

Report of	Meeting	Date
Director of People and Places	Licensing and Public Safety Committee	14 December 2011

TAXI / PRIVATE HIRE DRIVERS MEDICAL EXAMINATION PROCEDURE

PURPOSE OF REPORT

1. To seek Members approval for the changes made to the medical examination procedure for taxi and private hire drivers.

RECOMMENDATION(S)

- 2 That Members consider the report and approve the proposed changes to the medical examination procedure relating to Hackney Carriage and Private Hire Driver Licences.
3. Members are asked to determine which method of referral is preferred:
Option 1- cost of medical referral is absorbed within the taxi licensing regime budget.
Option 2- cost of referral is borne by the applicant.

EXECUTIVE SUMMARY OF REPORT

4. A report (Appendix A) was originally submitted to Licensing and Public Safety Committee on 14 September 2011 where it was resolved – That the implementation of the revised medical examination procedure be deferred, to allow the Licensing Liaison Panel to make comments before being brought back to the Committee for approval.
5. The issue was discussed at a Licensing Liaison Panel meeting on 31st October 2011 chaired by Councillor Stella Walsh. The following questions / concerns were raised:
 - a. Why does Chorley Council feel the need to implement this system when no other surrounding local authorities are doing the same?
 - b. Drivers are likely to stop taking their prescribed medication in order to pass the medical examination.
 - c. Why can't the individual driver bear the cost of the referral to the Group 2 specialist?

It was agreed that a balanced report be submitted to the Licensing and Public Safety Committee addressing the issues raised above and these questions and concerns are answered within the body of the report.

- 6 Taxi and private hire drivers are required to undertake a medical examination to demonstrate that they are fit to drive. The current medical examination form requires the applicant to present themselves to a general medical practitioner (GP) for an assessment of their fitness to drive under DVLA Group 2 standards. Evidence indicates that the majority of GP's may not be experienced or conversant with these complex standards.

- 7 The Council's current examination form has been revised by a medical professional competent with Group 2 standards and is attached at Appendix B. It is proposed that where any concerns relating to the drivers' fitness are highlighted by the GP, the examination form will be referred to a medical professional conversant with DVLA Group 2 standards.
- 8 There is the potential with the current medical examination procedure where a driver could be certified fit to drive when actually they do not comply with the DVLA Group 2 standards. The proposed changes will only affect a very small amount of drivers whose GP states there is a serious medical concern and will ensure that a suitably qualified person makes the assessment of fitness to drive in line with the DVLA Group 2 standards.

Confidential report Please bold as appropriate	Yes	No
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CORPORATE PRIORITIES

9. This report relates to the following Strategic Objectives:

Strong Family Support		Education and Jobs	
Being Healthy		Pride in Quality Homes and Clean Neighbourhoods	
Safe Respectful Communities		Quality Community Services and Spaces	
Vibrant Local Economy		Thriving Town Centre, Local Attractions and Villages	
A Council that is a consistently Top Performing Organisation and Delivers Excellent Value for Money			√

BACKGROUND

10. All taxi and private hire driver are required to undertake a medical examination on initial application; when they reach 45 years of age; then every 5 years until they are 65 when they go to annual medical examination. This means that where a driver applies at the earliest age of 21, they could go 24 years without ever having a check on their medical fitness to drive.
11. The medical must be carried out by a general medical practitioner (GP) who has access to the drivers records of medical history so this can be referred to when making a decision regarding the applicants medical fitness.
12. It is appropriate for taxi and private hire drivers to have more stringent medical standards than those applicable to normal car drivers because:
- they carry members of the general public who have expectations of a safe journey;
 - they are on the road for longer hours than most car drivers; and
 - they may have to assist disabled passengers and handle luggage;
13. As recommended by the Department of Transport- "*Taxi and Private Hire Vehicle Licensing- Best Practice Guidance*" (March 2010) and approved by members at Licensing and Public Safety Committee in September 2010, all drivers in Chorley are required to be assessed against the "Group 2" medical standards. Members should note that these are the same standards as applied by DVLA to the licensing of lorry and bus drivers.

14. Although the vast majority of GP's are qualified to assess whether a person is medically fit, they may not be experienced or conversant with the complex Group 2 medical standards for fitness to drive.
15. Our current medical examination form requires GP's to specifically state whether the applicant they are assessing is fit to drive. Officers are aware of cases where an applicant was informed by his usual GP that they were unable to carry out the assessment as they acknowledged they were not competent to assess under the relevant Group 2 standards.
16. As a desktop exercise, officers presented a specialist consultant who is conversant with Group 2 standards, with two randomly selected anonymised medical examinations for current drivers in Chorley that had been certified fit to drive. He stated that based on the results of the first one, he would have serious concerns as to whether the driver is suffering from "sleep apnea" and that he would require further tests to establish if the driver was suffering from this and if so, to what extent. For members information sleep apnea is described as follows:
 17. Sleep apnea is an ongoing condition which generally results in poor sleep quality (due to the interrupted nature of your sleep). Despite the causes of sleep apnea varying based on what type you suffer from, the symptoms are largely the same. The most common symptoms are as follows:
 - Loud snoring – more common in obstructive sleep apnea
 - Difficulty staying asleep (insomnia) – more common in central and complex
 - Waking up with a dry or sore throat
 - Morning headaches
 - Excessive tiredness during the day (hypersomnia)
 - Cessations or pauses of breathing while asleep
 - Frequent need to urinate at night
 - Memory or learning problems & not being able to concentrate – most common in young children and can often lead to an incorrect ADHD diagnosis.
 - Irritability, depression, mood swings or personality changes
18. The DVLA Group 2 standards state in cases of Obstructive Sleep Apnea:

Driving must cease until satisfactory control of symptoms has been attained, with ongoing compliance with treatment, confirmed by consultant / specialist opinion. Regular, normally annual, licensing review required.

