

**DRIVER VEHICLE AND LICENSING NORTHERN
IRELAND**

**EQUALITY IMPACT ASSESSMENT ON
PROCEDURES USED TO ASSESS MEDICAL
FITNESS TO DRIVE**

Final Draft



Awarded for excellence



INVESTOR IN PEOPLE

CONTENTS

Page

1.	EQUALITY IMPACT ASSESSMENT PROCEDURES USED IN DVLNI TO ASSESS MEDICAL FITNESS TO DRIVE	1
1.1	SECTION 75 OF THE NORTHERN IRELAND ACT (1998)	1
1.2	BACKGROUND TO DVLNI AND SECTION 75 OF THE NORTHERN IRELAND ACT (1998).....	2
1.3	DVLNI	2
2.	POLICY CONTEXT AND PROCEDURES USED TO ASSESS MEDICAL FITNESS TO DRIVE.....	3
2.1	PURPOSE OF SECTION	3
2.2	BACKGROUND TO POLICY	3
2.3	ASSESSING MEDICAL FITNESS TO DRIVE	4
2.4	OPERATION OF HONORARY MEDICAL ADVISORY PANELS	4
2.5	FUNDING.....	5
2.6	SUMMARY OF POLICY	6
3.	MAKING AN APPLICATION TO DVLNI FOR DRIVING LICENCE	7
3.1	PURPOSE OF SECTION.....	7
3.2	MAPPING OF PROCEDURES USED TO ASSESS MEDICAL FITNESS TO DRIVE.....	8
3.3	ROLES AND RESPONSIBILITIES OF ORGANISATIONS INVOLVED IN ASSESSING MEDICAL FITNESS TO DRIVE	10
4.	CONSIDERATION OF AVAILABLE DATA AND RESEARCH.....	12
4.1	PURPOSE OF SECTION.....	12
4.2	KEY DATA SOURCES	12
4.3	ADDITIONAL QUALITATIVE INFORMATION	14
5.	ASSESSMENT OF IMPACTS.....	15
5.1	PURPOSE OF SECTION	15
5.2	ASSESSMENT OF IMPACT	16
5.3	REVIEW OF QUALITATIVE FINDINGS	17
6.	MITIGATION/ALTERNATIVES.....	20
6.1	PURPOSE OF SECTION.....	20
6.2	INTER-AGENCY WORKING GROUPS	20
6.3	AWARENESS RAISING.....	21
6.4	FUNDING OF PROCEDURES TO ASSESS MEDICAL FITNESS TO DRIVE.....	21
6.5	ACCESSIBILITY	21
7.	FORMAL CONSULTATION.....	22
7.1	FORMAL CONSULTATION	22
7.2	POLICY DECISION AND GOOD RELATIONS	22
7.3	PUBLICATION OF RESULTS	22
7.4	MONITORING FOR ADVERSE IMPACT IN THE FUTURE AND PUBLICATION OF RESULTS OF MONITORING	22
8.	DECISION BY PUBLIC AUTHORITY	24
8.1	CONTACT DETAILS.....	24

1. EQUALITY IMPACT ASSESSMENT PROCEDURES USED IN DVLNI TO ASSESS MEDICAL FITNESS TO DRIVE

1.1 Section 75 of the Northern Ireland Act (1998)

Section 75 of the Northern Ireland Act (1998) requires public authorities in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without;
- between persons with dependants and persons without.

In addition, without prejudice to the above obligations, a public authority must also, in carrying out its functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or race.

The Northern Ireland Act (1998) requires public authorities to conduct an equality impact assessment where a proposed policy is likely to have a differential impact on equality of opportunity. The DoE and DVLNI decided that its procedures for assessing medical fitness to drive, as set out in this document, require an equality impact assessment. The decision was reached using the following criteria:

- is there any evidence of higher or lower participation or uptake within any of the nine equality categories?
- is there any evidence that different groups have different needs, experiences, issues and priorities in relation to the particular main policy area?
- is there an opportunity to promote equality of opportunity or good relations by altering policy or working with others in Government or the community at large?
- have consultations with relevant groups, organisations, or individuals indicated that particular policies create problems that are specific to them?

The purpose of this assessment is to identify those categories for whom the procedures may have a differential impact, the extent of this and whether this can be justified in policy terms.

1.2 Background to DVLNI and Section 75 of the Northern Ireland Act (1998)

Driver and Vehicle Licensing Northern Ireland (DVLNI) is committed to fulfilling its responsibilities under Section 75 of the Northern Ireland Act and has undertaken to *review the procedures* used to assess medical fitness to drive. Such procedures derive from implementing policy and legislation that is set by the Department of the Environment, Northern Ireland (DoE), the Department of Transport, Local Government and the Regions (DTLR-GB) and various European Directives. An overview of the policy and legislative context is provided in Section 2 and Section 3 deals with making an application to DVLNI and it outlines the roles of key organisations in assessing medical fitness to drive.

