



## Vision Standards for Driving

### ***Introduction***

This document attempts to address some issues about driving which frequently concern ophthalmologists in their day-to-day work. Rather than reiterating information from the Department for Transport (DfT) and the Driving and Vehicle Licensing Agency (DVLA) which is easily available, either through links in this document or by a simple internet search, the aim is to provide a perspective on the regulations, to highlight some recent changes, and to consider the duties of a responsible ophthalmologist, and a responsible driver.

### ***What is the role of the RCOphth?***

Historically the Vision Standards committee of the Royal College of Ophthalmologists (RCOphth) gave specific advice to the DVLA regarding driving standards. However the potential for a conflict of interest between advice given to ophthalmologists and their patients on the one hand, and the DfT/DVLA on the other eventually lead to the separation of these roles.

Now, one or more members of the RCOphth represent Vision Standards as a 'subcommittee' of the Professional Standards committee, and provide general advice to the College, to ophthalmologists and to the public on matters of vision standards. Quite often this involves advice about driving matters, though advice is not limited to this area, and has in the past, for example, included advice on how safely to view an eclipse of the sun.

The College no longer provides official advice to the DVLA or the DfT which is undertaken by the Secretary of State for Transport's Honorary Advisory Panel for Vision and Driving (hereafter referred to as the Vision Panel).



Sometimes the College is asked to formulate an opinion and release a statement on topical matters relating to driving and vision and this may appear to create a conflict of interest for those ophthalmologists advising the College who are also members of the Vision Panel. The final decision on vision standards for driving is the responsibility of the DfT which considers information from a variety of sources including but not exclusively, the vision panel, may or may not accept the advice of this advisory panel. It is therefore not for the ophthalmologists on the Vision Panel to justify the decision of the Secretary of State or DfT.

***What is the role of the Department for Transport and the DVLA?***

Driving standards policy is set by the DfT, and this policy is applied by the DVLA which is an executive agency of the DfT, based, as most will know, in Swansea. Vision Panel membership comprises several ophthalmologists, all (though not compulsorily) members of the RCOphth, optometrists, lay members, and representatives of the DVA Northern Ireland, DfT, DVLA and the Civil Aviation Authority. The current membership of the Vision Panel can be found via the following link.

[http://www.dft.gov.uk/dvla/medical/medical\\_advisory\\_information/medicaladvisory\\_meetings/Visual%20disorders%20and%20driving.aspx](http://www.dft.gov.uk/dvla/medical/medical_advisory_information/medicaladvisory_meetings/Visual%20disorders%20and%20driving.aspx)

The Vision Panel minutes are in the public domain at

[http://www.dft.gov.uk/dvla/medical/medical\\_advisory\\_information/medicaladvisory\\_meetings/minutes.aspx](http://www.dft.gov.uk/dvla/medical/medical_advisory_information/medicaladvisory_meetings/minutes.aspx)

There are five other advisory panels on driving covering diabetes, cardiovascular disease, neurology, psychiatry and substance misuse.

Driving standards are in part enshrined by law, as exemplified by the number-plate test and visual acuity requirements, and as such cannot be contested in court, and partly take the form of supplementary guidance such as the current interpretation of



the central area of visual fields (as opposed to the horizontal extent) which may be contested in a magistrates court.

So whilst some part of the standards are statutory, other parts of the guidance are not and are often considered by professionals to be unclear and difficult to interpret and possibly subjective. This merely recognises both the difficulty of balancing a lack of good evidence base and potential risk against the effect that withdrawing a person's driving licence will have. It allows for interpretation in the light of the unique medical circumstance of an individual patient, rather than having static and blanket rules applied in an inflexible manner.

### ***Driving and accidents***

It is self-evident that vision is extremely important for driving. However poor vision is not a common cause of accidents, which are more frequently related to age (young and old), experience, alcohol consumption and distraction. The challenge is to define for each medical scenario 'what is the excess risk' and to decide whether that is within acceptable limits. Attributes of vision which may be considered include visual acuity, visual fields, contrast sensitivity, glare, and twilight vision. The evidence for each of these affecting road safety is incomplete and hard to research because prospective trials would be inappropriate, and observational studies are limited to drivers who satisfy the current guidance so the range of visual performance is narrow thus decreasing the power of studies. Data protection legislation prevents correlation of road accident data with medical records so potentially valuable information from day to day accident occurrence is not presently accessible. Driving simulator experiments are limited by induced nausea, and unrealistic driving adaptations.

There is increasing recognition that factors affecting driving may summate and increase the risk of accident. For example it is quite possible that a minor vision problem, which of itself may not present a significant danger, may pose a greater threat in a driver who has consumed even a small amount of alcohol or who is tired.



It is therefore possible that assessment of medical risks in isolation may underestimate the risk in the real-world driving situation.

