

**REPORT TO:** Licensing Sub-Committee

**MEETING DATE:** 10 March 2016

**BY:** Depute Chief Executive (Resources & People Services)

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**SUBJECT:** Taxi/Private Hire Car Drivers-Assessment of Medical Fitness to Drive

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## **1 PURPOSE**

- 1.1 This report seeks to confirm the current interim policy on the assessment of medical fitness to drive taxis and private hire cars, to allow the framing of tender criteria based on said policy.

## **2 RECOMMENDATIONS**

- 2.1 That the Sub-committee considers whether to authorise the Council's Licensing team to consult the taxi trade and/or neighbouring Councils and relevant local medical practitioners on the recommendation in paragraph 2.2, given the passage of time since the last consultation.
- 2.2 Subject to the decision on paragraph 2.1, that the Sub-committee now adopts the Group 2 medical standard in full, including the testing of all drivers between the ages of 45 and 64 on a five-yearly basis.
- 2.3 To order a report in due course outlining the results any further consultation authorised in terms of clause 2.1.

## **3 BACKGROUND**

- 3.1 The Sub-Committee has considered a number of reports dating back several years on the general subject of medical examinations for taxi drivers and the standard to be adopted at such examinations. The most recent consideration was in 2009. The report dated 8 October 2009 (Appendix 1) contains a useful summary of the history of considerations in respect of this matter.

- 3.2 In 2009 the Sub-Committee agreed to adopt Group 2 medical standards on an interim basis, pending a full review of the provision of medical examination services. The main elements of the Group 2 standard are that all drivers aged 65 and over are required to have a medical examination on an annual basis, and that all drivers between the ages of 45 and 64 are required to have a medical examination every five years. The latter element in respect of drivers aged 45-64 was not adopted at that time in the light of previous opposition by the Taxi trade.
- 3.3 A consultation was held in 2009 with the trade and with local medical practitioners, as authorised by the Sub-Committee at its meeting on 8 October.
- 3.4 The outcome of the consultation was non-committal, and no follow-up report or decision on policy ensued. The Licensing team is now undertaking a Procurement exercise for the provision of medical examination services. That exercise cannot be completed in a meaningful way until a clear indication of numbers and frequency of medical examinations can be provided to the candidates to take on this service provision.
- 3.5 It is clear, therefore, that the current, interim, position cannot continue, and that Group 2 standards now require to be adopted fully. This would in turn require the introduction of the testing on a five-yearly basis of all drivers ages 45-64. Given the considerable period of time which has elapsed since the previous consultation, the Sub-Committee may consider that it is appropriate to seek the views of the trade again before formulating fresh policy in this connection.

#### **4 POLICY IMPLICATIONS**

- 4.1 The introduction of a formal policy on medical assessment is desirable in the interests of ensuring public safety and is in line with the Council's continuing efforts as taxi/private hire car licensing authority to improve standards generally.

#### **5 EQUALITIES IMPACT ASSESSMENT**

- 5.1 An Equalities Impact Assessment is being carried out in respect of the points raised by this report.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – in terms of Section 13(4) of the Civic Government (Scotland) Act 1982, the Council is obliged to meet the cost of a medical examination for taxi/private hire car drivers, and is expected to account for these costs within the licence fee structure. An increase in the frequency of mandatory examinations would have an obvious impact on costs, and on licence fee levels.

6.2 Personnel - None

6.3 Other - None

## **7 BACKGROUND PAPERS**

7.1 Report to Licensing Sub-Committee dated 17 September 2002

7.2 Report to Licensing Sub-Committee dated 21 January 2003

7.3 Report to Licensing Sub-Committee dated 8 October 2009

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<b>DATE</b>	29 February 2016



**REPORT TO:** Licensing Sub-Committee

**MEETING DATE:** 8 October 2009

**BY:** Head of Law & Licensing

**SUBJECT:** Taxi/Private Hire Car Drivers-Assessment of Medical Fitness to Drive and Occupational Health Specification for Drivers

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## **1 PURPOSE**

- 1.1 This report seeks to progress the introduction of a formal policy on the assessment of medical fitness to drive taxis and private hire cars, and to frame tender criteria based on said policy for the provision of Occupational Health testing services to the Council in this connection.

## **2 RECOMMENDATIONS**

- 2.1 That officials within the Council's Licensing team be authorised to seek the views of the taxi trade on the general issues of the assessment of medical fitness to drive and the adoption of Group 2 medical standards, and thereafter to circulate neighbouring Council's and relevant medical practitioners regarding the proposed specification for Occupational Health medicals for drivers.
- 2.2 To receive a further report in due course outlining the results of this work and proposing policy in this regard.
- 2.3 Pending a further report or reports and an actual decision in relation to medical fitness to drive that as an interim measure Group 2 medical standards be adopted.

## **3 BACKGROUND**

- 3.1 The DVLA has different medical standards depending on the type of vehicle being driven. Group 1 covers cars and motor bikes, while Group 2 covers buses, larger lorries, and the like. Guidelines issued by the Department of Transport take the view that making drivers of taxis and private hire cars subject to the more detailed medical requirements of Group 2 is best practice. To date this Authority has never officially

adopted Group 2 as the fitness criteria for taxi drivers, and Group 1 therefore remains the norm.