1.3 DVLNI

DVLNI has the same responsibility for licensing drivers, the registration and licensing of vehicles and the collection and enforcement of vehicle excise duty (motor tax) as that exercised by the Driver Vehicle Licensing Agency (DVLA) in GB. DVLNI is also responsible for the licensing of vehicle operators in Northern Ireland. DVLNI operates from headquarters in Coleraine and from nine local offices throughout Northern Ireland.

The DVLNI mission statement is:

“To contribute to better government (road safety and crime prevention) by maintaining a comprehensive record of drivers, vehicles and vehicle operators in Northern Ireland utilising this for the benefit of the public and ensuring delivery of best value licensing, registration and revenue collection services”.

The Agency’s principal objectives are to improve continually the accuracy of the driver, vehicle and vehicle operator licensing databases, the efficiency and effectiveness of driver, vehicle and vehicle operator licensing services, and to contribute to the fullest possible compliance with relevant driver, vehicle and vehicle operator licensing legislation.

2. POLICY CONTEXT AND PROCEDURES USED TO ASSESS MEDICAL FITNESS TO DRIVE

2.1 Purpose of Section

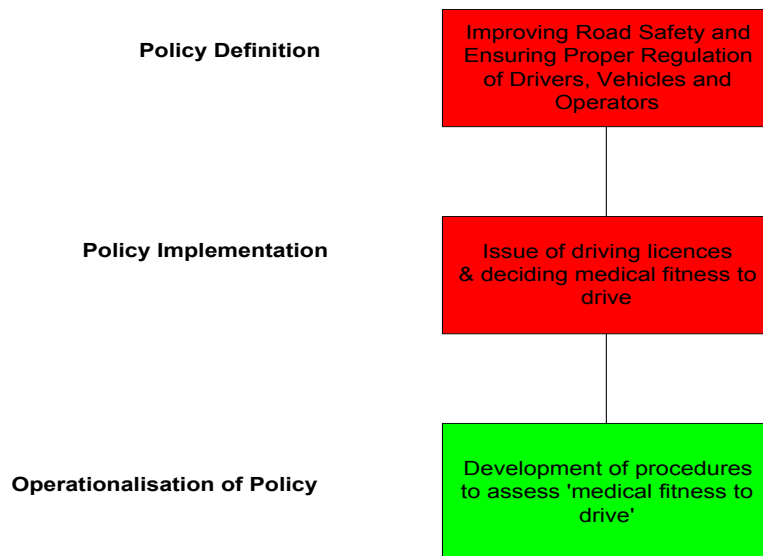
This section aims to:

- provide detail on policy;
- detail the legislative context for assessing medical fitness to drive;
- set out the definitions of medical conditions and disabilities used by DVLNI;
- outline the role of the Medical Advisory Panels;
- summarise how assessing medical fitness to drive is funded; and
- tabulate key policy questions.

2.2 Background to Policy

Figure 2.1 details the policy and legislative context within which DVLNI operates in terms of assessing medical fitness to drive. DoE has statutory responsibility to ensure that all licence holders are fit to drive. DVLNI, on behalf of DoE, is legally responsible for the issuing of driving licences and deciding if a person is medically fit to drive. It is noteworthy that the subject of this EQIA is the procedures employed by DVLNI to assess medical fitness to drive and not the entire driver licensing process.

Figure 2.1
Policy Context for Review of DVLNI Procedures on Assessing Medical Fitness to Drive



In addition to NI legislation, driver licensing is also regulated by European Commission Directives. Driver licensing has been subject to EC Directive 80/1263/EEC and EC 91/439/EEC. Both Directives have attempted to harmonise driving licences across member states. The current NI driving licence conforms to the second Directive and a new directive is expected within four or five years.

2.3 Assessing Medical Fitness to Drive

The legal basis for assessing fitness to drive lies in the Road Traffic (NI) Order 1981, as amended by the Road Traffic (Amendment) (NI) Order 1991 and subsequent regulations including, in particular, the Motor Vehicle (Driving Licences) (Northern Ireland) Regulations 1996¹. The Road Traffic (Amendment) (NI) Order 1991 refers to disabilities (in the context of fitness to drive) as being relevant and prospective, stating that:

- a relevant disability is any prescribed disability and any other disability that is likely to render the person a source of danger while driving; and
- a prospective disability is any medical condition, which, because of its progressive or intermittent nature, may cause the driver to have a relevant disability in the course of time. A driver with a prospective disability may only hold a driving licence subject to medical review in one, two or three years depending upon the circumstances.

For equality impact assessment purposes, the Disability Discrimination Act defines a ‘disabled person’ as someone with a ‘physical or mental impairment that has a substantial and long term adverse effect on his ability to carry out normal day-to-day activities’.

