

Fitness to Drive Policy

This policy clarifies the responsibilities of clinicians in relation to patients' fitness to drive

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.1	12.4.11	First draft – received from Dr S Muhammad
1.2	12.5.11	Reviewed and published
1.3	June 2014	Refresh of content by Dr T Thomas; utilisation of current policy format
1.4	August 2014	Inclusion of Due Regard elements, e.g. signposting to sources of support when not able to drive. Reiteration of the responsibility of clinicians to assess and report any concerns in respect of fitness to drive of patients under their care, even if, at the time of the assessment, the patient is already banned from driving for another reason. (SI investigation requirement).
2	September 2017	Policy reviewed Clinicians were reminded to consider if a patient is a heavy vehicle driver. Guidance on drivers who pose immediate risk has been added
3	December 2021	Policy reviewed and no changes were required

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

The Trust's commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations. Please refer to Appendix 1 (completed due regard screening template).

Core Principles of the NHS Constitution

Please see checklist (Appendix 4) for evidence of consideration of the principles of the NHS Constitution.

Definitions that apply to this Policy

Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Driver and Vehicle Licensing Agency (DVLA)	The DVLA is the organisation responsible for the maintenance of registers of drivers and vehicles in Great Britain. This information helps to improve road safety, reduce vehicle related crime, support environmental initiatives and limit vehicle tax evasion. DVLA is an executive agency of the Department for Transport

1.0 Purpose

The purpose of this policy is to ensure that patients are made aware of their responsibility to inform the DVLA of their condition and medication. Clinicians must make sure that their patients understand that their medical condition or medication may impair their ability to drive. The clinician must explain to the patient that the patient has a legal duty to inform the DVLA about their medical condition if it impairs their ability to drive.

This policy is intended to support staff in their overall management of risk; patients who may be too unwell to take the necessary action to protect themselves and the wider public from harm.

2.0 Summary

2.1 This policy clarifies the responsibilities of clinicians in relation to patients' fitness to drive.

3.0 Introduction

3.1 This document has been compiled in order to clarify responsibilities in relation to the effects of medical conditions and medications upon the ability to drive, and the need to inform DVLA.

3.2 By law, the Driver and Vehicle Licensing Agency (DVLA) should be immediately informed **by the driver** of any medical condition that may affect safe driving. Failure to inform the DVLA is a criminal offence.

3.3 Asking about driving should be an integral part of any assessment as the psychiatric condition or any resulting medication may impact on the patient's driving performance. This responsibility lies with all members of the clinical team.

3.4 The result of each new assessment must be documented. In the light of recent audit finding the Risk Assessment form has been updated.

3.5 Clinicians need to record if the patient is a heavy vehicle driver(group 2) as in most cases the medical standards for group 2 drivers are substantially higher.

4.0. Flowchart/process chart

Please see Appendix 6

5.0 Duties within the Organisation

5.1 LPT BOARD

The Trust Board has legal responsibility for Trust Policies and for ensuring that they are carried out effectively.

5.2 Quality Assurance Committee

To assess assurances received related to the implementation of the Fitness to Drive Policy.

5.3 Clinical Effectiveness Group

To monitor that the clinical practice is in line with the policy.

5.4 Managers and Team leaders are responsible:

To ensure clinical staff are trained and competent to follow the policy

5.5 Responsibility of Clinical Staff

- The time between a patient informing the DVLA and their decision can be prolonged. DVLA guidance gives advice to doctors, which enables them to advise the patient whether or not it is appropriate for them to continue driving during this period.
- Patients should be reminded that if they choose to ignore medical advice to cease driving, their insurance cover may be affected.
- If the patient refuses to accept the diagnosis or the effect of the medical condition on their ability to drive, the clinician should discuss this with the Team Consultant who should make arrangements to see the patient. If the patient continues to refuse, the Consultant should suggest that they need a second opinion and should help to arrange this for them. The Consultant should advise the patient not to drive until the second opinion has been obtained.
- If the patient continues to drive when they are not fit to do so, the clinician should make every reasonable effort to persuade them to stop. As long as the patient agrees, clinicians should discuss their concerns with the next of kin.
- If a patient is incapable of understanding the advice, for example, because of dementia, the clinician should inform the DVLA immediately.
- If a patient refuses to take the advice to stop driving or to inform the DVLA of their medical condition, or the clinician becomes aware of this failure to disclose to the DVLA, then the clinician should disclose the relevant information immediately, to the Medical Adviser at the DVLA. Before giving information to the DVLA, the clinician should inform the patient of their decision to do this. Clinicians should also inform the patient in

writing once they have done so.

