

EXPLANATORY MEMORANDUM TO
THE MOTOR VEHICLES (DRIVING LICENCES) (AMENDMENT)
REGULATIONS 2013

2013 No. 258

1. This explanatory memorandum has been prepared by the Department of Transport and is laid before Parliament by Command of Her Majesty.

2. Purpose of the instrument

2.1 These Regulations amend the Motor Vehicles (Driving Licences) Regulations 1999 (S.I. 1999/2864) (“the 1999 Regulations”).

2.2 These Regulations implement Commission Directive 2009/113/EC of 25 August 2009 (“the 2009 Medical Directive”), which amends Directive 2006/126 EC of the European Parliament and of the Council on driving licences (“the 3rd driving licence directive”).

2.3 These Regulations implement changes to driving licence medical standards in respect of eyesight and epilepsy.

3. Matters of special interest to the Joint Committee on Statutory

3.1 None.

4. Legislative Context

4.1 UK rules on driver licensing and driving tests operate within the framework of European Driving Licence Directives which provide for mutual recognition of driving licences between Member States of the European Union and the European Economic Area, and harmonisation of the licensing categories and driving test standards.

4.2 The 3rd Driving Licence Directive was adopted on the 20 December 2006. Its provisions were, for the most part, required to be transposed into national law by 19 January 2011 and to be implemented by 19 January 2013.

4.3 The 2009 Medical Directive amends aspects of the harmonised minimum medical standards for driving licensing, as contained in Annex III of the 3rd Driving Licence Directive. There was no need for UK to adopt further laws by the transposition deadline of 15 September 2010, as existing domestic law and guidance was already at or above the minimum standards required. The UK therefore notified the European Commission of transposition in September 2010, based on its existing legislation and updated administrative guidance.

4.4 These Regulations implement the 2009 Medical Directive, by either:

- Providing additional legal certainty, in giving legislative effect to Great Britain standards previously applied by administrative guidance;
- Implementing options to relax existing domestic medical standards contained in the 1999 Regulations.

4.5 The Medical Directive was made under the EU comitology procedures (in particular under Article 5a(1) to (4) and article 7 of decision 1999/468/EC) and has therefore not been reviewed by the EU Scrutiny Committee.

4.6 In Great Britain, the European rules on driver licensing and medical standards are implemented in the Road Traffic Act 1988 (“the 1988 Act”) and the 1999 Regulations.

4.7 The 1988 Act enables the Secretary of State to prescribe “a relevant disability” under section 92(2) of that Act. Under section 92(3) of the 1988 Act, if an applicant for a driving licence suffers from a relevant disability, the Secretary of State, must, subject to the subsequent provisions of section 92, refuse to grant a licence or revoke an existing licence.

4.8 Section 92(4)(b) of the 1988 Act enables the Secretary of State to prescribe conditions in respect of a relevant disability prescribed for the purposes of that paragraph, with a view to granting a licence to a person in whose case that disability is appropriately controlled.

4.9 These Regulations make changes to the circumstances in which eyesight and epilepsy are prescribed disabilities and to the prescribed conditions under which a licence can be granted to a person with an eyesight condition or epilepsy.

5. Territorial Extent and Application

5.1 This instrument applies to Great Britain. Northern Ireland will legislate separately to transpose the 2009 Medical Directive.

6. European Convention on Human Rights

6.1 As these Regulations are subject to negative resolution procedure and do not amend primary legislation, no statement is required.

7. Policy background

Amendments to the Motor Vehicles (Driving Licence) Regulations 1999

7.1 Amendments will also be made to the guidance produced for doctors in “At a Glance”, which is available on the DVLA website.

Vision

7.2 The amendments in these Regulations largely reflect the proposals consulted on, although the distance at which the number plate is read at has not been reduced, as

originally proposed, due to concerns raised by medical/optometry professionals and other stakeholders.

Disabilities prescribed in respect of Group 1 licences (for cars and motorbikes)

7.3 Failure to read a number plate with characters of 79 millimetres high and 50 millimetres wide at 20m (12m for category K licences only) (“the number plate test”) remains a prescribed disability. The 1999 Regulations are simplified so as to remove the alternative number plate test involving the reading of a pre 1.9.2001 number plate, which had different size characters.