2.4 Operation of Honorary Medical Advisory Panels

DVLNI is assisted in the assessment of medical fitness to drive by the Occupational Health Service (OHS). The OHS follows the guidance of the GB Honorary Medical Advisory panels, which consist of independent medical experts operating under the following headings:

- cardiology;
- neurology;
- diabetes;
- vision;
- alcohol/substance abuse; and
- psychiatry.

¹ This legislation is based on the GB Road Traffic Act 1988 and the Motor Vehicles (Driving Licences) Regulations 1996.

The medical panels meet on a six monthly basis and update and amend medical guidance on fitness to drive through the publication of the ‘*At a Glance Guide*’ booklet and through case study reviews. The guide summarises the standards that the Panels have advised should be applied and is available to all doctors and health practitioners. The guide enables doctors to advise patients about whether or not their medical condition is notifiable to the licensing authority and whether they should continue to drive.

Although Northern Ireland is not represented on the GB Medical Advisory Panels, doctors from the OHS regularly attend panel meetings. In addition, the ‘*At a Glance Guide*’ and other medical advice stemming from the Advisory Panels are stringently applied within NI by the OHS.

2.5 Funding

DVLNI absorbs full costs in relation to the issuing of medically restricted licences, paying consultant and General Practitioner fees, meeting OHS costs and paying for driving assessments carried by Disability Action. Driving licences that are restricted for medical reasons are issued free of charge. The costs associated with the issuing of driving licences to applicants with medical conditions in 2000/01 are detailed in Table 2.1.

Table 2.1
Costs Incurred by DVLNI (2000/01)

No. of free medical licences	1520
Costs Incurred	
Consultant fees	£ 41,290
GP fees	£ 62,592
Disability Action fees	£ 28,330
OHS costs	£126,700
Total	£258,912

Source: DVLNI

2.6 Summary of Policy

Table 2.2 summarises the key policy issues in relation to examining the procedures used by DVLNI to assess medical fitness to drive.

Table 2.2

Summary of Policy

<p>1. What is the policy?</p> <p>To contribute to the DoE’s Strategic objective of improving and promoting road safety and ensuring the proper regulation of drivers, vehicles and operators</p>	<p>6. How do these outcomes meet or hinder other policies, values or objectives of the public authority or of Government?</p> <p>Fully compliant with Departmental objectives of ensuring road safety</p>
<p>2. What is the aim, objective and purpose of the policy?</p> <p>Ensuring that all licence holders are medically fit to drive and are not a danger to themselves or other road users.</p>	<p>7. What factors/forces could contribute/detract from the outcomes?</p> <p>Contribute</p> <p>Motorists and others notifying DVLNI of medical conditions Scrutiny and ongoing input from Honorary Medical Advisory Panels</p> <p>Detract</p> <p>Less stringent application of procedures which could result in increase in driver related accidents</p>
<p>3. Who implements the policy?</p> <p>DVLNI is responsible for the implementation of driver licensing policy on behalf of the DoE.</p>	<p>8. How does the public authority interface with other bodies in relation to the implementation of this policy?</p> <p>The OHS of the NICS act as advisers on medical aspects of fitness to drive. Disability Action is responsible for carrying out driving assessments of people whose medical condition requires investigation by DVLNI</p>
<p>4. What outcomes do we want to achieve with the policy? For whom?</p> <p>Improved road safety (for all) Efficient service delivery (for all applicants) Equal and fair treatment (for all applicants)</p>	<p>9. Are there any groups that might be expected to benefit from the intended outcomes but which do not?</p> <p>No.</p>
<p>5. Who are the main stakeholders in relation to this policy?</p> <p>General Public (particularly Road Users) Licence Holders Drivers with Medical Conditions Insurance Companies Other Government Bodies and Agencies</p>	

3. MAKING AN APPLICATION TO DVLNI FOR DRIVING LICENCE

3.1 Purpose of Section

The purpose of this section is to:

- Detail the licence application procedure;
- detail the procedures used to assess medical fitness to drive;
- identify the roles and responsibilities of the Medical Section of DVLNI, OHS and Disability Action; and
- highlight current ‘mainstreaming’ arrangements.

3.1.1 Applying for a Licence

Any person wishing to make an application for a licence must complete an application/renewal form. The DVLNI application/renewal form gathers standard information on applicants under the following headings:

- personal details;
- eyesight and hearing;
- licence required;
- organ donation;
- confirmation of identity;
- convictions; and
- health questions.

