able to make an application to obtain a driving licence. Any impact to Road Safety has been carefully considered. Medical professionals consider that any changes will not have a negative impact on road safety in the UK. DVLA will be affected by having to amend its forms and leaflets. Businesses could be affected as anyone employed as a driver could lose their licence if they suffered eyesight problems related to the changes.

The proposed changes to the current standards are expected to result in a small change in the number of people who will be allowed to drive. However, there is no data to enable us to establish how many this will be as you either pass or fail an eyesight test and the eyesight level attained is not recorded. There are about 1.9 million drivers on the DVLA register holding a 'medically restricted' licence and around 8.8% of these suffer from vision problems. This means that there are about 167,570 people with a licence restricted because of an eyesight problem. We do not know how many of these are likely to be affected by the proposals. Our best judgement is that the changes will affect a small percentage of the people with a restricted licence, and there was nothing in the results of the consultation exercise to suggest that this was not the case.

The overall impact on businesses that employ bus or lorry drivers is uncertain – they will now be able to consider some people with vision problems, where previously they couldn't. However, the reverse applies in that they will not be able to consider some people with vision problems when previously they could. It is not clear at this stage which impact is likely to be larger although the relaxation in the "worse eye" standard is more dramatic than the slight increase in the "better eye" standard. It would therefore be reasonable to conclude that the net impact of these proposals should not have a negative effect on business.

Costs

The main monetised costs from the proposal come from additional administration for the DVLA.

a) Forms and leaflets will need to be updated, including "At a Glance - guide to the current medical standards of fitness to drive". The "At a Glance" guide is freely available

on DVLA website. If an individual wishes to obtain a printed copy an administration fee of £4.50 is charged (during the last 12 months only 28 such copies have been requested.) The cost of updating forms and leaflets is covered by DVLA's central operational fund and is estimated to be £100,000. This cost will only be incurred once to cover the costs of updating the standards for vision, diabetes and epilepsy. It is estimated the costs for vision will be around £35,000.

b) If relaxing the minimum standards this will lead to more drivers qualifying for licences, the Agency will have to process more licensing applications. The cost of processing a driving licence on medical grounds is estimated at about £20. This is broken down into Administration Officer wage £3.28 per case, cost of sending a medical questionnaire £15.00 per case and postage costs of 75p. If raising the minimum standards this will lead to less drivers qualifying for licences, in turn the Agency will have to process less licensing applications.

Where it is proposed to raise UK standards to comply with the Directive some drivers may lose their licences. Although there are 167,650 with medically restricted licences because of an eyesight problem, it is impossible to know exactly how many people will be affected. Nor has it been possible to quantify the loss of social, domestic and economic benefits that losing a driving licence incurs. We therefore cannot accurately estimate the impact of accepting this proposal. There could be a transitional cost to business as people employed as drivers could lose their licences as a result of the changes. If this is the case a business could be required to hire and train a new member of staff.

Benefits

Where it is proposed to relax the minimum standards this will lead to more drivers qualifying for licences. Based on medical expert advice we do not consider that road safety will be compromised. To date, the nature of a visual impairment has not been recorded, so it is impossible to know how many drivers will be affected. Nor has it been possible to quantify the social, domestic and economic benefits of obtaining a driving licence. We therefore cannot accurately estimate the impact of accepting these proposals.

The cost of processing a driving licence on medical grounds is estimated to be approximately £20. The relaxation of some of the minimum standards will increase the number of such licences being processed. Although we do not have figures on the number of additional applications that could be expected, any additional applications would bring additional revenue from the fees required to be paid to obtain a driving licence. Fees are set at a level that will broadly cover the costs.

8 - One-In One-Out Arrangements

For three standards, the proposal is to retain the existing UK standards, which exceed the previous and new EU minimum requirements. The retention of these existing elements of gold plating is considered appropriate on road safety grounds and importantly, because it does not introduce any new requirements, it does not increase the burden on the public. Therefore this is out of scope of One-in, One-out (OIOO) Methodology (paragraphs 16; i and 22).

The other changes described above are required in order to meet EU minimum requirements, with no evidence of going beyond minimum requirements, they are also out of scope of OIOO, in accordance with the current OIOO Methodology (paragraph 16; ii).

9 - Equality – please also see link below.

