



# Vision and Driving

Final Report

The General Optical Council

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# 1. Introduction

The General Optical Council (GOC) commissioned Enventure Research, an independent research agency, to undertake research with GOC registrants and the public in relation to vision and safe driving.

## Research aims

The aims of the research were:

- to explore views on the current system and how well it protects the public
- to better understand how clear the current process is for GOC registrants in practice for assessing fitness to drive and how confident they are in doing so
- to explore views on patient confidentiality and public protection
- to explore views on how the current system could be enhanced to better protect the public from risk of harm.

## Background

There have been a number of fatalities in recent years involving drivers who continued to drive against the advice of their healthcare professional. This has led to calls from some of the victims' families to introduce a requirement for healthcare professionals to automatically notify the relevant agency when a patient is unfit to drive, regardless of whether a patient has given consent to share their records.

In the UK, drivers must be able to read a number plate from 20 metres away. However, there is no requirement for licence holders to produce any further evidence that their sight is within the legal limits to be able to drive safely.<sup>1</sup>

The Driver and Vehicle Licensing Agency (DVLA) in England, Scotland and Wales and the Driver Vehicle Agency (DVA) in Northern Ireland are legally responsible for deciding if a person is medically fit to drive. The licence holder has a legal responsibility to notify the DVLA/DVA of any medical condition that may affect safe driving.

The DVLA publishes guidance for healthcare professionals outlining the national medical standards on fitness to drive: *Assessing fitness to drive – a guide for medical professionals*. The guidance outlines the responsibilities of healthcare professionals, such as optometrists and dispensing opticians to:

- advise a patient on the impact of any condition that may affect safe driving
- advise a patient about their legal requirement to notify the DVLA of any relevant condition which may affect safe driving
- treat, manage and monitor a patient's condition with ongoing consideration of their fitness to drive

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<sup>1</sup> After the age of 70 licence renewal is required every three years.

- notify the DVLA when fitness to drive requires notification, but a patient cannot or will not notify the DVLA themselves.

The GOC's *Standards for Optometrists and Dispensing Opticians* outline what is expected of registrants in relation to confidentiality and protecting the public and others from risk of harm. GOC registrants should use their professional judgement in balancing their legal and ethical duties of confidentiality with their wider public protection responsibilities when deciding whether to disclose information to an agency, such as the DVLA/DVA, without a patient's consent.

## 2. About this research

A mixed quantitative and qualitative approach was taken to this research in the form of online surveys and focus groups with the general public and with registrants.

A survey carried out in the summer of 2017 focused on registrants' views about the current system for assessing fitness to drive, the DVLA's guidance, balancing patient confidentiality and public protection, and possible ways to improve public safety in the future. In total, **3,934 responses** were received, representing a 19% response rate.

In summer 2017 the Public Perceptions Survey 2017 was carried out with members of the public, some of whom were patients that had had a sight test in the last two years, who belonged to a UK consumer panel. Quotas were set to ensure a representative sample was achieved. In total, **3,025 responses** were received.

Following the surveys, two focus groups with the public, including patients, and two groups with registrants were conducted as part of the qualitative research in order to explore this topic in greater depth. In total, 57 participants took part in the qualitative research.

Those who took part in the surveys are referred to as 'respondents' and those who took part in the focus groups are referred to as 'registrant participants' and 'public participants'.

The report is divided into two main sections:

### **Part One: Registrants' views and perceptions**

- Views on the current system
- Awareness of the DVLA's guidance
- Clarity in assessing whether a patient meets the required visual standards
- Communicating with patients
- Cases where patients do not meet the required visual standards
- Patient confidentiality and public protection
- Improving public safety

### **Part Two: Patients' and the public's views and perceptions**

- Current process for assessing fitness to drive
- Responsibility for notifying the DVLA/DVA
- Patient confidentiality and public protection
- Improving public safety

## 3. Executive summary

### 3.1 Part One: Registrants' views and perceptions

#### Views on the current system

The majority of respondents to the registrant survey (83%) did not think the current system adequately protects the public (8% thought it did and 9% did not know). Respondents suggested that the current system could be enhanced by:

- compulsory vision tests for all drivers at regular intervals (40%)
- more power for practitioners to report patients to the DVLA/DVA, such as being able to prioritise public safety over patient confidentiality, or making reporting mandatory (30%)
- relying less on drivers self-reporting (21%).

Most registrant participants agreed and did not think that the current system adequately protects the public from risk of harm, particularly as there is no requirement for drivers to go for regular sight tests. Registrant participants thought that a person's eyesight deteriorates over time and might be very different when they are older compared to when they pass their driving test.

*You don't have to check on this until you are 70. (Dispensing optician, Cardiff)*

#### Awareness of the DVLA's guidance

Overall, the majority of respondents to the registrant survey (81%) said that they were aware of the DVLA's guidance, however a significant minority (18%) said that they were not. Registrant participants in the focus groups largely confirmed these findings, with most saying that they were aware of the DVLA's guidance, but not all.

Those who were not aware of its title or contents, however, had assumed it existed. Some registrants were also aware of other guidance, for example from the College of Optometrists. However, as with the DVLA guidance they did not refer to this on a regular basis.

*It's not something that I use day-to-day in practice. (Optometrist, Manchester)*

#### Clarity in assessing whether a patient meets the required visual standards

Overall, 69% of respondents thought that the current process for assessing whether a patient meets the required visual standards was clear, but 29% did not. Those who thought the process was unclear gave the following reasons:

- 31% said that the number plate test cannot be replicated in a clinical setting
- 18% said the visual field standards/assessment is unclear
- 17% said the standards required for driving are open to interpretation and guidelines are needed

- 10% thought there was inadequate guidance about patients who do not meet the standards or are borderline.

### **Communicating with patients**

In relation to the visual field test, only 66% of respondents said that they felt confident informing a patient that they may not meet the required visual field standards. In comparison, 94% said that they felt confident informing a patient that they may not meet the required visual acuity standards.

Registrant participants confirmed the survey findings, with many saying that the visual field test only indicates whether a patient is fit to drive, particularly if the results are borderline. The visual field test can be unclear and external factors can influence the test results such as the patient's ability to perform the test, the size of the room and the level of lighting. The visual field test might only give an indication that a patient might not be fit to drive and is sometimes not certain, particularly if they are borderline. A second opinion was the usual course of practice in such cases.

*The hospital environment has so much more advanced tests, and I'd trust the opinion of a doctor over mine that someone is safe to drive. (Optometrist, Manchester)*

### **Cases where patients do not meet the required visual standards**

In cases where a patient falls below the visual standards outlined in the DVLA's guidance, 92% of respondents in the registrant survey said they would feel comfortable explaining that this would affect their ability to drive safely. However, a smaller proportion (77%) said they would be comfortable informing patients that they must notify the DVLA/DVA.

Most registrant participants said they had informed patients that they may not be fit to drive and of their responsibility to notify the DVLA. Overall, registrant participants felt confident and comfortable with this process, particularly those who had been practising for many years.

In cases where a patient does not meet the required visual standards, 72% of registrant respondents said they would not feel comfortable informing the DVLA/DVA if a patient either could not or would not do it themselves.

### **Patient confidentiality and public protection**

Overall, 56% of respondents felt it was difficult to balance their duty of patient confidentiality with their duty to protect the public from harm in relation to vision and safe driving. The majority of registrant participants agreed with this view and thought that the standards potentially conflicted.

*They seem to work against each other. To safeguard, you have to go against patient confidentiality. (Dispensing optician, Cardiff)*

Registrant participants were aware that they had a duty to notify the DVLA/DVA if the patient could not or would not do it themselves, but none had. Most said that they would be hesitant



to inform the DVLA/DVA themselves. They were concerned that they had a duty of confidentiality towards their patients and sharing patient information without consent could result in legal or regulatory action. This was in line with the survey finding that 72% of registrant respondents said they would not feel comfortable informing the DVLA/DVA if a patient either could not or would not do it themselves.

*If we breach patient confidentiality we can be technically struck off. It can affect our livelihood. (Optometrist, Cardiff)*

*I don't want to be the person who for the greater public good breaches someone's confidentiality and then the lawyers turn around and say that the public good was not served in that way and that I've breached their confidentiality. (Optometrist, Cardiff)*

Registrant participants thought further support from the GOC would be helpful, as well as greater legal protection.

*I think we just want the GOC behind us to know that if we do this that we are doing our jobs as eye care professionals, and that in this circumstance we can put the confidentiality risks to one side and know that our governing body agrees with what we're doing. (Optometrist, Manchester)*

### **Improving public safety**

Overall, nine in ten (92%) respondents to the registrant survey thought that public protection would be improved if registrants were required to notify the DVLA in all circumstances where a patient does not meet the required visual standards.

Half of the survey respondents (50%) said they would not have any concerns if this approach was introduced, but 40% said they would have concerns. The main concerns raised were:

- 89% said it might deter people from going for a sight test
- 75% said there would be implications for the patient-practitioner relationship
- 65% had concerns about possible need to breach patient confidentiality.

The majority of registrant participants agreed that an automatic referral system would improve public safety and would potentially reduce the number accidents. However, some also questioned whether this approach might deter people from having their sight tested in the first place if they feared losing their licence. This could have a negative impact on the wider eye health agenda as it could lead to delays in the diagnosis of eye conditions and diseases. Registrant participants thought that an alternative approach would be to require all drivers to take regular sight tests as a condition of holding a valid driving licence or insurance.

*The DVLA should insist on everyone having a regular eye test if you own a car. (Dispensing optician, Cardiff)*

A few registrant participants also felt that introducing this requirement would not reduce the number of road traffic accidents significantly, suggesting that only a small proportion of them are caused by drivers with poor vision. They thought that those who do not meet the visual standards are often elderly and typically drive shorter distances during daylight hours and avoid rush hour, and so therefore pose less of a risk.

*There are far more deaths caused by dangerous driving than those linked to eyesight. (Optometrist, Cardiff)*

## 3.2 Part Two: Patients' and the public's views and perceptions

### Views on the current system

All public participants felt that the current system does not adequately protect the public from risk of harm, as it does not sufficiently prevent road accidents. Public participants felt there were a number of reasons why the system did not adequately protect the public:

- people's eye sight deteriorates over time and will be different when they pass their driving test to when they are older
- the current system relies on drivers to inform the DVLA/DVA if they are unfit to drive and some may not through a fear of losing their licence
- some people may never go for sight tests and therefore not know that they are unfit to drive or they may not want to go through a fear of being told they are unfit to drive.

*It's crazy that you can pass your driving test at the age of 17 and then never need to do any more checks related to it ever again. (Public, Edinburgh)*

### Responsibility for notifying the DVLA/DVA

Most public participants knew that it was the responsibility of the DVLA/DVA to determine whether someone was fit to drive acting on information passed to them by drivers.

All public participants were aware that it is currently the legal responsibility of the individual to notify the DVLA/DVA if they have been told by a GP or an optician that they might be unfit to drive.

*The onus is on you. If anything happens, you are supposed to report it immediately to the DVLA. (Public, London)*

Just over half (53%) of respondents in the Public Perceptions Survey 2017 thought it should be the responsibility of both the optician and the patient for notifying the DVLA/DVA, and 14% thought it should be the responsibility of just the optician.

In the focus groups, public participants agreed with this and discussed scenarios where someone continuing to drive could put the public in immediate danger, such as if the patient was a bus or taxi driver and that opticians should act in the public interest to ensure that the patient stopped driving at once.

*I wonder if opticians should have a part to play as well. Just in current times there should be some sort of mutual responsibility. (Public, London)*

No public participants were aware that opticians could currently notify the DVLA/DVA if their patient was unfit to drive and could not or would not do it themselves.

### **Patient confidentiality and public protection**

Public participants felt that the current system does not get the balance right between respecting patient confidentiality and public protection, and felt that safety should always be prioritised. They felt that if someone's confidentiality was put at risk in order to save lives, it was a price worth paying.

*Why is someone's confidentiality worth six lives? (Public, Edinburgh)*

Some public participants felt that there was a difference between informing the DVLA/DVA that someone might not be fit to drive and divulging their medical history, and that the former was not a breach of confidentiality. Some also felt that if patients were required to sign an agreement before their sight test that an optician would inform the DVLA/DVA if they were not fit to drive because of their eyesight, this would mitigate the patient confidentiality issue.

### **Improving public safety**

The registrant survey found that respondents' biggest concern about introducing an automatic notification system was that it would deter patients from attending a sight test. The Public Perceptions Survey 2017 found that 53% of the public said it would not, but 39% said it would. This was corroborated in the focus groups where many public participants thought some patients would not have their sight tested through a fear of losing their driving licence.

*People who know that they can't drive know that they shouldn't drive and they are not going to go to an opticians. (Public, London)*

In order to get around this potential problem, public participants suggested that mandatory sight tests should be introduced, either for DVLA/DVA licence renewals or for taking out insurance.

*If an optician says you should have an eye test every two or three years, then the DVLA should also see what your eyesight is like to continue driving. (Public, London)*

Some public participants also worried that because sight tests can sometimes be subjective, one optician might think a patient is unfit to drive, but another might have a different opinion. If there was a requirement for opticians to automatically notify the DVLA/DVA in all cases when a patient is considered not fit to drive, there would need to be a right to appeal and to seek a second opinion.

*There should be the right to appeal. (Public, Edinburgh)*

## 4. Part One: Registrants’ views and perceptions

### 4.1 Views on the current system

The GOC wanted to understand whether registrants felt that the current system adequately protects the public. The overwhelming majority of respondents from the registrant survey (83%) felt that the system in general does not adequately protect the public. Less than one in ten (8%) felt that it does. One in ten (9%) said that they did not know.