3.1.2 Assessing Medical Fitness

In terms of assessing medical fitness to drive, DVLNI has incorporated the definitions contained within the relevant legislation into a series of questions on application forms dealing with the following medical conditions:

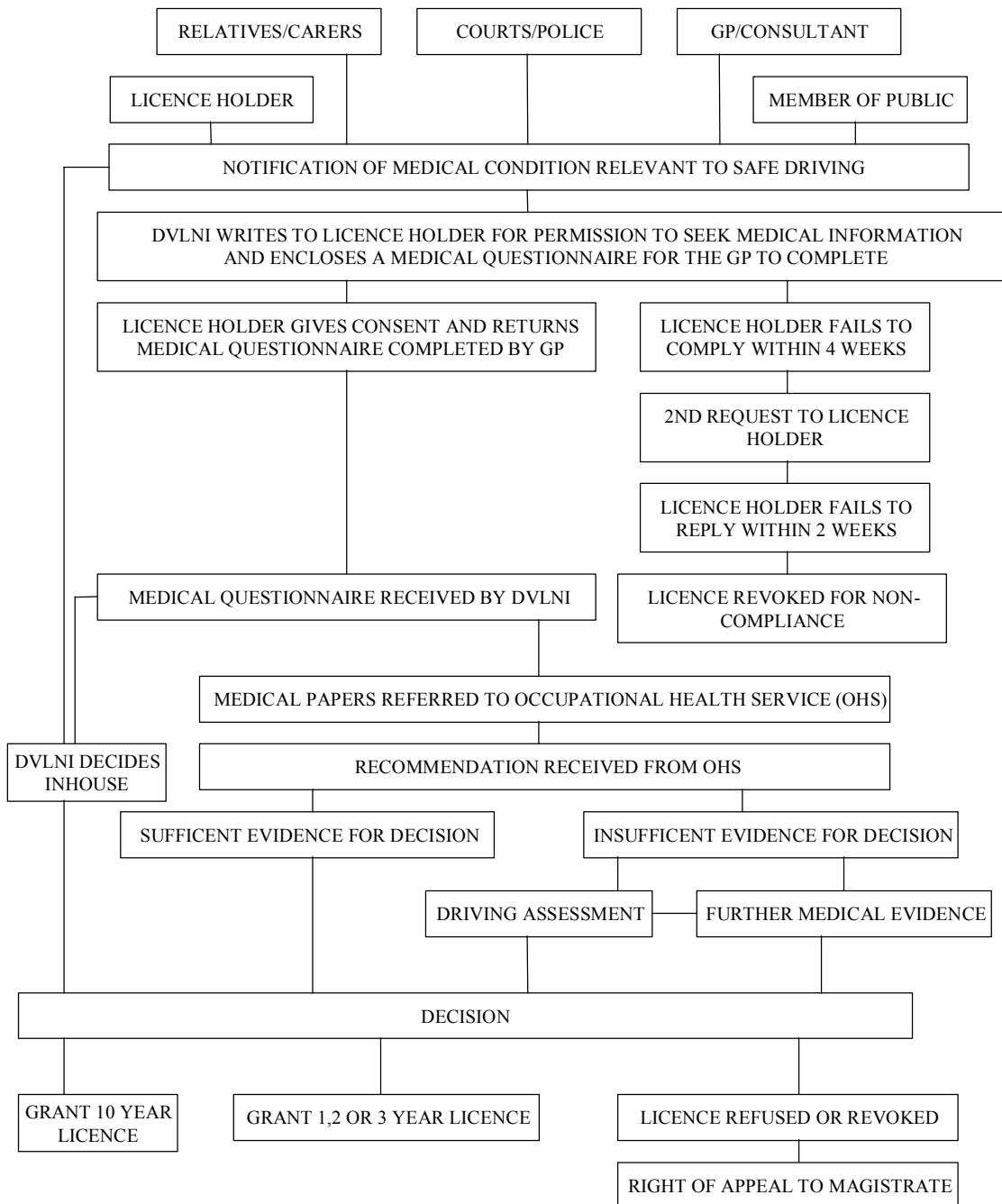
- epilepsy (major or minor);
- sudden attacks of disabling giddiness, fainting or blackouts;
- major or minor stroke;
- Parkinsons disease, Multiple Sclerosis or other chronic neurological condition;
- serious head injury, brain tumour or brain surgery;
- diabetes controlled by insulin or tablets/diet;

- psychiatric illness or mental disease;
- episodes of confusion or memory problems;
- alcohol dependency or misuse of alcohol, drugs or chemical substances in the past three years;
- a pacemaker, defibrillator or other electrical device fitted;
- angina;
- angina while driving;
- a heart attack, heart operation or other heart condition;
- difficulties in use of arms or legs which affect ability to safely control vehicle on the public highway;
- double vision or visual disability other than need to wear glasses or corrective lenses;
- testing normal field of vision.

3.2 Mapping of Procedures Used to Assess Medical Fitness to Drive

Figure 3.1 overleaf details the steps involved in making an application to DVLNI and the procedures used to assess medical fitness to drive. These procedures have been worked out in conjunction with the key stakeholder organisations identified in Figure 3.1 and described at 3.3 below.

