CIECA Report Medical Fitness to Drive General

Report covering the answers to the questionnaire

about medical fitness to drive and general issues

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CIECA Topical Group on Fitness to Drive

Sub group 2: Setting Standards for the Evaluation of Medical Fitness to Drive

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The International Commission for Driver Testing

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1. INTRODUCTION

In the European Union, when applying or renewing a driving license, drivers must meet the minimum standards of physical and mental fitness as defined in Annex III of the European directive (EU DIRECTIVE 2006/126/EC).
All EU countries need to comply with the EU Directives which they are required to transpose into national legislation. The requirements for medical fitness are regulated in the Annex III of the EU directives and amendments on driver licensing (2006/126/EC; 2009/113/EC; 2014/85/EU; 2016/1106). However, as a directive requires member states to achieve a particular result without dictating the means of achieving that result, individual countries developed national strategies, norms, and guidelines, and sometimes introduced more specific requirements. However, also on a more general level, the general national procedures are subject to vast variation. Many national systems do not seem to have been devised based on a fully and well considered rationale. In most cases the current systems are amended and tailored to political, social, economic, medical and historical realities in the respective countries.

With a questionnaire about medical fitness to drive we tried to understand on a general level the differences and similarities between the Fitness to Drive (FTD) evaluation systems in different EU and EEA countries.

The questionnaire was sent out in August 2018 by email to 31 members of CIECA. An introductory letter explained its context, purpose, and requirements of the respondents. After the initial submission, all countries were reminded twice, the last time 3 weeks after the initial deadline. The data collection finished in February 2019. Because at the time of preliminary analysis additional questions and unclarities arose, an additional small questionnaire was sent out to all 31 countries. The results hereafter are the descriptions of both parts.

The primary purpose of the questionnaire was not to compare in detail the different countries' systems. Rather, it served only to have a first and broad idea about the different possibilities, options and opportunities in general implementation, in the context of the EU framework. The results will therefore only be described generally, without specifically referring to individual countries.

The questionnaire consisted of 11 (core) questions. Some questions had yes/no answers, others were open and asked for clarification or explanation. Eighteen (18) countries responded to the questionnaire: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Hungary, Ireland, Luxembourg, Northern Ireland, Norway, Portugal, Spain, Sweden, and The Netherlands. At the second stage three additional questions were sent out. They had the same format: closed answers with the possibility of adding comments. On this second small questionnaire we received 17 answers: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Ireland, Luxembourg, Norway, Poland, Spain, Sweden, The Netherlands, and Switzerland. Fifteen (15) countries responded to both questionnaires. Hence some countries only responded to one of them. The questionnaires are included in the annex I.

2. THE RESULTS

All countries confirmed that they had implemented all relevant directives (2006/126/EC, 2009/113/EC, 2014/85/EU, 2016/1106). This is of course a European requirement and confirming the opposite would have to be accounted for at the level of the EU Commission. From the comments we inferred however that not all countries implemented all aspects of the directives to the same extent and in the same way. Some countries merely translated the Annex III into a national legal format; others transposed it into guidelines or a handbook, being more elaborate and extended, and, more importantly, clinically usable.

It is obvious that these different methods of implementation, namely a literal transposition versus a clinical guideline, cannot have the same status or format. For instance, it was confirmed in that the legal status of the FTD procedure is reported to be a law in 15 countries (83%), a decree in 2 countries (11%) and a regulation in 1 country (5%).

Although it is likely that the definition of these legal acts might be different in different countries, it is however obvious that the differences in legal statuses have consequences for the processes and time needed eventually changing or adapting them, as well as their decisive and binding nature.

To appreciate the differences and perhaps also to understand the status and the consequences of the legislative approach of the respective countries, we can refer to EU legislation as a comparison. The EU has 5 different legislative acts: Regulations, Directives, Decisions, Recommendations, and Opinions.
A 'regulation' is a binding legislative act and must be applied in its entirety. A 'directive' is a legislative act that sets out a goal that must be achieved. However, the processes and procedures to reach the goal are not determined. It is binding, only with respect to the result. A 'decision' is only binding on those to whom it is addressed (e.g. one EU country or one individual company), is limited in scope, and is directly applicable. A 'recommendation' is not binding and has therefore no legal consequences. It allows to make views known and to suggest a line of action without imposing any legal obligation on those to whom it is addressed. And finally, an 'opinion' is an instrument that allows to make a statement in a non-binding fashion.