7.4 It will also be a prescribed disability to have:

- a visual acuity of worse than decimal 0.5 (6/12) on the Snellen scale, when measured clinically;
- a prescribed visual field defect when measured clinically (subject to limited exceptionality in accordance with prescribed conditions).

Disabilities prescribed in respect of Group 2 licences (for vans, buses and lorries)

7.5 The inability to meet the visual acuity standard for Group 1 (whether measured by the number plate test or by evidence of a clinical measurement of less than 0.5) is also a prescribed disability for Group 2 licences.

7.6 In addition, it is a prescribed disability for Group 2, if a person:

- Is unable to meet a measurement of at least 0.8 (6/7.5) in the better eye and at least 0.1 (6/60) in the worse eye, with the assistance of corrective lenses (subject to existing rights of those who held a Group 2 licence before a certain date). Any glasses used should not exceed plus 8 dioptres;
- Is unable to meet the prescribed Group 2 visual field standard (which is not subject to any exceptionality); or
- Suffers from uncontrolled diplopia (double vision).

Epilepsy and solitary seizures

7.7 The proposals that were set out in the consultation document will be taken forward.

Disabilities prescribed in respect of Group 1 licences

7.8 Epilepsy is a prescribed disability for Group 1 where there have been two or more seizures, more than 24 hours apart, during the previous 5 year period.

7.9 There are prescribed conditions under which a licence can be granted. The default position remains as previously, which is that there must be a one year seizure free period and other conditions must be met, before a licence can be granted.

7.10 Great Britain has long allowed an exception to the one year seizure free period where there has been a pattern of sleep only seizures for at least three years. These amendments now reduce the pattern of sleep only seizures to one year, where there has never been any history of another type of seizure. They also permit other

categories of exceptional seizure during the normal one year seizure free period. These are a three year pattern of sleep only seizures where there is a history of other types of seizure; seizures without influence on consciousness or ability to act and seizures occurring during and because of documented, physician-advised substitution, reduction or withdrawal of anti-epilepsy medication.

7.11 An isolated seizure is a prescribed disability for Group 1, where such a seizure has occurred during the previous six month period (or one year period if there is an underlying causative factor that may increase future risk). A licence cannot be refused on the basis of an isolated seizure, if there has been a six month seizure free period (one year if there is an underlying causative factor that may increase risk) and provided prescribed conditions are met.

Disabilities prescribed in respect of Group 2 licences

7.12 Epilepsy is a prescribed disability for Group 2 where there have been two or more seizures, more than 24 hours apart, during the previous 10 year period. The prescribed conditions under which a licence can be granted require a 10 year period free from epileptic seizures and from being prescribed epileptic medication. There are also additional conditions to be met, including an appropriate neurological assessment, if required and the Secretary of State must be satisfied the person is not a danger to the public.

7.13 An isolated seizure is a prescribed disability for Group 2 where there has been such a seizure during the previous 10 year period. The prescribed conditions under which a licence can be granted require a five year period free from any unprovoked seizure and from being prescribed any relevant medication. In addition, a person who has had an isolated seizure must satisfy the same additional conditions as for epilepsy.

Consolidation

7.14 There have been previous amendments to the 1999 Regulations, including several in the past 12 months. There is no present intention to consolidate the 1999 Regulations.

8. Consultation outcome

8.1 A consultation was issued on 3rd February 2011 relating to the proposed changes in relation to diabetes, eyesight and epilepsy, for both Great Britain and Northern Ireland. (The Driver and Vehicle Agency (“DVA”) in Northern Ireland agreed there should be a joint consultation which DVLA published.) This ended on 28th April 2011. Invitations to respond to the consultation were sent to 309 consultees, these included motoring organisations, local authorities, police organisations, Members of Parliament, medical charities and various other interested stakeholders. The consultation document was also published on the DfT and DVLA websites. In addition, DVA invited 54 additional consultees to respond and published the consultation document on their website. The Driver Standards Agency also notified 27,418 individual contacts electronically.