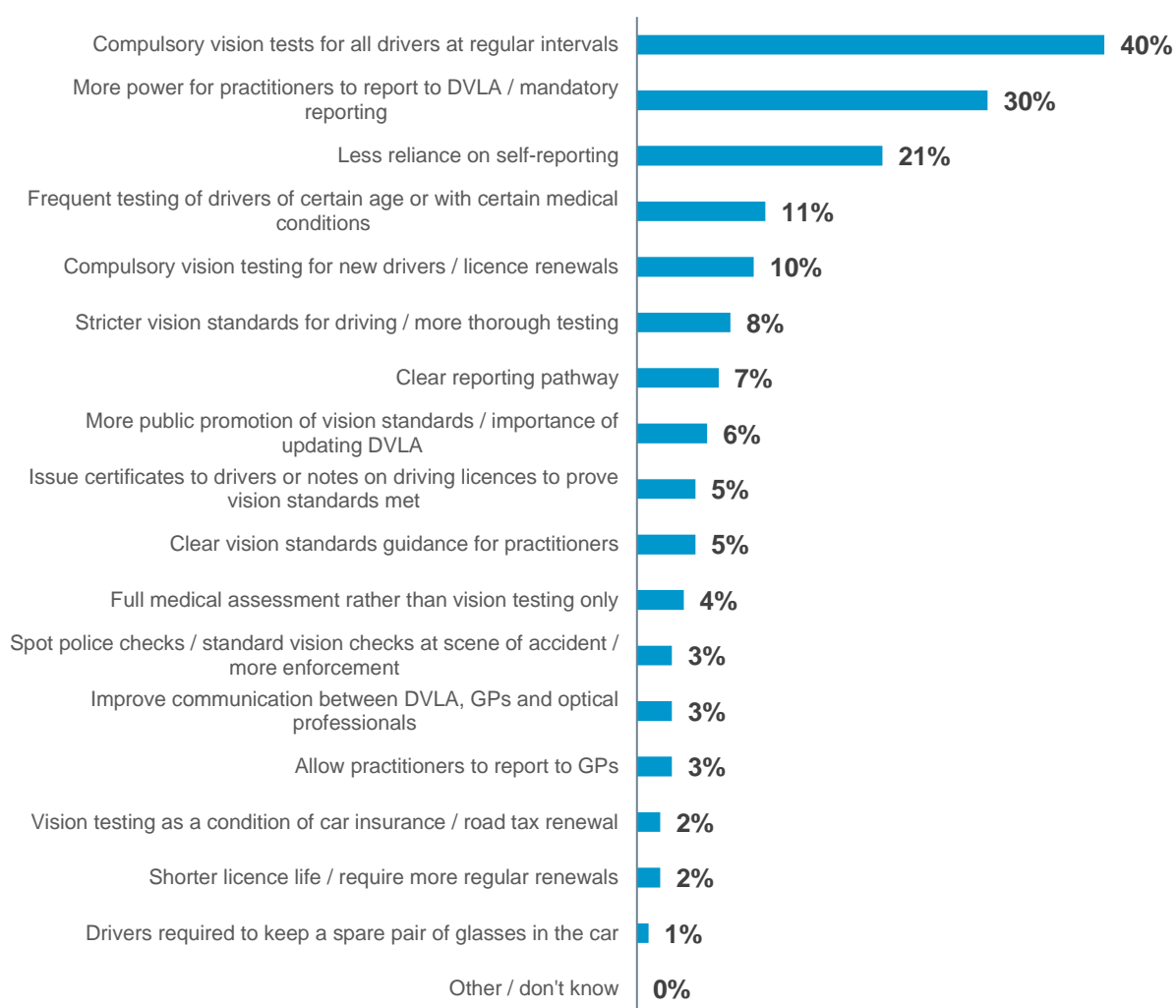
**Figure 1 – Do you think that the current system in general adequately protects the public?**

**Base: All respondents (3,934)**



Those who felt that the current system does not adequately support the public were asked what more could be done. Responses were coded and themed, and are presented below. The most common response was that there should be compulsory vision tests for all drivers at regular intervals (40%), followed by more power for practitioners to report to the DVLA or make reporting mandatory for them (30%), and relying less on self-reporting from drivers (21%).

**Figure 2 – Please explain what more you think could be done to protect the public**  
**Base: Those who felt the current system does not adequately support the public (2,845)**



## Focus group feedback

### Views on the current system

Most registrant participants did not think that the current system adequately protects the public from risk of harm and does not sufficiently prevent road traffic accidents. Registrant participants thought that a person’s eyesight deteriorates over time and might be very different when they are older compared to when they pass their driving test.

*You don't have to check on this until you are 70. (Dispensing optician, Cardiff)*

Registrant participants thought that as the current system does not require drivers to go for regular sight tests, some people might never go. These people might either know that they should not be driving but do not want to go to an opticians because of a fear of losing their licence, or some might simply not know that there was anything wrong.

Many registrant participants also felt that relying on drivers to inform the DVLA/DVA when they are unfit to drive was not sufficient to protect the public from risk of harm. Many felt that some people would not inform the DVLA/DVA for reasons of pride, a fear of a loss of independence or because they might rely on driving for their profession. They felt that relying on drivers to notify the DVLA/DVA themselves could put others at an unnecessary risk.

*A lot of people will say they will, but just continue driving. (Optometrist, Manchester)*

Registrant participants discussed that many members of the public are unaware that they should contact the DVLA/DVA if they are unfit to drive. A few mentioned that a public awareness campaign might be a good idea in order to improve public safety.

*Most people don't know either way. (Optometrist, Manchester)*

*There should be an awareness raising campaign of some sort that is visible. (Dispensing optician, Cardiff)*

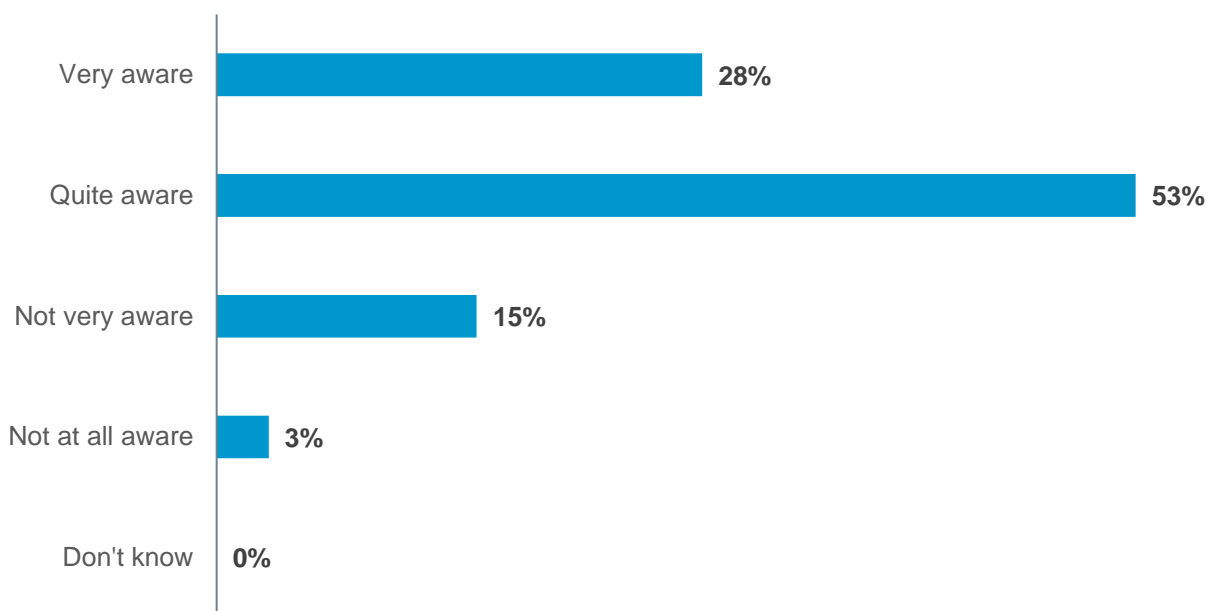
## 4.2 Awareness of the DVLA’s guidance

The DVLA publishes guidance for healthcare professionals outlining the national medical standards on fitness to drive: *Assessing fitness to drive – a guide for medical professionals*. The GOC wished to understand the level of awareness of this guidance amongst GOC registrants.

Overall, eight in ten registrant survey respondents (81%) said they were aware; 28% were ‘very’ aware and 53% ‘quite’ aware. This meant that just under a fifth (18%) were not aware of the guidance.

**Figure 3 – How aware are you of the DVLA/DVA’s guidance: ‘Assessing fitness to drive – a guide for medical professionals’ which contains the minimum visual standard requirements for all drivers?**

**Base: All respondents (3,934)**



### Subgroup analysis

Subgroups more likely to **not be aware** of the DVLA/DVA guidance (18% overall) included those who:

- were dispensing opticians (26%) and dispensing opticians with a contact lens speciality (25%) compared to optometrists (16%)
- had been on the register for 6-20 years (21%) compared to those who had been on it for less than five (17%) or for 21 years or more (16%).

## Focus group feedback

### Awareness of the DVLA's guidance

As seen in the survey results, some registrant participants were aware of the DVLA's guidance, where it could be accessed and that there were standards for different categories of drivers, but not all were aware.

*There's this thing called 'Medical Aspects of Fitness to Drive' which is a DVLA publication which sets out everything to do with everything. There is a vision chapter. It spells it out for driving, standard licence and then HGV and the other bits. (Optometrist, Cardiff)*

*You can see it on the DVLA website. (Optometrist, Cardiff)*

Those who were not aware of its title or contents, however, had assumed it existed and those who were aware said that they had come across it, but did not have in depth knowledge of its contents.

*I've come across it, but don't know it in depth. (Optometrist, Cardiff)*

*I didn't know about these guidelines specifically. (Optometrist, Manchester)*

Most of those who were aware of it said they did not refer to it in everyday practice as they knew what the standards were without needing to regularly read it.

*It's not something that I use day-to-day in practice. (Optometrist, Manchester)*

### Views about the DVLA's guidance

On the whole, those registrant participants who were familiar with the guidance felt that it was easy to understand for them as optical professionals.

*If you're an optometrist or a dispensing optician you would understand when it talks about a visual field requirement and a visual acuity requirement, so those things are clear to us. (Optometrist, Cardiff)*

Some registrants were also aware of other guidance, for example from the College of Optometrists. However, as with the DVLA guidance, they did not refer to it on a regular basis, but knew the standards it specified.

*We use the British College standards. I don't necessarily refer to it. You just know how far down the sight test they need to go. (Optometrist, Manchester)*



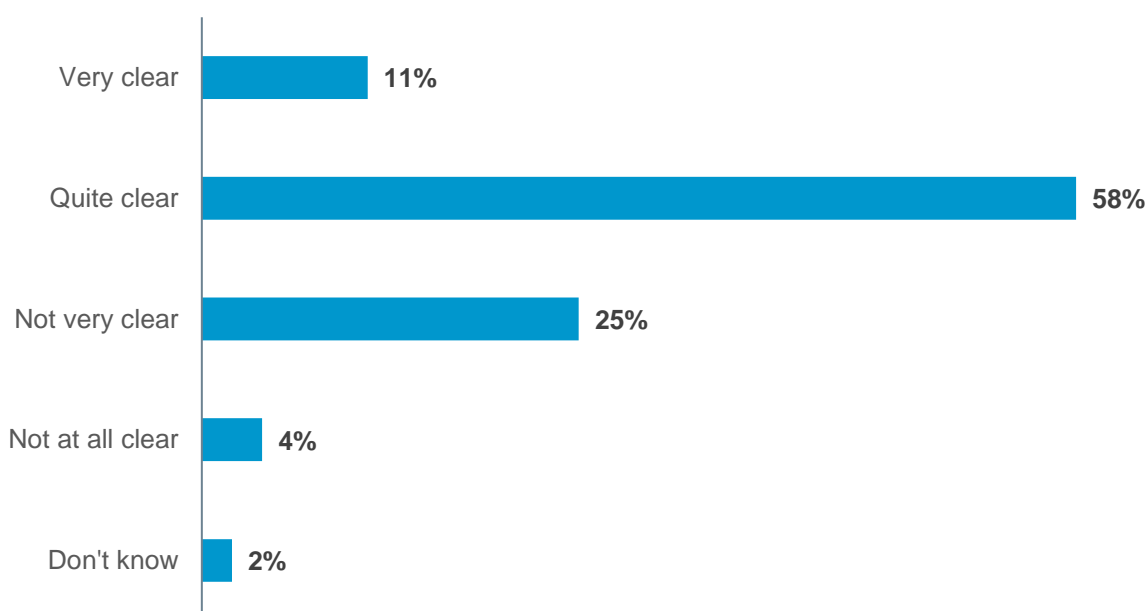
### 4.3 Clarity in assessing whether a patient meets the required visual standards

Registrants were asked how clear the current process was for assessing whether a patient meets the required visual standards for driving.

Overall, seven in ten (69%) felt that the current process is clear. However, only one in ten (11%) felt that the process was ‘very’ clear. Six in ten (58%) felt the process was ‘quite’ clear. Three in ten (29%) felt that the current process was not clear; 25% felt it was ‘not very’ clear and 4% ‘not at all’ clear.

**Figure 4 – How clear do you think the current process for assessing if a patient achieves the required visual standards for driving is?**

**Base: All respondents (3,934)**



#### Subgroup analysis

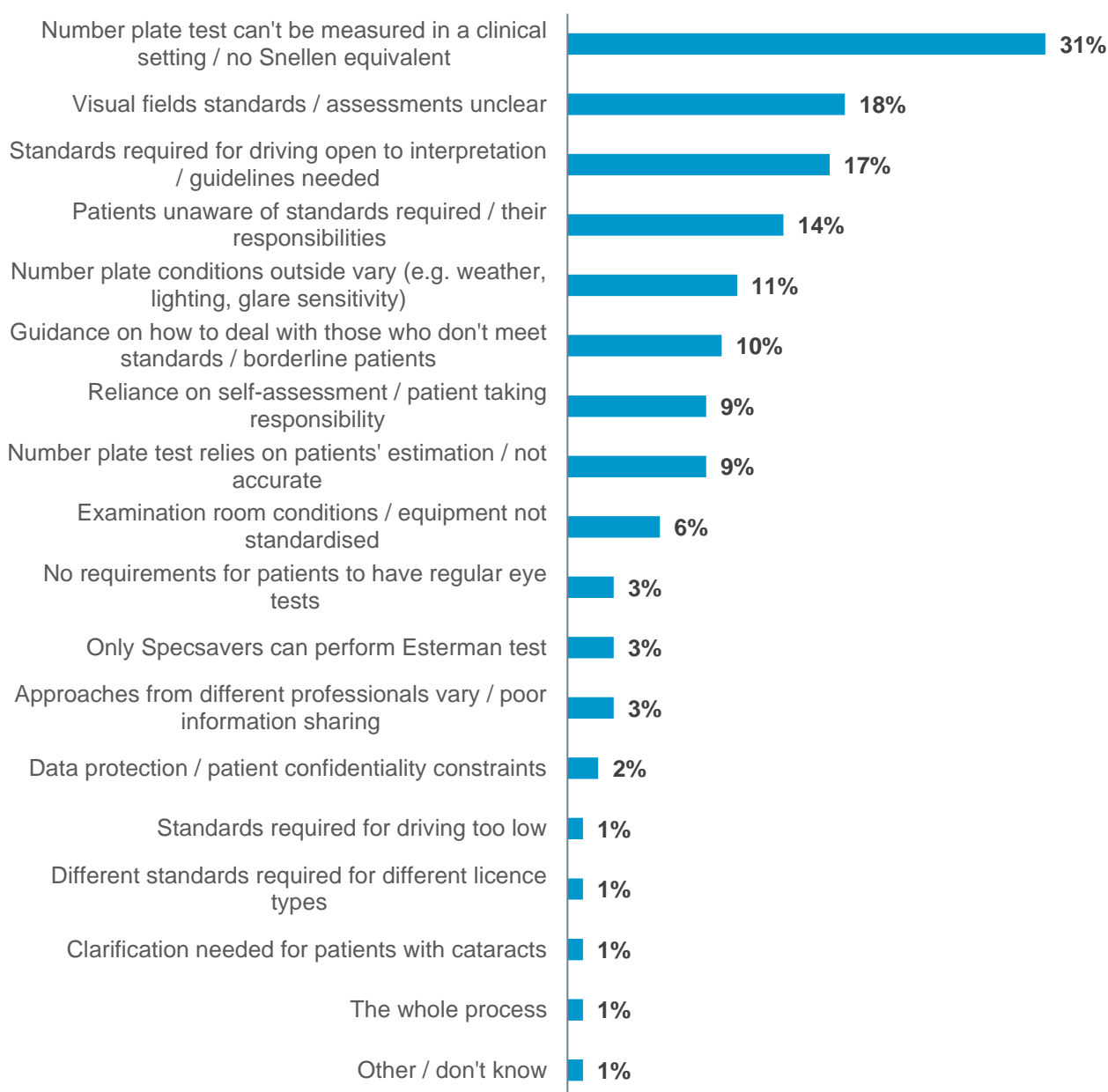
Subgroups more likely to think that the current process for assessing if a patient meets the required visual standards for driving is **not clear** (29% overall) included those who:

- were optometrists (31%) compared to dispensing opticians (23%)
- had been on the register for 6-20 years (30%) or 21 or more years (32%) compared to those who had been on it for less than five years (18%)
- worked for an independent opticians (31%) compared to those working for a national chain (28%).