It was apparent from the comments that at least in some countries different parts of the procedure had different formats and that depending on the background of the respondents one or another part was deemed as the core of the procedure (legal framework versus clinical guideline). To use the definitions mentioned above, some countries have the complete and full FTD procedure as a regulation. Others have only the general procedures as a 'regulation' and have their specific rules as a recommendation, for example as a guideline or handbook.
It was estimated by 13 respondents (72%) that changing or adapting the procedure would prove to be difficult and laborious. Evidently, the higher the legal status, the more difficult to change. Indeed, a guideline or handbook is more flexible and easier to produce, amend and to change since it could be the result of a dedicated congress, workshop, clinic or left to the discretion of a dedicated working group or team of experts.
Related to the 'popularity' of the procedures, it was estimated by 13 countries (72%) that their national FTD procedure is a rather well-known practice for the broader public.

In summary we can conclude that all procedures implemented by the 18 countries respect the relevant EU directives. All countries consider their procedures at least partly formally governed by a high-level legislative act, which makes it rather difficult to change and amend. Formalizing different parts of the procedure into separate legislative acts might facilitate eventual change, amendment, and update.

The outcome (or product) of the FTD procedure was described as a medical certificate by 14 respondents (78%), as a report by 3 respondents (17%), and as an administrative decision by 1 respondent (5%). This difference in nature of the end product reflects (at least partly) the differences in views on the nature of the FTD outcome i.e. as a medical or clinical opinion versus a broader administrative decision. Formally, the EU directive requires a FTD decision to (in)validate the status of the driving licence. This decision can be the result of a two-step process in which the decision is based and hence preceded by a clinical opinion. Although obviously related, the opinion and decision have a different status and can be formulated by different actors.
In some countries an FTD expert (or group of experts) merely formulate(s) an FTD opinion. It has to be seen as 'an educated and well-founded opinion' on FTD. A subsequent additional, usually administrative, act is then needed to transpose the opinion into a formal decision. This could take the form of a formal 'acknowledgment' which (nearly automatically or without transfer of clinical information) transposes the opinion into a decision. This could be for example when an authority merely puts a stamp on the opinion of an accredited expert and by doing so transforms the opinion into an official decision. Another example could be that the formulated FTD opinion is just one or another element in a subsequent decision-taking process. The opinion could for example be added to elements like previous fines and convictions, criminal records etc. Another higher-level expert or administration would then combine the clinical FTD opinion with other elements, all together resulting in a final decision impacting the status of the drivers' licence. In the latter case, this higher-level expert or administration could also be requesting a mere report. The difference between an opinion and a report is that the latter is merely a summation of uninterpreted data or results, hence without expressing impact on FTD. An opinion involves at least a qualitative statement based on interpretations of data.
These different approaches are reflected in the questionnaire in that it was reported that in 12 countries (67%) the final decision is taken by the authority (or police). In the other countries (33%) the assessing physician, the treating physician, or another team of experts decide individually and on their own.

In the majority of countries (n=11, 61%) the applicant (driver) owns the outcome of the procedure. However, in 7 countries (39%) this outcome is owned by the authority, in 2 countries (11%) the medical practitioners are also owners. From the comments we infer that combinations of ownership are possible. This was explicitly mentioned in one country. The difference in ownership might be due to the nature of the product and also by national implementations of data protection: it more likely that the authority owns the decision and that the driver owns the clinical opinion.

A similar and related difference can be inferred by reviewing to whom the outcome of the FTD procedure is addressed. It is reported to be addressed to the applicant in 7 countries (39%), to the authority (police inclusive) in 5 countries (28%), and to both in 6 countries (33%).