Figure 3.1
Procedure Used to Assess Medical Fitness to Drive by DVLNI



3.3 Roles and Responsibilities of Organisations Involved in Assessing Medical Fitness to Drive

Medical Section of DVLNI

The Medical Section of DVLNI is responsible for investigating all medical conditions notified by applicants or other persons/bodies (for example, family members, GPs or the Police – see Figure 3.1). If an applicant indicates that he/she has one or more of the medical conditions mentioned in 3.1.2, the applicant and his/her GP is required to complete medical questionnaire(s) on the nature of the condition(s) in question. The questionnaires reflect the range of medical conditions set out at paragraph 2.2.

DVLNI's in-house procedures allow the Medical Section to clear medical conditions (i.e. diabetes treated by tablet and heart problems without complications), but in practice it refers most cases to a team of medical doctors at the OHS for assessment.

In terms of outcomes, a notified medical investigation can result in one of the following:

- **cleared application** – licence can be issued for periods of one, two, three or 10 years;
- **revocation/refusal** – applicant is not allowed to drive. If the applicant has applied to renew an expired licence, it is refused and if the licence is still current, it is revoked;
- **in cases where an applicant is dissatisfied with a decision to revoke or refuse a licence, he/she can appeal to the local magistrates court.**

Although DVLNI is legally responsible for investigating and issuing/refusing/revoking a licence, it also takes into account the recommendations from the OHS (medical conditions) and Disability Action (practical driving skills) before deciding whether or not to issue a licence.

Occupational Health Service

The OHS act as advisers on medical aspects of fitness to drive all categories of vehicles. The OHS can also recommend that applicants undertake a Disability Action assessment to determine their fitness/ability to drive. The OHS initially undertakes a desk-based assessment of medical conditions, based on the information contained in the medical questionnaire(s) which have been completed by the applicant's GP. In most cases, the OHS can make a decision on the application without requiring additional information although in a minority of cases, the OHS may request additional information from:

- the applicants GP;
- an optician;
- a consultant; or
- a Disability Action assessment of fitness to drive.

Disability Action

Where the OHS recommend that the applicant undertakes a driving assessment, DVLNI refers the application to the Mobility Centre of Disability Action. The Mobility Centre at Disability Action carries out such driving assessments and notifies the outcome of the assessment to DVLNI Medical Section.

4. CONSIDERATION OF AVAILABLE DATA AND RESEARCH

4.1 Purpose of Section

- to identify key data sources; and
- to comment on the limitations of data collected.

4.2 Key Data Sources

This Equality Impact Assessment was informed by data and research findings from the following sources:

- the DVLNI Customer Satisfaction Survey (2000);
- qualitative interviews with Disability Action (representatives from operations & medical assessment side of Disability Action) and the Disabled Drivers Association;
- complainant data – DVLNI has not received complaints about the procedures used to assess medical fitness to drive (no further reference needed).

Due to the limitations of DVLNI's computer database with regard to information held on medical conditions, no analysis was undertaken using information contained within it and recommendations have been made to ensure that the new computer system being developed takes into account Section 75 considerations.

4.2.1 DVLNI Database

The following information is held on the computerised driving licence record against each driver:

- personal details;
- title (gender);
- surname;
- first two names;
- date of birth;
- address with postcode;
- town of birth;
- residency declaration;
- type of licence.

Whilst a free text section is used by staff to enter details of medical conditions and letters issued, the information does not provide DVLNI with the ability to fully interrogate the database for Section 75 purposes.

4.2.2 Customer Satisfaction Surveys

DVLNI is committed to ensuring that customer satisfaction is a ‘major motivating force’ in terms of how it conducts business and it places a heavy emphasis on consultation and feedback from users. DVLNI regularly undertakes customer satisfaction surveys² (1996, 1998, 1999, 2000 and 2001). For the purposes of this review, we have examined information gathered from the last major Customer Satisfaction Survey in 2000. The postal survey was undertaken by Ulster Marketing Surveys (UMS) in March 2000 and the survey sought information on applicants who had recently applied for a driving licence from DVLNI. The survey asked a series of standard questions on:

- applying for a licence;
- application forms;
- identity confirmation;
- reminders;
- processing the application form;
- new photocard licence;
- telephone contact;
- applicants with medical conditions;
- complaints;
- information about the applicant.

Information obtained on applicants was categorised by gender, age range, disability and ethnicity. An additional section of the survey was devoted exclusively to applicants with medical conditions and the data gathered examined the expectations and experiences of applicants with medical conditions.

² Major surveys are carried out every three and minor annual survey in between.

4.3 Additional Qualitative Information

The consultants undertaking this equality impact assessment carried out fact-finding interviews with:

- Disability Action – the main umbrella organisation representing disabled people in Northern Ireland; and
- the Disabled Drivers Association.

