



BIOS | BRITISH AND IRISH
ORTHOPTIC SOCIETY

Amending the Road Traffic Act 1988 to allow registered healthcare professionals to complete DVLA medical questionnaires

Consultation Response from the British and Irish Orthoptic Society

The British and Irish Orthoptic Society is the professional body for orthoptists and was founded in 1937. It is also a registered charity and a company limited by guarantee. BIOS is affiliated to the Allied Health Professionals Federation, a group made up of 12 bodies representing more than 158,000 workers in the UK. BIOS is also a member of the International Orthoptic Association and OCE. BIOS members in the UK are also automatically trade union members of the British Orthoptic Society Trade Union (BOSTU).

The proposal is to amend the existing legislation to enable other healthcare professionals as well as Registered Medical practitioners (that is any doctor registered with the General Medical Council, with a licence to practise) to complete relevant medical questionnaires to assist the DVLA in determining fitness to drive for holders or applicants of a driving licence.

To what extent do you agree or disagree with the principal intention of the proposal?

Strongly agree. We strongly agree with the principal intention of this proposal to enable other healthcare professionals, such as orthoptists, to complete relevant medical questionnaires. We believe it would be beneficial in terms of efficiency, accuracy and the experience for the patient.

Orthoptists are often the primary healthcare professional seeing patients with vision problems preventing them from being able to drive, such as patients with acute or long term double vision, those recovering from stroke or brain injury, or with glaucoma or nystagmus. Where vision has been the primary reason for an individual to be subject to a DVLA assessment, they will often be the professional with the most direct expertise and knowledge of the patient, and in many cases will have provided the key evidence for the questionnaire then reviewed by an Ophthalmologist. Further, as members of MDTs across many areas of healthcare, they are ideally placed to collate information from other health professionals.

If you agree that the proposal meets the preconditions for use of a Legislative Reform Order, please explain your reasons why:

We would strongly agree that this proposal meets the preconditions for the use of a LRO. In particular, it will reduce the burden on GPs and, in increasing the efficiency and accuracy of the process, will have an impact that is proportionate, with no one adversely affected.

If you agree that this would provide greater flexibility and opportunity to General Practice Surgeries/hospital teams completing medical questionnaires, please explain your reasons why:

We agree that this would provide greater flexibility and opportunity to GP surgeries and hospital teams, by allowing them to make use of the significant expertise and knowledge of non-medical healthcare professionals where appropriate. In cases where an individual has a vision problem that may prevent them from driving, an orthoptist has a greater expertise and experience in assessing the extent of reduced visual acuity, visual field loss or adaptation to double vision or prisms. For example, with double vision, there is a significant expertise required in understanding the acute phase, its cause and immediate driving advice, independently from long-standing double vision, and assessing the degree to which the patient adapts to the condition or the use of prisms. Further, through advising on visual problems and, in particular, returning to driving, orthoptists also have a much more intimate knowledge of the rules around exceptional cases.

Where a health professional, such as an orthoptist, has been the main clinical contact for a patient, it will improve both the efficiency and accuracy of the process if they are able to complete the medical questionnaire. For example, in the twelve months following a stroke before an individual is able to reapply to the DVLA, it is likely that they will have been seen regularly by an orthoptist as part of their rehabilitation but often will not have been seen at all by an ophthalmologist. This experience would make the orthoptist a far more appropriate professional to complete a medical questionnaire, as they will have a far more in depth understanding of the patient's condition.

Working with children and young people with vision problems, orthoptists are also often uniquely placed to provide an informed and expert opinion on an individual's vision once they reach the age of applying for a first applying to the DVLA.

How else might this proposal impact on GP business practices/hospital team practices and efficiency?

This proposal will result in improved, more efficient practices, as the most appropriate healthcare professional can lead on completing the questionnaire, rather than information having to be fed to a medical practitioner, regardless of their involvement with the patient. This will save a doctor with limited involvement in the treatment of a patient having to work from unfamiliar medical records or spend time gaining input from other professionals.

We hope that the proposal will help reduce bureaucracy in the NHS by increasing the scope of those within surgeries and hospitals who can provide the information. That will allow doctors to concentrate on patients rather than time spent on administration.

To what extent do you agree or disagree that the proposal will help reduce bureaucracy in the NHS Service and GP Surgeries?

The proposal will reduce unnecessary bureaucracy in NHS services and GP surgeries, by placing the responsibility for medical questionnaires with professionals active within the relevant multi-disciplinary teams. GPs and medical practitioners will often not have seen the patients and therefore will be relying upon medical records or having to seek advice from other professionals more directly involved in the day-to-day management of the patient's condition.

Orthoptists are not only often involved in the day-to-day management of a patient's vision problems but are also key members of MDTs in areas such as stroke and neuro rehab, and therefore ideally placed to liaise with other healthcare professionals to efficiently and accurately complete questionnaires.

If you agree that the proposal will improve efficiency for GP Surgeries/hospital teams, please explain your reasons why:

As we stated above, enabling the professional with the most relevant expertise and knowledge of the patient to complete medical questionnaire has the potential to significantly cut the time required, while also ensuring the most accurate and comprehensive information.

If you agree that the proposal will improve the efficiency for the DVLA please explain your reasons why:

This proposal will also improve the efficiency of the process for the DVLA, as they will receive information directly from the most appropriate professional, ensuring it is accurate and comprehensive.

If you are aware of any benefits or costs to society that have not been identified, please provide details below:

For many people, the ability to drive themselves is not only important for them to maintain their independence but can also have a significant effect on their mental wellbeing, if they feel isolated or they are overly dependent on others. Any proposal that speeds up this process will potentially have a real benefit for these people, gaining them their independence and reducing the stress of a more drawn-out process.

If you are aware of, or you believe that there will be any unintended consequences as a result of this proposal, please provide details below:

While we are strongly in favour of this proposal, it is essential that the correct professionals are included to ensure both that the most accurate information is given and there is no compromise in safety. Our response provides strong evidence for the inclusion of orthoptists, as specialists in vision already involved in giving advice on the requirements for driving and

the rules on exceptional cases. They are also embedded within key multi-disciplinary teams, enabling them to give a wider view on the capabilities of patients.

Further, we feel the definition of 'registered healthcare professional' should be restricted to those that are statutorily registered and regulated professionals. Inclusion of healthcare professionals who are without statutory regulation or on voluntary registers would not provide the same level of assurance to the public around safety.