



Association of British  
Dispensing Opticians

# ABDO Response to the DVLA Consultation

The Association of British Dispensing Opticians (ABDO) is the professional body for dispensing opticians delivering clinical eyecare across the UK and worldwide. We represent over 6000 members working in both primary and secondary healthcare settings. Dispensing opticians are healthcare professionals registered with the statutory regulator for the optical professions, the General Optical Council.

In responding to this [consultation](#) ABDO have sought views from across its membership.

1a What are your views of the legal obligations or responsibilities placed on:

- i. the Secretary of State for Transport and DVLA

*The present responsibilities and legal obligations of the Secretary of State for Transport and the DVLA are well defined and specific to the role of regulating, protecting, and maintaining the register of drivers and vehicles on our roads. From the perspective of dispensing opticians working in clinical settings we would not wish to see any of these responsibilities be delegated as we believe this would undermine the role of the DVLA and may well place additional burdens within the healthcare system*

- ii. drivers and applicants

*Whilst many drivers may understand their legal responsibilities in relation to declaring medical conditions and changes in their vision, many drivers may not have the level of understanding of how their specific conditions relates to their driving performance, may not be aware that they are impaired or even have a condition likely to affect them; or choose not to declare any conditions due to fear of losing their driving licence or rejection of their application.*

*Placing the burden of responsibility solely on the driver declaration process is unfair to them and falls short in our opinion of meeting public safety standards. It would be far better to see a more evidence-based approach than the present declaration with a formal clinical assessment of meeting the required visual standard at the first application for a provisional licence stage, and at licence renewal when required. This would ensure the driver still holds responsibility to contact healthcare professionals should they feel they have an issue with their vision for example.*

iii. healthcare professionals

*Please see comments above in relation to clinical visual assessments for drivers. Suitably qualified eyecare practitioners can deliver standardized visual assessments to ensure drivers meet the required visual standards for driving and dispensing opticians are well placed to advise new licence applicants and patients at licence renewal on the outcome of such assessments.*

*Dispensing opticians are specialists in supplying spectacles and contact lenses to patients and have a key role to play in ensuring a patient's driving vision is adequate to meet legal standards. If new standardized visual assessments are introduced then as part of this process eyecare professionals should have a duty to refer to the DVLA when a patient is unable to meet the required criteria.*

1b Do you think any specific part of the law should be changed and can you provide evidence to support your views?

*The lack of a standardized visual assessment of drivers on application for a licence or renewal is of concern to ABDO as is the reliance on "self-declaration" - we do not believe the public is adequately protected.*

*We have received reports on numerous occasions from our members who believe the present law is allowing patients to continue to drive when they do not meet required standards, patients driving with out-of-date prescriptions, or patients who do not use their prescribed spectacles or contact lenses when driving. On all these occasions our members understand patients have received advice from their eye care professional but have chosen to ignore it.*

*ABDO would support changes in the UK law to introduce comprehensive visual assessments on application and renewal of driving licences with a maximum time of 10 years between assessments, this maximum time should drop to 3 years for drivers over 70 years of age. The DVLA should also be given powers to insist a driver has more regular visual assessments in certain specified circumstances such as being on longer term medication likely to affect vision.*

*Unlike some other countries we do not have laws that ensure drivers are wearing their visual correction when driving, these should be introduced as it would support a greater awareness of the importance of vision in driver/public safety. We also note that it is a legal requirement to carry a spare pair of driving glasses in France, Spain and Switzerland to ensure road safety.*

*Overall, we believe that drivers would support tighter legislation regarding driving standards including the suggestions above as supported by evidence (Cauzard J-P, Quimby A. The Attitudes of European Drivers Towards the Enforcement of Traffic Regulations. EU ESCAPE Project Report. 2000).*

2a If you have experience of medical driver licensing from another country, please tell us about it.