Vision EQIA.doc

Statutory Equality Duties Impacts
There is no race, gender, sexual orientation or transgender implications resulting from the introduction of these new policies. On the disability issues, it is possible that the proposals will improve mobility for some with visual impairment in that they will be able to apply for a driving licence where as now they are prevented from doing so (this could apply vice versa also).

Competition Assessment
DVLA and DVA are sole licensing authorities in the UK so competition guidelines do not apply. Annex III of the second Directive does not create the need for additional services that would be subjected to competitive tendering.

Small Firms Impact Test

There will be no specific impact on “Small Firms”. The changes will affect all firms who could potentially employ people who suffer with visual impairments. It has not been possible to quantify the impact, but it is expected to be very small as only a small number of people will be affected and the proposed changes will allow some people to drive where they cannot at present, and allow others to drive sooner, so these impacts will offset one another to some extent.

Greenhouse Gas Assessment Impact Test
The introduction of these policies could potentially see an increase in the number of people who can obtain a licence, which could mean an increase in the number of vehicles on the road. However, no figures are available on the number of people who would be affected. Because we do not know how many people will be affected, it is not possible to estimate the carbon impact, but because the number of people affected will be very small the carbon impact will also be small.

Wider Environmental Issues Impact Test
There will be no adverse effects on the environment, but there will be no improvement either. There will be no harm to the landscape as a result of the introduction of these policies.

Health and Well-being Impact Test
The proposals would allow some people with visual impairments to apply for a driving licence, which will improve their mobility. This should improve their social, domestic and economic well-being (this could apply vice versa also).

Human Rights Impact Test
No specific impacts have been identified.

Justice Impact Test
No specific impacts have been identified.

Rural Proofing Impact Test
The introduction of the new minimal medical standards would be equally borne by rural and urban communities

Post Implementation Review Date

A review of the policy will take place in 2017

Title: The Motor Vehicles (Driving Licences) (Amendment) (No.?) Regulations 2012 ("the UK Regulations")	**Impact Assessment (IA)**
IA No: DfT00008	**Date:** 14/08/2012
Lead department or agency:	**Stage:** Final
Department for Transport	**Source of intervention:** EU
Other departments or agencies:	**Type of measure:** Secondary legislation
Driver and Vehicle Licensing Agency (DVLA)	**Contact for enquiries**: Mark Davies 01792 783981

Summary: Intervention and Options

RPC: RPC Opinion Status

Cost of Preferred (or more likely) Option				
Total Net Present Value	**Business Net Present Value**	**Net cost to business per year** (EANCB on 2009 prices)	**In scope of One-In, One-Out?**	**Measure qualifies as**
-£0.035m	0	0	Yes	Zero Net Cost

What is the problem under consideration? Why is government intervention necessary?

Drivers who suffer from epilepsy can pose a safety risk to themselves and other road users. Government intervention is required to regulate driving licences for medical conditions because individuals are not able to accurately self-assess the risk they pose. Such regulation needs to be evidence based and proportionate to ensure that safety standards are maintained without unnecessarily preventing people from driving when they can do so safely. Therefore, from time to time the standards are reviewed and updated. Specifically, a change is needed now to implement appropriately new EU minimum standards for issuing Group 1 (Cars, Motorcycles and light vans) licences to drivers who suffer from epilepsy.

What are the policy objectives and the intended effects?

The policy objectives are to apply the agreed new standards so that people with epilepsy will be allowed to drive if they do not pose a threat to road safety.
The intended effect is that licensing decisions will be made on the basis of criteria that more fairly and precisely reflect their ability to drive safety.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

There is now only one policy option under consideration which is to introduce the UK Regulations (Option 1) in order to make the following changes to UK legislation for issuing licenses to drivers who suffer from epilepsy. 1.) It will implement the changes to UK law for issuing Group 1 licenses recommended by the Medical Advisory Panel. Three of the five new EU minimum standards for driving with epilepsy will be implemented in full, whilst another will be partially implemented and one will not be adopted. No other options have been considered. This is the preferred option based on the findings of the EC and subsequent advice from the Medical Advisory Panel. It will allow some people to drive where they cannot at present, and allow others to drive sooner, without compromising road safety 2.) To meet our EU obligations, it will amend existing legislation for issuing Group 2 licences in order to make clearer certain standards, previously dealt with in the UK administrative guidance, in legislation.