We also asked whether the compliance with the FTD decision was checked or enforced in any way. Results showed that 8 countries (44%) check or enforce compliance, 8 (44%) do not, and 2 (11%) did not respond to this question. From the few remarks made we infer that this question might not be understood as we intended, as one country responded 'yes' and explained that appeal against the decision was possible. The responses to this question might not reflect reality, and we might only be able to conclude that the concept of FTD related enforcement is not clearly defined.

We also investigated the characteristics of the implementation of FTD procedures. The majority of respondents (N=12, 67%) described their procedure as quite flexible. This was explained by 9 countries (50%) as that the procedure can be individually interpreted; 11 countries (61%) stated that it can be modified or tailored to the individual situation. This is likely the consequence of the fact that in many countries a medical assessment is the basis of the FTD procedure. The MD or clinician, perhaps following medical or other protocols, is assessing the state of an individual. Given the potentially large differences between individual drivers with the same condition(s), the clinician will eventually 'personalise' the assessment.

The high involvement of the medical profession was also common. Thirteen countries (72%) stated that a medical assessment is included as standard procedure. In the other 5 countries (28%) this medical assessment is conditional, either on a case-by-case basis or by decision of a relevant authority.
For the psychological assessment the picture is somewhat different. Contrary to the medical profession which is always or, otherwise, can be included, in 3 countries (17%) there is no opportunity to involve the psychological profession. All the other countries (N=15, 83%) do or can include them in the FTD process. Two countries (11%) do not specify the conditions. Eight countries (44%) specify that this assessment is only performed upon medical decision, in 2 countries (11%) the authority decides, and in another 2 countries (11%) the psychological inclusion is on a 'case-by-case' basis. From our understanding, there is only one country (5%) that has psychological assessment as a standard procedure in all FTD assessments.
A similar picture as for the psychological assessment emerged in relation to on-road assessments in the FTD procedure: 14 countries (78%) confirmed to involve them. In 8 countries (44%) the on-road assessment is performed as a result of a medical decision. In 3 countries (17%) it is performed on the decision of an authority and three countries (17%) do not specify the conditions. On-road assessments are not performed in 4 countries (22%).

The majority of countries (N=14, 78%) confirm that the types of assessments that are included in their national procedures are, at least to a minimal extent, legally required, described, or defined. This is explained to be the decision of the authority in 11 countries (61%). In 3 countries (17%) it is reported as a shared competence between authority and medical profession. Only in 4 countries (22%) are the types of assessments left purely to medical discretion. From the comments provided we can infer the different implementations. The type(s) of assessment(s), more pertinently for psychological and on-road assessment, can be determined by the clinical presentation of the individual patient, and hence additional assessments are only performed whenever the MD sees appropriate. In other countries the assessments are determined by medical diagnose or category of pathology (for example in all stroke patients a psychological assessment is indicated). In some countries not the clinical

presentation or diagnose, but the type or group of requested DL determines the nature of the assessments.
From the comments we infer that in some countries the professionals performing the medical, psychological, and on-road assessments in the FTD procedure require specific qualifications or need to be accredited. In other countries there are no requirements.

When asked whether EU restriction codes ('Limited Use Codes') were used, 16 countries (89%) responded 'yes'. The 'Harmonised European Union codes' reflecting restrictions are the codes 61-69 (EU Directive 2015/653, see annex II). From the comments were inferred that although most countries using them, far from all codes are used. The responses showed that the most 'popular' codes reflect restrictions to day time driving only (code 61), limited within restricted radius (code 62), limited to restricted speeds (code 64), and no motorway driving (code 67).
Eight countries (44%) were also using national restriction codes. Common examples of those national restriction are 'obligation to submit regular medical reports' and 'obligation to carry spare glasses. These are restrictions imposed by the individual Member State and it is far from clear to what extent they have cross border implications. Since they are national codes, it could be interpreted that they only apply on national territory.

