# Driving - Good practice guidelines for Eye Clinic / Care Liaison Officers (ECLOs)

Driving is a key issue for many people affected by sight loss, and many people need emotional support and practical advice when thinking about driving and their future. It is natural for people to be concerned at the prospect of losing their licence and not being able to drive again, particularly if they are employed as a driver or someone relies on them to drive them about.

ECLOs should be very clear when discussing sight requirements with drivers with sight loss, and the consequences of driving when these are not met.

This guide focuses on holders of licences for cars and motorcycles; the rules and requirements are different for bus and lorry drivers, and patients should contact the DVLA for advice specifically about this.

## Background

### The level of sight required for driving

Drivers must wear any glasses or contact lenses every time they drive if they need them to meet the ‘standards of vision for driving’.

Drivers must tell DVLA if they have any problem with their eyesight that affects both eyes, or the remaining eye if they only have one eye. (This doesn’t include being short or long sighted or colour blind. They also

don’t need to say if they’ve had surgery to correct short sightedness and can meet the eyesight standards.)

In good light and with their glasses or contact lenses if they wear them, drivers must be able to read an old-style number plate 20.5 metres away or a new style number plate 20 metres away. (New style number plates feature narrower characters, were introduced in September 2001 and start with two letters; for example, AB51 ABC.)

They must have a visual acuity of at least 6/12 Snellens with glasses or contact lenses, if necessary, using both eyes together or, if they have sight in one eye only, in that eye.

They must also have an adequate field of vision. (120 degrees on horizontal meridian, with no significant defect within 20 degrees of fixation above or below):

[gov.uk/driving-eyesight-rules](https://www.gov.uk/driving-eyesight-rules)

The DVLA guide “Assessing fitness to drive, states that “Certification as sight impaired or severely sight impaired is not compatible with DVLA driver licensing; such certification is notifiable.”

### Whose responsibility it is to notify the DVLA when vision falls below the required level?

The DVLA is very clear – applicants and licence holders have a legal duty to inform the DVLA of anything that would have a likely impact on their own safe driving ability.

Drivers can check if they need to tell DVLA about an eyesight problem by searching the A to Z of medical conditions that could affect their driving, on the DVLA website:

[gov.uk/health-conditions-and-driving](https://www.gov.uk/health-conditions-and-driving)

There are clear and specific guidelines for doctors (this includes Ophthalmologists and GPs) and Optometrists about notifying the DVLA about individual drivers, from the General Medical Council and the College of Optometry. The DVLA states - ‘Doctors may need to make a decision about whether to disclose relevant info without consent to the DVLA in the public interest if a patient is unfit to drive but continues to do so.’

### Stroke

Following a Stroke people should not drive for 1 month, and then discuss their recovery with the Doctor or Consultant. They should inform the DVLA as per the instructions here:

[gov.uk/stroke-and-driving](https://www.gov.uk/stroke-and-driving)

### Diplopia / Double Vision

Anyone with double vision should not drive and inform the DVLA. If they have a prism or a patch to control their double vision, they should also inform the DVLA by using the V1 form.

[gov.uk/diplopia-and-driving](https://www.gov.uk/diplopia-and-driving)

### What steps might the DVLA take?

The DVLA may ask the person to complete a V1V form.

They may arrange for a Medical Review, and a vision assessment which might include a specific visual field test (‘Esterman’) and acuity check. These tests are usually done independently and sent to the DVLA for analysis.

Next steps then depend on the results of the assessments.

If vision improves after a licence has been revoked, people can return to DVLA for a further assessment.

### Class 3 vehicles / Mobility Scooters and powered wheelchairs

There are no laws or legal requirements related to eyesight and using a mobility scooter. However, a person should only ride a mobility scooter if it is safe to do so. The government recommend people only ride a scooter if they can see a car's registration plate from 12.5 metres (40 feet) away.

Scooters should be registered - most are already registered by the dealer or manufacturer before they are sold, however people should check, and they should also have a vehicle log book (V5C). If the vehicle is not registered, they should go to the DVLA website and register it by filling in a V55/4 for new vehicles or a V55/5 for used vehicles.

People should also be advised to consider getting insurance. This will help cover the costs of any damage to a scooter in the event of an accident, as well as any legal costs if they are involved in an accident claim.

## Good Practice Guidelines for ECLOs

### ECLOs should

* Have a good understanding of the required level of sight for driving and be ready to discuss this with all patients as applicable. Ask patients with vision below this standard if they drive.
* Inform the patient of their own legal duty to inform the DVLA of anything that might affect their ability to drive, and record this on ECLO notes (and medical notes if available).
* If appropriate, advise that should they continue to drive when their vision is below the required standard, they will be breaking the law and could face a fine of up to £1,000, their insurance would not be valid if they were to have an accident, and their sight loss could mean that they are a risk to themselves, other drivers, pedestrians and any loved ones that they are driving. They would also be personally liable for any damages or injury caused due to unsafe driving. Record this on ECLO notes and medical notes if available.
* If a person indicates that they still intend to drive (after they have received the above information) inform their Consultant Ophthalmologist (or GP) of the situation. Advise the patient you are doing this and record in both ECLO notes and medical notes if available.
* Reassure your patient that there are other ways for them to get about, describe local transport options, and if appropriate refer for a Benefits Assessment for any financial assistance.
* If the patient drives for a living, offer an urgent referral to Specialist Employment services. Advise the person not to resign, but that they should not drive.
* If the patient is working, inform them about Access to Work and the help available for getting to and from work.
* If discussing Certification with a patient, have a conversation about not driving, and draw attention to the information about driving on page 8.
* If someone declines certification in the hope this will enable them to continue driving, explain that if their vision is low enough to enable them to be certified, then their vision is below the required standard and they still cannot drive, whether certified or not.
* Provide emotional support

## Useful resources

### From the Department of Health:

* [gov.uk/driving-medical-conditions](https://www.gov.uk/driving-medical-conditions)
* [gov.uk/health-conditions-and-driving](https://www.gov.uk/health-conditions-and-driving)
* [gov.uk/health-conditions-and-driving](https://www.gov.uk/health-conditions-and-driving)

### Other resources:

* [drivingmobility.org.uk/](https://www.drivingmobility.org.uk/)

### From the Macular Society and Glaucoma UK

* [macularsociety.org/support/daily-life/practical-guides/out-about/driving/](https://www.macularsociety.org/support/daily-life/practical-guides/out-about/driving/)
* [glaucoma.uk/care-support/driving-with-glaucoma/](https://glaucoma.uk/care-support/driving-with-glaucoma/)

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