8.2 A total of 132 organisations and individuals commented on the proposals. These included a cross section of interested parties including individuals, Advanced Driving Instructors, General Practitioners, Local Government, Optical Organisations, Road Safety Organisations, Medical Charities and organisations which represent individuals with an interest in the medical fields of vision, diabetes or epilepsy.

Vision Responses

8.3 Of the 132 responses received, 40 responses were received on the Vision proposals in the consultation. Twenty disagreed with the recommendations, stating the standards needed to be stricter. One disagreed with the recommendations, stating they should be relaxed further. Fifteen agreed with the proposals. Three agreed with some proposals and disagreed with others and one gave no comment.

8.4 Regrettably, the original consultation document did not accurately reflect some of the opinions of the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Visual Disorders ("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.

8.5 Of the 11 responses received, nine had replied to the original consultation and two were new responses. Six disagreed with the recommendation, stating the standards needed to be stricter. Three agreed with the proposals and two agreed with some proposals and disagreed with others.

Epilepsy Responses

8.6 Of the 132 responses received, 16 responses were received on the Epilepsy proposals in the consultation. Of these 12 agreed with the proposals. One said the standards should be relaxed further. One disagreed with the Group 2 prescribed disability for epilepsy remaining (two seizures in ten years). Two responses supported some of the recommendations but were against others.

9. Guidance

9.1 Guidance will be available on the DVLA website and in notes accompanying application forms to educate the public as to the new standards. A press release will also be issued. DVLA will undertake an education programme to inform the medical and optometry professions about any new requirements, but those professions will be familiar with many standards from the administrative guidance already.

10. Impact

10.1 As driving licences affect individuals, there is little direct impact on business, charities, voluntary bodies or the public sector.

10.2 A Regulatory Impact Assessment has been prepared for this instrument as this will allow more people to obtain driving licences without affecting road safety. It is estimated that some drivers may benefit from the social, domestic and economic

benefits that driving brings. Where current standards in Great Britain are being clarified a marginal road safety benefit is expected.

10.3 An impact assessment and two separate transposition notes for eyesight and epilepsy are attached to this Memorandum.

11. Regulating small business

11.1 The legislation does not directly affect small businesses.

12. Monitoring & review

12.1 The Secretary of State must conduct a review of the operation and effect of these Regulations and publish the results before 8th March 2018.

13. Contact

Mark Davies at the Driver and Vehicle Licensing Agency Tel: 01792 783981 or e-mail: Mark.Davies@dvla.gsi.gov.uk can answer any queries regarding the instrument.

DEPARTMENT for TRANSPORT

Transposition Table for Epilepsy

DIRECTIVE 2009/113/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL ON DRIVING LICENCES OF 25 AUGUST 2009

NB Unless otherwise stated:

Any reference to a “section” means a section number of the Road Traffic Act 1988 (“the Traffic Act”)

Any reference to a “regulation” means a regulation in the Motor Vehicles (Driving Licences) Regulations 1999 (“the principal Regulations”).

Any reference to an “amending regulation” means a regulation contained in the Motor Vehicles (Driving Licences) (Amendment) Regulations 2013 (“the 2013 Regulations”)

Any reference to “At a Glance” means the DVLA issued ‘At a Glance Guide to the current Medical Standards of Fitness to Drive’