We did not examine any differences in individual criteria or guidelines between the countries. However, we did probe for differences in procedures for group 1 and group 2 driving licences. Generally speaking, most 'smaller' vehicles for personal use (mopeds, motorbikes, cars, etc) require a group 1 driving licence. The 'bigger' vehicles (trucks, buses) require a group 2 driving licence. There is a vast variation for the 'smaller' vehicles, but driven for professional use (for example taxi driving): in some countries they belong to group 1, in others to group 2. In all countries different procedures are reported for group 1 and group 2 licences. However, 8 countries (44%) confirmed also different procedures for different categories within the driving licence group: procedures could be different for category A (motorbikes) than for category B (cars).

Given the reported significant involvement of the medical profession in the FTD procedures, one could expect close links with the health care system. However, this link is reported to be completely absent in 8 countries (44%). The most frequently reported reasons for this are data protection legislation, which clearly are implemented differentially in different countries.
Hence, in most countries the FTD procedure appears to be 'stand-alone'. This is further confirmed by the fact that only in 5 of the 14 countries (36%) that perform them, the on-road assessment is somehow linked to the driving test required for obtaining a (first) driving license. One example of this is that the on-road fitness to drive assessment can be performed at the same time and/or by the same experts as the (initial) on-road driving test. In the remaining countries (64%) both 'assessment' and 'test' are fully independent.

It is evident that the result of a FTD assessment could be that car adaptations are required. As with the restrictions in use, these adaptations will be mentioned on the driving licence by means of codes (EU Directive 2015/653). Installing car adaptations is a technically important intervention (for example modifying the brake system) evidently changing the initial properties and configuration of the car. This might require a re-certification of the adequateness of the new technical configuration by means of a (specific) vehicle inspection activity. Hence, when car adaptations are pertinent, some link with the national vehicle inspection system might be expected. However, in 11 countries (61%) there is no relationship of the FTD procedure with the vehicle inspection system.

After adapting the vehicle, and changing the initial or habitual technical configuration of the car (for example accelerator pedal on the left instead on the right) some sort of specific (re)training of the driver might be needed. Perhaps 'old' habits and automated reactions need to be 'unlearned' and replaced by new ones. Hence, some sort of link to the driver education or training system might be expected. However, in nearly all countries (N=16, 89%) the FTD procedure is not linked to the driver education system.

We also enquired about the way in which the FTD procedure is initiated. In one country (6%) no formal declaration or other (para)medical action is requested at first driving licence application, and in one country (6%) each applicant for a driving licence is subjected to a medical assessment. In two countries (12%) the procedure starts with the submission of a medical certificate. In all other countries driving licence application starts with the submission of some sort of itemized declaration of relevant medical conditions (N=13, 76%).

Since 2013, all driving licences issued in the EU have a standard format – a plastic, credit card-sized photocard, with improved security features. Old-style licences are to be replaced at the latest by 2033. With this change, the administrative validity of the licences was determined (limited) for licence renewal. The EU Commission reports that most EU countries (N=19) apply a maximum validity period of 10 years and that only 9 countries apply 15 years. Our results also show that the procedures applied at driving licence renewal are similar to the procedures at first application. Some differences are apparent: 10 countries (59%) apply the same procedure (itemized, certificate, examination). Seven countries are less demanding at renewal: either they no longer require any declaration or other (para)medical document or action, or they request this only when the validity was limited for medical reason, or for reasons of advanced age, or they replace the medical certificate by an itemized declaration. Only half of the countries (N=8, 47%) report that drivers are mandated to report any medical conditions relevant to FTD if it develops between driving licence renewals.

3. CONCLUSION

The analysis of the information supplied by 18 countries confirmed that, although they all were fully compliant with the EU Driving License Directive, the national implementations do differ substantially. However, on the general level there are some similarities as well.

All FTD procedures have a respective national legal basis, although some countries have chosen to implement different parts in different legal acts. This has consequences on several levels. In most countries the nature and the content of the FTD assessments are determined by the national authority and the final decision is also taken at that level. Changing and updating the procedures is generally considered not to be straightforward. In all the participating countries the medical profession is at the heart of the procedure and it is therefore logical that the end product of the FTD procedure is frequently a medical certificate. Future analysis, discussion and comparison of FTD procedures needs to make the distinction between formulating a medical or clinical (or other) opinion with respect to FTD, and taking the final decision in the FTD process. In some countries both acts are the same, in other countries the opinion is provided to a legal body transforming it into a final decision. This explains the differences in ownership of the procedure, the product and who is or can be informed about the opinion.