On the other hand it is known that patients frequently make adjustments for disability. Elderly patients with cataract may volunteer that they do not drive at night even though their acuity may be satisfy the requirement, and may restrict driving to familiar routes. Simply reducing the number of miles driven will reduce accidents despite a high accident per mile risk.

### ***Responsibilities of the driver***

Drivers should be aware of their own medical health and must report to the DVLA any health, including vision, problems which could affect safe driving. This is made quite clear in the Highway Code, and the onus is on the driver to self-report at once, not merely at licence renewal. The most frequent and uncontroversial advice a medical professional gives to a patient is to remind him or her of this obligation. Drivers should be aware that if they do not meet the required vision standards for driving, their insurance may not cover them in the event of an accident.

### ***Responsibilities of the doctor***

Ophthalmologists should be aware that sight problems often affect safe driving and the issue of driving should be considered in every consultation with a patient. The main onus is for drivers to self-report, but the ophthalmologist must be aware of when driving may be threatened and should be familiar with the relevant chapter in the '[At a glance guide](#)', so that appropriate information can be given to the patient. It should be noted that changes to the standards and guidance do occur from time to time and ophthalmologist should keep up-to-date by regularly accessing the websites referenced below.

Ophthalmologists in training should also be taught to consider this aspect of their practice and should be aware that this topic frequently appears in College examinations, both written and oral.



Patients may not volunteer or discuss the fact they drive for fear of being told they may not meet the driving requirement. When is it likely that a patient is outside the required standard then they should be asked if they drive, and appropriate advice given in an empathic but clear manner.

The General Medical Council has issued specific guidance on dealing with the circumstance where a patient may not wish to accept the advice being given:

[http://www.gmc-uk.org/guidance/ethical\\_guidance/confidentiality\\_1\\_5\\_about.asp](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality_1_5_about.asp)

Ultimately the doctor may need to break confidence and to inform the DVLA directly where the patient whose eyesight is unequivocally below the standard is determined to continue driving and is resistant to persuasion.

It is quite possible to inform DVLA of such a patient anonymously, and this is a route frequently taken by concerned friends, relatives and neighbours. It is preferable however, for a doctor to be open and straightforward with a resistant patient and first to try hard to persuade, but if direct communication to the DVLA is thought necessary, the patient should be told that this action will be taken, and ideally copied into the correspondence.

### ***Keeping accurate records***

If a patient under ophthalmic medical care is involved in an accident and is below the legal requirement and should not be driving, the ophthalmologist may need to prove that the patient has been given a warning. It is therefore very important that the ophthalmologist makes careful written records of what was said to the patient and the patient's response. The General Practitioner should also be kept fully informed

### ***Where do I obtain up-to-date information on vision and driving?***

The first place to look is the 'At a glance guide' which is a document primarily intended for medical readership but which is in the public domain on the DVLA's very extensive website. <http://www.dft.gov.uk/dvla/medical/ataglance.aspx>



It is frequently updated and defines the DVLA's application of the law and supplementary guidance and is therefore definitive. For this reason we have made no attempt is made to duplicate the '[At a glance](#)' guidance here.

In recent years European legislation has required changes in UK law, in an attempt to harmonise driving standards across Europe and these will continue in the years to come and the '[At a glance guide](#)' is updated contemporaneously.

Such changes which affect significantly the vision standards may be highlighted by a supplementary statement on the College website under 'Information from the Vision Standards Sub-Committee':

<http://www.rcophth.ac.uk/page.asp?section=172&sectionTitle=Information+from+the+Visual+Standards+Sub-Committee>

There is also important information in the Highway Code:

<https://www.gov.uk/highway-code>

Medical Advisors at DVLA are available and happy to discuss on the telephone, and in confidence, specific queries:

0300 790 6806 (car or motorcycle),

0300 790 6807 (bus, coach or lorry)

This advice service is also available by email via the DVLA website.

The RCOphth is also happy to offer informal advice. Email the Head of Professional Standards at [beth.barnes@rcophth.ac.uk](mailto:beth.barnes@rcophth.ac.uk) who will forward the request to the Vision Standards representative.

### ***Changes to Driving Standards 2012/13***

There have been recent changes to the acuity requirements for Group 1 and 2 drivers, and a change in the visual field requirement for group 2 drivers. Please see the '[At a glance guide](#)' for definitive description.



### ***Exceptionality rules and visual acuity***

The European regulations (European Commission directive 2009/112/EC of 25 August 2009 amending Council Directive 91/439/EEC on driving licences) potentially allowed for licenses to be issued in 'exceptional' circumstances for Group 1 drivers who could not meet the visual acuity standard, provided there was no other impairment of visual function. This was considered by the Vision Panel and felt to be reasonable, but the advice has so far not been accepted by the DfT, so currently there is no exceptionality on the basis of visual acuity.

### ***Exceptionality rules and visual fields***

Since 2002 Group 1 drivers who have previously held full driving entitlement, removed because of a field defect which does not satisfy the standard, may be eligible to reapply to be considered as exceptional cases on an individual basis, subject to strict criteria.