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
|---|--|--|---|
| <p>12. Epileptic seizures or other sudden disturbances of the state of consciousness constitute a serious danger to road safety if they occur in a person driving a power-driven vehicle.</p> | <p>12. Epileptic seizures or other sudden disturbances of the state of consciousness constitute a serious danger to road safety if they occur in a person driving a power-driven vehicle.</p> <p>Epilepsy is defined as having had two or more epileptic seizures, less than five years apart. A provoked epileptic seizure is defined as a seizure which has a recognisable causative factor that is avoidable.</p> <p>A person who has an initial or isolated seizure or loss of consciousness should be advised not to drive. A specialist report is required, stating the period of driving prohibition and the requested follow-up.</p> | <p>Statement. No change.</p> <p>To provide a definition of an “epileptic seizure” and a “provoked seizure”.</p> <p>Ensures anyone who has an initial or isolated seizure or loss of consciousness stops driving and obtains a specialist report stating when driving can resume.</p> | <p>The overarching scheme to apply medical standards to driver licensing is provided by sections 92-94 of the Traffic Act (see transposition table for eyesight for detailed explanation)</p> <p>Definitions of epilepsy, epileptic seizure, isolated seizure and provoked seizure are provided in amending regulation 3(4) and 4(8) of the 2013 Regulations. For Group 1, two or more epileptic seizures within a 5 year period are a relevant disability (amending regulation 3(3)). For Group 2, two or more epileptic seizure within a 10 year period are a relevant disability (amending regulation 4(7)).</p> <p>Following an isolated seizure a person is prescribed to have a relevant disability (amending regulations 3(3) and 4(7) of the 2013 Regulations) which must be reported (section 94(4) and will lead to licence refusal/revocation (sections 92-93).</p> |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
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| | It is extremely important that the person's specific epilepsy syndrome and seizure type are identified so that a proper evaluation of the person's driving safety can be undertaken (including the risk of further seizure) and the appropriate therapy instituted. This should be done by a neurologist. | Ensures a neurologist identifies the specific epilepsy syndrome and seizure type, so the appropriate therapy can be administered and they can evaluate the risk of driving. | |
| Group 1 | | | |
| 12.1 A licence may be issued or renewed subject to an examination by a competent medical authority and to regular medical check-ups. The authority shall decide on the state of epilepsy or other disturbances of consciousness its clinical form and progress (no seizure in the last two years, for example), the treatment received and the results thereof. | 12.1 Drivers assessed under group 1 with epilepsy should be under licence review until they have been seizure-free for at least five years. If the person has epilepsy, the criteria for an unconditional licence are not met. Notification should be given to the licensing authority. | Drivers with epilepsy must have their licence reviewed for at least five years. A "til 70 licence" cannot be issued if a person has epilepsy. | Epilepsy is a prescribed relevant disability (amending regulations 3(3) and 4(7)), but a licence can be issued subject to compliance with conditions in those 2013 Regulations, for a maximum period of up to three years for Group 1 (section 99(1)(b) of the Traffic Act). After five years seizure free the person is no longer classed as having a prescribed disability of epilepsy and can be issued with a licence (amending regulation 3(3)). |
| | 12.2 Provoked epileptic seizure: the applicant who has had a provoked epileptic seizure | To allow licensing, where a provoking factor unlikely to recur at the wheel caused the seizure, on | The 'At a Glance' guide advises that a provoked seizure may be dealt with on an individual basis, |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
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| | because of a recognisable provoking factor that is unlikely to recur at the wheel can be declared able to drive on an individual basis, subject to neurological opinion (the assessment should be, if appropriate, in accordance with other relevant sections of Annex III (e.g. in the case of alcohol or other co-morbidity)). | an individual basis, subject to neurological opinion. | applying the statutory “source of danger to the public” test in section 92(2) of the Traffic Act and subject to any relevant disabilities prescribed in regulations 71 or 72 of the 1999 Regulations. |