As most countries describe their procedure as 'medical' in nature, it is not surprising that in most countries the procedures can to some extent be individualized. With respect to the inclusion of other disciplines we observed significant disparity. Whereas the medical assessment is mainly undisputed, the same cannot be said for the psychological and even less so for the practical driving assessment. Most countries can include psychological assessments, but only upon an additional decision or specific situation or condition. As a consequence, the criteria for including them are bound to be different. A similar situation prevails with respect to the on-road assessment, although more countries do not include this aspect at all.
In most countries the FTD procedure is rather 'stand-alone' and hence has no links with the general health care system or other areas as driver training, driver examination or vehicle inspection. As there are generally no formal links with health care services, inclusion of drivers that develop debarring medical or other conditions in between driving license renewals remains a matter of opportunistic assessment and advice by clinicians, unless perhaps chronological age is used as an arbitrary criterion. Also, nearly half of the countries reported no apparent requirement or procedure for reporting, neither by driver nor clinician, an important change in any condition likely to influence FTD. Most driving license application procedures start with some sort of itemized declaration in relation to relevant medical conditions, but some countries demand an actual medical certificate or even impose a medical assessment. At driving license renewal, the procedures are very similar to the 'first application procedure' of the respective countries. However, some countries become less stringent subsequently, and for example no longer require any certification. Inversely, other countries get more stringent at renewal, for example based on advanced age.

Annexes

Annex I Questionnaire on Medical Fitness to Drive / General issues

Annex II The 'Harmonised European Union codes' 61 - 69 reflecting restrictions as per Commission Directive (EU) 2015/653 of 24 April 2015 amending Directive 2006/126/EC of the European Parliament and of the Council on driving licences

Annex I: Questionnaire on Medical Fitness to Drive / General issues

2018-05-QUEST_Medical-Fitness-to-Drive_General

Re. Questionnaire on Medical Fitness to Drive / General issues

Dear Sir or Madam

On behalf of CIECA, the International Commission for Driver Testing[1], and its Topical Group called "Setting Standards for the Evaluation of Medical Fitness to Drive", we would like to send you a questionnaire concerning general topics related to the Fitness To Drive evaluation procedure.

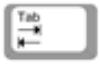
The CIECA Topical Group "Setting Standards for the Evaluation of Medical Fitness to Drive" was created in February 2018. One of its aims is to make comparisons between European countries with regards to standards and procedures in evaluating Medical Fitness to Drive. The results of such a comparison will be to find best practices through discussions between representatives from different European countries. Furthermore, the Topical group also aims at giving input to the EU Commission on suggestions for changes in the Annex III of the EU directives and amendments on driver licensing (2006/126/EC; 2009/113/EC; 2014/85/EU; 2016/1106) as they are in need of updating in certain areas.

Your input to describe the procedures in your country when it comes to general issues is very important and we hope that you, by giving this information, will assist in the work to get better and updated EU rules within this field. In this aspect it is especially important that the views of relevant experts (medical doctors, psychologists, etc.) in your organisation are included. If you are not the best person to answer this questionnaire, we hope that you will be able to deliver it to the relevant expert.

The information that you provide will be accessed directly only by CIECA employees and members of the "Setting Standards for Evaluation of Medical Fitness to Drive" Topical Group. The data will be coded and uploaded onto a password protected server in CIECA. Your contact details will be accessible only by CIECA employees in compliance with the terms of GDPR regulation.

Please note that this questionnaire should be filled in on your computer and returned by e-mail to blanka.wirth@cieca.eu at your earliest convenience, ideally before **14 September 2018**.

