

The College

Psychiatric standards of fitness to drive large goods vehicles (LGVs) and passenger carrying vehicles (PCVs)

Introduction

Very careful consideration is required regarding the psychiatric standards of fitness to drive large goods vehicles (LGVs) and passenger carrying vehicles (PCVs). The Royal College of Psychiatrists produced a commentary and guidance on this matter in 1981, and this was updated in 1984. A further review over the course of 1991–92 has led to this updated guidance. It should also be noted that since 1984 European legislation has altered, and continues to do so.

Persons suffering from acute psychosis, or with such a history, or requiring continuous psychotropic medication with major tranquillisers, are not recommended for such licences until psychiatric examination has shown that they meet the criteria detailed below.

It has been suggested that variations in the use of the term 'psychosis' are problematic in this regard. For this reason, more specific diagnostic categorisation is now suggested. However, application of the original advice using the term does not seem to have led to practical difficulties, although each case has to be considered individually. The Department of Transport has always to keep in mind the possible consequences of a disaster due to a driver suffering from mental illness at the wheel of a LGV or PCV.

Specific psychiatric considerations with drivers of LGVs and PCVs

The Royal College of Psychiatrists recommends that: (1) An acute psychosis, whether schizophrenic, manic depressive, other depressive psychosis, or other psychosis listed in the *International Classification of Diseases 10th Revision* under the following categories: F20, F22, F23, F25, F28, F29, F30, F31, F32.3 and F33.3, should lead to the withdrawal of a licence.

(2) Dependency on alcohol or continuing chronic alcohol consumption with inability to refrain from drinking and driving, and drug abuse with dependency on psychotropic substances should lead to advice to the patient to inform the Driver Vehicle Licensing Authority (DVLA) and discontinue driving in the meantime. After a three year period of

abstinence from alcohol and subject to authorised medical opinion and regular medical check-ups, the EEC Directive 91/439 allows the issue or renewal of a licence for applicants or drivers who in the past have been dependant on alcohol.

(3) Driving licences shall not be issued to or renewed for applicants who regularly use psychotropic substances, in whatever form, which hamper the ability to drive safely where such large quantities are absorbed that they are likely to have an adverse effect on driving. This shall apply to all other medicaments or combinations of medicaments which can hamper the ability to drive safely. The Royal College of Psychiatrists advises that an individual licence holder or applicant should be recommended to notify DVLA about their condition and should be recommended to discontinue driving until symptom free for a period of six months.

(4) Organic brain disorder leading to a psychiatric disability which might impair driving skills should be an absolute bar (i) (ii).

(5) Any person who has a driving licence withdrawn or withheld on medical grounds in England and Wales has a right of appeal to a Magistrates Court and in Scotland to a Sheriffs Court. An informal procedure already exists involving the Senior Medical Adviser at DVLA, with two independent psychiatrists, one nominated by the patient or the patient's general practitioner, and the other nominated by the Department of Transport.

(6) Unless either a minimum period of three years after the cessation of treatment, or a period of three years with a stable condition while on medication has elapsed, an application for the reinstatement of the licence should be unlikely to receive psychiatric support. Where, following the cessation of treatment there are residual symptoms of the illness which have been stable for a minimum period of three years and do not impair driving skills, these will usually not preclude an application for the reinstatement of a licence.

(7) Patients who have had their licence refused or revoked as a result of the above advice may make a fresh application on form D1, obtainable from a Post Office. Such patients will be invited by DVLA to detail their medical condition and give consent to their doctors and specialists giving reports about their condition. Failure to give such consent will

lead to mandatory refusal of the application in accordance with the Road Traffic Act.

(8) Following the reinstatement of a licence the patient's clinician should be mindful to monitor the patient's mental health and compliance with any pertinent treatment. Medical practitioners must, in accordance with these guidelines, inform DVIA where they know that the patient is not complying with the treatment or their mental state has deteriorated to the point that they are likely to be a source of danger to the public. The General Medical Council ethical code allows such notification where the public are at risk and a patient has failed to fulfil the Road Traffic Act obligation to immediately inform DVLA. It is acknowledged that monitoring patient compliance can sometimes be impracticable.

(9) It is impossible to frame regulations for drivers with personality disorder (although matters may appear clear cut with psychopathic disorder), but it is likely that those constituting a danger can be

identified by a record of police offences, not necessarily connected with driving (such as assault or drunkenness). These can be excluded on a non-medical basis, and can be dealt with/without any medical information.

A system of conditional licensing might be evolved.

The Royal College of Psychiatrists is aware that with the development of new treatments and changes in medical practice, these recommendations will need to be reviewed at regular intervals.

Footnotes

(i) Legislation states that severe mental handicap is an absolute bar by law, but learning disability is assessed by function.

(ii) Epilepsy has been excluded, since it is covered by existing regulations.

Approved by Council June 1993

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College elections

Candidates for election to Council

	Votes
Dr M. Alexander	675
Dr K. G. M. Bhakta	698
Dr J. Birley	1469*
Dr J. Holmes	1131*
Professor C. Katona	1104*
Dr P. Maddocks	768*
Dr R. Williams	1022*

* Successful candidates.

Candidates for election to the Court of Electors

	Votes
Professor F. Creed	1023*
Dr K. Day	713*
Dr P. Fenwick	816*
Professor H. Ghodse	769*
Professor J. Gunn	1088*
Dr M. Lipsedge	846*
Dr K. Murray	536
Dr J. Robertson	503
Dr C. Smith	609
Dr R. Symonds	467
Dr G. Wallen	461

College Manpower Census

The first College Manpower Census has recently been completed. It is published as an occasional

paper of Council (OP20) and is available from the Publications Department at a cost of £5.00.