| | 12.3 First or single unprovoked seizure: the applicant who has had a first unprovoked epileptic seizure can be declared able to drive after a period of six months without seizures, if there has been an appropriate medical assessment. National authorities may allow drivers with recognised good prognostic indicators to drive sooner. | Where someone has a first unprovoked seizure they must not drive for six months and until there has been an appropriate medical assessment. | An isolated seizure is prescribed as a relevant disability where such a seizure has occurred within the previous 6 months (or one year if there is an underlying causative factor which may increase future risk) - amending regulation 3(3) of the 2013 Regulations. |
| | 12.4 Other loss of consciousness: The loss of consciousness should be assessed according to the risk of recurrence while driving. | To assess the risk of recurrence of loss of consciousness while driving. | Already implemented by regulation 71(1) of the 1999 Regulations and augmented by “At a Glance”. |
| | 12.5 Epilepsy: drivers or applicants can be declared fit to drive after a one-year period free of further seizures. | To allow those who suffered with epilepsy to be licensing after being seizure free for one year. | Amending regulation 3(3) of the 2013 Regulations prescribes a seizure free period of at least one year as a pre-condition before |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
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| | | | grant of a licence can be considered. |
| | 12.6. Seizures exclusively in sleep: the applicant or driver who has never had any seizures other than seizures during sleep can be declared fit to drive so long as this pattern has been established for a period which must not be less than the seizure-free period required for epilepsy. If there is an occurrence of attacks/seizure arising while awake, a one-year period free of further event before licensing is required (see “Epilepsy”). | To allow those who only have seizures while asleep to obtain a licence after the pattern has been established for one year, even if they continue to have this type of seizure. | The standard one year seizure free period is subject to a number of exceptions permitted by the Medical Directive including an exception for seizures exclusively in sleep – amending regulation 3(3) of the 2013 Regulations. |
| | 12.7. Seizures without influence on consciousness or the ability to act: the applicant or driver who has never had any seizures other than seizures which have been demonstrated exclusively to affect neither consciousness nor cause any functional impairment can be declared fit to drive so long as this pattern has been established for a period which must not be less than the seizure-free period required for epilepsy. If there is an | To allow those who only have seizures without influence on consciousness or the ability to act to obtain a licence after the pattern has been established for one year, even if they continue to have this type of seizure. | This exception has also been transposed in amending regulation 3(3) of the 2013 Regulations. |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
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| | occurrence of any other kind of attacks/seizures a one-year period free of further event before licensing is required (see “Epilepsy”). | | |
| | 12.8. Seizures because of a physician-directed change or reduction of anti-epileptic therapy: the patient may be advised not to drive from the commencement of the period of withdrawal and thereafter for a period of six months after cessation of treatment. Seizures occurring during physician-advised change or withdrawal of medication require three months off driving if the previously effective treatment is reinstated. | When anti-epileptic therapy is changed or reduced by a physician, the patient should not drive during the withdrawal or for a period of six months after the treatment has finished. If the patient suffers a seizure during this time they must not drive for a period of three months if the effective treatment is reinstated, this will be six months not three months in GB based on the advice of the Secretary of State Honorary Medical Advisory Panel. | This exception has also been transposed in amending regulation 3(3) of the 2013 Regulations. |