The interview covered the following areas:

- the operation of DVLNI procedures for assessing medical fitness to drive;
- the identification of actual/potential differential impacts in terms of how the policy is delivered;
- recommendations/possible options needed to refine their processes to enhance equality of opportunity;
- the identification and gathering of quantitative and qualitative information for undertaking the EQIA.

5. ASSESSMENT OF IMPACTS

5.1 Purpose of Section

The purpose of this section of the assessment is:

- to review high level assessment of findings; and
- to assess impact through reviewing relevant quantitative and qualitative findings.

5.1.1 High Level Assessment

It was readily accepted by the consultees that the procedures used to assess medical fitness to drive place certain additional conditions upon applicants with particular medical conditions. The rationale for this treatment rested on maintaining and improving road safety. Consultees also positively evaluated the progressive nature of relationships between DVLNI and stakeholder organisations and the view was expressed that the processes employed were neither preventative nor restrictive. The use of medical questionnaires, for example, was recognised as an efficient and effective means for assessing medical conditions.

Table 5.1 overleaf summarises the impact of DVLNI procedures on each of the nine Section 75 categories. Preliminary considerations have indicated that there is no differential impact on people of different religious belief, political opinion, marital status, sexual orientation or race or on people with dependants and those without. Consequently, these six groups have been screened out on the grounds that the medical procedures did not impact differentially on these groups.

Table 5.1
Impact of DVLNI Procedures to Assess Medical Fitness to Drive

Section 75 Category	Impact of DVLNI Procedures to Assess Medical Fitness to Drive
Religion	Data is not collected on the religious beliefs of driving licence applicants and there is no evidence that applicants are treated differently by DVLNI's medical procedures.
Political Opinion	Data is not collected on the political opinion of driving licence applicants and there is no evidence that applicants are treated differently by DVLNI's medical procedures
Racial Group³	Data is not collected on the racial groups of driving licence applicants and there is no evidence that applicants are treated differently by DVLNI's medical procedures
Marital Status	Data is not collected on the marital status of driving licence applicants and there is no evidence that applicants are treated differently by DVLNI medical procedures.
Sexual Orientation	Data is not collected on the sexual orientation of driving licence applicants and there is no evidence that applicants are treated differently by DVLNI medical procedures.
Dependants	Data is not collected on whether or not applicants have/ or have not dependants and there is no evidence that such applicants are treated differently by DVLNI medical procedures.

5.2 Assessment of Impact

5.2.1 Disability

Evidence gathered indicates that the procedures used have no adverse impact on applicants with disabilities described under the Disability Discrimination Act. The following section details a review of quantitative and qualitative evidence obtained as part of this EQIA.

5.2.2 Quantitative Findings

The 2000 Customer Satisfaction survey undertaken by DVLNI asked respondents to state:

- whether they had a disability;
- if they had declared a medical condition on the application form.

³ DVLNI is to undertake an Equality Impact Assessment on the issuing of driving licences and this assessment will focus on both race and age.

Out of a sample of 1000, 69 (seven per cent) declared that they had an unspecified disability and 118 (11.8 per cent) indicated that they had a medical condition. Fifty of the 69 (72.5 per cent) respondents with a disability said they had declared a medical condition to DVLNI. The findings of the survey revealed that:

- there were higher levels of satisfaction with DVLNI (very satisfied and satisfied) amongst those with a disability compared with all other applicants;
- there were no significant differences between those with a disability and all others surveyed with respect to ease of completing the application form and the rating of application and renewal forms.

Of those with a disability, the majority 59 (86 per cent) indicated that any special needs they had were met by DVLNI.

Declaring a Medical Condition

With regard to those declaring a medical condition, just under two-thirds (73 or 62 per cent) said that they were aware that it would take longer to process the application and the majority (88 or 75 per cent) thought that they would receive their new licence within three weeks. In terms of the time it took to process the licence, the majority (88 or 75 per cent) received their licences within three weeks.

The only issue of concern related to the absence of progress updates on the application procedure with over half (65 or 55 per cent) of those declaring a medical condition indicating that they had not been informed of progress. In relation to improvements, five per cent of applicants said that the application 'should take a shorter time to process' and an even smaller percentage (two per cent) said that applicants should be better informed about the progress of their application.

5.3 Review of Qualitative Findings

The qualitative assessment was largely positive with regard to the procedures employed by DVLNI although issues were raised in respect of:

- turnaround times between the average for all applications made and those who made applications declaring a medical condition;
- regional variation of service provision by Disability Action.

5.3.1 Turnaround Times

In 2000/01, DVLNI processed the following Group 1⁴ licences:

Table 5.2
Group 1 Licences (2000/01)

First applications ordinary first licence (provisional)	24,275
Exchange of surrendered licence	2,091
Conversion of provisional. to full	18,296
Replacement licences	15,328
Duplicate licences	11,086
Renewals to over 70's	19,264
Medical renewals	1,520
Optional renewals	6,318
Expiry renewals	23,048

In respect of processing times, the Customer Satisfaction Survey revealed that 62 per cent of applicants with medical conditions were aware that it would take longer to process their application.