The defect must have been

- present for at least 12 months
- caused by an isolated event or a non-progressive condition and
- there must be no other condition or pathology present which is regarded as progressive and likely to be affecting the visual fields.

In order to meet the requirements of European law, DVLA will, in addition, require:

- clinical confirmation of full functional adaptation.

If reapplication is then accepted, a satisfactory practical driving assessment, carried out at an approved assessment centre, must subsequently be completed.

<http://www.mobility-centres.org.uk>

Ophthalmologists often express some concern when asked by DVLA to provide confirmation of functional adaptation to a field defect. It is likely that more specific guidance will be issued by the DVLA in due course, but the purpose of the report is



to obtain some information which will assist the assessment of whether it is safe to proceed to a practical driving test. Usually it will be impossible for an ophthalmologist to be sure whether full functional adaptation has taken place, but comments about whether a patient is working, playing sport, safely using a bicycle or other means of transport, and performance of other visual tasks may be very helpful.

### ***Applications for a provisional driving license in those with a static visual field defect***

Since the changes in 2002 one could not apply for a provisional licence under the exceptionality criteria for a Group 1 licence if such a visual field defect was present. However in 2011 a new process was introduced, where those who had never held a driving licence and had a static visual defect could potentially apply for a provisional driving licence. The details can be found at

[http://www.dft.gov.uk/dvla/medical/New\\_process\\_for\\_applications.aspx](http://www.dft.gov.uk/dvla/medical/New_process_for_applications.aspx)

This, in particular, may apply to those adolescents under the care of paediatric neuro-oncologists and neurosurgeons where there is potential for a static visual field defect. These young people may have been seen by an ophthalmologist several years before and, following successful treatment of their condition, not required further ophthalmic follow up. Driving may not have been mentioned or the discussion long forgotten. It therefore causes significant upset for adolescents and their parents that when they reach their mid-teens to learn that they may not meet the required visual standard. It is important that there is good communication with the Paediatric Neurosurgeons and Neuro-oncologists and that they give appropriate advice at the appropriate time and advise a visit, where appropriate, to the local optometrist in the first instance.

### ***Bioptics***

Bioptics are not currently acceptable for driving in the UK.

<http://www.dft.gov.uk/dvla/medical/bioptics.aspx>





### ***Certificate of Vision Impairment***

Any driver who is registered as either sight impaired or severely sight impaired should be advised by the clinician of his/her requirement to notify DVLA immediately. This will normally result in loss of their licence. Most patients will already have stopped driving but this cannot be assumed as there will be some who continue to drive. Close inspection of the guidelines will reveal that the CVI for sight impairment and satisfactory vision standards for driving are not absolutely mutually exclusive, a situation which arises from the inevitable adjustments of the driving standards from time to time and the flexibility of the CVI definitions.

### ***Driving following eye clinic appointments***

Driving with an eye pad on one eye following surgery or, for example, foreign body removal is a significant change in vision and is not allowed because there is no time for adaptation to the temporary monocular status.

Driving after pupil dilating drops is a more difficult conundrum. Most patients would still most likely achieve the legal acuity standard to drive though the quality of vision may be impaired with more glare and dazzle. Some patients however would not meet the standard.

Therefore it has become normal and accepted practice in many eye units to advise patients not to drive following dilated pupil examinations, and this seems sensible.

### ***Mobility vehicles***

<https://www.gov.uk/mobility-scooters-and-powered-wheelchairs-rules>

According to the Department for Transport, there is no legal eyesight requirement to drive mobility scooters or powered wheelchairs, but users should be able to read a car's registration number from a distance of 12.3 metres (40 feet).

The guidance goes on to emphasize that if there is an accident and poor eyesight was part of the cause, the driver may have to pay compensation.



***Occupational vision standards are considered elsewhere.***

<http://www.rcophth.ac.uk/page.asp?section=293&sectionTitle=Ophthalmic+Services+Guidance>

It is worth noting that although some vision requirements such as colour vision in train drivers seem eminently sensible, other occupational vision standards are rather arbitrary and not evidence based. Ultimately it is up to individual employers to set and defend such standards.

***Conclusion***

Driving is an important function in modern society, but safe driving depends on achieving certain minimum visual and medical standards, which are fine-tuned regularly. In dealing with patients' vision on a day to day basis, ophthalmologists have an important role to play in helping patients to achieve this standard but to remind patients of their responsibilities when they do not, including to give up driving." Ophthalmologists in all stages of their career and in all subspecialties should keep up-to-date with current standards so that they may provide accurate information in an empathic way. Normally patients themselves will inform the DVLA of any significant change in their vision, although occasionally it may be necessary for an ophthalmologist to alert the DVLA, regardless of consent, when a patient with dangerously poor vision continues to drive against advice.

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