| | 12.9. After curative epilepsy surgery: see “Epilepsy”. | Patients not to drive for a period of one year after curative epilepsy surgery. | A licence would not be granted for a minimum of up to a year after surgery and then only provided the licence holder had been seizure free for at least a year (reg.72(2) as amended); meets other conditions and is not considered a source of danger to the public (reg.72(2F)). |
| Group 2 | | | |
| 12.2 Driving licences shall not be | 12.10. The applicant should be | Statement. No change. | Amending regulation 4(7) makes |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
|---|--|-------------------------------------|---|
| <p>issued to or renewed for applicants or drivers suffering or liable to suffer from epileptic seizures or other sudden disturbances of the state of consciousness.</p> | <p>without anti-epileptic medication for the required period of seizure freedom. An appropriate medical follow-up has been done. On extensive neurological investigation, no relevant cerebral pathology was established and there is no epileptiform activity on the electroencephalogram (EEG). An EEG and an appropriate neurological assessment should be performed after the acute episode.</p> | | <p>epilepsy a relevant disability unless there has been a 10 year period free from epileptic seizure and epilepsy medication and subject to conditions including assessment by a neurologist. Liability to other types of seizure are a relevant disability by virtue of regulations 71(1) and 73(7) of the 1999 Regulations.</p> |
| | <p>12.11. Provoked epileptic seizure: the applicant who has had a provoked epileptic seizure because of a recognisable provoking factor that is unlikely to recur at the wheel can be declared able to drive on an individual basis, subject to neurological opinion. An EEG and an appropriate neurological assessment should be performed after the acute episode.</p> <p>A person with a structural intra-cerebral lesion who has increased risk of seizures should not be able to drive vehicles of group 2 until the epilepsy risk has fallen to at</p> | <p>No change.</p> <p>No change.</p> | <p>Provoked seizures are excluded from the new definition of epilepsy (both in the EU Directive and the 2013 Regulations). Such seizures are dealt with on an individual basis subject to the prescribed disabilities in regulations 71(1) and 73(7) of the 1999 Regulations and detailed guidance in “At a Glance” which includes the 2% assessment of risk.</p> |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
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| | least 2 % per annum. The assessment should be, if appropriate, in accordance with other relevant sections of Annex III (e.g. in the case of alcohol). | | . |
| | 12.12. First or single unprovoked seizure: the applicant who has had a first unprovoked epileptic seizure can be declared able to drive once five years freedom from further seizures has been achieved without the aid of anti-epileptic drugs, if there has been an appropriate neurological assessment. National authorities may allow drivers with recognised good prognostic indicators to drive sooner. | No change. | Amending regulation 4(7) prescribes a 5 year seizure free period and neurological assessment as pre-conditions, for a person to be considered for a Group 2 licence following an isolated seizure. |
| | 12.13. Other loss of consciousness: the loss of consciousness should be assessed according to the risk of recurrence while driving. The risk of recurrence should be 2 % per annum or less. | No change. | Already implemented in section 92 of the Traffic Act, regulations 71(1) and 73(7) of the 1999 Regulations and “At a Glance”. |
| | 12.14. Epilepsy: 10 years freedom from further seizures shall have been achieved without the aid of | No change. | Amending regulation 4(7) makes epilepsy a relevant disability which debars from Group 2 |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
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| | <p>anti-epileptic drugs. National authorities may allow drivers with recognised good prognostic indicators to drive sooner. This also applies in case of “juvenile epilepsy”.</p> <p>Certain disorders (e.g. arterio-venous malformation or intracerebral haemorrhage) entail an increased risk of seizures, even if seizures have not yet occurred. In such a situation an assessment should be carried out by a competent medical authority; the risk of having a seizure should be 2 % per annum or less to allow licensing.’</p> | <p>No change.</p> | <p>driving, until the individual is free from seizures and from epilepsy medication for at least 10 years. Conditions must also be met.</p> <p>Already implemented in section 92 of the Traffic Act, regulations 71(1) and 73(7) of the 1999 Regulations and “At a Glance”.</p> |