Table 5.3
Processing Times

All Applicants	Expectation	Actual
Less than 2 weeks	36%	29%
Between 2-3 weeks	46%	41%
Longer than 3 weeks	16%	26%
Applicants Declaring Medical Condition	Expectation	Actual
Less than 2 weeks	36%	36%
Between 2-3 weeks	39%	39%
Longer than 3 weeks	25%	25%

Source: UMS

⁴ Group 1 equals cars, motor cycles, tractors etc

Table 5.3 summarises information relating to expectations and actual time taken to receive a licence for all applicants and applicants declaring a medical condition. The results indicate that for applicants declaring a medical condition, the level of expectation and the actual time taken to process application were the same.

5.3.2 Age⁵

The age profile of applicants declaring a medical condition is represented in Table 5.4 below. This profile is reflective of general population trends that indicate a clear association with incidence of illness and old age. In terms of satisfaction levels, no differences were found across age ranges and no evidence was found indicating that DVLNI procedures operated differently between the age ranges detailed in Table 5.4 below.

Table 5.4
Age Profile of Applicants

Age Range	% (Number)
17-19	0%
20-24	0%
25-29	2% (3)
30-39	13% (15)
40-49	14% (16)
50-59	13% (15)
60+	58% (68)

5.3.3 Gender

The customer satisfaction survey indicated that 66 per cent of all applicants applying for a licence and declaring a medical condition were male (78 out of 118). There was no difference between satisfaction levels with DVLNI and male and female applicants declaring medical conditions. No evidence emerged indicating gender differentials in relation to the application of DVLNI's procedures.

⁵ DVLNI to undertake EQIA on age.

6. MITIGATION/ALTERNATIVES

6.1 Purpose of Section

This section is concerned with detailing measures that mitigate against any adverse impact or which might better achieve the promotion of equality of opportunity. Although the impact assessment has not identified any adverse impacts on any of the groups this section will consider measures that might be taken to further promote equality of opportunity and good relations within this policy. The following areas are considered:

- inter-agency working groups;
- awareness raising;
- funding of procedures; and
- improving accessibility.

6.2 Inter-Agency Working Groups

As part of its commitment to improving service delivery, DVLNI has instituted a number of working groups that have involved OHS, Disability Action and DVTA.⁶ The remit and function of these groups is noted below:

- Disability Action/DVLNI Admin Group – this group was established in 1997 and it meets every three to four months to discuss procedures and any issues/problems arising;
- ad-hoc Disability Action/DVLNI/DVTA/OHS Policy Group – established in 1997 with the purpose of reviewing policy but has not been required to meet often.

The Disability Action/DVLNI Admin Group has proved a particularly useful forum for the exchange of views between DVLNI and Disability Action. The workings of the group led to the secondment of a member of DVLNI's Medical Section staff to Disability Action for three months. The purpose of the secondment was to improve working relationships and draw up new procedures between DVLNI and Disability Action to improve turnaround times and provide a better service to customers. As a result of this EQIA, DVLNI proposes to combine the Administration and Policy Working Groups and this new group will be tasked with ensuring DVLNI routinely considers the equality implications of its policies and procedures across all Section 75 categories. The Group will also examine the potential regional disparities in respect of Disability Action Assessments and it will also consider how best to provide feedback to applicants.

⁶ Driver Vehicle and Testing Agency

6.3 Awareness Raising

DVLNI is also involved in a series of awareness raising/information giving sessions throughout Northern Ireland as detailed below:

- cardiac rehabilitation classes at Coleraine Hospital – these began in late 1996 and are held every six to eight weeks;
- Stroke (TIA/CVA) Working Group – consists of DVLNI staff, the Director of OHS, Occupational Therapists, a number of Doctors and Consultants and the Driving Assessor from Disability Action. The group has met monthly since September 2000.

These awareness raising actions will continue.

6.4 Funding of Procedures to Assess Medical Fitness to Drive

DVLNI absorbs full costs in relation to the issuing of medically restricted licences, paying consultant and General Practitioner fees, meeting OHS costs and paying for driving assessments carried by Disability Action. Driving licences that are restricted for medical reasons are issued free of charge. The absorption of costs and issuing of restricted licences free of charge promote equality of opportunity between people with disabilities and those without.

6.5 Accessibility

DVLNI operates a 24-hour, seven-day a week telephone Information Line (028 90250500).

The general public can also contact the Medical Section of DVLNI on a Direct Dial Line (normal office hours). Applicants are advised on the progress of applications and regular contact is maintained with groups representing people with medical conditions.

