



Mr Robert Cohen
H M Senior Coroner for Cumbria
Fairfield
Station Road
Cockermouth
Cumbria
CA13 9PT

Driver and Vehicle Licensing Agency

Director of Strategy, Policy and Communications
Strategy, Policy and Communications Directorate
Longview Road
Morriston
Swansea
SA6 7JL

Your Ref:
Our Ref:

Date: 10 December 2025

Dear Mr Cohen

Thank you for your report of 16 October 2025 made under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, following the inquests you conducted into the deaths of Neil Errington, Martin Gareth Evans and Patricia Mary Evans.

I was very sorry to learn of the tragic circumstances surrounding the deaths of Mr Errington and Mr and Mrs Evans and would like to express my sincere condolences to their families.

I have considered your report and its recommendations carefully and I can assure you that the Driver and Vehicle Licensing Agency (DVLA) takes such matters very seriously.

The current driver licensing system is underpinned by a legal requirement that all drivers, of any age, must inform the DVLA at any time if they develop a medical condition that may affect their ability to meet the medical standards for driving. Failure to do so is an offence. All drivers must meet the appropriate medical standards for driving and a licence will only be issued to those who meet those standards. These arrangements are designed to be balanced and proportionate for all drivers, balancing road safety and the mobility of individuals.

The current driver licensing system relies on self-declaration, supported by medical evidence where it is available. While I understand the concern that decisions may be made based on incomplete medical records, there are practical difficulties in requiring doctors to confirm whether a patient's records are or appear to be complete. The way in which medical records are recorded and held is not uniform across the devolved health services in GB and in the various health regions. While medical records are transferred when an individual changes GP practice, how soon the new practice has access to those records can vary. Clinicians also then typically only have access to records within their own practice or local NHS systems and may be unable to verify whether a patient has received treatment elsewhere although there are often summaries of clinical information where a patient has received hospital treatment elsewhere. This will be particularly difficult if the patient has been treated abroad

unless this has been disclosed by the patient and formally documented by the GP in medical records.

Even where medical records appear complete, they may still lack relevant information if the individual has not recently consulted their GP or reported symptoms. Therefore, no meaningful action could be taken based solely on the absence of medical information. However, the DVLA will review the content of the medical questionnaires it sends to clinicians to consider whether additional prompts or questions could be included which may identify inconsistencies or gaps in the medical records.

The DVLA's medical standards are outlined in the guidance *Assessing Fitness to Drive*, which is informed by legislation and expert advice from the Secretary of State for Transport's Honorary Medical Advisory Panels. The guidance is used to help determine whether individuals with medical conditions should hold a driving licence. The guidance is primarily aimed at healthcare professionals to guide them about how their patient's condition may affect their ability to drive safely and when the DVLA must be notified. The guidance covers a wide range of medical issues and a key part involves evaluating the likelihood of a person experiencing a sudden disabling event, which could impair their ability to control a vehicle. To manage this risk, the DVLA uses risk thresholds to guide decisions about when it is safe for someone to resume driving.

For car and motorcycle (Group 1) drivers, if the acceptable risk of such an event is assessed to be lower than 20% over the next 12 months, the individual may be issued with a driving licence after six months. If the risk exceeds 20%, a longer period of not driving, typically 12 months, is required. The risk threshold is stricter for drivers of buses and lorries at less than 2% per year. This enables the DVLA to make an informed and proportionate decision about whether the individual can safely return to driving.

Individuals with conditions that could cause a sudden loss of control, like blackouts or loss of consciousness, must not drive. When the DVLA revokes a driving licence on such grounds, the decision can be reviewed if new medical information becomes available. This evidence can be provided in a report from a relevant medical specialist and should include their confidence in the diagnosis, whether any episodes occurred while driving, the presence of warning signs, known triggers and an opinion on the likelihood of recurrence, which the DVLA will assess against its risk thresholds.

I note the concerns you have expressed that current guidance may not provide sufficient clarity on how clinicians should estimate this risk. In response to your report, we will review the guidance to consider if it can be made clearer, more consistent and better aligned with clinical practice. This will include exploring the development of structured tools to support risk assessment and clearer expectations for specialist reports.

I am grateful to you for bringing your concerns to my attention. I can assure you that we take road safety very seriously and we are focused on ensuring that only those who are fit to drive are granted a licence to do so. Road safety measures have not been reviewed for more than a decade, and the Department for Transport is developing a Road Safety Strategy which will include a broad range of policies and will set out more details in due course.

The DVLA will continue to work closely with clinicians to raise awareness of the impact medical conditions may have on fitness to drive and continue to explore any potential options for further improvements.

Detailed timelines have yet to be finalised, as reviewing existing processes and policy development in such an important area is inherently complex and involves a wide range of stakeholders. However, I can assure you that this work is being treated as a priority.

Yours sincerely



Director of Strategy, Policy and Communications

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