Will the policy be reviewed? It will be reviewed. **If applicable, set review date:** 08/2017

Does implementation go beyond minimum EU requirements?			Yes		
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base.	**Micro** Yes	**< 20** Yes	**Small** Yes	**Medium** Yes	**Large** Yes
What is the CO_2 equivalent change in greenhouse gas emissions? (Million tonnes CO_2 equivalent)			**Traded:** N/A	**Non-traded:** N/Q	

I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) that the benefits justify the costs.

Signed by the responsible Minister: Stephen Hammond Date: 11/11/12

Summary: Analysis & Evidence

Policy Option 1

Description: Introduce the UK Regulations in order to implement changes to the EU minimum standards for issuing Group 1 licenses which have been recommended by the Secretary of State's Honorary Medical Advisory Panel and amend existing legislation for issuing Group 2 licenses to comply with EU obligations.

FULL ECONOMIC ASSESSMENT

Price Base Year 2012	PV Base Year 2012	Time Period Years 10	Net Benefit (Present Value (PV)) (£m)		
			Low: N/A	**High:** N/A	**Best Estimate: -**0.035

COSTS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	N/A	1	N/A	**N/A**
High	N/A		N/A	**N/A**
Best Estimate	£0.035		N/A	**£0.035**

Description and scale of key monetised costs by 'main affected groups'

The cost to DVLA for amending its forms and leaflets is estimated to be around £35,000

Other key non-monetised costs by 'main affected groups'

1. DVLA is likely to have to deal with a very small increase in the number of licensing applications. Although no data upon which to base a calculation is available, it is unlikely to be significantly higher than any natural variation in existing transaction numbers. 2. There will be administrative costs to the motoring public associated to completing the application form. We do not have precise costs or the number of applications likely to be submitted.

BENEFITS (£m)	Total Transition (Constant Price)	Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	N/A	N/A	N/A	**N/A**
High	N/A		N/A	**N/A**
Best Estimate	N/A		N/A	**N/A**

Description and scale of key monetised benefits by 'main affected groups'

No monetised benefits have been identified in this impact assessment.

Other key non-monetised benefits by 'main affected groups'

More people will be able to enjoy the social, domestic and economic benefits of driving.

Key assumptions/sensitivities/risks **Discount rate (%)** 3.5%

1. Based on expert advice by the Medical Advisory Panel, there will be no detrimental effect on road safety.
2. The benefits of more people being able to drive will be at least equal to the DVLA publicity and transaction costs.
3. The amendments to existing legislation for issuing Group 2 licenses will represent no practical change for those applying for these licenses.

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:			In scope of OIOO?	Measure qualifies as
Costs: 0	**Benefits:** 0	**Net:** 0	Yes	Zero net cost

EVIDENCE BASE (for summary sheets)

1 – Rationale for intervention

Drivers who suffer from epilepsy can pose a safety risk to themselves and other road users. Government intervention is required because it regulates driving licences for medical conditions because individuals are not able to accurately self-assess the risk they pose to themselves and others. Such regulation needs to be evidence based and proportionate to ensure that safety standards are maintained without unnecessarily preventing people from driving when they can do so safely. Therefore, from time to time the standards are reviewed and updated. Specifically, a change is needed now to implement appropriately new EU minimum standards for issuing Group 1 (Cars, motorcycles and light vans) licences to drivers who suffer from epilepsy.

2 – Background

There are around 1.9 million drivers on DVLA records with 'medically restricted' licences. 11.9% of these (about 226,000) suffer with epilepsy.

The current rules for issuing licences to drivers who suffer from epilepsy are incorporated in the Motor Vehicles (Driving Licences) Regulations 1999 ("the 1999 Regulations") and the 'At a glance Guide to the current Medical Standards of Fitness to Drive' (At a glance) issued by DVLA. The 1999 Regulations are based on the second European Council Directive on driving licences (91/439/EEC), which harmonises rules in the EEA for mutual recognition and exchange of licences and specifies minimum standards for safe driving.

EU medical experts have reviewed the standards for drivers with epilepsy and, following this, the EC's Driving Licence Committee published revised minimum standards in August 2009 (references: 2009/112/EC and 2009/113/EC), to come into effect by August 2010 ("the Medical Directives"). This review took account of refinements to medical evidence that shows that some drivers with specific types of epilepsy can be safely allowed to drive after a shorter period of time than had been previously considered appropriate.