Respondents who felt that the guidance was not clear were asked to provide their comments about what areas of the process they felt were unclear. These were themed and coded and are presented below. Three in ten respondents (31%) mentioned that the number plate test cannot be effectively measured in a clinical setting, with some mentioning the Snellen chart, a standardised test used to measure visual acuity. A fifth (18%) mentioned that the visual field standards and ways of assessing them were unclear and 17% felt that the standards required for driving were open to interpretation and definitive guidelines were needed.

**Figure 5 – What areas of this process do you think are unclear?**

**Base: Those who felt the guidance was unclear (781)**

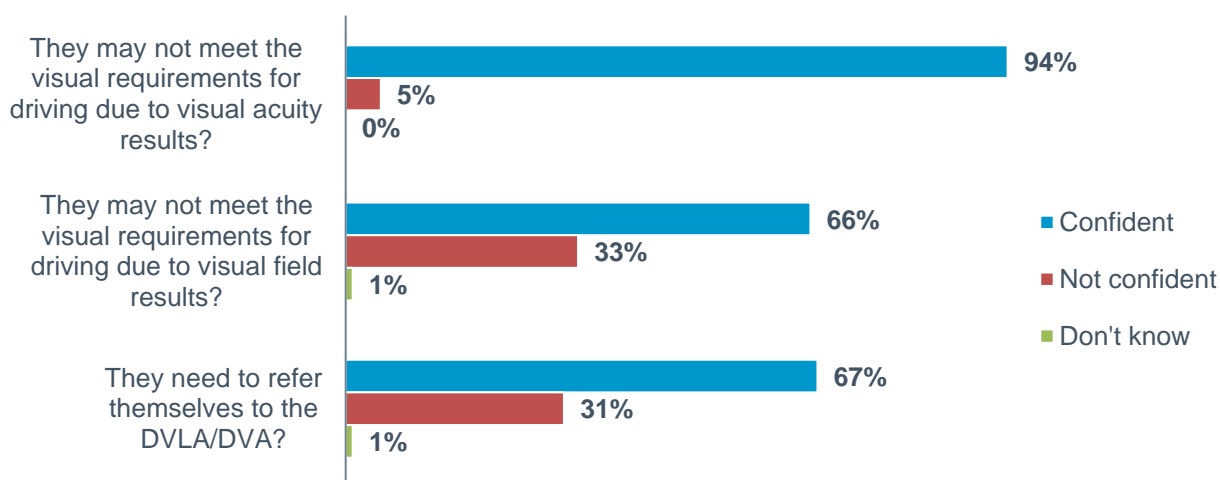


## 4.4 Communicating with patients

The majority of registrant survey respondents (94%) said they felt confident about informing a patient that they might not meet the required standards for driving due to their visual acuity results. However, only 66% said they felt confident about informing patients that they may not meet the required standards for driving due to the visual field results (66%).

Only 67% felt confident about informing patients that they need to refer themselves to the DVLA/DVA. Three in ten (31%) did not feel confident.

**Figure 6 – How confident or otherwise do you feel about when to inform a patient that...**  
**Base: All respondents (3,934)**



### Subgroup analysis

Subgroups more likely to say they are **not confident about informing patients that they might not meet the visual requirements for driving due to the visual field results** (33% overall) included those who:

- were dispensing opticians (38%) compared to optometrists (32%) and dispensing opticians with a contact lens speciality (31%)
- had been on the GOC register for less than five years (43%) compared to those who had been on it for 6-20 years (38%) and over 21 years (26%)
- worked for a national chain of opticians (38%) compared to those who worked for an independent opticians (29%).

Subgroups more likely to say they are **not confident about informing patients that they need to refer themselves to the DVLA/DVA** (31% overall) included those who:

- were dispensing opticians (38%) and dispensing opticians with a contact lens speciality (36%) compared to optometrists (29%)
- had been on the GOC register for less than five years (34%) or 6-20 years (34%) compared to those who had been on it for 21 years or more (28%)
- worked for a national chain (35%) or regional chain of opticians (34%) compared to an independent opticians (29%).

## Focus group feedback

### Confidence in assessing whether a patient meets the required visual standards

In the focus groups, there was a general awareness of the standards to determine whether someone is fit to drive. Some registrant participants mentioned that achieving 6/12 on the Snellen scale was required. However, they thought that achieving 6/12 in the test did not necessarily mean a patient could read a number plate from 20 metres away. This is in line with the survey finding that many registrants felt that the number plate test could not be replicated in a clinical setting – a patient could achieve 6/12 on the chart in a clinic, but not be able to see a number plate at the required distance.

*It's clear in that we are told the equivalent is a 6/12 but at the same time that does not necessarily mean that it means someone can see the number plate at the required distance. That's where the problem is. (Dispensing optician, Cardiff)*

In relation to the visual field tests, registrant participants thought that this might only give an indication about whether a patient is fit to drive, particularly if the results are borderline. This is in line with the survey findings.

Registrant participants thought that there were a number of external factors that could influence the results of the visual field test such as a patient's eye condition on the day, whether the patient is capable of performing the test, the size of the room and the level of lighting. They thought that the Esterman test, used by Specsavers on behalf of the DVLA, provided a reliable indication of a patient's visual fields.

*It depends a lot on the patient being able to perform the test. It's not easy. (Optometrist, Manchester)*

*The actual guidance is under binocular conditions if there is a visual field defect, if you miss any points on the Esterman test then you have a field defect and you shouldn't be driving. It's fairly clear cut but of course we wouldn't have done that. We wouldn't have been able to do the Esterman. (Optometrist, Cardiff)*

Many registrant participants said they would recommend that patients who are borderline should get a second opinion from a doctor, ophthalmologist or a more senior colleague as they would be uncomfortable with a patient relying solely on their professional judgement. There was a perception that those working in a hospital setting would be more qualified, have access to appropriate equipment and be able to make a better judgement.

*I don't know exactly where the visual field line starts and ends. I would probably defer to someone more qualified than me like an ophthalmologist if someone had field loss but it wasn't profound field loss. (Optometrist, Manchester)*

*The hospital environment has so much more advanced tests, and I'd trust the opinion of a doctor over mine that someone is safe to drive. (Optometrist, Manchester)*

## 4.5 Cases where patients do not meet the required visual standards

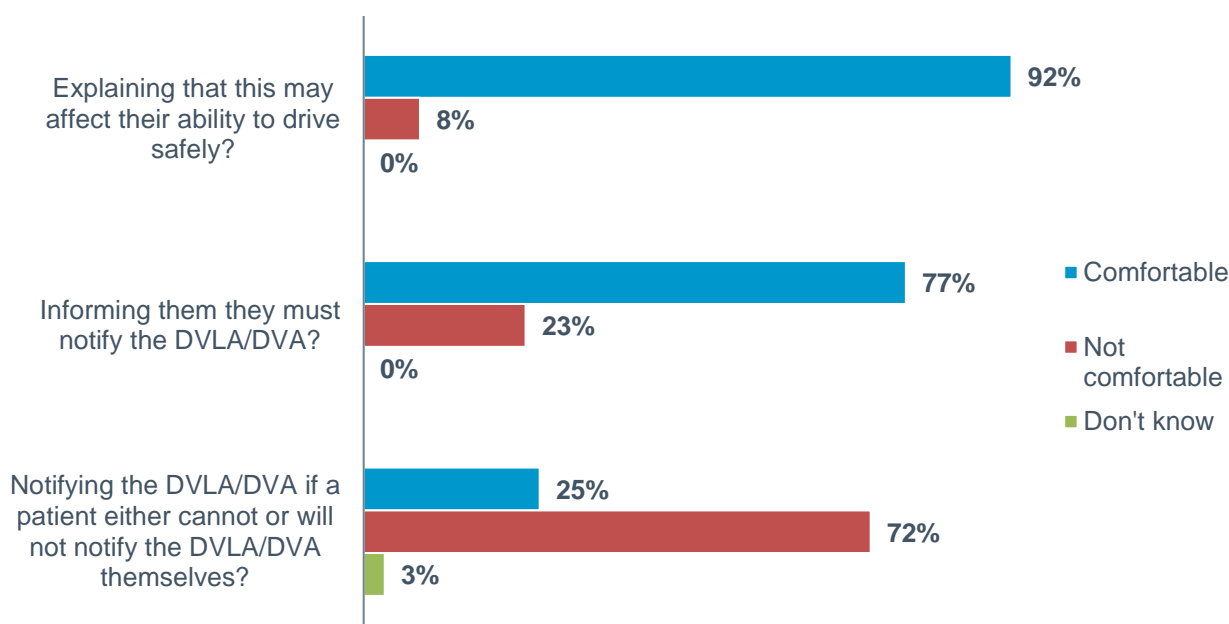
The GOC wanted to explore how comfortable registrants were with explaining to patients when they do not meet the required visual standards for driving.

Overall, in cases where patients fall below the required standards, nine in ten respondents (92%) felt comfortable explaining the implications of this to a patient. However, a smaller proportion (77%) felt comfortable informing patients that it was their responsibility to notify the DVLA/DVA, with almost a quarter (23%) saying they would not feel comfortable.

In cases where a patient either cannot or will not notify the DVLA, only 25% said that they would be comfortable informing the DVLA themselves.

**Figure 7 – If a patient does not meet the eyesight standards outlined in the DVLA/DVA’s guidance, how comfortable would you feel about...**

**Base: All respondents (3,934)**



### Subgroup analysis

Subgroups more likely to say they **would not feel comfortable about informing patients that they must notify the DVLA/DVA** if they do not meet the eyesight standards (23% overall) included those who:

- were dispensing opticians (25%) and dispensing opticians with a contact lens speciality (25%) compared to optometrists (22%)
- had been on the GOC register for less than five years (24%) or 6-20 years (25%) compared to those who had been on it for 21 years or more (20%)
- worked for a national chain of opticians (26%) compared to an independent opticians (21%) or those working for a regional chain (22%)
- were a locum (25%) or worked part-time (25%) compared to those who worked full-time (21%).

Subgroups more likely to say they **would not feel comfortable about notifying the DVLA/DVA if a patient could not or would not do it themselves** (72% overall) included those who:

- were optometrists (76%) compared to dispensing opticians (58%) and dispensing opticians with a contact lens speciality (59%)
- had been on the GOC register for 6-20 years (74%) compared to those who had been on it for 21 years or more (70%)
- were working part-time (75%) compared to those who were working full-time (70%).

## Focus group feedback

### Cases where patients do not meet the required standards

Most registrant participants said they had informed patients that they may not be fit to drive and of their responsibility to notify the DVLA. Overall, they felt confident and comfortable with this process, particularly those who had been practising for many years.

Registrant participants said that they felt less confident in relation to interpreting the visual field tests and in cases where test results are borderline. In these types of cases, they said that they would often repeat the tests to confirm the results. Some registrant participants were 'matter of fact' about explaining the results to patients, pointing out that it was a common occurrence and simply another aspect of their job.

*I'm quite comfortable doing it where it is the case where I have it in black and white on their record. I am quite comfortable about telling them. Always have been. (Optometrist, Cardiff)*

*Sometimes getting them to understand can be difficult, so that's why you repeat. Then you can account for that learning or tiredness on the day or anything else that could be bothering them on that particular day. Get them back and repeat. (Optometrist, Manchester)*

Registrant participants said that they do not always feel confident that patients will listen and follow their advice to stop driving and to inform the DVLA/DVA. In some cases, patients became upset about the test results due to the implications not being able to drive would have on their life. However, registrant participants indicated that this did not influence their decision and they maintained their professionalism and integrity at all times.

*He [an HGV driver] said, 'Driving is my life, it gives me something to get up for in the morning'. But he just wasn't meeting it [the standard] so I said I can't sign the form. (Optometrist, Manchester)*

*I would be perfectly confident on advising them, of telling them but we can't follow up on what action they take. You can show them the number plate on your chart and they can't read it. What they do from there on is up to them. (Optometrist, Cardiff)*

### **Notifying the DVLA/DVA when a patient cannot or will not themselves**

Registrant participants in the focus groups largely confirmed the survey findings, with most saying that they would be hesitant to inform the DVLA/DVA in cases where a patient cannot or will not themselves. Registrant participants were aware that they did have a duty to do this, but none had. They were fearful that reporting patients to the DVLA/DVA without patient consent would breach confidentiality and could result in litigation or being struck off the GOC register, which would result in a loss of livelihood.

Registrant participants also thought that they would need a large amount of evidence to inform the DVLA themselves without patient consent. They thought this approach was risky.

