



Department for Transport

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Dear Dr Adeley,

Thank you for your report made under the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, following the inquest you conducted into the death of Sheila Margaret Edwards. I am responding as Minister for the Future of Roads, and am grateful for the opportunity to consider and respond to the concerns you have raised.

I was very sorry to learn of the tragic circumstances that led to Sheila Edwards's death and would like to express my sincere condolences to her family.

I have considered your report and its recommendations very carefully. Your report proposes that a system should be put in place to ensure that those applying for a driving licence are unable to do so if they are suffering from any medical condition that compromises their self-awareness.

The current driver licensing arrangements are provided for in the Road Traffic Act 1988. It is a legal requirement for all drivers to inform the Driver and Vehicle Licensing Agency (DVLA) if at any time they develop a medical condition that may affect safe driving. The Driver and Vehicle Licensing Agency (DVLA) is responsible for ensuring that drivers who declare medical conditions meet the required medical standards of fitness to drive. For the DVLA to investigate those applying for or holding a driving licence, it must have reasonable grounds to initiate medical investigations. In practice, this means that an applicant or driver must notify the DVLA of a medical condition before an assessment of their medical fitness to drive can begin.

Healthcare professionals play a vitally important role in the driver licensing process by providing advice to their patients about the implications of their condition, the effect of any treatment or medication they are receiving and when they must inform the DVLA. To support healthcare professionals, the DVLA publishes guidance on GOV.UK called “Assessing fitness to drive: a guide for medical professionals”. The DVLA also provides a dedicated email for healthcare professionals to contact one of its doctors for either case-specific advice or general guidance.

While healthcare professionals are not legally obliged to notify the DVLA about a patient who may be medically unfit to drive, regulatory bodies provide guidance to medical professionals which allows them to notify the DVLA of a patient’s medical condition in the interests of the safety of the patient and the wider public. The DVLA also investigates notifications from others who may have concerns, including relatives and friends. This recognises that there may be occasions where a driver lacks insight into their ongoing ability to drive safely.

The General Medical Council (GMC) provides guidance to doctors regarding circumstances where it is justifiable to notify the DVLA of a patient’s medical condition. The guidance advises that where they are aware that an individual has not understood their advice or has chosen to continue driving despite their advice, a notification in the public interest to the DVLA does not breach patient confidentiality. The General Optical Council issues similar guidance for its members.

Although the process for establishing that a driver meets the medical standards for driving is based on self-declaration, I recognise that this may be difficult for those drivers with conditions that may impair their insight into their health status. My department will continue to engage with healthcare professionals and their regulatory bodies to identify and address any obstacles that may hinder the reporting process, particularly where their patient lacks the insight or capacity to inform the DVLA of their condition themselves.

We understand that there have been significant demographic changes in recent decades resulting in many individuals living longer, healthier lives, working longer and expecting to be able to maintain an independent lifestyle. Increased life expectancy and an ageing population also gives rise to an increase in the prevalence of certain medical conditions including those affecting mobility and those that may impair cognitive abilities.

In 2023, the DVLA carried out a call for evidence which sought views on the current legislative basis for establishing whether an individual is medically fit to drive.

Officials are considering the research and evidence provided and what additional research may be needed to inform potential future changes. These considerations include the system of self-declaration and the potential for the introduction of age-based testing. Consideration is also being given to policy options as part of the Government's Road Safety Strategy, which is being developed and the details of which will be provided in due course.

The DVLA has also initiated discussions with the Secretary of State for Transport's Honorary Medical Advisory Panel on driving and psychiatric disorders to consider the challenges that impairment of cognitive function presents in the context of the current medical licensing process. The DVLA most recently held a meeting with the panel on 8 May 2025 to discuss the expert papers and recommendations made from both a Fatal Accident Inquiry that took place in Scotland in 2024 and the inquest you carried out into the death of Sheila Edwards. The DVLA will continue to work closely with the panel to explore possible options for change to the existing self-declaration system.

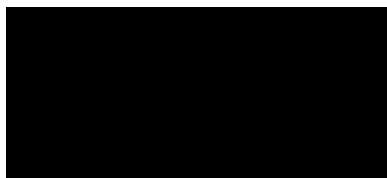
I note that you have raised concerns about the STATS19 system used in GB for collecting and reporting road traffic collision data. The Department acknowledges that STATS19 has limitations in identifying the causes of collisions in detail, particularly regarding the recording of medical conditions such as dementia or cognitive impairment as a contributory factor. These limitations are set out in the guidance provided (for example, the guidance on contributory factors). Contributory factors are based on the judgement of police officers at the scene of an accident or shortly afterwards. As a result, conditions such as those affecting cognitive function may go unrecorded, especially if the impairment is not immediately apparent or if the officer is unaware of the driver's medical history. For this reason, we need to balance the value of the data collected with the practicalities of collection and the burdens on police officers.

You may be interested to know that the STATS19 data collection is overseen by the Standing Committee on Road Injury Collision Statistics (SCRICS), which is reviewed every five to ten years, the most recent review being in 2018. These reviews seek to improve how STATS19 data is collected and reported and identify ways in which collision data can be linked to other sources, such as the DVLA's driver records and this is something that my Department is keen to explore further.

Thank you once again for raising these important issues. I can assure you that the Government takes road safety very seriously and we are focused on ensuring that only those who are fit and safe to drive are issued with a driving licence.

My Department will continue to work with healthcare professionals, driving organisations and regulatory bodies to enhance the safety of our roads and ensure that those who pose a risk to road safety due to lack of awareness of their medical condition are appropriately identified and assessed.

Best wishes,



MINISTER FOR THE FUTURE OF ROADS