To fill in the questionnaire just click on the grey boxes and start writing. Move to the next question with the TAB key



[1] CIECA is the International Commission for Driver Testing, active in the fields of road safety and driver testing. CIECA currently has 72 members in 38 countries worldwide. Its aim is to improve driving standards, contribute to road traffic education, improve road safety, protect the environment and facilitate mobility. More information: www.cieca.eu.

and tick either the Yes or No box (☐) with the space key or with the left mouse button.

We would like to thank you in advance for your kind collaboration!

Kind regards

Dr Lars Englund, Chief Medical Officer of the Swedish Transport Agency and chairman of the CIECA "Setting Standards for the Evaluation of Medical Fitness to Drive" group

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QUESTIONNAIRE

Please indicate YOUR COUNTRY here:

Q 1: Has your country implemented the EU Driving License Directives and amendments fully into national legislation?

a) 2006/126/EC
b) 2009/113/EC
c) 2014/85/EU
d) 2016/1106

☐ Yes for each
☐ No

Remarks:

Q 2: Legal status of the procedure:

a) What is the legal status of the Fitness To Drive (FTD)[2] procedure *(law, directive, guideline,…)*?

Answer:

b) Can the procedure be changed or adapted easily? Please explain.

Answer:

Q 3: Legal status of the outcome:

a) What is the legal status of the *outcome* (product) of the Fitness To Drive procedure *(e.g., medical certificate, medical opinion, administrative document, other…)*?

Answer:

b) Who owns the outcome of the Fitness To Drive procedure *(e.g., Driving license authorities, the patient, etc.…)*?

[2] Fitness to drive is the state of having adequate physical, visual, and cognitive function, and no *medical or behavioural contraindication to driving. (CIECA Fit to Drive meeting in London, July 2018).
This is further defined by the absence of any functional (sensory–perceptual, cognitive, or psychomotor) deficit or medical condition that significantly impairs an individual's ability to fully control the vehicle while conforming to the rules of the road and obeying traffic laws, or that significantly increases crash risk (Transportation Research Board, 2016).
*medical includes psychological and neuro psychological

Answer:

c) To whom is it addressed *(e.g., Driving license authorities, the patient, etc.…)*, **and how is it communicated** *(e.g., support letter, medical report, oral communication)*?

Answer:

d) Is the compliance in any way checked? *(For example, is there any verification after the FTD decision has been made, that the driver is adhering to this decision?)*

☐ Yes
☐ No

Remarks:

Q 4: Characteristics of the implementation:

a) Are the FTD procedures in any way flexible?

☐ Yes
☐ No

Remarks:

b) Can they be interpreted (individually)?

☐ Yes
☐ No

Remarks:

c) Can they be modified or tailored to the situation?

☐ Yes
☐ No

Remarks:

d) Does your country use 'EU restriction codes' *(e.g. Limited radius)*?

☐ Yes
☐ No

Remarks:

e) Does your country use 'national restriction codes', additionally to EU codes?

☐ Yes
☐ No

Remarks:

f) In case of national codes: what restriction do they cover?

Answer:

Q 5: Driving license categories:

a) Are the FTD procedures the same for all driving licences?

Answer:

b) Is there a difference for group 1 and group 2 licences?

☐ Yes
☐ No

Remarks:

c) Are there differences within the driving licence groups? *(For example is there a difference between category AM and B or between other categories?)*

☐ Yes
☐ No

Remarks:

Q 6: FTD disciplines:

a) Is there a medical assessment in the FTD procedure?

☐ Yes
☐ No

b) Is there a psychological assessment in the FTD procedure?

☐ Yes
☐ No

c) Is there an on-road assessment in the FTD procedure?

☐ Yes
☐ No

Remarks to 6a, 6b and 6c:

d) Are the medical/psychological/on-road assessment legally required?

☐ Yes
☐ No

Remarks:

e) Who determines the kind of assessment that needs to be made - medical/psychological/on-road assessment?

Answer:

f) Who determines the content of the medical/psychological/on-road assessment?

Answer:

g) At what stage in the procedure are the medical/psychological/on-road assessment determined?

Answer:

h) Who takes the final decision?

Answer:

Q 7: Is the FTD procedure in any way related to or in communication with the general health care system? Please explain.