*If we breach patient confidentiality we can be technically struck off. It can affect our livelihood. (Optometrist, Cardiff)*

*There's criminal law around breaching patient confidentiality. (Optometrist, Cardiff)*

Registrant participants generally thought that advising the patient to notify the DVLA/DVA themselves was often the easiest thing to do. However, although this is the approach they would take, they did not think it was necessarily the right moral approach, as it did not ensure that the public would be protected.

*Keep quiet and shut up is a safer option for us as professionals, and that is wrong. (Optometrist, Manchester)*

Registrant participants discussed whether it was gross negligence to not report a patient to the DVLA/DVA in cases where they know that patient will not report themselves and will continue to drive. Some felt that the legal responsibility lay with the patient, and as long as they had given the appropriate advice and done the correct paperwork, they had fulfilled their responsibility.

Others felt that knowing a patient was going to continue to drive and failing to report them was similar to knowing someone who was under the influence of alcohol was going to drive and doing nothing about it. Registrant participants said they felt powerless in these types of situations and were fearful of litigation.

*Isn't it gross negligence to let someone with 6/36 vision pick up their car keys? (Optometrist, Manchester)*

*If that's there on record that you have told the patient, it is for the patient to decide. There can be no comeback on you if it is written down. (Optometrist, Cardiff)*

Registrant participants also discussed whether they would feel any guilt if patients continued to drive against their advice and caused an accident. Registrant participants were split as to whether they would feel guilty. Some would as they thought they had a moral obligation, and

some would not, as they saw it as the patient's responsibility that they continued to drive and ignored the advice.

*Imagine though if you were the person that had done that and that patient is someone who has then run somebody over. Even if you feel confident that you have done the right thing from a standards point of view, it's got to be quite tough to live with. (Dispensing optician, Cardiff)*

*But it's their responsibility, not ours. (Optometrist, Manchester)*



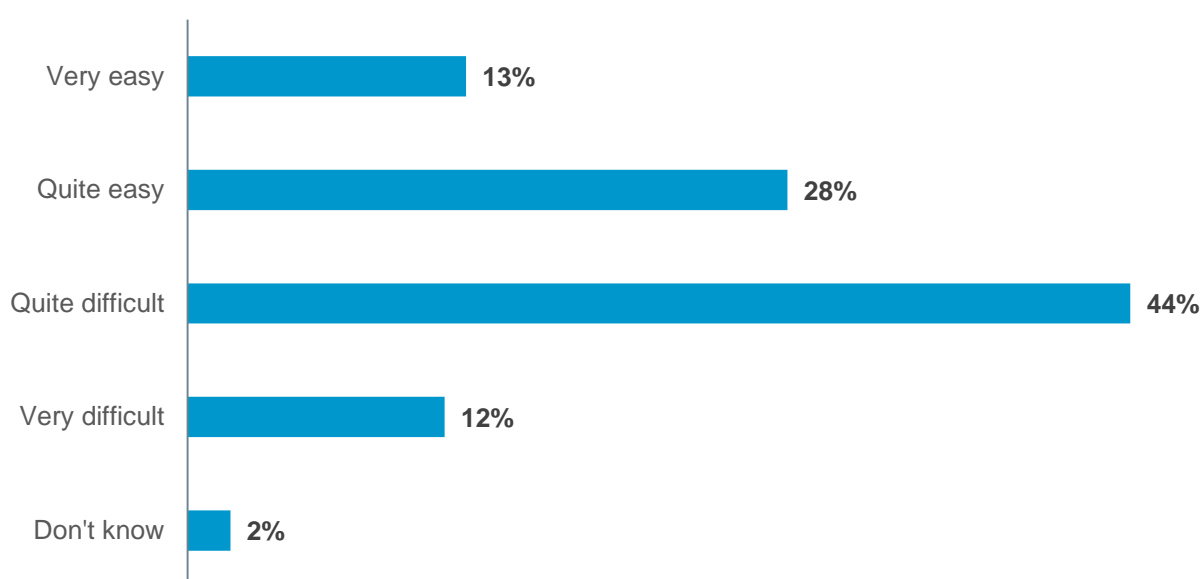
## 4.6 Patient confidentiality and public protection

Respondents were asked whether they found it easy or difficult to balance their duty of patient confidentiality with their duty to protect the wider public from risk of harm at the moment.

Overall, almost three in five (56%) respondents said that they found it difficult in some way, with 44% saying it was ‘quite’ difficult and 12% ‘very’ difficult. Four in ten (41%) said they found it easy, with 13% saying it was ‘very’ easy and 28% saying it was ‘quite’ easy.

**Figure 8 – When it comes to these types of cases, how easy or difficult do you feel it is to balance your duty of patient confidentiality with your duty to protect the wider public from risk of harm?**

**Base: All respondents (3,934)**



### Subgroup analysis

Subgroups more likely to feel that it is **difficult to balance their duty of patient confidentiality with their duty to protect the wider public** (56% overall) included those who:

- were optometrists (60%) compared to dispensing opticians (46%) and dispensing opticians with a contact lens speciality (46%)
- worked part-time (61%) compared to those who worked full-time (55%).

Subgroups more likely to feel that it is **easy to balance their duty of patient confidentiality with their duty to protect the wider public** (41% overall) included those who:

- were dispensing opticians (51%) and dispensing opticians with a contact lens speciality (48%) compared to optometrists (38%)
- had been on the GOC register for 21 years or more (44%) compared to those who had been on the register for less than five years (38%) or 6-20 years (40%).

## Focus group feedback

### Patient confidentiality and protecting the public

The majority of registrant participants thought that it was difficult to balance patient confidentiality with their duty to protect the public from risk of harm. Many thought that these standards conflicted in relation to vision and safe driving. Registrant participants said that they would like to have the ability to stop a patient from driving if their eyesight meant they posed a risk to the public, but they feel they do not have the power to do so because of the need to maintain patient confidentiality.

*They seem to work against each other. To safeguard, you have to go against patient confidentiality. (Dispensing optician, Cardiff)*

*It's a difficult situation where you don't know what to do for the best. (Optometrist, Manchester)*

Registrant participants thought they had to prioritise patient confidentiality above their duty to protect the public from harm. If they disclosed patient information to the DVLA/DVA without the patient's consent, they thought they could be open to legal action and being struck off the GOC register.

Registrant participants were aware that they could report patients to the DVLA/DVA in cases where the patient cannot or will not themselves, but they felt reluctant to do this as it may be difficult for them to establish that this was the right course of action. They made it clear that they did not necessarily support the current process and thought it should be improved.

*I don't want to be the person who for the greater public good breaches someone's confidentiality and then the lawyers turn around and say that the public good was not served in that way and that I've breached their confidentiality. (Optometrist, Cardiff)*

*It's very easy to see that you have breached confidentiality. Proving that it was worth doing it is a much harder thing to do. If I send a letter to the DVLA, the evidence is there. Building a case for why I did it and showing it was the right thing to do, is much harder. The certainty is not there. (Optometrist, Cardiff)*

*You could do without the stress of being investigated even if you know you are right. (Optometrist, Cardiff)*

### Further support

Registrant participants discussed what further support would be helpful when making difficult decisions, such as reporting a patient to the DVLA/DVA without their consent when a patient cannot or will not themselves. They thought that they should have the power to override patient confidentiality when there was a risk to the public, but without fearing legal action or regulatory action from the GOC. They discussed having greater legal protection and support from the GOC.

*I think we just want the GOC behind us to know that if we do this that we are doing our jobs as eye care professionals, and that in this circumstance we can put the confidentiality risks to one side and know that our governing body agrees with what we're doing. (Optometrist, Manchester)*

Registrant participants thought that if there was a change in law and they were required to automatically notify the DVLA in all cases where a patient fell below the required standards, patient confidentiality would no longer be an issue.

*A legal duty to report would trump confidentiality. (Optometrist, Cardiff)*

*Comfort would come from the legal back-up, knowing that if you do it you will be completely safe, otherwise it's a no go. I have a mortgage and a family. (Optometrist, Cardiff)*

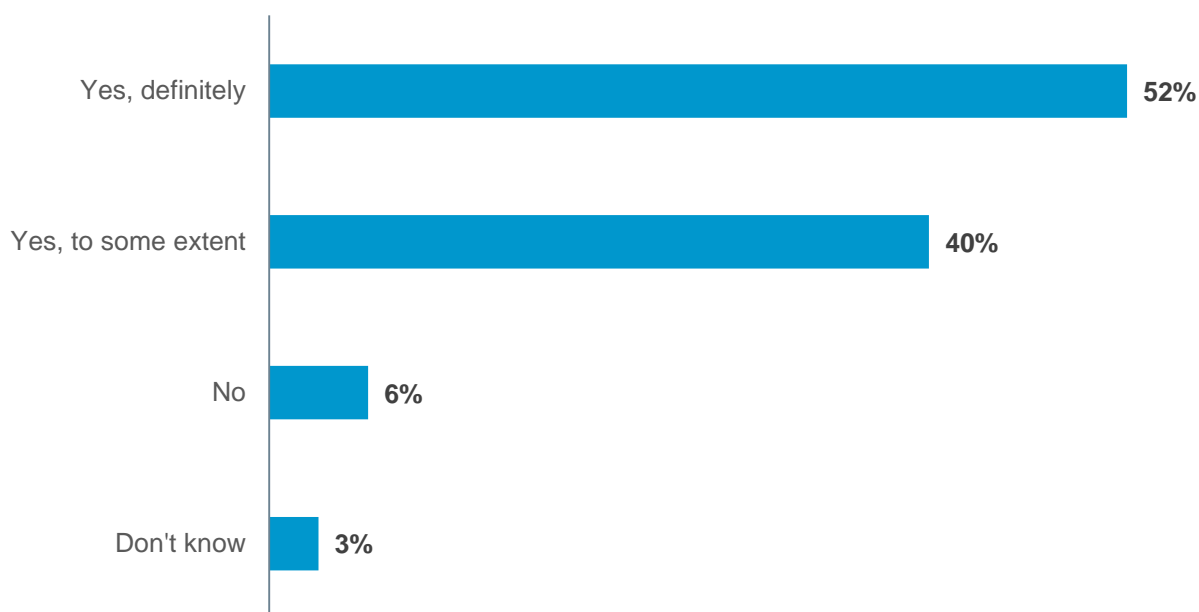
## 4.7 Improving public safety

Currently there are limited circumstances under which an optometrist or dispensing optician is expected to notify the DVLA/DVA that a patient does not meet the visual standards for driving, without a patient’s consent. These are when the patient cannot or will not notify the DVLA/DVA themselves and there is a risk to the public. The GOC wanted to explore whether public protection would be enhanced if GOC registrants were required to notify the DVLA/DVA in *all* circumstances where a patient does not meet the visual standards for driving.

Overall, nine in ten registrant survey respondents (92%) felt that public protection would be improved if this duty was introduced. Over half (52%) said it ‘definitely’ would and 40% ‘to some extent’. Only 6% said they felt it would not improve public safety.

**Figure 9 – If optometrists and dispensing opticians were required to notify the DVLA/DVA in all circumstances where a patient does not meet the visual standards for driving, do you think this would improve public safety?**

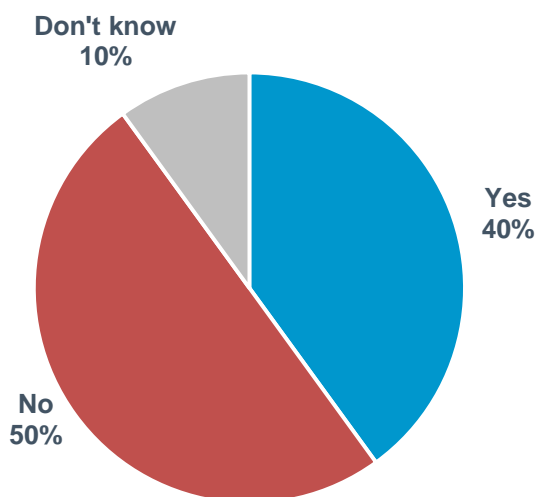
**Base: All respondents (3,934)**



Respondents were then asked whether they would have any concerns about a requirement for optometrists and dispensing opticians to notify the DVLA/DVA in all circumstances if a patient did not meet the visual requirement for driving.

Overall, half (50%) of respondents said they did not have any concerns and four in ten said they did (40%). One in ten (10%) said they did not know.

**Figure 10 – Would you have any concerns about this approach if it was introduced?**  
**Base: All respondents (3,934)**



### Subgroup analysis

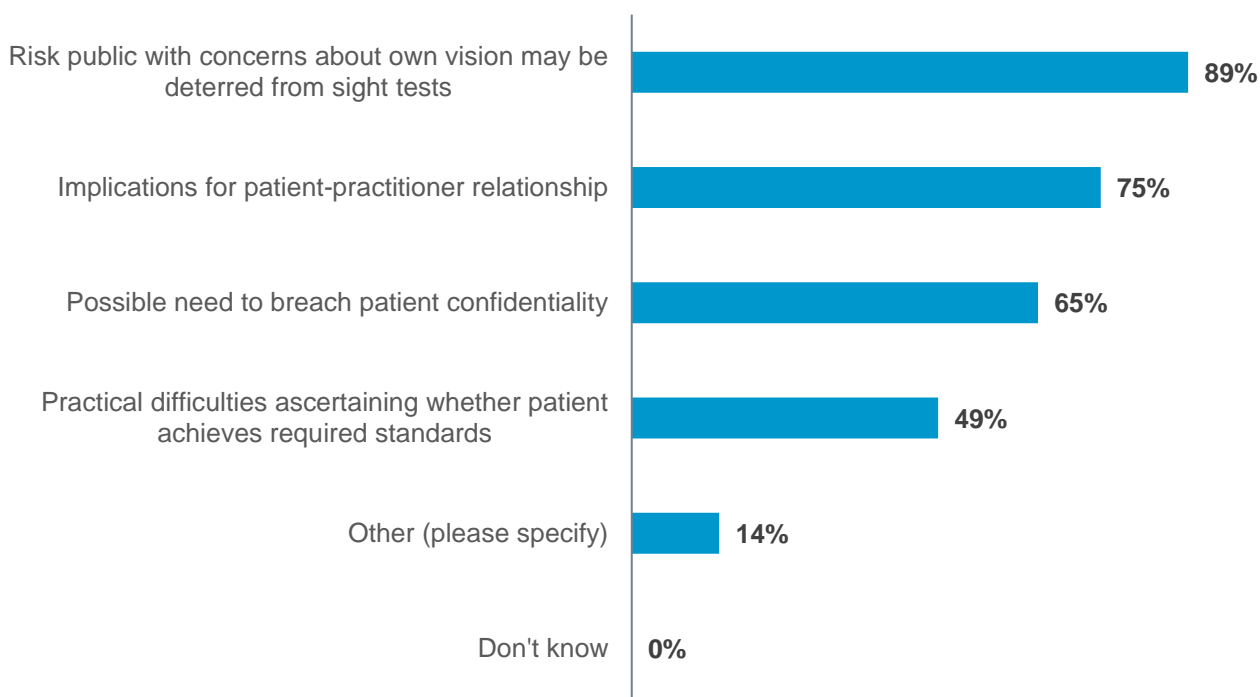
Subgroups more likely to **have concerns** (40% overall) included those who:

- were optometrists (45%) compared to dispensing opticians (24%) and dispensing opticians with a contact lens speciality (26%)
- had been on the register for 6-20 years (40%) or 21 or more years (41%) compared to those who had been on it for less than five years (36%)
- worked for an independent opticians (42%) compared to a national chain (36%) or a regional chain (36%).