The Medical Directives specify the EU minimum standards for epilepsy and driving, of which five differ from current UK standards for issuing Group 1 (Cars, motorcycles and light vans) licences to drivers who suffer from epilepsy. The Directives provide that Member States must comply with minimum standards, at least, but they are allowed to apply higher standards if they consider this to be appropriate [Annex III point 5 to Directive 91/439/EEC]. The UK standards are currently higher in all five cases.

The Secretary of State's Honorary Medical Advisory Panel on Neurology ("the Medical Advisory Panel") has considered the Medical Directives in detail and has made recommendations as to how they should be implemented into UK law. Of the five EU minimum standards that differ from the current UK standards for issuing Group 1 licences to drivers who suffer from epilepsy, the Medicinal Advisory Panel has recommended that three of the minimum EU standards can be accepted in full and one partly, they also recommended that the fifth EU minimum standard should not be accepted, due to road safety concerns. The Panel's recommendations represent their considered view that none of the proposed relaxations will have a damaging affect on road safety.

There are also new EU minimum standards for Group 2 (buses and lorries) licensing. However, these reflect existing UK standards although certain standards previously dealt with in the UK administrative guidance will need to be made clearer in legislation (particularly in relation to isolated seizures). As they do not represent any practical change, there is no need to further consider the impacts of Group 2 standards below.

3 - Policy objective

The policy objective is to introduce the new EC standards for driving with epilepsy which have been agreed by the Medical Advisory Panel (see section 1 above), so that as many people as possible can drive without compromising road safety. The intended effects are that that licensing decisions for people with epilepsy will be made on the basis of criteria that will more fairly reflect their ability to drive safely, and will meet our obligations under the Medical Directives, without compromising current road safety standards.

4 - Current Position

The Motor Vehicles (Driving Licences) Regulations 1999 prescribe that for Group 1 drivers who have suffered an epileptic attack must refrain from driving for a period of one year, unless they are able to establish a pattern of having attacks only whilst asleep, for a period of 3 years.

N.B. – A person who has suffered an attack whilst **asleep** must refrain from driving for at least **one** year from the date of that attack. However, if they have an attack whilst asleep more than three years previously and have had no attacks whilst awake since the original attack whilst asleep, then they may be licensed even though attacks whilst asleep may continue to occur. If an attack whilst awake subsequently occurs, then the formal epilepsy regulations apply and require at least **one** year off driving from the date of the attack.

5 - Future Epilepsy Position

Epilepsy is defined in the Medical Directives as being two or more epileptic seizures, less than 5 years apart. This definition leads to an inconsistency in the Medical Directives when dealing with the rules for Group 2 licensing. In the latter case, the Medical Directives say there must be a 10 year seizure free period before a licence can be granted. We propose to refine the EU definition of epilepsy in the UK Regulations so that for Group 1 purposes epilepsy refers to two or more epileptic seizures, less than 5 years apart, but in the case of Group 2 the period is 10 years apart. This effectively means the UK standard will be the same as our existing standard which is considered by the Panel of experts to be justified and also avoids an anomaly which is not justified by any medical reason. The UK standard will be higher than the EU minimum standard..

In general both the new EU rules and existing UK standards are that a person with epilepsy may qualify for a Group 1 licence if they have been free from an epileptic attack for one year. There are special Group 1 rules for specific types of seizures (see further below).

Where an individual suffers an isolated seizure this is not defined as epilepsy, nonetheless, the new EU rules require a seizure free period of at least 6 months before a licence can be issued. This is the same as the current UK standard.

The EU rules say that when a seizure is a provoked seizure (a seizure that has a recognisable causative factor that is reliably avoidable) the normal epilepsy rules apply. A person who suffers from a provoked epileptic seizure can be declared able to drive on an individual basis, subject to neurological opinion. The UK proposes to implement this distinction by taking provoked seizures outside the UK definition of epilepsy. This does not represent any change to the existing rules.