*We have no relevant experience and none of our members surveyed responded to this question.*

2b What are your views on Great Britain's (GB) approach to driver licensing?

*We believe the GB system is well served by the DVLA however without the required legislation there is little they can do to improve or enforce better visual standards for drivers. The lack of a standardized visual assessment on application or renewal is of concern to ABDO and its members as is the reliance on patients self- declaration (see earlier feedback).*

*One of our sector colleague organisations rightly points out that we have mandatory routine assessment of a cars condition against a strict criterion but nothing to assess the driver of the same vehicle. This is a situation we strongly believe should change.*

2c Do you think GB should consider adopting a different approach? Please explain your reasons and provide any evidence to support your views.

*As previously stated- standardized visual assessment on application and renewal should become the normal for motorists, alongside enforcement of the need to wear any prescribed driving correction when driving. There should be a move away from self-declaration to a more robust approach of drivers being able to prove they meet required standards. The only time when reliance on self-declaration is acceptable would be if the driver was to note vision/health changes between mandatory routine assessments.*

3a If you have experience of having to prove medical fitness as a pilot, seafarer or in another situation, please tell us about it.

*We have no relevant experience and none of our members surveyed responded to this question*

4a Are any changes needed to address the growing prevalence of drivers with multiple medical conditions?

*There are many factors that can affect a person's ability to drive safely and eye care professionals are well placed to advise on visual issues. However, patients records are not interlinked across the healthcare sector and therefore the DVLA would need (at the present time) to maintain responsibility to collating all reports from HCPs in order to ascertain a persons ability to drive safely.*

5a Do you think that the cost associated with medical investigations should be paid by taxpayers and DVLA?

*The right to drive is a personal choice but we recognize is vital to individuals living in rural areas ill served by public transport. However not all taxpayers drive, therefore it would seem fairer for the burden of cost to be met by the applicant with the proviso that applicants in receipt of income related benefits are financially supported in their applications. Funding for this financial support should come from a small surcharge on the drivers able to pay rather than from the general welfare budget.*

5b Would it be appropriate for the individual customer to pay for medical investigations in relation to their fitness to drive?

*See above.*

5c Do you have any knowledge of alternative arrangements for funding medical driver licensing requirements? If so, please describe.

*No.*

5d Do you have any evidence relating to the success of or any problems with these arrangements?

*No.*

6a Do you believe that the current medical standards will need to change to take into account advances in in-vehicle technologies? Please give the reason for your answer.

*Standards will always need to be regularly reviewed and updated to accommodate emerging technologies. However, technology can be “switched off” by drivers, they can have access to vehicles without some “new technology” and therefore we would wish to still see the scheduled standardized visual testing (and enforcement) as suggested in previous answers introduced. The Secretary of State and the DVLA should have responsibility to ensure continual reviews of developing technologies and how they affect current drivers and support accessibility issues drivers may have. It is vital to understand how these technologies can be classified as “permanent adaptations” to vehicles to support mobility and accessibility for disabled patients (including visual disabilities)*

6b Is there any evidence you would like to provide on how driver licensing could be future-proofed to accommodate advanced in-vehicle technologies?

*None.*

6c Do you believe that the use of automated decision-making would be beneficial for drivers medical casework? Please explain your reasoning.

*We believe the use of automated decision- making would lead to clearer, and more clinically sound decisions being made as the risk of bias and personal judgement is removed. However, the algorithms employed in such systems must be open to scrutiny and there should always be a right of appeal.*

6d Do you think that a person should continue to make the decision on whether to issue or revoke a driving licence? Please explain your reasoning.

*A process could be introduced employing AI to make such decisions with a “person” review in large percentage of decisions to begin. As the accuracy and robustness of the system becomes more embedded this “human review” could be reduced. We would suggest that there is the option of an appeal or review process open to applicants if they wish and we would ask for research to be undertaken to see how a “person” performs in this process in comparison to “AI” in order to decide how these processes will work in the future.*