- 3.2 The Council attempted to revise the requirements for medical testing in September 2002. At that time the practice was that applicants had to provide a letter from their GP or submit to a medical examination by a Council appointed doctor, but only where it had come to the Council's attention that there may be a medical condition affecting fitness to drive. Examinations were not automatic and there was also no age limit after which medical examination became mandatory. Such examinations could also be required where a medical condition is disclosed to the Council during the period a licence is in force. A report submitted to the Licensing Sub-Committee on 17 September 2002 recommended that the Council adopt Group 2 standards for taxi/private hire drivers, together with the introduction of mandatory medical examinations on a five-yearly basis for all such drivers aged 45-65 and annual examinations for drivers over 65. The report went on to outline the practice followed by neighbouring Councils. Quite a variation in practice was noted. The Sub-committee deferred a decision on the recommendations to enable the views of the trade to be ascertained.
- 3.3 A further report was presented to the Sub-Committee on 21 January 2003. This report outlined the concerns of the East Lothian Motor Hirers Association to the effect that the likely increase in fees and time off work required for medical examinations could discourage applicants from applying. They proposed that the Council adopt the practice, which Midlothian Council was utilising, for a trial period. This would include adoption of the Group 2 standard; the application form being supplemented by additions specific health questions relating to diabetes, blood pressure, epilepsy and the like; medical examinations where a condition comes to light from the application or otherwise; and annual examinations for drivers over 65.
- 3.4 Additionally, it was noted that local medical practices were starting to refuse to issue certificates of fitness to drive. As a result, the Council would require applicants to be examined by Council medical appointees and this could have knock on effects regarding timescales and costs given the numbers involved. As a result, the Sub-committee did not make a decision, but continued consideration of the question, delegating one of their number to liaise with officials to develop policy and report back to the Sub-committee thereafter. They did, however, endorse the practice of drivers over 65 requiring to submit an annual medical certificate or have an appropriate examination.
- 3.5 As a result of retrials and an intervening election, no further progress on the matter was made at the time. The result is that this Authority has not officially adopted Class 2 medical standards, which are generally agreed to be the appropriate ones for taxi/private hire drivers. There remains no requirement for mandatory medical examination of applicants with the exception of those over the age of 65, and with that exception practice remains as it was in 2002.

- 3.6 The separate issue of introducing mandatory medical examination/certification for all applicants over 45 was a cause of concern to the trade and also of potential practical difficulties in terms of the numbers involved. The addition of supplementary health questions similar to those used by Midlothian, was a compromise step, suggested by the trade in 2003, which would be better than our current position. The preferred option, however, would be that mandatory testing should be introduced as originally proposed in 2002. Given the considerable period of time, which has elapsed, it is appropriate to seek the views of the trade before formulating fresh policy.
- 3.7 The current specification for the provision of Occupational Health medical testing services is now several years old. The introduction of new policy regarding medical standards and testing requirements presents an ideal opportunity to update the specification and seek tenders from suppliers based thereon. Once policy has been decided on, it would be appropriate to seek comparators from neighbouring Councils, and to contact relevant medical practitioners in respect of the service specification.
- 3.8 It is suggested that the Sub-Committee as an interim measure adopt Group 2 medical standards of fitness for Taxi and Private Hire cars, for the following reasons: (1) This is the standard of fitness recommended by the Department of Transport, (2) That the East Lothian Motor Hirers Association had in 2003 proposed that the Council for a trial period adopt measures that would include the Group 2 Standard (see section 3.3 above), and (3) Evidence from correspondence from the Council's Occupational Health contractor when replying to requests by the Council for a medical assessment of applicants for Taxi and Private Hire Car driver's licences are that they are applying the Group 2 Standard, even though not asked by the Council to use that standard. In addition some GP practices when asked for a medical report have stated that they will not provide one and are aware that Group 2 Standards apply.

#### **4 POLICY IMPLICATIONS**

- 4.1 The introduction of a formal policy on medical assessment is desirable in the interests of ensuring public safety and is in line with the Council's continuing efforts as taxi/private hire car licensing authority to improve standards generally.

#### **5 EQUALITIES IMPACT ASSESSMENT**

- 5.1 This report is not applicable to the well being of equalities groups and an Equalities Impact Assessment is not required.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – in terms of Section 13(4) of the Civic Government (Scotland) Act 1982, the Council is obliged to meet the cost of medical examinations for taxi/private hire car drivers, and are expected to account for these costs within the licence fee structure. An increase in the frequency of mandatory examinations would have an obvious impact on costs, and potentially thereafter on licence fee levels.
- 6.2 Personnel - None
- 6.3 Other - None

## **7 BACKGROUND PAPERS**

- 7.1 Report to Licensing Sub-Committee dated 17 September 2002
- 7.2 Report to Licensing Sub-Committee dated 21 January 2003

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