Respondents who said they had a concern were asked to identify these concerns, choosing from a list.

Nine in ten (89%) said they were worried that members of the public who were concerned about their vision might be deterred from attending sight tests if the requirement was introduced. A further three quarters (75%) thought there would be implications for the patient-practitioner relationship and almost two thirds (65%) were worried about the possible need to breach patient confidentiality. Just under half (49%) were also concerned about the practical difficulties of ascertaining whether a patient achieves the required standards.

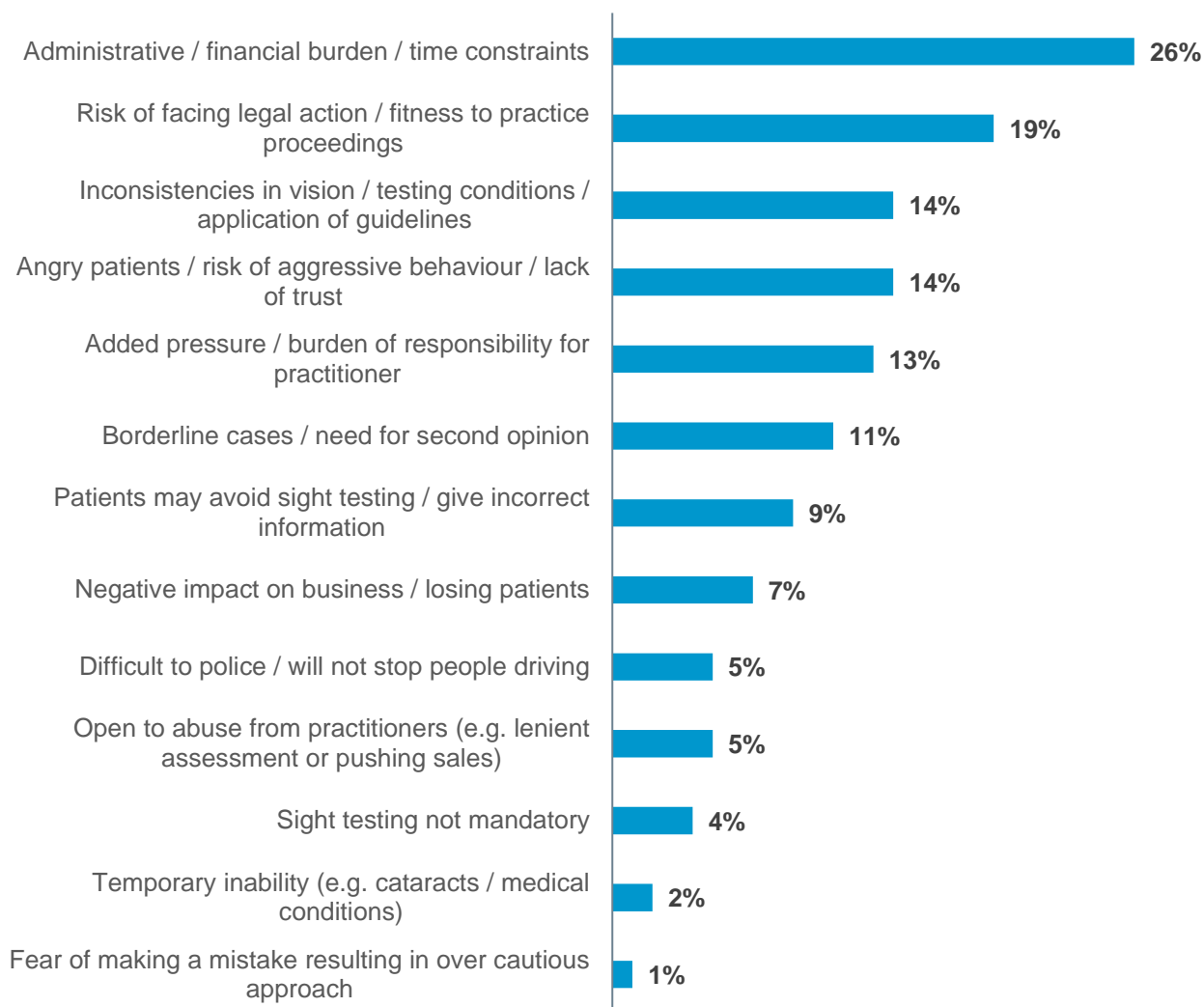
**Figure 11 – Which of the following issues would be of particular concern?  
Base: Those who had a concern (1,561)**



One in seven respondents (14%) said they had another concern that was not listed. These were themed and coded and are presented below. Of these, a quarter (26%) mentioned that there would be additional administrative or financial burdens, or issues with time constraints. A further fifth (19%) mentioned there would be the risk of facing legal action or fitness to practise proceedings.

**Figure 12 – Other concerns**

**Base: Those who had another concern (221)**



## Focus group feedback

### Improving public safety

The majority of registrant participants in the focus groups agreed with the survey results that if they had to automatically notify the DVLA/DVA in all cases where a patient does not meet the required visual standards, this would improve public safety and would potentially reduce the number of road accidents by removing a large number of unsafe drivers from the road.

*It would make the roads a lot safer getting rid of the people with poor vision.  
(Optometrist, Manchester)*

Most registrant participants said that they felt frustrated that they could not currently prevent someone from driving if they fell below the required standards. For example, they could not ensure that someone's licence is revoked. An automatic notification system would help prevent those from driving who were not safe to drive due to poor vision, but would not prevent other drivers who were not safe to drive for other reasons.

*We can't fix idiots on the road, but we can fix people driving who have poor vision.  
(Optometrist, Manchester)*

*The main issue is when you know that person is nowhere near the standard and they just pick up the keys and drive off because it's self-declaration. That's the fundamental problem. (Optometrist, Manchester)*

### Concerns about an automatic notification system

However, a few registrant participants questioned whether a requirement to automatically notify the DVLA/DVA would significantly improve public safety as it might deter people from having their sight tested in the first place if they feared losing their licence.

Registrant participants thought that many drivers might be deterred from going for a sight test if they thought that they might not pass and could lose their licence, which would have negative consequences for them. This was corroborated by the survey which found that this was the biggest concern amongst registrants.

*People will simply just not turn up. (Optometrist, Cardiff)*

*A person who knows they're not going to pass aren't going to turn up for a test are they? (Optometrist, Manchester)*

Some registrant participants also felt that this could have a negative impact for the NHS as fewer people would have eye conditions and diseases spotted in early stages by opticians.

*The problem you get when people don't go for routine eye tests, particularly the elderly, you'll end up with arguably eye diseases and progressions of eye diseases that could have been easily managed early. Bigger picture is that you could end up with a bigger*



*burden on the NHS if people stop going to their high street opticians and have things picked up and treated early and instead end up in hospital. (Dispensing optician, Cardiff)*

Registrant participants agreed that introducing a mandatory requirement for drivers to undertake regular eye checks would solve the problem of people avoiding sight tests through a fear of losing their licence. Some even suggested that this should be done annually to coincide with renewing car insurance.

*You'd just make the eye test mandatory. (Optometrist, Manchester)*

*The DVLA should insist on everyone having a regular eye test if you own a car. (Dispensing optician, Cardiff)*

A few registrant participants also felt that introducing this requirement would not reduce the number of road traffic accidents significantly, suggesting that only a small proportion of them are caused by drivers with poor vision. In their opinion, accidents are much more likely to be caused by drivers who are under the influence of alcohol, using their mobile phones at the wheel or speeding. They thought that those who do not meet the visual standards are often elderly and typically drive shorter distances during daylight hours and avoid rush hour. They suggested that this explained why this group was considered low risk by insurance companies.

*There are far more deaths caused by dangerous driving than those linked to eyesight. (Optometrist, Cardiff)*

*These people are elderly by and large and elderly people have fewer insurance claims which is why their insurance premiums are cheaper than a 17 year old, who might have better vision but be a poor driver for another reason. (Optometrist, Cardiff)*

### **Patient consent and confidentiality**

Registrant participants thought that an automatic notification system should allow patients to challenge or appeal any decision made. They would anticipate that the patient would have the right to be able to seek a second opinion, maybe from an ophthalmologist that is hospital based.

*As long as the patient has the right to appeal and get a check by the DVLA ophthalmologist. (Optometrist, Manchester)*

*There should always be a right to a second opinion and to be re-tested elsewhere. (Optometrist, Cardiff)*

Some registrant participants thought that it would be better to only report facts to the DVLA/DVA in relation to the patient's sight test results and not their professional opinion on

the case. The DVLA/DVA would then retain responsibility for deciding whether a patient is fit to drive.

*They have got to set a standard for visual acuity say. If they fall below that standard maybe we can have an obligation upon us to report. We don't make the decision as to whether they can or cannot drive, someone else makes it. We simply report. (Optometrist, Cardiff)*

*You don't decide yourself. You just report it to the DVLA and they decide. (Dispensing optician, Cardiff)*

### **Impact on optical businesses**

Registrant participants discussed whether this approach would be onerous and bureaucratic for them and their employer. Generally, they did not think this would be the case as long as any new process was simple and easy.

*If the DVLA had an easy to use website where you can do it. (Optometrist, Cardiff)*

Registrant participants discussed the impact that an automatic referral system might have on their employers, foreseeing that it could lead to problems if some patients disagreed with an optometrist's decision. This could have a negative impact for a business, particularly for a small independent practice that is reliant on business from the local community. This, however, was not something that was highlighted by many registrants in the survey.

*Any employer is going to be dreading the court cases, the complaints and the bad publicity due to the breach of confidentiality issue. (Optometrist, Cardiff)*

*You can destroy a practice by upsetting the community. (Optometrist, Cardiff)*

Some registrant participants felt that some of the bigger chains of opticians might not always defend the decision of their employees if a patient challenged it, because of the possible negative publicity, the impact on business, or a potential lawsuit. Some had the impression that some companies would prefer to terminate the employment of an optometrist to avoid negative consequences for the company. This might also deter optometrists who worked for these businesses from reporting patients to the DVLA/DVA if they were unfit to drive.

*What I've heard from colleagues and friends is that if you've made a mistake and you work for a multiple they will probably sack you so they can say that that optician doesn't work here anymore. (Optometrist, Manchester)*

*The bigger the company, the more corporate it is and more interested in the bottom line than moral standards. (Optometrist, Cardiff)*

### **How an automatic referral system could work in practice**

Some registrant participants debated how an automatic referral system might work. Some felt a traffic light system could be introduced to recognise that some patients will fall significantly short of the required standards (red), some will be borderline and might require a second opinion (orange), and some will meet the standards (green). Those who were flagged up as red would be automatically reported to the DVLA/DVA as a matter of course as it would be dangerous for them to drive, and those who are orange could be referred for further tests.

*There's almost like a traffic light system for this. There's the guy who gets 65 right and left – he's green, off you go. There's the yellow, which is your borderline 69s who might be affected by lighting conditions or whatever. Then there's the guy who's driving around who's 6/36, which is a straight red. (Optometrist, Manchester)*

*It might be the case that if you drop well below the 6/12 standard then there's an obligation to report it when you are into the clearly dangerous. Then an area in between where you would advise them that they are not quite meeting the driving standard. (Optometrist, Cardiff)*

## 5. Part Two: Patients’ and the public’s views and perceptions

### 5.1 Current process for assessing fitness to drive

#### Focus group feedback

##### **Does the current system adequately protect the public from risk of harm?**

All public participants felt that the current system does not adequately protect the public from risk of harm and does not sufficiently prevent accidents from happening on the roads. As also seen in the registrant focus groups, there was a general consensus amongst public participants that a person’s eyesight deteriorates over time and might be very different when they are older compared to when they pass their driving test.

*It’s not sufficient as your eyes can deteriorate over time. (Public, London)*

*It’s crazy that you can pass your driving test at the age of 17 and then never need to do any more checks related to it ever again. (Public, Edinburgh)*

Public participants felt that as there is no mandatory requirement for drivers to go to the opticians for regular sight tests, some people who do not meet the visual requirements may never go. These people might either know that they should not be driving, but do not want to go to an opticians because of a fear of losing their licence, or some might simply not know that there was anything wrong.

*How do you know? It was simply a minor change in the two years since the last test. It just so happens that the glasses I was wearing were not sufficient. If I didn’t have my eyes tested I would have been driving around quite happily none the wiser. (Public, Edinburgh)*

Some public participants also thought that some people would not inform the DVLA/DVA if they were told by an optician they were not fit to drive as they might risk losing their licence. They thought that some people would simply ignore advice from an optician to inform the DVLA/DVA. They felt that, as there was no way of checking that patients inform the DVLA/DVA, some would continue to put the public at risk.

*I just don’t think people are letting the DVLA know. (Public, London)*

*It’s good to give advice, but unfortunately people will not always follow that advice. (Public, London)*

Some public participants also felt that the current system is not effective, as they were aware of recent news stories where people had continued to drive despite being told they were not fit to by an optician and then were involved in a car accident.

*No of course it doesn't, particularly in regards to what we have heard on the news recently. (Public, London)*

### **Responsibility for determining whether someone is fit to drive**

All public participants were aware of the current process for determining whether someone meets the visual standards for driving during the DVLA/DVA driving test. Many public participants had a driving licence and recalled being asked to read a number plate as part of the test.

*I'm trying to think. When I did my driving test there is a sight test isn't there? The number plate one. (Public, London)*

*At the very beginning of your test the examiner points at a car and you have to read the number plate from 20 metres away. (Public, Edinburgh)*

Most public participants knew that it was the responsibility of the DVLA/DVA to determine whether someone was fit to drive acting on information passed to them by drivers. However, some public participants felt that for some professions that entailed driving, such as drivers of taxis, buses and HGVs, it should be the employer's responsibility to regularly check the health of their employees, which would include testing their eyesight. This would then give the employer the legal responsibility for deciding whether their employee is fit to drive or not.