DEPARTMENT for TRANSPORT

Transposition Table for Vision

DIRECTIVE 2009/113/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL ON DRIVING LICENCES OF 25 AUGUST 2009

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Any reference to a “regulation” means a regulation in the Motor Vehicles (Driving Licences) Regulations 1999 (“the principal Regulations”).

Any reference to an “amending regulation” means a regulation contained in the Motor Vehicles (Driving Licences) (Amendment) Regulations 2013 (“the 2013 Regulations”)

Any reference to “At a Glance” means the DVLA issued ‘At a Glance Guide to the current Medical Standards of Fitness to Drive’

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
|--|--|--|---|
| <p>6. All applicants for a driving licence shall undergo an appropriate investigation to ensure that they have adequate visual acuity for driving power-driven vehicles. Where there is reason to doubt that the applicant's vision is adequate, he shall be examined by a competent medical authority. At this examination attention shall be paid to the following in particular: visual acuity, field of vision, twilight vision and progressive eye diseases.</p> <p>For the purpose of this Annex, intra-ocular lenses shall not be considered corrective lenses.</p> | <p>6. All applicants for a driving licence shall undergo an appropriate investigation to ensure that they have adequate visual acuity for driving power-driven vehicles. Where there is reason to doubt that the applicant's vision is adequate, he/she shall be examined by a competent medical authority. At this examination attention shall be paid, in particular, to the following: visual acuity, field of vision, twilight vision, glare and contrast sensitivity, diplopia and other visual functions that can compromise safe driving.</p> | <p>To ensure anyone applying for a driving licence has an appropriate level of eyesight, to ensure safe driving.</p> | <p>Overarching framework for disability provided by sections 92 to 94 of the Traffic Act, which require the Secretary of State to refuse or revoke a licence where person is suffering from a relevant disability including one relating to eyesight. The definition of relevant disability in section 92(2) is not exhaustive and includes any prescribed disability or any other disability which makes driving a "source of danger to the public". Section 94 of the Traffic Act enables the Secretary of State to investigate any medical condition at any time, including the power to require a medical examination. An eyesight examination is requested if any doubts are raised in initial licence application or otherwise.</p> <p>When taking an initial driving test all applicants must pass a practical eyesight assessment (the number plate test) – regulation 40 and Schedule 8 of the 1999 Regulations.</p> |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
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| | <p>For Group 1 drivers, licensing may be considered in “exceptional cases” where the visual field standard or visual acuity standard cannot be met; in such cases the driver should undergo examination by a competent medical authority to demonstrate that there is no other impairment of visual function, including glare, contrast sensitivity and twilight vision. The driver or applicant should also be subject to a positive practical test conducted by a competent authority.</p> | <p>We will not be introducing “exceptional cases” for visual acuity. Where someone cannot meet the visual field standard, they are not automatically barred from holding a driving licence and can be considered as an exceptional case, providing there is no other visual impairment and they can pass a practical test.</p> | <p>Group 1 visual field standards and the conditions to allow exceptions from these are prescribed in amending regulation 3 of the 2013 Regulations.</p> |
| Group 1 | | | |
| <p>6.1 Applicants for a driving licence or for the renewal of such a licence shall have a binocular visual acuity, with corrective lenses if necessary, of at least 0.5 when using both eyes together. 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°, apart from exceptional cases duly justified by a favourable medical opinion and a positive practical test, or that the</p> | <p>6.1 Applicants for a driving licence or for the renewal of such a licence shall have a binocular visual acuity, with corrective lenses if necessary, of at least 0.5 when using both eyes together.</p> | <p>To ensure anyone applying for a driving licence has an appropriate level of acuity, to ensure safe driving. This standard remains unchanged.</p> | <p>The existing number plate test prescribed in regulation 72(1) of the 1999 Regulations assesses ability to meet the EU eyesight standards. This subparagraph is amended by the 2013 regulations and a new subparagraph (1A) inserted to make it clear that a failure to meet either the number plate test or the required acuity standard when measured on the Snellen scale will debar form licensing. There is an ongoing obligation on drivers to ensure they</p> |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
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| <p>person concerned suffers from any other eye condition that would compromise safe driving. Where a progressive eye disease is detected or declared, driving licences may be issued or renewed subject to the applicant undergoing regular examinations by a competent medical authority.</p> | <p>Moreover, the horizontal visual field should be at least 120 degrees, the extension should be at least 50 degrees left and right and 20 degrees up and down. No defects should be present within a radius of the central 20 degrees. When a progressive eye disease is detected or declared, driving licences may be issued or renewed subject to the applicant undergoing regular examination by a competent medical authority.</p> | <p>Consideration is given to visual field, which is defined more precisely. Regular examinations are required if there is progressive eye disease, to ensure drivers are still safe to drive. This standard remains unchanged.</p> | <p>can satisfy this test which is enforced by a criminal offence specific to eyesight (section 96 of the Traffic Act) which augments the general offence of failure to report a disability (section 94(4)).</p> <p>In addition:</p> <ul style="list-style-type: none"> - Amending regulation 3 of the 2013 Regulations prescribes failure to meet the EU visual field and visual acuity standards as relevant disabilities; - Section 99(1)(b) restricts the period of a licence issued to a person with a progressive eye disease to 3 years to enable regular review; - More detailed guidance on eyesight is given in “At a Glance” and applied under ss.92-94 of the Traffic Act, for instance covering glare, contrast sensitivity and twilight vision (defects for which the EU rules do not give a precise benchmark for the minimum standard required). |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
