**Medical Information and Guidance**

**Applicants for a Taxi/Private Hire Car Driver’s Licence**

The Council has to be satisfied that you are medically fit to hold a taxi/private hire car driver’s licence, having regard to your health and any disability that you may suffer.

The Scottish Government has recommended that Licensing authorities apply the Group 2 medical standards to applicants for taxi and private hire car drivers licensing. (Taxi and Private Hire Car Licensing: Best Practice Guidance for Licensing Authorities, 2nd Edition, April 2012)

Medical standards for Taxi/Private Hire Car drivers are higher than those that apply to an ordinary driving licence. In assessing an individual’s medical fitness, the council applies the standards required for a DVLA Group 2 licence. This requirement reflects the view that the nature of a licensed driver’s employment places him in the category of vocational driver.

A summary of the medical standards can be viewed via [**www.dft.gov.uk/dvla/medical/ataglance.aspx**](http://www.dft.gov.uk/dvla/medical/ataglance.aspx)

1. **Medical Certification**

**All drivers must complete a medical declaration upon initial application and prior to consideration of renewal of licence.**

Where a history of a medical condition or disability has been declared, a certificate of medical fitness to drive a Licensed Vehicle in relation to the DVLA Group 2 licence standard will be required. You shall attend such medical examinations, as are necessary, to obtain a certificate of medical fitness before any licence is granted or renewed.

**For licenceholders: if you, as the driver, suffers from, or are diagnosed with any medical condition which may affect your fitness to drive, the Council’s Licensing Team must be informed and you should not continue to drive licensed vehicles until fitness to do so has been confirmed.**

The Council’s Licensing Team will determine whether you will be required to attend a medical examination for the purpose of confirming fitness to drive a Licensed Vehicle.

1. **Frequency of Medical Assessment**

A medical assessment and completion of certificate of medical fitness stating that you satisfy the DVLA Group 2 standards will be required to support your initial application where a medical condition has been declared and at intervals determined by the licensing authority.

1. **Medical Assessment and completion of medical certification**

The medical assessment and completion of medical certificate requires the Council’s appointed medical adviser to state whether, in their opinion, you meet the necessary standards and are medically fit to drive taxi/private hire vehicles.

You will be expected to bring the following to your medical assessment - failure to do so may result in a delay in issuing a certificate of fitness or the medical having to be rearranged so that you can provide any necessary additional information:

* Your taxi licence (if you have one) and photo ID
* Confirmation of all medication you are currently taking. A copy of your prescription would be helpful
* Where possible, a print off of your health summary from your GP practice IT system. (You will be required to pay separately for this if payment is required by your GP practice)
* If you wear glasses/contact lenses you will need to bring these to the medical as well as the results of your most recent optician assessment/prescription. **This must have been within the past 12 months.** Please ensure that the optician/optometrist is aware of the need to satisfy DVLA Group 2 standards for driving.
* For medical conditions listed within DVLA’s guidance, additional information from your GP may be required. It is recommended that you ask your GP practice for a copy of any relevant specialist reports and bring these to your medical assessment.

You should be aware that additional medical information is likely to be required where:

* You have had a heart attack (Myocardial infarction, coronary thrombosis) or heart surgery
* You suffer problems with heart rhythm or have a disease of the heart or arteries
* You have Diabetes
* You have had a fit/seizure, unexplained loss of consciousness/black outs, fainting episodes, severe head injury with continuing after effects or have needed brain surgery
* You suffer from Parkinson’s disease, multiple sclerosis or other significant neuromuscular condition
* You have been diagnosed with a sleep disorder or condition causing excessive fatigue
* You have been diagnosed or treated for cancer
* You are being treated for a mental health condition or nervous problems
* You have had drink or drug related problems or suffered mental illness in recent years
* Problems with vision
* Problem with hearing
* You have any other condition that makes vocational driving inadvisable

In most cases this additional information will enable the medical examiner to provide an opinion and issue your medical certificate without needing an additional report from your doctor which may cause delay.

1. **Medical Examination**

The medical assessment and examination will normally take 30-45 minutes and include:

* Measurement of height and weight
* Measurement of blood pressure
* Test a fresh urine sample (for diabetes)
* Assessment of your level of hearing
* Eye test (using a 6m Snellen chart as required by DVLA)
* Examination of heart and lungs
* Assessment of your functional range of mobility
* Any additional physical or mental health assessments that the medical adviser considers neccesary to assess your fitness to meet the required standards
* You may be required to submit a sample for drug or alcohol testing either if requested by the licensing authority, or where the doctor considers this to be necessary
* The doctor may require further information from your GP or specialist and will therefore request consent from you to write to them for a report

1. **Outcome of medical assessment**

The occupational physician carrying out the medical assessment will discuss the outcome of the assessment with you and provide a certificate of fitness to the licensing team at Fife Council detailing the outcome of the medical and any necessary recommendations.