*I was imagining anyone who ran a truck company would be checking their employee's health anyway. (Public, London)*

Some public participants felt that companies which provided driving insurance should take responsibility and require drivers to have their eyes and health checked every few years as a condition for taking out insurance. If it was then determined that they were not fit to drive, they should not be given an insurance policy and would therefore not legally be allowed to drive.

*If you renew your insurance every year, then you have to go to the opticians. The insurance company could enforce that. In order to renew your insurance you have to go to the opticians. (Public, London)*

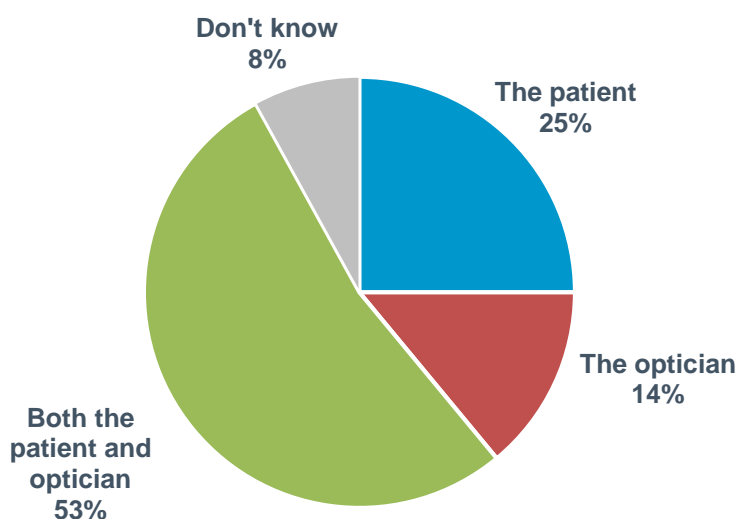
## 5.2 Responsibility for notifying the DVLA/DVA

The GOC wanted to understand who the general public felt should be responsible for notifying the DVLA/DVA if a driver’s eyesight falls below the standard required to drive safely.

All Public Perceptions Survey respondents were asked to state who should be responsible to notify the DVLA/DVA if a patient visits an optician, and after getting their sight tested, they fall below the standard required to drive safely. Just over half of respondents (53%) said that they thought both the patient and the optician should be responsible for this, followed by a quarter (25%) who thought just the patient should be responsible, and a further 14% who thought just the optician should be responsible. This means that two thirds of respondents (67%) felt that opticians should bear at least some of the responsibility for notifying the DVLA/DVA.

**Figure 13 – If a patient visits an optician, and after getting their sight tested they fall below the standard required to drive safely, who do you think should be responsible to notify the government’s Driver and Vehicle Licensing Agency (DVLA)?**

**Base: All respondents (3,025)**



### Focus group feedback

#### Responsibility for notifying the DVLA/DVA

In the focus groups, all public participants were aware that it is currently the legal responsibility of the individual to notify the DVLA/DVA if they have been told by a GP or an optician that they might be unfit to drive.

*The onus is on you. If anything happens, you are supposed to report it immediately to the DVLA. (Public, London)*

In the Public Perceptions Survey, more than half of respondents (53%) thought that if someone did not meet the visual standards for driving, the optician and the patient should both have the responsibility to notify the DVLA/DVA. Public participants generally agreed with

this, particularly if people's lives would be placed in direct immediate danger if the patient's profession was a bus or taxi driver.

*I wonder if opticians should have a part to play as well. Just in current times there should be some sort of mutual responsibility. (Public, London)*

*If there was imminent danger or they were a bus driver or taxi driver the optician should be able to advise the DVLA. (Public, Edinburgh)*

### **Public protection**

Like registrants, in the focus groups the majority of public participants did not feel that the current system of relying on drivers to inform the DVLA/DVA when they are unfit to drive was sufficient to protect the public from risk of harm. Public participants felt that some people would not inform the DVLA/DVA for reasons of pride, a fear of a loss of independence or because they might rely on driving for their profession. They felt that relying on drivers to notify the DVLA/DVA puts others at an unnecessary risk.

*If someone works for a company, they drive every day, they have a good career and they have no other means of getting to work than driving and they are then told they can't drive? What are they going to do? Give up their job? (Public, London)*

*If it were only putting themselves at risk then sure, but the trouble is people tend to kill other people when they have accidents on the roads. (Public, Edinburgh)*

Public participants discussed the need for a public information campaign to increase awareness that people must inform the DVLA/DVA if they might be unfit to drive. They thought that with time it would become socially unacceptable to continue to drive if you think you might be unfit, like it is now socially unacceptable to drink and drive and to drive not wearing a seatbelt. The campaign should focus on people's legal responsibility to inform the DVLA/DVA if they are unfit to drive and the consequences of not following this course of action.

*Maybe a campaign to make it safer. People were told they had to wear seatbelts. People weren't happy at first but it improved. People were told you can't drink and drive. Over a period of time it becomes the norm. Maybe the same thing should happen with this. (Public, London)*

*If people are scared there will be legal consequences then they will do it. (Public, London)*

## 5.3 Patient confidentiality and public protection

### Focus group feedback

#### Notifying the DVLA/DVA when a patient cannot or will not themselves

In the focus groups, public participants were not aware that opticians could currently notify the DVLA/DVA if their patient could not or would not inform the DVLA themselves that they might not be fit to drive. However, many questioned how an optician would know whether someone will inform the DVLA/DVA and someone might just tell the optician that they will and not do it.

*I can say to you that I will let them know and then never do. How can you believe that they will actually do it? (Public, London)*

*It's one thing to appeal to a person's sense of moral responsibility and duty, but they don't know if people will stick to the rules. (Public, London)*

#### Balancing patient confidentiality with protecting the public

Public participants discussed the issue of patient confidentiality and felt that the current system does not get the balance right between respecting the patient's right to a confidential consultation and preventing drivers with poor eyesight from driving. According to these public participants, public safety should always be prioritised and some in the Edinburgh group cited the example of the Glasgow bin lorry incident in 2014, where the driver had a history of blackouts and did not advise his employer or the DVLA. He fell unconscious at the wheel while driving which caused the death of a number of people.

*There are flaws in the current system. (Public, Edinburgh)*

*Is this how that bin lorry driver got away with it? Six people died and it was not appropriate that his confidentiality was observed. (Public, Edinburgh)*

All public participants agreed that public safety should be prioritised over data protection and patient confidentiality. They felt that if putting someone's confidentiality at risk meant that lives were saved, it was a price worth paying.

*Why is someone's confidentiality worth six lives? (Public, Edinburgh)*

*The benefit to society should come ahead of confidentiality. (Public, Edinburgh)*

Some public participants felt that if a person knew someone had been drinking alcohol and was likely to be over the legal limit, they would feel obliged to report them to the police in order to protect their own safety and the safety of the public. They questioned why letting someone drive when they were unfit to because of their eyesight should be any different.

*We are encouraged to report drunk drivers. (Public, Edinburgh)*



*Why is it different? You can't drive when drunk, so why can you drive when you have poor eyesight? (Public, Edinburgh)*

Some public participants felt that there was an important difference between informing the DVLA/DVA that a patient might not be fit to drive and sharing their medical history such as their prescription. This meant that, for them, there would be no issue of confidential information being shared without the patient's consent.

*It's not their medical details. They are just saying they are not fit to drive. That is all they are saying. They don't need to say why. (Public, London)*

*You don't have to go into specifics. You could just say that this person is not fit to drive because of an unspecified medical condition. (Public, Edinburgh)*

Some also felt that if patients were required to sign an agreement before their sight test that gave their consent that the DVLA/DVA would be informed if it was found that they might not be fit to drive, then this would mitigate the issue of patient confidentiality.

*How about you sign a disclosure agreement or something like that when you go to an optician and then if you fail the eye test, you know they are going to inform them? This takes away the issue of data protection. (Public, London)*

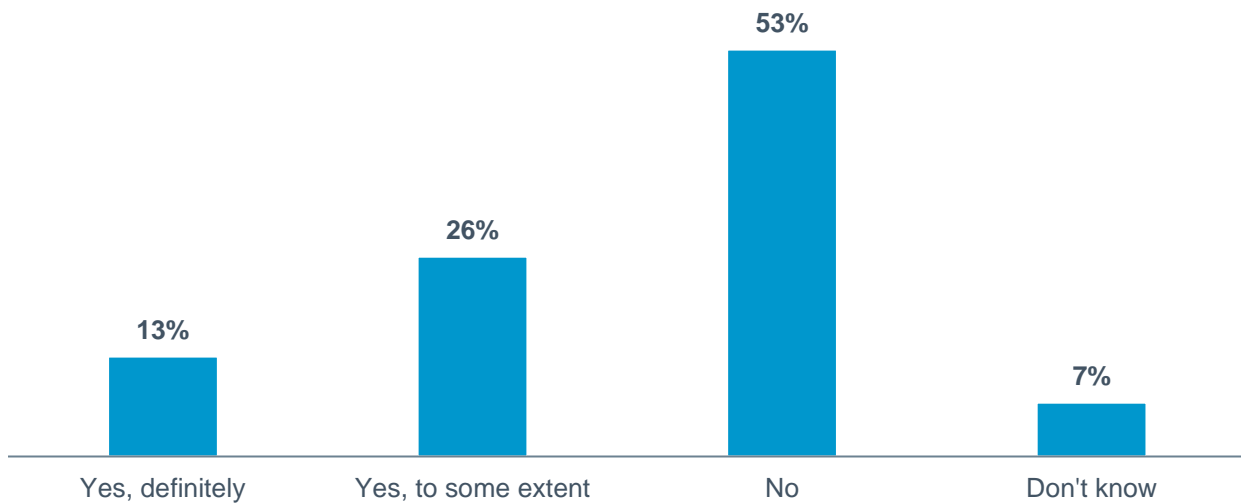
*You would be visiting the opticians on the understanding that they would tell. (Public, Edinburgh)*

## 5.4 Improving public safety

Respondents to the Public Perceptions Survey were asked whether they would be deterred from getting their sight tested if opticians were required to notify the DVLA/DVA in *all* cases where a patient does not meet the required visual standards. Just over half of respondents (53%) said that they would not be deterred from going, but four in ten (39%) said they would be put off in some way, with 13% indicating that they would ‘definitely’ be put off and 26% indicating that they would be put off ‘to some extent’.

**Figure 14 – If opticians were required to automatically notify the DVLA/DVA of patients who fall below the standard required to drive safely, and you were concerned about your vision, would this put you off going for a sight test?**

**Base: All respondents (3,025)**



### Focus group feedback

#### Improving public safety

The majority of public participants agreed that requiring GOC registrants to notify the DVLA/DVA in *all* circumstances where a patient does not meet the visual standards for driving would improve public safety and had the potential to reduce the number of road accidents as it would remove a large number of unsafe drivers from the road.

*It's simply for safety. (Public, London)*

Some public participants knew of people who had been advised by an optician to not drive and had ignored the advice and not informed the DVLA. They reflected that it would have been safer for the public if the optician had been able to automatically notify the DVLA in order to stop the patient driving.

*I know of someone who was losing their sight in one eye due to diabetes and they were strongly advised not to drive. They went against the advice. (Public, London)*

*My grandmother would not have had her accident. (Public, Edinburgh)*

Some public participants had even assumed that opticians currently had the responsibility to automatically inform the DVLA/DVA if a patient was not fit to drive due to their eye sight and did not know that it was up to an optician's judgement of whether a patient will not or cannot inform the DVLA/DVA themselves. Some thought that opticians would be accused of negligence if they did not automatically inform the DVLA/DVA and the patient then caused an accident.

*I don't know the ins and outs and whether the optician tells the DVLA. (Public, London)*

*If something happens and there is an investigation and it comes to light that the person was advised by the optician, it will be the optician who will be in trouble. (Public, London)*

### **Patient consent and confidentiality**

There was some debate about whether a system which allows opticians to report patients to the DVLA/DVA without their consent could damage the relationship of confidentiality between opticians and their patients and foster feelings of mistrust.

*I just think it would be very difficult for the industry and their relationship with their clients. (Public, London)*

*You can't ask high street opticians to give information if the patient is unwilling for them to give that. In the same way, your GP couldn't tell someone else what you told them. I imagine it is the same for opticians. (Public, London)*

### **Impact on patients**

Public participants worried about the impact on patients' lives if they were informed they were not fit to drive and had their driving licence taken away. They worried that this could mean a loss of livelihood and independence for some people and felt that appropriate support should be offered to those who had their licence removed.

*People can lose their jobs and things. (Public, Edinburgh)*

*Equally though if you are going to have mandatory reporting to the DVLA by medical people, you need to have a lot more support for people who do find out they can't drive. Things like subsidised taxis or better bus services. You can't just take people's independence away and then wonder how they are going to survive in the countryside without a car. (Public, Edinburgh)*

Some public participants thought that introducing a requirement for opticians to automatically notify the DVLA/DVA could have a positive impact for some patients, as it would remove the onus of having to inform the DVLA/DVA themselves. This could be particularly beneficial for those who have busy lives and might not get around to informing the DVLA/DVA.

*Some people can't even be bothered to change their address when they move. It's the hassle. If someone does it for them, it would be all right for them. (Public, London)*

*It's trouble and many people have chaotic lives. (Public, London)*

Some public participants felt that there could be occasions when one optician might think that a patient might not be fit to drive, but another might have a different opinion. Under the current system, patients can choose to go to another opticians and ask for a second opinion if they are told they might not be fit to drive. If they are then told by the second optician that they are fit to drive, they need not inform the DVLA/DVA. If there was a requirement for opticians to inform the DVLA/DVA, there would need to be a mechanism for some form of appeal if a patient was found by another optician to meet the visual standards for driving.

*If you disagree with the first one, you can always go and see another one. (Public, Edinburgh)*

*There should be the right to appeal. (Public, Edinburgh)*

### **Concern about people not having sight tests**

A few public participants thought that some drivers might be put off going for a sight test if they are concerned that they might not meet the visual standards for driving and worried about losing their licence. The registrant survey also found that this was the biggest concern amongst registrants.

*People who know that they can't drive know that they shouldn't drive and they are not going to go to an opticians. (Public, London)*

Some public participants felt that, as a solution to this problem, the DVLA/DVA could introduce a mandatory requirement that everyone has to have their eyes tested once every two or three years and send proof to the DVLA/DVA or their licence will be invalidated. This will then ensure that those who are not fit to drive have their licences removed.

*If an optician says you should have an eye test every two or three years, then the DVLA should also see what your eyesight is like to continue driving. (Public, London)*

*Mandatory eye tests and send the results to DVLA every three years. (Public, Edinburgh)*

### **Impact on opticians**

Some public participants felt that introducing a requirement for opticians to notify the DVLA/DVA if a patient does not meet the visual requirements could be onerous and complicated for opticians, involving a lot more paperwork for them. This could mean that opticians might not want to take on this responsibility.