- Clinicians should sign-post patients affected by this requirement to support agencies, for example, the Citizens Advice Bureau, Age UK, local councils, or other voluntary agencies, to discover if they would qualify for assistance with public transport (e.g. a free bus pass). Patients may also be access to psychological support, if needed, from their care team. If required, information should be made available in alternative formats including the provision of language and British Sign Language interpreters, in order to ensure information is provided in an effective and consistent way.
- This requirement, to assess and report any concerns in respect of fitness to drive of patients, must still be followed even if, at the time of the assessment, the patient is already disqualified from driving for any other (e.g. non-medical) reason.
- Any patient who presents to the service as intoxicated with alcohol and/or illicit substances and is assessed by a clinician as posing an immediate risk to them or others by planning to drive a vehicle will be advised not to drive and should be offered support to find alternative means of transport. If it is clear that the patient will disregard this advice and plans to drive, police will be informed. The patient should be advised of any planned breach of confidentiality (and the reasons why this is deemed necessary) prior to this taking place.

Please refer to following DVLA guidance:

<https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>

<https://www.gov.uk/guidance/drug-or-alcohol-misuse-or-dependence>

<https://www.gov.uk/drug-use-and-driving>

6.0 Recording results of Assessments

6.1 Driving advice should be clearly recorded in the patient's care plan.

- 6.2 The result of each new assessment must be documented. In the light of recent audit findings the risk assessment form has been updated.
- 6.3 Clinicians need to record if the patient is a heavy vehicle driver (group 2) as in most cases.
- 6.4 If the DVLA have been informed about the patient's fitness to drive, the clinician should write to the patient to confirm that a disclosure has been made. As the medical standards for group 2 drivers are substantially higher.

7.0 Documentation

- 7.1 The approved 'Risk Assessment' form can be accessed at electronic patients record systems.
- 7.2 DVLA guidance for medical practitioners can be accessed at the following address:

<https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals>

Customer Service guide for drivers with a medical condition can be accessed at:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207564/INF94_1_.pdf

8.0 Training

- 8.1 The training identified as necessary within this policy is already included within the Clinical Risk Assessment Training. There is no additional training required, but clinicians should be compliant with Clinical Risk Assessment training.

The governance group responsible for monitoring the training is the Clinical Effectiveness Group.

- 8.2 All can access DVLA latest guidance at:
<https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals>.

9.0 Monitoring Compliance and Effectiveness

- 9.1 Where patients are identified as having an impaired fitness to drive, the 'Risk Assessment' form should be completed

- 9.2 For patients who were driving prior to the onset of their current episode of illness:
- They are advised not to drive.
 - They should be advised to notify the DVLA of their condition.
 - There is evidence that the patient is monitored and encouraged to ensure they have notified the DVLA.
 - If the patient has not informed the DVLA, the clinician is to inform the DVLA.
- 9.3 Please see Appendix 3 for the Policy Monitoring Section and Appendix 5 for the audit tool that will be used to evidence compliance with this policy. The audit will use an approved methodology, and will be performance managed by the Clinical Effectiveness Group.
- 9.4 This audit is included within the Clinical Audit Team’s Forward Plan of audits, for annual audit and re-audit; the results will be used to inform and improve practice.

10.0 Links to Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
All clinicians will follow the guidance herein.	Compliance will be measured through the annual Clinical Audit of Clinical Risk Assessment documentation.