The specialist did not have any concerns regarding the other drivers fitness to drive based on the details provided on the other medical examination.
19. Officers recently received a complaint regarding a driver appearing drunk whilst carrying passengers. Officers established that the driver had been diagnosed with advanced multiple sclerosis of which it is recognised that symptoms may make a person appear as drunk or intoxicated. The driver had not told the Council of his condition and his licence was suspended. The driver then independently requested his doctor to carry out a medical in which he was determined fit to drive. He came into the offices to present the medical and was clearly struggling with general mobility. He agreed to refer his medical examination to Dr G Parker, Consultant Occupational Physician at Lancashire Teaching Hospitals and a DVLA Group 2 standards specialist. Dr Parker categorically stated that he should not operate as a licensed driver and provided a report to confirm this. The driver subsequently acknowledged he was no longer fit to drive and surrendered his licence.

20. Neighbouring local authorities have adopted a wide variety of approaches to the frequency and standards of medical examinations for drivers. The proposed changes to the examination procedure are based on:
- information supplied from individual drivers about their GPs' reluctance to complete the form;
 - the results of the desktop exercise; and
 - the example explained in paragraph 19.

The proposed changes would only affect the very small proportion of the drivers in Chorley whose GP's have highlighted serious concerns about their medical fitness.

21. The Council's current medical examination form has been revised by Dr G Parker and is attached at Appendix B. Essentially, there is no material change in the examination form as the questions are standard for a Group 2 assessment. However, the questions now clearly demonstrate where there is an issue that requires the applicant's medical condition to be considered against Group 2 standards by someone competent to assess their fitness to drive at this standard.
22. It is proposed that on receipt of a completed medical examination form, Public Protection Officers will establish whether any of the medical checks have been ticked "Yes". If this is the case, the paperwork will then be referred to a competent Group 2 medical professional. They will review the medical examination form and provide the Council with a report as to the applicants' fitness to drive.
23. Should members approve the recommendations, this would align our medical procedure with the DVLA Group 2 standards in its entirety and not in part as we are currently operating. Members will be able to place complete reliance that any recommendations they are being asked to consider will be made by a competent medical professional conversant with the relevant standards. The proposed changes would not only protect the Council and allow officers and members to make an informed decision on the determination of an application, but would also protect public safety and the applicant themselves.
24. Research suggests that specialists competent to assess drivers against Group 2 standards work on a rate of approximately £100 / hour. However, anecdotal evidence from officers at South Lakeland District Council who operate the proposed system indicates that the majority of referrals would take the specialist 10 /15 minutes to review the medical. Admittedly, if there are health concerns regarding the applicants' fitness to drive then the length of time writing a report would increase.
25. The specialist can also recommend that conditions should be attached to the drivers licence which would allow more frequent monitoring of a drivers health condition if there are concerns that it could deteriorate i.e. diabetes. At present, officers are not aware of a GP ever making these recommendations on a medical examination form.
26. Should Members be minded to approve the proposed changes to the medical examination procedure then Members are asked to decide which method of referral they wish to approve:

Option 1

Officers would electronically refer the medical to an approved DVLA Group 2 medical professional and receive a report in return that would be handed to the driver. The Council, acting within its statutory powers, would bear the cost of this referral and it will be recovered within the current licensing fee structure.

This would ensure the Council retained control over the referral, reduce further administrative burdens on the applicant and prevent any unnecessary delays in the application process.

Option 2

If a GP highlighted any serious health issues on the medical, the applicant / driver would be provided with an approved list of competent DVLA Group 2 medical professionals and they would be required to make an appointment, attend the referral meeting and pay that person direct. They would then have to provide a report to the Council based on the outcome of the referral. The actual cost of this would only be established after the referral process is complete and would be based entirely on the medical professionals' time.

- 27. On the recommendation of the Group 2 medical professional, the applicant may be required to undertake additional medical assessments to establish their fitness to drive. If this is the case, the applicant will be notified and they will be required to meet any further cost incurred. These tests would be commissioned by the drivers GP.
- 28. It is unlikely that a driver would be able to influence the result of the medical by intentionally not taking prescribed medicine as they are required to be assessed by a GP that has access to their personal medical records. It is also inconceivable that a driver would omit to consult their GP on a serious medical condition in order to pass their taxi/private hire medical examination. If a driver is this way minded then the Council really are limited in their ability to influence this matter.

IMPLICATIONS OF REPORT

- 29. This report has implications in the following areas and the relevant Directors' comments are included:

Finance		Customer Services	
Human Resources		Equality and Diversity	
Legal	√	Integrated Impact Assessment required?	
No significant implications in this area		Policy and Communications	

COMMENTS OF THE MONITORING OFFICER

- 30. It is proportionate, reasonable and in the public interest to recognise a medical standard prior to the grant or renewal of a Hackney Carriage, or Private Hire Drivers Licence or during the lifetime of an existing licence should a medical concern be raised.
- 31. The Committee should take a prudent and cautious line, balancing the human rights of drivers to earn a living with public safety considerations should Option 2 be accepted.

JAMIE CARSON
DIRECTOR PEOPLE AND PLACES

There are no background papers to this report.

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