



THE COLLEGE OF
OPTOMETRISTS

BY EMAIL

Dear Dr Jenkins,

Urgent clarification on the recently updated Eye Conditions and Driving rules

I want to bring to your urgent attention that the updated list of notifiable eye conditions hosted on the .gov website has caused notable concern amongst optometrists and requires immediate clarification. We understand the list was updated at the start of 2022. We have four specific points that we would like to raise.

Firstly, as you are aware, around 20 million sight tests are performed every year in the UK, and optometrists advise people if a notifiable eye condition has been detected so they may make the required declaration. The expanded list includes some ocular findings which may be considered normal or benign, so without clarification, a significant proportion of the healthy population with normal vision will now need to make a declaration. Specifically, drusen and cupped discs are signs which are seen very commonly. In the NICE NG82 guidance, drusen less than 63 micrometres in size are classified as normal eyes and very small drusen up to 31 microns may be seen in up to 91% of adult fundus images. If you intend that these are to be reported, we would recommend advising on minimum size and number of drusen, and it would seem logical that this would be aligned with that of early AMD as described by NICE. Similarly, many healthy eyes have physiologically cupped optic nerve heads; in fact, the majority of eyes do, so further clarification on what you mean by cupped optic disc would be helpful to avoid the majority of adults making a notification. There are many more ocular conditions listed that similar cause problems as they are often considered either normal changes associated with aging, physiological variations, benign or have no effect on visual function. However, drusen and cupping are the two most significant and there are also concerns in the Group Two changes.

Secondly, some of the ocular conditions listed are in fact common symptoms (e.g. blurred vision) that present to optometrists, of which the vast majority are fully treatable and resolve immediately such as visual correction for high myopia and decompensating heterophoria. In many cases these do not necessarily affect visual function, if at all, to the degree patients are no longer able to meet the vision standards for driving.

Thirdly, we are not aware of a consultation on this change. Although I appreciate a consultation on this is not required, it would have been helpful to raise our concerns before publication and pick up on some spelling and technical errors in the list before publication. Therefore, we urge you to consider withdrawing this list and consulting on it, either publicly or with informally stakeholders.

Finally, optometrists have greatly appreciated the efforts you and your team have gone to provide updates and blogs to keep health professionals informed of changes and updates to DVLA policy and guidance. As such, we are disappointed that on this occasion, there has not been communications to advise optometrists of the change so they may in turn, advise their patients accordingly. Without communicating such a significant change to the relevant professions, no policy intention of the change can be meaningfully delivered. The very fact that this update has gone largely unnoticed since when it was first published at the start of the year underlines the point. Once you have reviewed and considered this list, we would offer our help and support in providing communications to reduce confusion and ensure optometrists can help drivers know when they need to declare an ocular condition.

I would be pleased to arrange a meeting to discuss this and work with you and your team to improve this list. We mustn't create an unnecessary burden on the public and an unworkable administrative task for the DVLA. We must ensure that we keep drivers and road users safe to make notifications clinically relevant and necessary.

Yours sincerely,

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