Where you do not fully comply with or meet the standards, the licensing authority will consider carefully whether this, in itself, will make you unfit for licensing or whether there is sufficient evidence that the condition is controlled effectively with medication or corrective equipment.

Where the medical practitioner has recommended that further monitoring of a particular condition or more frequent assessment is necessary the Council may grant a licence for a shorter period commensurate with that recommendation.

Where the medical practitioner has stipulated that they do not consider you to be medically fit, in accordance with the Group 2 standards, to drive taxi/private hire vehicles, the Council will generally refuse the application.

1. **Passenger Assistance – driver exemptions**

You are expected to give reasonable assistance to passengers or potential passengers to access the vehicle, including wheelchair users where the vehicle is suitable for wheelchair access, as well provide assistance with loading and unloading of luggage when required.

Where you have a medical condition that restricts your ability to safely assist passengers, an Exemption Certificate issued in terms of Section 166 of the Equality Act 2010 will be required. If you wish to apply for an exemption then you should notify the licensing team.

The Taxi Drivers Licences (Carrying of Guide Dogs and Hearing Dogs) (Scotland) Regulations 2003 state that there is a requirement for licensed taxi drivers to carry guide, hearing and other assistance dogs accompanying disabled people. Drivers may only be exempted from the relevant conditions if the Council is satisfied that it is appropriate on medical grounds to do so.

In determining whether to issue such a notice of exemption to a person, the Council will have regard to the physical characteristics of the taxi or private hire car which that person drives (for example, whether the driver is separated from the passenger compartment by a partition).

The Council may also require a driver to undergo a medical examination to satisfy the need to grant an exemption on medical grounds.

1. **Your responsibilities**

Any Driver who fails to attend for a medical examination, after receiving written confirmation of the date of the examination, may be required to pay the appropriate fee for the missed medical before a further medical examination will be arranged. The council may consider suspending your licence until satisfied that they have the necessary medical certificate.

You are responsible for your personal conduct, at all times, whilst carrying out licensed duties and this is expected when attending medical appointments for assessment. **The licensing authority will be informed if your conduct, during the medical, has given due cause for concern.**

If, having been issued with a licence to drive taxis/private hire vehicles, you suffer from or are diagnosed with any medical condition which may affect your fitness to drive you must report that information to the Council’s Licensing Team and should not drive licensed vehicles until fitness to do so has been confirmed. You may be required to attend a medical examination for the purpose of confirming fitness to drive.

You must inform the DVLA Drivers Medical Branch at once if you have any disability (this includes any physical or mental condition) that affects your fitness as a driver, or may do so in the future (conditions not expected to last more than three months do not count). You could be fined up to £1,000 if you do not tell DVLA about a condition that might affect your ability to drive safely. You could also be prosecuted if you have an accident.

Additional guidance on medical conditions affecting driving, when and how to inform the DVLA is accessible via <https://www.gov.uk/health-conditions-and-driving>

**INFORMATION AND GUIDANCE ON SPECIFIC MEDICAL CONDITIONS**

1. **DIABETES**

<https://www.gov.uk/government/publications/information-for-drivers-with-diabetes>

There are additional requirements in respect of diabetic applicants whose treatment carries a risk of inducing hypoglycaemia, such as insulin treatment or certain types of tablets.

In addition to a medical certificate confirming that you satisfy the Group 2 standards (which make specific provisions for various types of diabetes treatment), additional documents will be required.

The Council’s medical advisers will require a signed declaration from you, confirming that you are fully aware of, and compliant with, the relevant DVLA guidance for drivers with diabetes and comply with the directions for treatment given to you by the Doctor supervising your diabetic management.

You may be required to provide to the Licensing Authority, or their medical advisers, evidence that blood glucose monitoring is being undertaken at least twice daily and at times relevant to driving during employment.

The licensing authority must be informed of any change in your diabetic condition or changes to treatment. You may be advised not to drive pending a medical assessment.

**1.1 A Guide to Insulin Treated Diabetes and Driving for drivers who have any form of diabetes treated with any insulin preparation, and some types of medication (Sulphonylurea or Glinide) for Diabetes:**

**HYPOGLYCAEMIA** Hypoglycaemia (also known as a hypo) is the medical term for a low blood glucose (sugar) level. The risk of hypoglycaemia is the main danger to safe driving and this risk increases the longer you are on insulin treatment. This may endanger your own life as well as that of other road users.

Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of hypoglycaemia. If you get warning symptoms of hypoglycaemia whilst driving, you must always stop as soon as safely possible – **do not ignore the warning symptoms**.

**EARLY SYMPTOMS OF HYPOGLYCAEMIA INCLUDE:** Sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips. If you don’t treat this it may result in more severe symptoms such as: Slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour, which may be mistaken for drunkenness. If left untreated this may lead to unconsciousness.

**1.2 Drivers with Insulin Treated Diabetes are advised to take the following precautions:**

* You should **always** carry your glucose meter and blood glucose strips with you.
* You should check your blood glucose no more than 2 hours before the start of the first journey and every two hours whilst you are driving.
* If driving multiple short journeys, you do not necessarily need to test before each additional journey as long as you test every 2 hours while driving.
* More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia for example after physical activity or altered meal routine.
* You should ensure blood glucose is always above 5.0mmol/l while driving.
* If your blood glucose is **5.0mmol/l or less, take a snack.**
* If it is less than **4.0mmol/l or you feel hypoglycaemic, do not drive.**
* If hypoglycaemia develops while driving, stop the vehicle as soon as possible. You should switch off the engine, remove the keys from the ignition and move from the driver’s seat.
* You should not start driving until 45 minutes after blood glucose has returned to normal (confirmed by measuring blood glucose). It takes up to 45 minutes for the brain to recover fully.
* Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets or sweets within easy reach in the vehicle.
* You should carry personal identification to show that you have diabetes in case of injury in a road traffic accident.
* Particular care should be taken during changes of insulin regimens, changes of lifestyle, exercise, travel and pregnancy.
* You must take regular meals, snacks and rest periods.
* Always avoid alcohol.

**1.3 You must inform DVLA if:**

* You have had more than one episode of severe hypoglycaemia (needing the assistance of another person) within the last 12 months.
* You or your medical team feels you are at high risk of developing hypoglycaemia.
* You develop impaired awareness of symptoms of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).
* You suffer severe hypoglycaemia while driving.
* An existing medical condition gets worse or you develop any other condition that may affect you driving safely.

<https://www.gov.uk/diabetes-driving>

If you have one episode of severe hypoglycaemia, or any of the other criteria apply, you must cease driving with immediate effect and inform the council’s licensing authority. You will need a medical assessment before being allowed to resume driving.

* 1. **Drivers with Diabetes managed by medication with a hypoglycaemic risk (Sulphonylureas or Glinides):**
* You may drive but must notify the DVLA.
* All the following criteria must be met to issue a licence for 1, 2 or 3 years:
  + No episode of severe hypoglycaemia in the last 12 months
  + Full awareness of hypoglycaemia
  + Regular self-monitoring of blood glucose – at least twice daily and at times relevant to driving e.g. no more than 2 hours before the start of the first journey and every 2 hours while driving
  + You demonstrate an understanding of the risks of hypoglycaemia
  + You have no disqualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect

**1.5 Drivers with Diabetes managed by medication with no risk of hypoglycaemia, including non-insulin injectables:**

* You may drive but must notify the DVLA.
* You will be under regular medical review.
* A licence is refused or revoked if relevant disqualifying complications have developed, such as diabetic retinopathy affecting visual acuity or visual fields.
* A short-term licence may be issued if diabetes complications have developed but the required medical standards have been met.

1. **DVLA GROUP 2 MEDICAL STANDARDS - CHANGES IN STANDARD OF VISUAL ACUITY**

All applicants, for any category of vehicle, must be able to read in good light with glasses or corrective lenses if necessary, a number plate at 20 metres (65 feet) where narrower characters are 50mm wide. 50mm is the width of characters used in licence plates since 2001. The visual acuity must be at least Snellen 6/12 with both eyes open.

From April 2013 the DVLA revised the visual acuity standard for holders of Group 2 licences.

**2.1 Current visual standards**

* A visual acuity, using corrective lenses if necessary, of at least 6/7.5 in the better eye and at least 6/60 in the other eye.
* Where glasses are worn to meet the minimum standards, they should have a corrective power of less than or equal to +8 dioptres.
* It is also necessary for all drivers of Group 2 vehicles to be able to meet the prescribed minimum standard and relevant Group 1 visual acuity requirements.

**2.2 Grandfather Rights with regard to visual standards**

Drivers who were originally licensed under lower standards are allowed to retain these entitlements under **‘grandfather rights’**. The standard applied is determined by the date at which the driver was first licensed.

