

Title: European Proposals to amend Driving Licence Standards for Diabetes. Annex III of Directive 91/439/EEC Lead department or agency: Department for Transport Other departments or agencies: DVLA	Impact Assessment (IA)
	IA No: DFT00010
	Date: 15/07/2011
	Stage: Final
	Source of intervention: EU
	Type of measure: Secondary legislation
Contact for enquiries: Mark Davies - 01792 783981	

Summary: Intervention and Options

What is the problem under consideration? Why is government intervention necessary?

Certain treatment for diabetes can adversely affect the ability to drive safely. All EU Member States must issue driving licences in compliance with minimum medical standards. Existing minimum standards for diabetes in Annex III to Directives 91/439/EEC and 2006/126/EC are revised by new standards in Directives 2009/112/EC and 2009/113/EC with effect from 25 August 2010. Member States cannot have less than the minimum but may apply or retain higher than the minimum standard if justified.

What are the policy objectives and the intended effects?

The Directive specifies minimum standards for four categories of diabetes that affect the UK. The policy objectives are to increase current UK standards if obliged to in order to comply with the minimum standard on the directive, to relax current UK standards (and align with the Directive) thus removing existing restrictions on drivers, and where medical opinion advises to retain existing UK standards. The intended effect is to allow those with the specified condition access to driving as far as the directive permits.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

In three of the four categories for diabetes current UK standards are below that required by the Directive. We are obliged to change the standard so that the UK is compliant. In the fourth category we propose relaxing the existing UK standard and therefore aligning with the directive's minimum standard. The Secretary of State's Honorary Medical Advisory Panel (the Panel) on diabetes has considered the proposed changes and has advised whether in its opinion a relaxation of the current UK standard would compromise road safety. Please see pages 5-9 for more information. Evidence from the Panel minutes can be found on the DVLA website.

Will the policy be reviewed? It will be reviewed. **If applicable, set review date:** 10/2014

What is the basis for this review? Please select. **If applicable, set sunset clause date:** Month/Year

Are there arrangements in place that will allow a systematic collection of monitoring information for future policy review?	No
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SELECT SIGNATORY Sign-off For final proposal stage Impact Assessments:

I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) the benefits justify the costs.

Signed by the responsible Minister: _____ Mike Penning _____ Date: 21st October 2011.

Summary: Analysis and Evidence

Policy Option 1

Description:

Price Base Year 2005	PV Base Year 2011	Time Period Years 10	Net Benefit (Present Value (PV)) (£m)		
			Low: -£2.2m	High: -£0.9m	Best Estimate: -£1.6m

COSTS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	£31,288	£137,700	£1,176,484
High	£31,288	£275,400	£2,321,681
Best Estimate	£31,288	£206,550	£1,749,082

Description and scale of key monetised costs by 'main affected groups'

There are monetised costs of re-issuing guidance material and forms in line with the new standards. This will be a one off cost, estimated at £30,000, to cover all the changes to guidance. All Group 2 insulin treated applicants will undergo a yearly independent medical examination. DVLA will meet this cost which is up to £266,000 pa.

Other key non-monetised costs by 'main affected groups'

As three of the current diabetes standards will be tightened, some licence holders may lose their driving entitlement with the associated loss of the social, domestic and economic benefits that driving brings. We have estimated that between 705 and 1,410 drivers may be affected adversely. These are based on assumptions that a percentage of medically restricted licence holders with diabetes being affected.

BENEFITS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	n/a	£14,100	£117,264
High	n/a	£28,200	£234,528
Best Estimate	n/a	£21,150	£175,896

Description and scale of key monetised benefits by 'main affected groups'

There are monetised benefits to DVLA from processing less licence applications as a result of the tightened restrictions.

Other key non-monetised benefits by 'main affected groups'

One of the current diabetes standards will be relaxed allowing more people to obtain driving licenses without affecting road safety. We have estimated that between 235 and 470 people may benefit from the social, domestic and economic benefits that driving brings. Where UK standards are being raised we would expect a marginal road safety benefit. These assumptions are based on a percentage of medically restricted licence holders with diabetes being affected.

Key assumptions/sensitivities/risks

Discount rate (%) 3.5

No figures are available for the number of people affected by each specific diabetes category. We have provided indicative estimates of the number of people who may be affected by the changes to the minimum standards. These are based on the assumption that a percentage of medically restricted licence holders with diabetes problems being affected.