DVLNI has produced information leaflets on driving for people suffering from heart attacks and strokes.

DVLNI maintains an extensive Website (www.doeni.gov.uk/dvlni) which includes a section on notifying medical conditions.

7. FORMAL CONSULTATION

7.1 Formal Consultation

A draft EQIA was subject to a formal consultation process over a 10-week period. A list of consultees is attached at Appendix I. As noted above, interviews were also conducted with Disability Action and the Disabled Drivers Association. The consultation process included each of the nine Section 75 groups with a particular focus on organisations linked to disability, gender, age and race.

While only one acknowledgement was received in respect of the formal consultation the interviews with Disability Action and the Disabled Drivers Association as well as data from the 2000 Customer Satisfaction survey undertaken by DVLNI was felt to sufficiently inform the EQIA process.

7.2 Policy Decision and Good Relations

During the completion of this EQIA, the Department and DVLNI have had regard to the desirability of promoting good relations, in particular, with those persons with a disability.

7.3 Publication of Results

This EQIA is available in hard copy and through the Agencies website. Copies of the EQIA are available on request in braille, audiocassette, large print and alternative language formats. Copies of the completed Equality Impact Assessment have been issued to all consultees.

7.4 Monitoring for Adverse Impact in the Future and Publication of Results of Monitoring

Improving Data Capture

The DVLNI application database represents an important source of information across a number of Section 75 groups and its utility extends beyond a review of medical procedures. DVLNI will give consideration to collecting information relating to Section 75 categories in the forthcoming project to procure a new Driver Licensing Computer System that is expected to be in place by 2004/5.

Defining Disability for Research Purposes

Whilst DVLNI produces regular and reliable survey information on customer satisfaction, the surveys do not allow sufficient depth for the purposes of assessing the experiences and expectations of applicants with disabilities and/or medical conditions. DVLNI intends to conduct, over the medium term, tailored surveys and focus group research with those applicants declaring a medical condition and with disabled drivers to ensure that the processes continue to afford equality of opportunity.

8. DECISION BY PUBLIC AUTHORITY

DVLNI have considered the findings of this EQIA. As no adverse impacts arising from the policy have been identified there is no intention to amend the policy for assessing medical fitness to drive.

8.1 Actions to further promote Equality of Opportunity

In recognition of the desirability of further promoting equality of opportunity, DVLNI have decided to implement the following actions:

- A new Equality Working Group combining the Administration and Policy Working Groups will be set up by 31st May 2003 and will be tasked with ensuring DVLNI routinely considers the equality implications of its policies and procedures across all Section 75 categories. The Group will also examine the potential regional disparities in respect of Disability Action Assessments and it will also consider how best to provide feedback to applicants;
- over the medium term, tailored surveys and focus group research will be conducted with those applicants declaring a medical condition and with disabled drivers to ensure that the processes continue to afford equality of opportunity;
- consideration will be given to collecting information relating to Section 75 categories in the forthcoming project to procure a new Driver Licensing Computer System that is expected to be in place by 2004/5; and
- This EQIA will be produced in a final form, and will be made available in hard copy and through the Agencies website. Copies of the EQIA will be made available in braille, audiocassette, large print and alternative language formats on request. Copies of the completed Equality Impact Assessment will be issued to all consultees.

8.2 Contact Details

Comments and queries about the Equality Impact Assessment, including requests for copies, should be addressed to:

Mr S McClean
Director of Driver Licensing & Corporate Services
Room 114
DVLNI
County Hall
Castlerock
BT51 3HS

Tel: 028 70341368
Fax 028 70341424

Textphone: 028 7034 1380
Email: seamus.mcclean@doeni.gov.uk
Website: www.dvlni.gov.uk

APPENDIX I
List of Consultees

List of Consultees

Age Concern NI
British Deaf Association (NI)
British Diabetic Association
British Medical Association
Bryson House
Carers National Association (NI)
Chinese Welfare Associate (NI)
Coalition on Sexual Orientation
Community Relations Council
Disability Action
Disabled Drivers Association (NI)
East Belfast Community Development Agency
Employers Forum on Disability
Equality Coalition
Equality Commission
Falls Community Council
Gingerbread
Health Promotion Agency for NI
Help the Aged (NI)
Inter-Faith Forum
MENCAP
Men's Movement (NI)
NI Approved Driving Instructors
NI Association for Mental Health
NI Council for Ethnic Minorities
NI Gay Rights Association
NI Human Rights Commission (HIHRC)
NI Pensioners Convention
NICVA

North West Forum of People with Disabilities

Police Service of Northern Ireland

Representatives of main political parties in Northern Ireland

RAC

RNID

Road Safety Council for NI

Royal National Institute for Deaf People

Rural Community Network

Save the Children

Travellers Movement (NI)

Women's Forum

Women's Support Network

Youth Council for NI