6 - Consultation

In February 2011, a consultation document was issued to more than 300 key stakeholders and other interested parties, to seek views on EU proposals regarding epilepsy, diabetes and vision. (Changes to diabetes standards were introduced in November 2011 - vision changes will be introduced alongside those for Epilepsy). Of the 132 responses received, seven related specifically to the epilepsy proposals and of these four agreed with the proposals. These did include the views of organisations such as the Epilepsy Society, Epilepsy Action and the Association of British Neurologists. One said the standard should be relaxed further. Two

responses supported some of the recommendations but were against others. In addition, 59 responses referred to more than one condition. Nine made comments on Epilepsy. Eight agreed with the recommendations and one disagreed with the Group 2 definition of Epilepsy remaining (two seizures in ten years) suggesting the Directive definition of two seizures in five years should be adopted, not to disadvantage UK drivers. Responses were generally in favour of the proposed standards. There was disagreement from two respondents around the definition of epilepsy for Group 2 drivers. Additionally, a respondent disagreed with the proposal to allow driving for those having seizures without influence on consciousness or the ability to act, as it would result in patients who are having lapses in awareness during seizures being allowed to drive.

7 - Description of policy options

The Medical Directives specify EU minimum standards for driving with epilepsy. Five of these EU minimum standards differ from the current UK standards for driving with epilepsy; these all relate to Group 1 (Cars, motorcycles and light vans) drivers. The Medical Advisory Panel has considered them in detail and has made recommendations as to how they should be implemented into UK law. There is now only one policy option under consideration which is to introduce the UK Regulations in order to implement the changes to UK law recommended by the Medical Advisory Panel (Option 1). Our proposed approach and the Medical Advisory Panel's recommendations regarding each of the five EU minimum standards that differ from the current UK standards are discussed in detail below.

No changes to the current UK standards are proposed for Group 2 (Buses and lorries) drivers. However, some of the current standards are dealt with administratively, in the 'At a glance' guide, option 1 will now make these standards clearer by including them in the 1999 regulations. The medical standards for bus and lorry drivers are much more stringent than those for smaller vehicles, to reflect the additional risk to road safety because of the size of the vehicles and the greater amount of time these drivers spend at the wheel.

Proposal 1 – EU minimum standard regarding Seizures without influence on consciousness or the ability to act.

Currently

A person who has 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.

Future

The Panel has accepted the EU minimum standard that, subject to expert opinion, a driver who has seizures without influence on consciousness, or the ability to act, 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, normal epilepsy rules would apply (i.e. one year seizure free) and they will no longer be able to be licensed in this category.

Proposal 2 – EU minimum standard regarding Seizures exclusively in sleep.

Currently

UK rules provide that a person who has attacks only whilst asleep over a period of three years, they may resume driving. This is because people who can demonstrate a pattern of asleep-only attacks are likely only to have asleep attacks in future, and they do not represent a danger on the road.

Future

The Panel has accepted the EU recommendation that drivers who have never had a seizure whilst awake, need only establish an asleep-only pattern of attacks over a period of one year.

***NOTE**: For those with a history of both asleep and awake attacks, the current asleep attack standard of establishing a pattern of sleep attacks over three years will remain and it will also be necessary to have a 12 month period free of "awake seizures" which influence consciousness/ability to act.*

Proposal 3 – EU minimum standard regarding Seizures because of physician directed change or reduction of anti-epileptic therapy.

Currently

When a doctor prescribes a reduced dosage of anti-epileptic medication, the patient will be advised not to drive straightaway, and for a period of six months after the proposed new level of medication has been reached. If the patient subsequently suffers a seizure, the normal epilepsy rules apply and they will require one year off driving (or a 3 year sleep only seizure pattern).

Future

The Panel has accepted the EU recommendation that a person suffering a seizure in such circumstances can resume driving after a reduced period of six months, provided that the previous regime of medication has been resumed and they remain free of further attacks.

Proposal 4 – EU minimum standard regarding Seizures because of physician directed change or withdrawal of medication.

Currently

This is a slight variation to Proposal 3. When a doctor recommends that medication be withdrawn, patients are advised not to drive from the start of the period of withdrawal (which is usually phased) until six months after medication has completely stopped. If the patient suffers a seizure the normal epilepsy rules apply and they will require one year off driving.

Future

The minimum standard in the Directive proposes that, provided the previously effective treatment is reinstated, and the patient suffers no further attacks, driving may be resumed after a period of three months.

However, the Panel does not consider that the case has been made for it to be safe to resume driving in these circumstances after only three months. It is proposed, instead, that the patient can resume driving after six months. This will still, of course, represent a reduction in the current UK standards from one year to six months.

Proposal 5 – EU minimum standard regarding First unprovoked epileptic seizure.