*It sounds laborious and a lot of work for opticians. (Public, London)*

Some public participants believed that introducing mandatory reporting could benefit opticians as they might worry that a patient will not inform the DVLA/DVA that they are not fit to drive. If they cause an accident due to their eyesight and the optician is made aware of this, it could lead to them feeling guilty that they had not done more to prevent the accident. Mandatory reporting to the DVLA would stop this from happening.

*It would improve things for the optician as well. If I was an optician and I knew somebody shouldn't drive, and they said they would tell the DVLA but didn't, I would feel bad if they had an accident and killed someone. (Public, Edinburgh)*

## 6. Methodology

A mixed quantitative and qualitative approach was taken to this research in the form of surveys and focus groups with the general public and with registrants.

### Registrant Survey

The survey was hosted online and distributed via email to all optometrists and dispensing opticians individually registered with the GOC and who had a registered email address. Two further email reminders were sent out to non-responders to encourage them to take part. A link to the survey was also publicised on the GOC website and Twitter account. To access the survey registrants needed to log in using their GOC registration number.

The survey was live from 31<sup>st</sup> July to 21<sup>st</sup> August 2017. During this time, 3,934 responses were received, representing a 19% response rate. For reference, a copy of the questionnaire can be found in **Appendix A**.

### Public Perceptions Survey

The survey was hosted online and distributed via email to a UK consumer panel of members of the public, including patients who had had a sight test in the last two years, who have signed up to take part in online research on a wide number of topics.

Interlocking quotas were set to ensure a representative sample was achieved based on gender and age within each UK nation. Quotas were also set to achieve a minimum number of interviews for each UK nation, with Scotland, Wales and Northern Ireland over-sampled to ensure that confident statistical analysis could be undertaken at this level.

The survey was live from 26<sup>th</sup> June to 11<sup>th</sup> July 2017. During this time, 3,025 responses were received. For reference, the relevant questions within this survey relating to vision and safe driving can be found in **Appendix B**.

### Focus groups

Following the surveys, two focus groups with registrants and two focus groups with members of the public, including patients, were conducted as part of the qualitative research in order to explore this topic in greater depth. Researchers from Enventure Research used specifically designed discussion guides to allow all research topics to be covered. A copy of the focus group discussion guide used with the general public can be found in **Appendix C** and a copy of the guide used with registrants can be found in **Appendix D**. In total 13 members of the public and 12 registrants took part in the qualitative research. Focus groups were held in Manchester, London, Cardiff and Edinburgh.

## 7. Interpretation of the findings

### Interpreting data from the surveys

This report contains tables and charts. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- the question may have allowed each respondent to give more than one answer
- the question may not have been asked to all respondents, for example a question may have been asked based on how a respondent answered another question
- only the most common responses may be shown in the table or chart
- individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- a response of between 0% and 1% will be shown as 0%.

As the online surveys were undertaken with samples of members of the public and registrants, all results are subject to sampling tolerances.

Subgroup analysis has been undertaken to explore the results provided by different demographic groups. For the registrant survey this included role, place of work, length of time on the GOC register and working status. For the Public Perceptions Survey this included age, gender and location. These analyses have only been carried out where the sample sizes are seen to be sufficient for comment. Where sample sizes were not large enough, subgroups have been combined to create a larger group.

Throughout this report, those who took part in the surveys are referred to as ‘respondents’.

### Interpretation of the qualitative feedback

When interpreting qualitative research feedback, which for this research has been collected via focus groups, it is important to remember that these findings differ to those collected via a quantitative methodology. Qualitative findings are collected by speaking in much greater depth to a select number of participants (in this case, 13 members of the public and 12 registrants). These discussions were digitally recorded and notes made to draw out common themes and useful quotations.

Qualitative findings are not meant to be statistically accurate, but instead are collected to provide additional insight and greater understanding based on in depth discussion and deliberation, something not possible to achieve via a quantitative survey. For example, if the majority of participants in a series of focus groups hold a certain opinion, this does not necessarily apply to the majority of the population.

Throughout this report, those who took part in qualitative research (focus groups) are referred to as ‘registrant participants’ and ‘public participants’.

## 8. Respondent and participant profile

### 8.1 Registrant Survey respondent and participant profile

Individually registered optometrists, dispensing opticians, and dispensing opticians with a contact lens speciality were invited to take part in the survey. The respondent sample (3,934 respondents) was made up of 75% optometrists, 20% dispensing opticians, and 6% dispensing opticians with a contact lens speciality.

The table below presents the survey respondent profile.

Demographic	Count	Percentage
<b>Role</b>		
Optometrist	2,944	75%
Dispensing optician	788	20%
Dispensing optician with a contact lens speciality	233	6%
Out of work / retired	27	1%
Other	32	1%
<b>Place of work</b>		
Independent opticians	1,985	51%
National chain	1,766	45%
Hospital	299	8%
Regional chain	207	5%
Academia	128	3%
Domiciliary care	101	3%
Not currently working	41	1%
Student	15	0%
Other <sup>2</sup>	114	3%
<b>Work status</b>		
Full-time	2,341	60%
Part-time	1,121	29%
Locum	698	18%
On parental leave	60	2%
Not currently working	28	1%
Retired	13	0%
Other	30	1%
<b>Length of time on GOC register</b>		
1-5 years	516	13%
6-20 years	1,679	43%
21 or more years	1,738	44%

<sup>2</sup> Includes locum, professional bodies, membership organisations, manufacturing, consultant and advisory roles, charity and voluntary sector, academia and research, Public Health, NHS, Diabetic Screening Service, Prison Service, specialist and community clinics



## 8.2 Public Perceptions Survey respondent profile

The table below presents the Public Perceptions Survey respondent profile.

Quotas were set to ensure a representative sample was achieved based on age and gender within each UK nation.

Demographic	Count	Percentage
<b>Gender</b>		
Male	1,509	50%
Female	1,516	50%
<b>Age</b>		
16 - 24	472	16%
25 - 34	473	16%
35 - 44	503	17%
45 - 54	519	17%
55 - 64	449	15%
65 - 74	329	11%
75 +	280	9%
<b>UK Nation</b>		
England	1,835	61%
Wales	399	13%
Scotland	398	13%
Northern Ireland	393	13%
<b>English region</b>		
North East	110	4%
North West	274	9%
Yorkshire and Humber	195	6%
East Midlands	161	5%
West Midlands	181	6%
East of England	162	5%
London	274	9%
South East	316	10%
South West	162	5%
<b>Ethnicity</b>		
White	2,797	93%
Other ethnic group	207	7%

## 8.3 Focus group participant profile

The tables below present the stratification of the focus groups.

Group	Location	Participants	Stratification
1	England (Manchester)	Registrants	Equal split by gender, optometrists and dispensing opticians. Mix of age groups and ethnicities.
2	Wales (Cardiff)		
3	England (London)	Public	Equal split by gender. Mix of age groups and ethnicities.
4	Scotland (Edinburgh)		

## 9. Acknowledgments

Enventure Research would like to thank Angharad Jones and David Rowland from the General Optical Council for their help and cooperation on this project, and to express gratitude to everyone who took part in the surveys and focus groups.

**General Optical Council**

**Vision and Driving Research**

**Appendix A – Registrant survey questionnaire**

# Registrant Survey - Assessing Fitness to Drive

Thank you for your interest in this survey, which will collect useful feedback from registrants about the views and experiences of optical professionals when assessing the fitness to drive of their patients.

You can navigate through this questionnaire using the 'Next' and 'Back' buttons below. To remove your answers to a question click on the 'Reset' button.

If you have any questions about completing the questionnaire, please call the survey helpline on 0800 0092 117 or email [helpline@enventure.co.uk](mailto:helpline@enventure.co.uk)

*Confidentiality - This survey is being carried out independently on behalf of the GOC by Enventure Research, an independent research agency, bound by the Market Research Society's Code of Conduct. This ensures that your personal details and other information will only be used for the purposes of the research and will not be disclosed to any third parties.*

**Q1 Following a number of high profile traffic accidents involving drivers with poor vision or other medical conditions, questions have been raised about whether the system for ensuring that those who are not medically fit to drive are prevented from doing so.**

**Do you think that the current system in general adequately protects the public?**

- Yes
- No
- Don't know

**Please explain what more you think could be done to protect the public**

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**Q2 How aware are you of the DVLA's guidance: 'Assessing fitness to drive – a guide for medical professionals' which contains the minimum visual standard requirements for all drivers?**

- Very aware
- Quite aware
- Not very aware
- Not at all aware
- Don't know

**Q3 How clear do you think the current process for assessing if a patient achieves the required visual standards for driving is?**

- Very clear
- Quite clear
- Not very clear
- Not at all clear
- Don't know

**What areas of this process do you think are unclear?**

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**Q4 How confident or otherwise do you feel about when to inform a patient that...**

- |   | Very confident           | Fairly confident         | Not very confident       | Not at all confident     | Don't know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... they may not meet the visual requirements for driving due to their visual acuity results? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

... they may not meet the visual requirements for driving due to their visual field results?

... they need to refer themselves to the DVLA?

**Q5 If a patient does not meet the eye sight standards outlined in the DVLA's guidance, how comfortable would you feel about...**

	Very comfortable	Fairly comfortable	Not very comfortable	Not at all comfortable	Don't know
... explaining that this may affect their ability to drive safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... informing them they must notify the DVLA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... notifying the DVLA if a patient either cannot or will not notify the DVLA themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q6 Currently there are limited circumstances under which an optometrist or dispensing optician is expected to notify the DVLA that a patient does not meet the visual standards for driving, without a patient's consent. These are when the patient cannot or will not notify the DVLA/DVA themselves.**

**If optometrists and dispensing opticians were required to notify the DLVA/DVA in all circumstances where a patient does not meet the visual standards for driving, do you think would this improve public safety?**

- Yes, definitely
- Yes, to some extent
- No
- Don't know

**Q7 Would you have any concerns about this approach if it was introduced?**

- Yes
- No
- Don't know

**Q8 Which of the following issues would be of particular concern? *Please select all that apply***

- The possible need to breach patient confidentiality
- The practical difficulties in ascertaining whether or not a patient achieves the required visual standards for driving
- The risk that members of the public with concerns about their own vision may be deterred from attending sight tests
- The implications for the patient/practitioner relationship
- Other *Please specify*
- Don't know

**Other**

---

**Q9 When it comes to these types of cases, how easy or difficult do you feel it is to balance your duty of patient confidentiality with your duty to protect the wider public from risk of harm?**

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- Don't know

## About you

Please answer the following questions about you so that we can place your survey responses into context.

**Q10 Please tell us which of the following roles applies to you. Please select as many as apply**

- |   |   |
|---|---|
| <input type="checkbox"/> Optometrist  | <input type="checkbox"/> I am currently out of work / retired |
| <input type="checkbox"/> Dispensing Optician                                | <input type="checkbox"/> Other                                |
| <input type="checkbox"/> Dispensing Optician with a contact lens speciality |   |

Other *Please specify*

---

**Q11 Approximately how long have you been on the GOC register? Please select one option only**

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 years and over
- Don't know

**Q12 Where do you currently work? Please select as many as apply**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Independent opticians       | <input type="checkbox"/> Hospital         | <input type="checkbox"/> Not currently working |
| <input type="checkbox"/> National chain of opticians | <input type="checkbox"/> Domiciliary care | <input type="checkbox"/> I am a student        |
| <input type="checkbox"/> Regional chain of opticians | <input type="checkbox"/> Academia         | <input type="checkbox"/> Other                 |

Other *Please specify*

---

**Q13 Which of the below best describes your work / practice? Please select as many as apply**

- |                                    |  |                                |
|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Not currently working | <input type="checkbox"/> Other |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Retired               |                                |
| <input type="checkbox"/> Locum     | <input type="checkbox"/> On parental leave     |                                |

Other *Please specify*

---

## Further research

The GOC will be holding discussion groups to gain an in depth understanding of this issue, moderated by Enventure Research, an independent research agency. Discussion groups will last for approximately 1 hour and 15 minutes and, if you are selected, you will receive a thank you payment of £35 for attending. Groups will be held in locations where there is significant registrant interest.

If you indicate that you are interested in taking part in further research, you may be contacted by Enventure Research to provide you with more details.

**Q14 Are you interested in attending a discussion group on this topic?**

*By answering yes you are agreeing to be contacted by Enventure Research concerning this research.*

- Yes
- No

**So that we can contact you about taking part in further research, please provide your name, contact number and postcode in the boxes below.** *Your details will not be passed on to any third parties and will only be used for the purposes of conducting further research. Your details will also be kept separate from your questionnaire answers meaning that you will not be identified in any way.*

Q15 **Name**

---

Q16 **Contact number**

---

Q17 **Postcode**

---

Thank you for taking the time to take part in this survey. Your views are greatly appreciated.

Please click the submit button below to send your response.



**General Optical Council**

**Vision and Driving Research**

**Appendix B – Selected questions from the Public Perceptions Survey 2017**

# Experiences and perceptions of healthcare services survey

## Sight tests and driving

**Q34 If a patient visits an optician, and after getting their sight tested they fall below the standard required to drive safely, who do you think should be responsible to notify the government's Driver and Vehicle Licensing Agency (DVLA)?**

- The patient
- The optician
- Both the patient and the optician
- Don't know

There has been recent media coverage about whether or not opticians and doctors should be required to notify the government's Driver and Vehicle Licensing Agency (DVLA) when they come across a patient who is not fit to drive.

It is currently the legal responsibility of the patient to refer themselves to the DVLA in this situation.

**Q35 If opticians were required to automatically notify the DVLA of patients who fall below the standard required to drive safely, and you were concerned about your vision, would this put you off going for a sight test?**

- Yes, definitely
- Yes, to some extent
- No
- Don't know

**General Optical Council  
Vision and Driving Research**

**Appendix C – Public focus group discussion  
guide**

# General Optical Council – DVLA Research Focus Group Discussion Guide

*This guide is to be used for focus group and interview discussions. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses.*

## Introduction (5 mins)

My name is.....and I work for a company called Enventure Research.

We are currently working with the General Optical Council (GOC), the organisation which regulates the optical professions in the UK, to deliver some research with both members of the public and optical professionals.

You may be aware of the GOC as a result of taking part in our online survey, where you provided useful information about your views and experiences of opticians. We now want to explore your views on an issue which is currently receiving some media attention in relation to opticians and sight tests.