☐ Yes
☐ No

Remarks:

Q 8: Is the on-road assessment in the FTD procedure in any way related to the road test necessary for obtaining the driver's licence? *(For example, is the FTD on-road assessment performed by the*

same organization or experts as the driving test? Are both performed at the same time?) **Please explain.**

☐ Yes
☐ No

Remarks:

Q 9: Is the FTD procedure in any way related to or in communication with the vehicle inspection system? *(For example, do adapted cars need to pass a special and/or additional inspection procedure?)* **Please explain.**

☐ Yes
☐ No

Remarks:

Q 10: Is the FTD procedure in any way related to or in communication with the driver training system? *(For example, do driver trainers need special qualification for teaching candidate drivers with health issues?)* **Please explain.**

☐ Yes
☒ No

Remarks:

Q 11: Access to information:

a) How is the (candidate) driver informed about the FTD procedure? Please explain.

Answer:

b) Is it well known practice?

Answer:

Thank you for your cooperation!

Blanka Wirth

From: Blanka Wirth
Sent: 20 December 2018 12:32
Cc: Augusta Sica
Subject: CIECA Questionnaires - Fitness to Drive Evaluation - expectations/requirements for drivers reporting medical conditions

Importance: High

Dear colleagues

You have kindly responded recently to questionnaires about the Fitness to Drive evaluation procedure, and we are very grateful for all the responses that we have received. Our working group "Setting Standards for the Evaluation of Medical Fitness to Drive" is now drafting reports about general issues, dependence – alcohol/drugs/medicines, vision, cognitive disturbances and diabetes - group II license, making comparisons between European countries with regards to standards and procedures in evaluating Medical Fitness to Drive.

At this stage of our work, we would need to clarify one further important issue with you, and that is the **expectations/requirements in your country for drivers reporting medical conditions** relevant to medical fitness to drive. We hope that you will be able to give us this information or that you can forward the four questions below to relevant experts within your organisation / country.

We would be very grateful if you answer the below questions directly in the e-mail and return it to me at your earliest convenience, ideally before **7 January 2019**. Please can you mark your answers and add your comments so that they can be easily located, e.g. in a different colour text.

QUESTIONS:

1. At first licence application, does your driving licence agency mandate that drivers:
a) make an open self-declaration of medical conditions relevant to medical fitness to drive (ie, free text)
b) make an itemized declaration of medical conditions relevant to medical fitness to drive with yes/no answers
c) produce a medical certificate
d) undergo a specific examination process by specified providers (ie, as occurs in Spain)
e) make no declaration
f) other (please specify)

2. At licence renewal, does your driving licence agency mandate that drivers:
a) make an open self-declaration of medical conditions relevant to medical fitness to drive (ie, free text)
b) make an itemized declaration of medical conditions relevant to medical fitness to drive with yes/no answers
c) produce a medical certificate
d) undergo a specific examination process by specified providers (ie, as occurs in Spain)
e) make no declaration
f) other (please specify)

3. Does your driving licence agency mandate that drivers report to the agency any medical conditions relevant to medical fitness to drive if it develops between driving licence renewals?

a) No
b) Yes

4. If yes, can you provide a weblink to the listing of such conditions?

Annex II: The 'Harmonised European Union codes' 61 - 69 reflecting restrictions

Commission Directive (EU) 2015/653 of 24 April 2015 amending Directive 2006/126/EC of the European Parliament and of the Council on driving licences

"LIMITED USE CODES

61. Limited to day time journeys (for example: one hour after sunrise and one hour before sunset)
62. Limited to journeys within a radius of … km from holder's place of residence or only inside city/region
63. Driving without passengers
64. Limited to journeys with a speed not greater than … km/h
65. Driving authorised solely when accompanied by a holder of a driving licence of at least the equivalent category
66. Without trailer
67. No driving on motorways
68. No alcohol
69. Restricted to driving vehicles equipped with an alcohol interlock in accordance with EN 50436. Indication of an expiry date is optional (for example '69' or '69(01.01.2016)')"