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**Certification and Vision Impaired and Driving**

**Guidance for Vision Rehabilitation Workers**

**Purpose of this guidance**

In the course of your practice you may observe someone who you know to be certified or registered as sight impaired (partially sighted) or severely sight impaired (blind) to be driving. The purpose of this guidance is to help you decide what you should do.

**Beyond the bounds of this guidance**

Vision Rehabilitation Workers are not professionals who are trained or equipped to measure visual acuity to the standard required to **decide** whether an individual is fit to drive. This is a judgement that should only be made by Optometric or Ophthalmic professionals. This guidance relates solely to situations where an individual has been certified (and/or consequently registered) as sight or severely sight impaired. In this case this decision has, effectively, been made for you.

We work with many people who have had a stroke that affects their vision and we also know that many people in this situation do not get offered Certification. This guidance therefore does not cover their situation, but you may find this guidance from the stroke association useful to share with people you work with <https://www.stroke.org.uk/sites/default/files/driving_after_stroke.pdf>

**Certificate of Vision Impairment (CVI)**

The CVI guidance is unambiguous that an individual must not drive if they have been certified. The guidance states: “As a person certified as sight impaired or severely sight impaired **you must not drive and you must inform the DVLA at the earliest opportunity**. For more information, please contact: Drivers Medical Branch, DVLA, Swansea, SA99 1TU.

**What should you do if you think an individual is unfit to drive?**

Our guidance is based on that issued by the College of Optometrists (A221-226) and is worth reading in full.

<https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-patients-who-drive/if-you-think-a-patient-is-unfit-to-drive/>

This guidance sets out clear a five stage process. RWPN’s guidance has adapted the five stages to reflect the fact this ours relates only to a certified individual.

If you are aware that the patient is driving but has been issued with a Certificate of Vision Impairment, you should:

1. first tell the individual that they are unfit to drive and give the reasons. You may wish to discuss your concerns with a relative or carer, if the patient consents to this
2. tell the individual that they have a legal duty to inform the DVLA or DVA (Northern Ireland) about their condition
3. put your advice in writing to the individual
4. record your advice and keep a copy of any correspondence to the individual on the individual’s record and
5. notify the individual’s GP, if appropriate, with the individual’s consent.

**What should I do if you observe the individual to still be driving?**

The College of Optometrists’ advice (para A224) is helpful.

“Sometimes the actions in para A223 [the five steps adapted above] might not achieve their aim, or would take too long to do so. You have a duty of confidentiality to the patient, but this is not absolute and can be broken if it is in the public interest to do so. In 2010 the Department of Health published **Confidentiality: NHS Code of Practice Supplementary Guidance: Public Interest Disclosures.** It includes the example of reporting a driver who rejects medical advice not to drive as one where the public interest can be a defence to breaching patient confidentiality”. Below is the link the full Department of Health guidance. The particular scenario given is provided in the appendix of this guidance.

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216476/dh_122031.pdf>

So if you conclude that the public interest outweighs the duty of confidentiality, you should:

1. notify the appropriate authority (DVLA or DVA) in writing with specific reference to the Certificate of Vision Impairment.
2. notify the patient’s GP of the action being taken, and
3. notify the individual, if appropriate.

If you disclose confidential information about a patient you must be prepared to explain and justify that decision.

**What if I do not raise my concern?**

The link below is from a useful blog from December 2017 by Daniel Hardiman-McCartney, Clinical Advisor to the College of Optometrists. Apart from citing the College guidance cited above, the blog also gives an interesting video from Optometry practice that highlights the ethical elements of not reporting concerns.

[**https://www.college-optometrists.org/the-college/blogs/acting-in-the-public-interest-driving.html**](https://www.college-optometrists.org/the-college/blogs/acting-in-the-public-interest-driving.html)

If you are working with someone and you have concerns about their fitness to drive, but they are *not* certified or registered, then you should talk to them about the risks that they may be running to themselves, to other drivers and pedestrians and to the validity of their motor insurance. You should advise them to seek urgent professional advice about their fitness to drive and, with their consent, you may choose to notify their GP. Record your advice and keep a copy of any correspondence to the individual on the individual’s record

Vision Rehabilitation Workers frequently come into contact with situations that raise safeguarding and ethical concerns. RWPN believes that driving when not fit to drive should be seen in this context as should our response to it.

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**Appendix**

This is extract is from the Department of Health publication: **Confidentiality: NHS Code of Practice Supplementary Guidance: Public Interest Disclosures November 2010.** It is from page 14, which forms part of appendix one.

Scenario 3: One day during surgery hours a GP notices Mr Smith arrive, park his car and enter the surgery building. Mr Smith had attended an appointment in the previous month with the GP. At a previous appointment, the GP had prescribed Mr Smith with drugs and informed him that they were likely to make him drowsy, and that he should avoid driving. During the consultation Mr Smith had assured the GP that he'd "be fine!" when accepting the prescription. The GP knows Mr Smith well, and that he might ignore advice not to drive, and so has some concern over whether Mr Smith was fit to drive. What action should the GP take? Decision 3: In principle, Mr Smith could cause serious harm to others by continuing to drive. The GP should speak to Mr Smith and try to establish whether his medication is having the effect of making him drowsy and unfit to drive, and if so, to encourage him once more to stop driving. Discussion with colleagues may assist the GP in assessing the risk posed to the public from the effect of Mr Smith’s medication, and in weighing up whether a breach of confidence is justified. If Mr Smith is unfit to drive but nevertheless persists in driving, it would be justifiable in the public interest to inform the Driver and Vehicle Licensing Agency.