You may be aware of a number of high profile cases where drivers – who have been deemed medically unfit to drive by their optician or GP – have killed or injured road users, after ignoring the advice not to drive. This has led to calls from the families affected for a change in the rules to prevent this from happening again.

The General Optical Council, which issues standards and guidance to opticians wants to understand what the public know and think about the current regulations around vision and driving, to understand whether any changes need to be made to help prevent unnecessary road traffic accidents from occurring.

**IMPORTANT:** Please be assured that everything you say during this session is totally confidential, so please be as open and honest as possible. There is no right or wrong answer, and you don't need to have any background knowledge of sight tests or road accidents – we just want to know what you think. Enventure Research is an independent research agency, meaning that we are not part of the GOC and therefore will not be offended by your views. Enventure Research works to the Market Research Society Code of Conduct, which means that anything you say this evening will be treated in the strictest confidence, and your comments will remain anonymous with nothing linked to you by name.

All views and opinions of all present are valid and your contributions will help shape future GOC policy. Please listen to other participants' views and try not to speak over each other.

I will be recording the session so I do not need to take notes as you are talking. However, the recording is only used to help me write my report and is deleted once it has been used and will not be passed to any third parties.

The session will last for no more than an hour. Do you have any questions before we begin?

Can you please introduce yourselves?

- First name
- When you last visited an optician
- Do you wear glasses, contact lenses or have had laser eye surgery?
- Do you drive?

## Being fit to drive (5 mins)

- Thinking generally (not just in relation to eye sight, but not in relation to drink, drug use or tiredness), in what circumstances should people not drive?
  - *Moderator to probe – epilepsy, strokes, other neurological and mental health conditions, physical disabilities, visual impairments, old age*
- How might people find out that they are not fit to drive?
  - *Moderator to probe – visiting a GP, visiting an optician, following an accident/operation*

- When you go for a health check, whether this is to your GP, optician or elsewhere, do you ever worry that you may be told you shouldn't be driving?
  - If so, why?

## The current process (15 mins)

- Who do you think is legally responsible for deciding whether someone has the required visual ability or sight required to drive?
  - *Moderator to probe – the DVLA (the government body that issues driving licences to all those who are seen as competent to drive vehicles), GPs, opticians, the police*
- And who do you think should be legally responsible for deciding whether someone has the required visual ability or sight required to drive?
  - *Moderator to probe – the DVLA, GPs, opticians, the police*
- Does anyone know what the current process is to establish whether someone's eyesight is good enough for them to be able to drive safely?
  - Where did you get this information from?
  - What do you think about this process? Is it sufficient? Should more be done to check someone's eyesight?
- If someone has a medical condition which means they can no longer safely drive, who do you think is currently responsible for notifying the DVLA?
  - *Moderator to provide – the patient/individual, the medical professional (optician/GP), both, someone else*
  - Why do you say that?
  - And who do you think should be responsible for notifying the DVLA?

### **Moderator to explain:**

*The DVLA in England, Scotland and Wales and the DVA in Northern Ireland are legally responsible for deciding if a person is medically fit to drive.*

*Currently in the UK, drivers must be able to read a number plate from 20 metres away – a test which is usually undertaken when an individual goes for a driving test. There are also minimum vision standards for driving motor vehicles which are set out in law.*

*However, there is no requirement for driving licence holders to produce any further evidence to show that their sight is within the legal limits to be able to drive safely, and there are no regular mandatory sight tests for drivers regardless of age.*

*The only time a driver will have their eye sight tested against the minimum standards is when there are concerns about their vision and how it may impact on their ability to drive safely.*

*It is currently the responsibility of the driving licence holder to let the DVLA know about any medical conditions that may affect their driving (including whether their sight is affected).*

*If the DVLA is notified that a driver has problems with their sight which may affect their ability to drive they can require the driver to have a further sight test. If the driver fails this sight test the DVLA can remove the drivers licence.*

- *What do you think about this current process?*
- *Do you think that it helps to prevent accidents on the roads?*
- What do you think about it being the responsibility of the individual/patient to notify the DVLA if they are no longer safe to drive because of poor eyesight?
  - Do you agree or disagree with this?
  - Who else should be responsible?

- Why do you say that?
- Can you think of any reasons why a patient, having been informed that they must notify the DVLA by their optician, would decide not to do this? (e.g. impact on their life)

## The role of Opticians in preventing people with poor eye sight from driving (15 minutes)

Currently, guidance for opticians states that they should advise their patients on the impact of any condition on their driving and on the drivers own legal requirement to notify the DVLA. Opticians should only notify the DVLA if their patient cannot or will not notify the DVLA themselves. This means that Opticians are not under a duty to always notify the DVLA if they have concerns about a driver's eyesight – they must use their judgment in each circumstance

Notifying the DVLA – against the patients consent - will mean breaching the patient's right to a confidential consultation. It is only classed as a breach of confidentiality if the patient does not consent to this.

- What do you think about what Opticians are currently required to do when they are concerned about a driver's eyesight?
  - Do you think it is sufficient to ensure that drivers with poor eye sight do not drive?
  - Do you think it gets the balance right between respecting the patient's right to have a confidential consultation and preventing drivers with poor eye sight from driving?
- Were you aware that your Opticians could do this?
  - If not, knowing what you know now, would this put you off having your eyes tested at all?
  - Do you think it might put off other drivers (e.g. older drivers) from having their eyes tested if they were aware of this?
- How would you feel if you were told to stop driving immediately by your optician?
  - What impact would this have on your life? *Moderator to probe – family, lifestyle, job*
  - What would you do as a result?
  - How much would you trust your optician's judgement?
  - How would you feel if your optician told you that you have a legal responsibility to notify the DVLA that you are no longer fit to drive?
  - Would you do it straight away?
- Would you feel any differently if you were told to stop driving immediately by your GP?
- If you were no longer fit to drive, how would you like to have this explained to you?
  - *Moderator to explore – with compassion, leaflets explaining the next steps/process for notifying the DVLA, a follow up letter etc.*

## Recent developments (15 mins)

Due to a number of casualties and fatalities in recent years involving drivers who have continued to drive against the advice of their optician and/or GP, there have been calls from some of the victims' families to introduce a mandatory requirement on opticians and doctors to automatically notify the DVLA when a patient is unfit to drive, regardless of whether or not a patient has given consent to share their records.

- What is your initial reaction to this idea?
  - Do you think it is a justified response?
  - Do you think it is "over the top" and disproportionate?
- Overall do you think this proposal would reduce the number of road traffic accidents?
- What impact could this have on patients?

- *Moderator to explore whether this would deter people from getting a sight test if they suspected their optician could refer them to the DVLA and, as a result, lose their driving licence*
- How would you feel about an optician passing on your medical details to the DVLA without your consent?
  - What impact would this have on the relationship between the optician or doctor and the patient?
  - Would this change the way you viewed healthcare professionals at all?
  - Would this make you think differently about making an appointment to see an optician?
- Can you think of anything else that could be done to further protect the public from those who have been deemed unfit to drive?

## **Thank and close (5 mins)**

*Moderator to thank participants for their contributions to the group.*

- To help summarise what we have been talking about this evening, what do you think are the 3 most important things we have discussed?
- Any other questions/points to raise?
- Hand out the incentive payments
- Thank & close

**General Optical Council  
Vision and Driving Research**

**Appendix D – Registrant focus group discussion  
guide**



# General Optical Council – DVLA Research Focus Group Discussion Guide

*This guide is to be used for focus group discussions. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses.*

## Introduction (3 mins)

My name is.....and I work for a company called Enventure Research.

You recently took part in an online survey on behalf of the General Optical Council into vision and safe driving.

You may be aware of a number of high profile cases where drivers, who have been assessed as medically unfit to drive by their optometrist or GP, have killed or injured road users, after ignoring the advice not to drive. This has led to calls from the families affected for a change in the rules to prevent this from happening again.

We are currently in the process of analysing the results of the survey. To provide greater insight, we would now like to explore the topic in more detail, directly with optical professionals like you, to help the GOC better understand some of the issues.

**IMPORTANT:** Please be assured that everything you say during this session is totally confidential, so please be as open and honest as possible. There is no right or wrong answer. Enventure Research is an independent research agency, meaning that we are not part of the GOC. We are not checking up on registrants in any way, we simply want to know what you think based on your own personal experiences and views.

Enventure works to the Market Research Society Code of Conduct, which means that anything you say this evening will be treated in the strictest confidence, and nothing will be tied back to your name.

All views and opinions of all present, no matter what your profession, are valid and will help shape the future policy of the GOC so it can continue to support registrants in protecting patients and the public.

I will be recording the session so I do not need to take notes as you are talking. However, the recording is only used to help me write my report and is deleted once it has been used and will not be passed to any third parties.

The session will last for no more than an hour and 15 minutes. Do you have any questions before we begin?

Can you please introduce yourselves?

- First name
- Job role/title and what it involves
- Where you work
- How long you have been working in the optical profession?

## The current process (5 mins)

- Can anyone recall any news stories over the past few years in relation to this topic?
  - What happened?
  - What was the outcome?
- Can anyone give a brief outline of the current process for assessing fitness to drive in relation to vision?
  - What role do the optical professions play?
  - Who is responsible for deciding whether a person is medically fit to drive?

- Who is responsible for notifying the DVLA if their eyesight is not fit to drive?

## The current process in practice (15 mins)

### Guidance

- What guidance exists to help you assess whether a patient meets the standards required to drive safely?
  - *Moderator to probe – DVLA, College of Optometrists, ABDO, GOC*
- Are you aware of the DVLA's guidance: *Assessing fitness to drive: a guide for medical professionals?*
  - Do you refer to/use the guidance? How often do you refer to it?
  - If not, then why not?
  - Is the guidance clear? If yes, why, if no, why?
  - Are you aware that there are different standards for different categories of drivers?
  - Were you aware that the guidance was updated in June 2017?
  - Do you think that more should be done to raise awareness of the guidance?

### Clarity

- How clear is the current process for assessing if a patient achieves the required visual standards for driving?
  - What is clear or unclear?
  - Is there anything about the process that is confusing?

### Confidence

- How confident do you feel assessing whether a patient meets the eye sight standards outlined in the DVLA's guidance?
  - In relation to the **visual acuity test**?
  - In relation to the **visual field test**?
    - Are the test results black and white / clear cut?
    - Can the test results be a grey area / confusing?
    - Do the tests require some interpretation?
    - How reliable is the visual field test?
    - Do any external factors influence the results? *E.g. how a patient performs on a specific day, lighting in the room etc.*
    - Do you feel competent in interpreting the results? If not, why not?
    - What if the results of the visual field are borderline?
- To what extent do you have to use your professional judgement to determine whether a patient meets the required standards?
  - In cases where you are unsure, what do you do?
    - *Ask for advice (e.g. a colleague, employer)*
    - *Ask professional or representative body (e.g. College of Optometrists, ABDO)*
    - *Refer a patient for further tests*
    - *Refer a patient to the DVLA*

## Balancing confidentiality with protecting the public (12 mins)

- Thinking about the standards that the GOC sets for its registrants (*in the Standards of Practice for the Optometrists and Dispensing Opticians*) in relation to patient confidentiality (standard 14) and protecting and safeguarding others from harm (standard 11):
  - Are the two standards clear?
  - Are they difficult to balance?
  - Do these two things ever come into conflict?

- If so, in what way?
- Do you give both these standards equal weight?
- Which standard is more at the forefront of your mind and why?
- When it comes to assessing fitness to drive, is it difficult to balance your duty to protect patient confidentiality with your wider duty to protect the public from risk of harm?
  - What are the difficulties?
- Do you feel like you need more support/guidance on how to apply these standards in practice in relation to assessing fitness to drive?
  - If yes, what else would be helpful?
  - If not, is this because each case is down to professional judgement?

## Communicating with patients (12 minutes)

- Thinking about situations where you have carried out the sight test and the patient falls below the standards, how confident/competent do you feel about:
  - Advising the patient on the impact of their eye sight for safe driving ability?
  - Advising the patient on their legal requirement to notify the DVLA of any relevant condition?
    - Were they aware of their legal responsibility beforehand?
    - Do you trust that patients will notify the DVLA themselves?
- What happens in cases where you know that a patient either cannot or will not notify the DVLA themselves?
  - Have you ever been in this situation?
  - When might this occur? (e.g. if patient has dementia etc.)
- How comfortable/competent would you feel in notifying the DVLA yourself in these types of situations without the patient's consent?
  - Would you try and get consent before?
  - Did you know that you should notify the DVLA in cases where a patient cannot or will not themselves and there is a risk to the public?
  - Should this be the role of the optical professions?
- How comfortable/competent would you feel in telling a patient that they must stop driving immediately?
  - Why might you feel uncomfortable about this?

## Overall views on the current process (5 minutes)

- Thinking about vision and safe driving generally, do you think the current process protects the public?
  - What are the benefits of it?
  - What are the drawbacks? (e.g. *relies on self-declaration, no formal eye sight test required to hold a licence, no regular testing of sight of licence holders etc.*)

## Mandatory reporting system (15 minutes)

*As you may be aware, due to a number of casualties and fatalities in recent years involving drivers who have continued to drive against the advice of their optometrist and/or GP, there have been calls from some of the victims' families to introduce a mandatory requirement for healthcare professionals such as the optical professions and doctors to automatically notify the DVLA when a patient does not meet the required visual sight standards and is unfit to drive (regardless of whether or not a patient has given consent to share their records).*

- If optometrists and dispensing opticians were required to notify the DLVA/DVA in all circumstances where a patient does not meet the visual standards for driving, do you think would this improve public safety?
  - Why do you say that?
  - In what ways would it improve?
- Do you have any concerns about this approach?
  - If so, what are these?
  - Breaching patient confidentiality?
  - Would patients be deterred from getting their sight tested?
  - Would it erode the relationship of trust and confidentiality?
  - Is it proportionate/disproportionate?
- What are the benefits of this approach?
- What are the drawbacks?
- Other healthcare professionals such as GPs, nurses and pharmacists might also encounter patients who may not be fit to drive due to a medical condition or medication they are prescribed.
  - Do you think that all healthcare professionals should have the same duty?
  - Why do you say that?
- How do you think your employer views the current process?
- And how do you think your employer would view a mandatory reporting system?
  - Do you think they would support or discourage employees from reporting to the DVLA?

### **Further guidance and support (5 minutes)**

- Thinking about the current system of assessing fitness to drive, is there anything that could be done to help you in your role? (*e.g. more guidance, CET training, awareness raising etc.*)
  - From your employer
  - From the GOC
  - From your professional or representative body

### **Thank and close (3 mins)**

*Moderator to thank participants for their contributions to the group.*

- Any other questions/points to raise?
- Hand out the incentive payments
- Thank & close