**2.3 Retaining this entitlement is dependent on:**

* The driver remaining continuously licensed since he or she was first licensed;
* There being no significant deterioration in any other aspects of the driver’s vision; and
* The driver not having been involved in an accident in the preceding 10 years, in which their eyesight might have been a factor.
* The standards for Group 1 must be met before any of the following exceptions can be afforded to Group 2 drivers holding older licences:
* A driver must have been awarded a Group 2 licence before 1 March 1992, and be able to complete a satisfactory certificate of experience, to be eligible.
* If the licence was awarded between 2 March 1992 and 31 December 1996, visual acuity with corrective lenses, if needed, must be at least 6/9 in the better eye and at least 6/12 in the other eye; uncorrected visual acuity may be worse than 3/60 in one eye only.

1. **TIREDNESS: SLEEP DISORDERS**

Up to one fifth of accidents on motorways and other monotonous roads may be caused by drivers falling asleep at the wheel. All drivers need to be aware of their responsibility to ensure they maintain their alertness throughout the duration of their shift. Some medical conditions however may cause excessive sleepiness, impair concentration and increase risk of traffic accidents.

The most common medical cause is OBSTRUCTIVE SLEEP APNOEA SYNDROME (OSA). This condition occurs most commonly, but not exclusively, in overweight individuals, particularly those with a large neck size. Partners often complain about the snoring and notice that sufferers seem to have irregular breathing during sleep. Sufferers of OSA rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing. The greatest danger is prior to diagnosis, when significance of the symptoms is not appreciated. Once appropriately diagnosed by a specialist in Sleep Medicine effective treatment is available.

1. **EPILEPSY OR LIABILITY TO SEIZURE AND LOSS OF CONSCIOUSNESS**

A diagnosis of epilepsy or spontaneous epileptic attack(s) requires 10 years free of further seizure without taking anti-epilepsy medication during that 10-year period.

For conditions that cause an increased liability to epileptic attacks, the risk of attacks must fall to that of the general population. DVLA must refuse or revoke the licence if these conditions cannot be met.

1. **CARDIAC CONDITIONS**

Drivers will be considered unfit to drive within 6 weeks of a myocardial infarction or an episode of unstable angina.

Drivers with a history of angina, heart failure or cardiac arrhythmia that remains uncontrolled despite treatment, or with implanted cardiac defibrillator are likely to be medically unfit.

Following coronary artery bypass surgery or coronary angioplasty/stent procedure a cardiology opinion based on satisfactory completion of an Exercise Tolerance Test will be required before any licence is reinstated. Further evidence of satisfactory completion of exercise tolerance testing will be required every 3 years.

High blood pressure will need to be adequately controlled on medication. Drivers with blood pressure which is persistently 180 systolic or more and/or 100 diastolic or more will be considered medically unfit.

1. **OTHER MEDICAL CONDITIONS**

In addition to those medical conditions covered by law, applicants (or licenceholders) are likely to be refused if they are unable to meet the recommended medical guidelines in the following situations:

* A stroke or TIA within the last 12 months.
* Unexplained loss of consciousness with liability to recurrence.
* Meniere’s, or any other sudden and disabling vertigo within the past 1 year,

with a liability to recurrence.

* Hearing impairment that may impair ability to communicate by telephone in an emergency.
* Major brain surgery and/or recent severe head injury with serious continuing

after effects.

* Parkinson’s disease, multiple sclerosis or other chronic neurological disorders.

with symptoms likely to affect safe driving.

* Psychotic illness within the past 3 years.
* Other serious psychiatric illness.
* If major psychotropic or neuroleptic medication is being taken.
* Alcohol and/or drug misuse within the past 1 year or alcohol and/or drug

dependency in the past 3 years.

* Impaired cognitive function or memory.
* Dementia.
* Any malignant condition, within the last 2 years, with a significant liability to

metastasise (spread) to the brain.

* Any other serious medical condition likely to affect the safe driving of a passenger carrying vehicle.

The Group 2 standards are set out in full in the DVLA publication ‘At a Glance Guide to the Current Medical Standards of Fitness to Drive’ that can be found at [www.dft.gov.uk/dvla](http://www.dft.gov.uk/dvla/)

**DIABETES - DECLARATION AND NOTES**

**FIFE COUNCIL – TAXI/PHC LICENSING – Declaration for Drivers with Diabetes**

NAME:

Date of Birth

ADDRESS:

Licence No:

There are additional requirements in respect of licensing of drivers with diabetes where treatment carries a risk of inducing hypoglycaemia such as insulin treatment or certain types of tablets.

