

BRISTOL CITY COUNCIL

PUBLIC SAFETY AND PROTECTION COMMITTEE

25 October 2022

Report of: Executive Director, Growth and Regeneration

Title: Taxi and Private Hire Licensing Policy - Medicals

Ward: Citywide

Officer Presenting Report: Abigail Holman, Licensing Team Leader

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RECOMMENDATION

The committee are recommended to:

- (1) Approve the proposed changes to the policy relating to who is able to complete medical certifications on behalf of hackney carriage and private hire driver applicants.

Summary

1. The Hackney Carriage and Private Hire Policy requires that all driver applicants and licence holders are subject to a medical at the same standard as the DVLA Group 2 (PSV and HGV) requirements which is undertaken by a GP at their registered medical practice.
2. The policy states:
Medical Fitness
4. *The Council's current medical requirement is summarised as follows;*
 - a. *Applicants shall demonstrate that they have satisfied the medical standard as specified by the Council.*
 - b. *Applicants shall supply a Council medical examination report completed by their own GP, or other doctor who works at the applicant's own registered medical practice. This will be a Group 2 medical as specified by the (DVLA) for PCV/HGV drivers.*
 - c. *A completed medical examination report must be provided by new applicants.*
 - d. *Existing drivers must supply a medical examination report as follows:*

- i. Every five year period from the age of 45,*
 - ii. Annually from the age of 65*
- e. The Council will also have the right to recall the licence holder at any time during the lifespan of the licence for a medical examination should the Council have reason to doubt the fitness of the licence holder to hold the licence.*

Context

3. The previous policy permitted any GP to complete a medical, but this proved challenging as GPs at that time did not have easy access to a patients medical history and so the practitioner undertaking the assessment was reliant on the patient disclosing history, which was often unreliable. Officers have been advised that obtaining a copy of medical history is now more straightforward.
4. During the Covid-19 pandemic most GP practices were closed to all but emergency cases, as they were dealing with the fallout from the pandemic, being asked to cover other healthcare areas such as in hospitals and delivering the vaccine programme.
5. There has also been little increase in the number of GPs in the UK over the last few years, despite an increase in demand for services.
6. Pre-pandemic most GPs offered a medical assessment service which fulfilled the requirements of the Council's medical assessment, however post-pandemic many GPs are advising that they are no longer able to do this, or only one GP within the practice is able to do it and only on very sporadic occasions. This results in significant delay for the applicant, or the inability for them to obtain a medical assessment from their medical practice at all.
7. The requirement for a medical at the DVLA group 2 standard has been a requirement of the councils fit and proper person policy for a significant period of time, and is in line with the DFT Best Practice Guidance which states:

Medical fitness

67. It is clearly good practice for medical checks to be made on each driver before the initial grant of a licence and thereafter for each renewal. There is general recognition that it is appropriate for taxi/PHV drivers to have more stringent medical standards than those applicable to normal car drivers because:

- they carry members of the general public who have expectations of a safe journey;*

- they are on the road for longer hours than most car drivers; and
- they may have to assist disabled passengers and handle luggage.

68. It is common for licensing authorities to apply the “Group 2” medical standards – applied by DVLA to the licensing of lorry and bus drivers – to taxi and PHV drivers. This seems best practice...

8. On 20 July 2022 the government amended the Road Traffic Act 1988 to allow a wider range of medical professionals to respond to medical questionnaires. Specialist nurses and opticians are among the healthcare professionals now able to complete DVLA medical questionnaires, as part of an approach by DVLA to improve and speed up the medical licensing process. There seems to be a clear recognition of the pressures that local GPs are under to deliver services.
9. The changes implemented by the DVLA don’t apply to the medical report for the group 2 level DVLA Category C and D assessments which must be completed by any doctor or consultant registered with the General Medical Council.

Recommendations

10. Amend the Taxi and Private Hire Licensing Policy wording set out at paragraph 2 above to read:

Medical Fitness

4. *The Council’s current medical requirement is summarised as follows;*

a. *Applicants shall demonstrate that they have satisfied the medical standard as specified by the Council.*

b. Applicants shall supply a Council medical examination report completed by a registered GP. This will be a Group 2 medical as specified by the (DVLA) for PCV/HGV drivers. The GP undertaking the medical must have access to the applicant’s full medical history. A representative from the applicant’s registered medical practice must confirm this in writing.

c. *A completed medical examination report must be provided by new applicants.*

d. *Existing drivers must supply a medical examination report as follows:*

i. *Every five year period from the age of 45,*

ii. *Annually from the age of 65*

e. *The Council will also have the right to recall the licence holder at any time during the lifespan of the licence for a medical*

examination should the Council have reason to doubt the fitness of the licence holder to hold the licence.

11. The change above, highlighted in bold, will ensure that the full and correct information is provided to the GP undertaking the medical, as well as relieving pressure on applicants and local GPs which in some instances can cause significant delays. The requirement to obtain the medical history will preserve the integrity and purpose of the medical ensuring that it provides an accurate assessment of the applicant's fitness to drive.

Consultation

12. There is no obligation to consult on changes to the Taxi and Private Hire Licensing Policy, but it is normally considered good practice to do so. Officers consider the above change to be a minor administrative change, and that it does not change the overall intention of the medical fitness test. Therefore they propose that consultation is unlikely to be needed in this instance.