|--|--|---|---|
| <p>6.2 Applicants for a driving licence or for the renewal of such a licence who have total functional loss of vision in one eye or who use only one eye (e.g. in the case of diplopia) must have a visual acuity of at least 0.6, with corrective lenses if necessary. The competent medical authority must certify that this condition of monocular vision has existed sufficiently long to allow adaption and that the field of vision in this eye is normal.</p> | <p>6.2 Applicants for a driving licence, or for the renewal of such a licence, who have total functional loss of vision in one eye or who use only one eye (e.g. in the case of diplopia) must have a visual acuity of at least 0.5, with corrective lenses if necessary. The competent medical authority must certify that this condition of monocular vision has existed for a sufficiently long time to allow adaption and that the field of vision in this eye meets the requirement laid down in paragraph 6.1.</p> | <p>To ensure anyone with sight in only one eye (or diplopia) applying for a driving licence has an appropriate level of eyesight, to ensure safe driving. The standard is relaxed slightly and will be same as the standard for binocular vision.</p> | <p>The requirement of 0.5 visual acuity is dealt with by amending regulation 3 of the 2013 Regulations.</p> <p>The requirement for an adaptation period is dealt with in “At a Glance”.</p> |
| | <p>6.3 After any recently developed diplopia or after the loss of vision in one eye, there should be an appropriate adaption period (for example, six months), during which driving is not allowed. After this period, driving is only allowed following a favourable opinion from vision and driving experts.</p> | <p>To ensure any loss of vision in one eye requires time off driving, while vision adjusts, driving can only resume after a favourable assessment.</p> | <p>Amending regulation 72(1D) and the “At a Glance” guidance deal with diplopia and loss of vision in one eye (monocular vision) and adaption periods.</p> |
| <p>Group 2</p> | | | |
| <p>6.3 Applicants for a driving licence or for the renewal of such a licence must have a visual</p> | <p>6.4 Applicants for a driving licence or for the renewal of such a licence, shall have a visual</p> | <p>To ensure anyone applying for a Group 2 driving licence has an appropriate level of eyesight, to</p> | <p>Overarching framework is section 92 -94 of the Traffic Act, as explained above.</p> |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
|--|--|---|--|
| <p>acuity, with corrective lenses if necessary, of at least 0.8 in the better eye and at least 0.5 in the worse eye. If corrective lenses are used to attain the values of 0.8 and 0.5, the uncorrected acuity in each eye must reach 0.05, or else the minimum acuity (0.8 and 0.5) must be achieved either by correction by means of glasses with a power not exceeding plus or minus 8 dioptres or with the aid of contact lenses (uncorrected vision = 0.05). The correction must be well tolerated. Driving licences shall not be issued to or renewed for applicants or drivers without a normal binocular field of vision or suffering from diplopia.</p> | <p>acuity, with corrective lenses if necessary, of at least 0.8 in the better eye and at least 0.1 in the worse eye. If corrective lenses are used to attain the values of 0.8 and 0.1, the minimum acuity (0.8 and 0.1) must be achieved either by correction by means of glasses with a power not exceeding plus eight dioptres, or with the aid of contact lenses. The correction must be well tolerated.</p> | <p>ensure safe driving. If corrective lenses are used to meet the minimum standards the power of the correction must be within limits and be well tolerated, this is because strong lenses can distort the field of vision.</p> | <p>An inability to meet the minimum EU Group 2 standards (including by reason of diplopia) is a relevant disability, as prescribed in amending regulation 4 of the 2013 Regulations.</p> |

| Existing EU Provision | New Provision in 2009/112/EC and 2009/113/EC | Objectives | Domestic Provisions |
|-----------------------|---|--|--|
| | <p>Moreover, the horizontal visual field with both eyes should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.</p> <p>Driving licences shall not be issued to or renewed for applicants or drivers suffering from impaired contract sensitivity or from diplopia.</p> | <p>Consideration is given to visual field, which is now precisely defined.</p> <p>No Group 2 licence to be issued for impaired contract sensitivity or diplopia, to ensure safe driving of Group 2 vehicles.</p> | <p>Visual field standard specified in amending regulation 4 of the 2013 Regulations.</p> |
| | <p>After a substantial loss of vision in one eye, there should be an appropriate adaption period (for example six months) during which the subject is not allowed to drive. After this period, driving is only allowed after a favourable opinion from vision and driving experts.</p> | <p>No Group 2 licence to be issued when there has been a substantial loss of vision, until there has been an appropriate adaption period, driving can only resume after a favourable assessment.</p> | <p>The requirement for an adaptation period is dealt with in “At a Glance”.</p> |