Currently

A person who suffers their first ever seizure must not drive for a period of six months, but they might then resume driving if they have been assessed by an appropriate specialist and no relevant abnormality has been identified.

Future

The Directive proposes that National Authorities may allow drivers to drive sooner than six months, if there are recognised good prognostic indicators.

However, the Panel does not consider that the case has been made to change the current UK standard and allow drivers to drive sooner than six months.

8 - Costs & Benefits of Option 1

This section assesses the additional costs and benefits of Option 1 relative to the Do Nothing scenario. Due to the limitations of the available evidence base, it has not been possible to monetise all of the additional costs and benefits of Option 1 that have been identified in this impact assessment. Where it has not been possible to monetise a particular cost or benefit, a full qualitative description of the cost or benefit has been provided in this impact assessment.

8.1. Costs of Option 1

8.1.1. Costs to DVLA

8.1.1.1. One-off costs of publicising and explaining the new arrangements

To publicise and explain the new arrangements, forms and leaflets will need to be updated, including the "At a Glance" guide to the current medical standards of fitness to drive. The Guide is freely available on DVLA website, but a printed version is available for a fee (£4.50), although only 28 copies have been requested in the past 12 months.

The one-off cost of updating forms and leaflets will be met from a central operational fund, and is estimated to be £100,000 to cover the updated medical standards for vision, diabetes and epilepsy. £35,000 of this has been allocated to the epilepsy arrangements. This figure is made up of amending all medical questionnaires so that the correct information is sought from applicants and medical professionals, application forms produced at DVLA and changes to the Driving Licence Online system (electronic application process). £12,000 is attributed to amending the D1 application form.

8.1.1.2. Impact on DVLA running costs

Proposal 1 will increase DVLA transaction costs as more people apply for as licence. The Agency has calculated that each extra application will increase running costs by £19.03 (Administrative Officer salary costs at £3.28 per case; cost of sending a medical questionnaire £15.00 per case; and postage costs of 75p).

Proposals 2, 3 and 4 will each mean that drivers who have suffered an epileptic attack in certain circumstances will be able to resume driving sooner than is currently the case. This will not increase the Agency’s overall caseload in the longer term; it will simply bring forward the time when the costs are incurred.

We do not have any quantitative evidence available and we do not have any way to know precisely how many people will be directly affected by the proposals. Therefore, it has not been possible to monetise these costs in this impact assessment.

8.1.2. Costs to Motorists

Motorists, who will be eligible to drive as a result of these changes, will incur costs in completing an application form if they choose to do so. We do not have quantitative evidence on the costs for this, nor do we know the increase in the number of applications that are likely to be made. Therefore, it has not been possible to monetise these costs in this impact assessment. However, the process is likely only to involve a couple of hour's time and the application fee (£50). People will only make an application if they consider that the benefits of being able to drive outweigh these costs. Applicants who are refused a licence on medical grounds will have the fee refunded, and people applying after a previous medical revocation do not have to pay a fee.

8.2. Benefits of Option 1

Proposal 1 will result in a small increase in the number of people who will be able to drive in future. Drivers who suffer repeated attacks that do not alter their level of consciousness or ability to react will be allowed to drive after one year. This will allow people who suffer these attacks to drive after one year, and to continue driving thereafter, even if they continue to suffer similar attacks in the future. Currently, someone who suffered such an attack every year would be effectively barred from driving until they had been seizure free for 12 months. This might never happen.

Being allowed to drive (safely) provides benefits for the individual and for society in respect of that persons greater mobility and employment prospects. Having a driving licence allows an individual to increase their choice of which mode of travel to choose. But, again, we have no data to estimate the number of people involved or the scale of those wider benefits. Therefore, it has not been possible to monetise these benefits in this impact assessment. Following consultation with stakeholders, there is nothing to suggest that a significant number of drivers would be affected

However, we have made the assumptions that the number involved will be comfortably absorbed into the Agency's existing caseload and that the wider economic benefits will greatly outweigh the Agency's costs.

Proposals 2, 3 and 4 will each mean that drivers who have suffered an epileptic attack in certain circumstances will be able to resume driving sooner than is currently the case. Each of these proposals will result in the wider economic and social advantages of drivers applying earlier, with a slightly higher benefit than is presently the case. As above, there is insufficient information on which to be attempt to monetise these benefits, but we have assumed a slight net benefit arising from the proposals.