I confirm that:

* I am fully aware of, and compliant with, the relevant DVLA guidance for drivers with diabetes.
* I attend a diabetic clinic to routinely monitor my condition.
* I comply with the directions for treatment given to me by the health professional supervising my diabetic management.
* I have been advised of my responsibility to inform the licensing authority of any change in my diabetic condition or changes to treatment.
* I have had no more than one episode of severe hypoglycaemia (needing the assistance of another person) within the last 12 months.
* I will attend medical assessments as required by the Licensing Authority and will bring proof of current medication/insulin regime, evidence of glucose monitoring over the previous 3 months and copies of relevant specialist reports to the medical.

Signed: date:

Witnessed:

**DIABETES - NOTES FOR APPLICANTS/LICENCEHOLDERS**

**1.1 A Guide to Insulin Treated Diabetes and Driving for drivers who have any form of diabetes treated with any insulin preparation, and some types of medication (Sulphonylurea or Glinide) for Diabetes:**

**HYPOGLYCAEMIA** Hypoglycaemia (also known as a hypo) is the medical term for a low blood glucose (sugar) level. The risk of hypoglycaemia is the main danger to safe driving and this risk increases the longer you are on insulin treatment. This may endanger your own life as well as that of other road users.

Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of hypoglycaemia. If you get warning symptoms of hypoglycaemia whilst driving, you must always stop as soon as safely possible – **do not ignore the warning symptoms**.

**EARLY SYMPTOMS OF HYPOGLYCAEMIA INCLUDE:** Sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips. If you don’t treat this it may result in more severe symptoms such as: Slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour, which may be mistaken for drunkenness. If left untreated this may lead to unconsciousness.

**1.2 Drivers with Diabetes managed by medication with a hypoglycaemic risk (Sulphonylureas or Glinides):**

* You may drive but must notify the DVLA.
* All the following criteria must be met to issue a licence for 1, 2 or 3 years:
  + No episode of severe hypoglycaemia in the last 12 months
  + Full awareness of hypoglycaemia
  + Regular self-monitoring of blood glucose – at least twice daily and at times relevant to driving e.g. no more than 2 hours before the start of the first journey and every 2 hours while driving
  + You demonstrate an understanding of the risks of hypoglycaemia
  + You have no disqualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect

**1.3 Drivers with Diabetes managed by medication with no risk of hypoglycaemia, including non-insulin injectables:**

* You may drive but must notify the DVLA.
* You will be under regular medical review.
* A licence is refused or revoked if relevant disqualifying complications have developed, such as diabetic retinopathy affecting visual acuity or visual fields.
* A short-term licence may be issued if diabetes complications have developed but the required medical standards have been met.

**1.4 Drivers with Insulin Treated Diabetes are advised to take the following precautions:**

* You should **always** carry your glucose meter and blood glucose strips with you.
* You should check your blood glucose no more than 2 hours before the start of the first journey and every two hours whilst you are driving.
* If driving multiple short journeys, you do not necessarily need to test before each additional journey as long as you test every 2 hours while driving.
* More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia for example after physical activity or altered meal routine.
* You should ensure blood glucose is always above 5.0mmol/l while driving.
* If your blood glucose is **5.0mmol/l or less, take a snack.**
* If it is less than **4.0mmol/l or you feel hypoglycaemic, do not drive.**
* If hypoglycaemia develops while driving, stop the vehicle as soon as possible. You should switch off the engine, remove the keys from the ignition and move from the driver’s seat.
* You should not start driving until 45 minutes after blood glucose has returned to normal (confirmed by measuring blood glucose). It takes up to 45 minutes for the brain to recover fully.
* Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets or sweets within easy reach in the vehicle.
* You should carry personal identification to show that you have diabetes in case of injury in a road traffic accident.
* Particular care should be taken during changes of insulin regimens, changes of lifestyle, exercise, travel and pregnancy.
* You must take regular meals, snacks and rest periods.
* Always avoid alcohol.

**1.5 You must inform DVLA if:**

* You have had more than one episode of severe hypoglycaemia (needing the assistance of another person) within the last 12 months.
* You or your medical team feels you are at high risk of developing hypoglycaemia.
* You develop impaired awareness of symptoms of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).
* You suffer severe hypoglycaemia while driving.
* An existing medical condition gets worse or you develop any other condition that may affect you driving safely.

<https://www.gov.uk/diabetes-driving>

If you have one episode of severe hypoglycaemia, or any of the other criteria apply, you must cease driving with immediate effect and inform the council’s licensing authority. You will need a medical assessment before being allowed to resume driving.