11.0 References and Associated Documentation

This policy was drafted with reference to the following:

- DVLA guidance for medical practitioners can be accessed at the following address: <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>
- Customer Service guide for drivers with a medical condition can be accessed at: <https://www.gov.uk/government/publications/inf94-customer-service-guide-for-drivers-with-a-medical-condition>

Due Regard Screening Template

Section 1			
Name of activity/proposal	Fitness to Drive Policy		
Date Screening commenced	From start of policy development		
Directorate / Service carrying out the assessment	Corporate		
Name and role of person undertaking this Due Regard (Equality Analysis)	Julie Warner, Quality Governance Assurance Manager		
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: This policy clarifies the responsibilities of clinicians in relation to patients' fitness to drive.			
OBJECTIVES: The law requires a <i>driver</i> with any medical condition that may affect safe driving to inform the Driver and Vehicle Licensing Agency (DVLA). Failure to do so is a criminal offence, and the DVLA should be immediately informed.			
PURPOSE: To highlight the importance of meeting the Trust moral and legal obligation to inform patients of the potential risks to their health, and that of others, if permitted to drive when taking a prescribed medication that requires notification to the DVLA.			
Section 2			
Protected Characteristic	Could the proposal have a positive impact Yes or No (give details)	Could the proposal have a negative impact Yes or No (give details)	
Age	Yes Prevents injury to patient or other road users including pedestrians, and ensures compliance with relevant legislation.	Yes Patients/service users unable to drive thereby reduced independence. However, this is mitigated by statute (legal obligation) and the offer of sign-posting by health care professional to support agencies. Information is also available in various formats or appropriate language, if so requested.	
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X

Section 4
If this proposal is low risk please give evidence or justification for how you reached this decision:
The requirement for consideration of effect of medication/medical condition upon driving pertains to a widespread group of individuals, and is a legal requirement.

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered.

Training topic:	Clinical Risk Assessment Training
Type of training:	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Mental Health and Learning Disabilities Services <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
Staff groups who require the training:	<i>Please specify...</i> Clinicians especially medics
Update requirement:	
Who is responsible for delivery of this training?	Learning and Development
Have resources been identified?	yes
Has a training plan been agreed?	yes
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> Trust learning management system <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	Via Trust learning management system

Policy Monitoring Section

Criteria Number & Name:

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Reference	Minimum Requirements	Self - assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Where patients are identified as having an impaired fitness to drive, the approved LPT Risk Assessment form should be completed. (Section 4. Accidents includes reference to driving and road safety)		Clinical audit – Fitness to Drive (within AMHS.LD, CHS – MHSOP, and FYPC – PIER)	Clinical Effectiveness Group	Annual re-audit
	For patients who were driving prior to the onset of their current episode of illness: <ul style="list-style-type: none"> • They are advised not to drive. • They should be advised to notify the DVLA of their condition. • There is evidence that the patient is monitored and encouraged to ensure they have notified the DVLA. • If the patient has not informed the DVLA the clinician is to inform the DVLA. 		Clinical audit – Fitness to Drive (within AMHS.LD, CHS – MHSOP, and FYPC – PIER)	Clinical Effectiveness Group	Annual re-audit

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.
The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

Audit Tool

Advising Patients with Severe Mental Illness on their Fitness to Drive

ID Number: _____

Diagnosis: _____

1. Are there any issues that may impact on the service user's fitness to drive? (see the approved LPT Risk Assessment form)

Yes No don't know

2. If yes, is the risk assessment form completed, with details and information source key?

Yes No

3. Was the service user driving prior to the onset of current episode of severe mental illness?

Yes No Not mentioned

If not, please give reasons.....

(If marked yes, please complete the rest)

4. Has the service user been informed about their fitness to drive/ not to drive during or upon discharge?

Yes No

5. If the service user is driver of a heavy vehicle, is there evidence that there was a specific discussion regarding driving these vehicles?

Yes No NA

6. Is there evidence that the service user has been advised by the clinician to contact the DVLA regarding their severe mental illness?

Yes No

7. If the service user did not inform the DVLA and is unsuitable for driving, has the clinician informed the DVLA?

Yes No NA

Fitness to drive should be part of all risk assessments



Patients should be advised to inform the DVLA if they have a medical condition which may affect safe driving.



Patients who pose immediate risk will be advised not to drive and if they disregard advice, the police should be informed.



If the patient refuses or is incapable of understanding advice, the clinician should forewarn the patient and inform the DVLA.

Please refer to section 5 of the policy or DVLA guidelines for detailed advice:

<https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>