Direct impact on business (Equivalent Annual) £m):			In scope of OIOO?	Measure qualifies as
Costs: 0	Benefits: 0	Net: 0	No	NA

Enforcement, Implementation and Wider Impacts

What is the geographic coverage of the policy/option?		United Kingdom			
From what date will the policy be implemented?		01/10/2011			
Which organisation(s) will enforce the policy?		DVLA/DVA/DSA/Police			
What is the annual change in enforcement cost (£m)?		n/a			
Does enforcement comply with Hampton principles?		Yes			
Does implementation go beyond minimum EU requirements?		No			
What is the CO ₂ equivalent change in greenhouse gas emissions? (Million tonnes CO ₂ equivalent)		Traded: n/a		Non-traded: n/a	
Does the proposal have an impact on competition?		No			
What proportion (%) of Total PV costs/benefits is directly attributable to primary legislation, if applicable?		Costs: n/a		Benefits: n/a	
Distribution of annual cost (%) by organisation size (excl. Transition) (Constant Price)	Micro	< 20	Small	Medium	Large
Are any of these organisations exempt?	No	No	No	No	No

Specific Impact Tests: Checklist

Set out in the table below where information on any SITs undertaken as part of the analysis of the policy options can be found in the evidence base. For guidance on how to complete each test, double-click on the link for the guidance provided by the relevant department.

Please note this checklist is not intended to list each and every statutory consideration that departments should take into account when deciding which policy option to follow. It is the responsibility of departments to make sure that their duties are complied with.

Does your policy option/proposal have an impact on...?	Impact	Page ref within IA
Statutory equality duties¹ Statutory Equality Duties Impact Test guidance	Yes	9
Economic impacts		
Competition Competition Assessment Impact Test guidance	Yes	9
Small firms Small Firms Impact Test guidance	Yes	9
Environmental impacts		
Greenhouse gas assessment Greenhouse Gas Assessment Impact Test guidance	Yes	9
Wider environmental issues Wider Environmental Issues Impact Test guidance	Yes	9
Social impacts		
Health and well-being Health and Well-being Impact Test guidance	Yes	9
Human rights Human Rights Impact Test guidance	Yes	9
Justice system Justice Impact Test guidance	Yes	9
Rural proofing Rural Proofing Impact Test guidance	Yes	9
Sustainable development Sustainable Development Impact Test guidance	Yes	9

¹ Public bodies including Whitehall departments are required to consider the impact of their policies and measures on race, disability and gender. It is intended to extend this consideration requirement under the Equality Act 2010 to cover age, sexual orientation, religion or belief and gender reassignment from April 2011 (to Great Britain only). The Toolkit provides advice on statutory equality duties for public authorities with a remit in Northern Ireland.

Evidence Base (for summary sheets) – Notes

Use this space to set out the relevant references, evidence, analysis and detailed narrative from which you have generated your policy options or proposal. Please fill in **References** section.

References

Include the links to relevant legislation and publications, such as public impact assessments of earlier stages (e.g. Consultation, Final, Enactment) and those of the matching IN or OUTs measures.

No.	Legislation or publication
	 diabetes_and_driving_in_europe_final_1
	 "Directive 2009 112 EC.pdf"
1	
2	

+ Add another row

Evidence Base

Ensure that the information in this section provides clear evidence of the information provided in the summary pages of this form (recommended maximum of 30 pages). Complete the **Annual profile of monetised costs and benefits** (transition and recurring) below over the life of the preferred policy (use the spreadsheet attached if the period is longer than 10 years).

The spreadsheet also contains an emission changes table that you will need to fill in if your measure has an impact on greenhouse gas emissions.

Annual profile of monetised costs and benefits* - (£m) constant prices

	Y ₀	Y ₁	Y ₂	Y ₃	Y ₄	Y ₅	Y ₆	Y ₇	Y ₈	Y ₉
Transition costs	£30k									
Annual recurring cost		£138k								
Total annual costs	£30k	£138k								
Transition benefits										
Annual recurring benefits		£14k								
Total annual benefits		£14k								

* For non-monetised benefits please see summary pages and main evidence base section



Microsoft Office
Excel Worksheet

Evidence Base (for summary sheets)

Background

Current driver licensing and testing rules in the UK are based on the requirements of the second European Council Directive on driving licences (91/439/EEC). That Directive harmonised rules throughout the European Economic Area for the mutual recognition and exchange of Member State licences, and specified minimum medical and testing standards that should be applied for the issue of driving licences.