9 – Impact on Business and One-in One-Out Arrangements

As driving licences affect individuals rather than businesses, there is little direct impact on business. There is unlikely to be any impact due to people employed as drivers being affected by these Regulations, because due to the amount of time that needs to elapse to judge someone is able to drive safely it is unlikely many individuals would remain in such employment. Therefore the impact on such individuals is unlikely to be different under the new arrangements from the existing arrangements. There is a potential impact on self-employed people. As explained above, under proposal 1 a small number of people will be able to drive who would not otherwise and under proposals 2, 3 and 4 some people will be able to resume driving sooner. If any of these were self employed, they may be able to benefit from driving in the course of their business. It is not known how many self employed people might be affected, but is expected to be a very small number.

There will be no affect on business from proposal 5 compared to the baseline because the existing UK standard will remain unchanged.

Proposals 1, 2 and 3 are in line with revised EU minimum requirements and are therefore out of scope of One-In, One-Out (OIOO). Proposal 5 has been rejected, meaning that the implementation is beyond the EU minimum standards, but the current UK standard is retained. In addition, the definition of epilepsy in the UK Regulations will also represent a higher standard than the EU minimum standard for Group 2 licensing (see section 5 above); however, this will effectively be the same as the existing UK standard. This retention of existing UK standards is also outside the scope of OIOO.

Proposal 4 will only be partially adopted. This will reduce existing gold plating of the EU minimum standards, which will to some extent mitigate the benefit for some people in being allowed to drive a little bit sooner. This is in scope of OIOO because it amends the existing gold-plating. As described above, it is expected to have a marginal beneficial impact on Business, but this benefit cannot be quantified, so this is categorised as a 'Zero Net Cost' measure.

11 - Conclusion

The proposed approach is to implement three of the minimum EU standards in full and one partly, to retain the existing UK standard for the fifth area, and to make certain standards for Group 2 licensing clearer in legislation. Where the EU minimum standards are not to be fully accepted, we consider that this is an appropriate course of action on road safety grounds. In relation to Proposal 4 and 5 the Honorary Medical Advisory Panel has concluded that the EU minimum standards would not provide sufficient confidence that the drivers affected will be safe to drive until a slightly longer period of time has elapsed. After consultation with stakeholders, there is nothing to suggest that a significant number of drivers would be affected by proposals 4 and 5.

Proposal 4 still represents a relaxation to the current rules. Both rules will apply to only a very small number of individuals and it is very likely that, following an epileptic attack, treatment, investigation and evaluation by a specialist, six months would have elapsed in any event. And it is only after this period of time that the Panel has sufficient confidence that the patient's condition would have stabilised sufficiently to allow safe driving.

12 - Equality – please also see link below

Epilepsy EQIA.docx

An EQIA has been completed to support this IA and is attached. As a result of these changes, although we don't have precise figures, it is anticipated that more drivers will be able to qualify for a driving licence without comprising road safety standards.

There is no race, gender, sexual orientation or transgender implications resulting from the introduction of these new policies. On the disability issues, it is expected that the proposals will improve mobility for some epilepsy sufferers in that they will be able to apply for a driving licence where as now they are prevented from doing so.

Competition Assessment

DVLA and DVA are sole licensing authorities in the UK so competition guidelines do not apply. Annex III of the second Directive does not create the need for additional services that would be subjected to competitive tendering.

Small Firms Impact Test

As driving licences affect individuals rather than businesses, there is little direct impact on "Small Firms".

Greenhouse Gas Assessment Impact Test

The new rules are likely to very slightly increase the number of people driving, but there will be no significant environment impact. Because we do not know how many people will be affected, it is not possible to estimate the carbon impact, but because the number of people driving either earlier or at all will be very small the carbon impact will also be small.

Wider Environmental Issues Impact Test

There will be no adverse effects on the environment, but there will be no improvement either. There will be no harm to the landscape as a result of the introduction of these policies.

Health and Well-being Impact Test

The proposals would allow some people who suffer with certain types of epilepsy to apply for a licence, which will improve their mobility. This should improve their social, domestic and economic well-being.

Human Rights Impact Test

No impacts have been identified.

Justice Impact Test

No impacts have been identified.

Rural Proofing Impact Test

The introduction of the new minimal medical standards would equally benefit and be borne by rural and urban communities.

Post Implementation Review Date

A review of the policy will take place in 2017