In recent years officials and medical experts drawn from across the European Union have reviewed the standards for diabetes. Following receipt of their reports the European Commission's Driving Licence Committee considered amendments to the standards and published revised minimum standards on 25 August 2009 (references: 2009/112/EC and 2009/113/EC) to come into effect by 25 August 2010.

The Secretary of State's (SoS) Honorary Medical Advisory Panel (the Panel) on diabetes has considered the proposals in detail and have provided expert advice on the interpretation of the revised standards. The proposals set out here are consistent with the recommendations of the Panel and supported by DVLA who believe that road safety will not be adversely affected by the relaxation of some current UK standards.

The Directive recognises two groups of drivers:-

Group 1 (*cars and motorcycles*) - relates to vehicle categories A and B. These include 2 or 3-wheeled vehicles, cars and light vans up to 3.5 tonnes.

Group 2 (*buses and lorries*)- relates to vehicle categories C lorries, and D buses (and their sub categories of C1 and D1 these include medium and large lorries and mini buses). The medical licensing standards for lorry and bus drivers are more stringent than for Group 1 drivers. The processes and higher medical standards aim to balance the additional risks to road safety presented by the size and weight of the vehicles being driven and the greater time the driver may spend at the wheel in the course of their occupation.

Impact from the directive

In many cases current UK standards already meet EU minimum standards; therefore we are already compliant with the directive and need to make no change. We have reviewed existing standards to assess whether, in the light of medical expert opinion, we should relax current UK standards and more closely align with EU minimum standards. The directive allows Member States to apply or retain a standard higher than the minimum European requirements if justified.

The impact of the directive means that certain criteria for the issue of a driving licence will change:

- Where UK standards already meet EU standards there will be no impact on individuals, business or the third sector.
- Where UK standards are relaxed, we will remove current restrictions and a greater number of individuals may apply for or obtain a licence.
- Where UK standards are retained some individuals will continue as at present to be prevented from holding a licence on reapplication.
- Where UK standards are raised to comply with EU minimum standards some individuals will be prevented from holding/retaining a licence when previously they were granted.

Consultation

A public Consultation was issued on 3rd February 2011. A total of 309 documents were issued by DVLA. The Consultation also included proposals for changes to Vision and Epilepsy. These will be introduced separately at a later date. Of the 132 responses received, 35 related specifically to the Diabetes Mellitus proposals. Of these 30 agreed with the proposals. Three disagreed because they considered further relaxation was appropriate; two responses were unclear.

59 responses commented on more than one condition; nine made comments on the Diabetes Mellitus proposals, with eight supporting the recommendations. One response made a link to driving emergency vehicles, which is outside the scope of this consultation.

Summary of Diabetes Mellitus Responses

Responses were generally in favour of the proposed standards, particularly around individual assessment and allowing insulin treated diabetics to be considered for a group 2 vehicle licence.

Way Forward

Diabetes Mellitus

- DVLA will take forward the diabetes proposals as set out in the consultation document.
- To satisfy the requirement for regular blood glucose monitoring for Group 2 licensing, applicants will need to have been using a glucose meter with a memory function for three months.
- Amendments will need to be made to the Motor Vehicles (Driving Licences) Regulations 1999 (SI 1999/2864) and the guidance produced for doctors in "At a Glance".

Applicants will be able to apply for Category C or D entitlement driving licence when the legislation comes into force in October 2011

The Proposals

The Directive makes four proposals to the minimum medical standards for driving with diabetes. In three of the four the current UK standard is currently below the minimum required by the Directive and is therefore obliged to change to be compliant. A change in the UK standard to meet EU requirements means that some applicants, and existing drivers, will be prevented from holding a licence. In the fourth category, we propose a relaxation of the current UK standard.

Definition of Diabetes

Diabetes is caused by the body's failure to produce insulin, a hormone released by the pancreas to help control levels of sugar in the blood.

Raising the UK standard to meet the Directive's requirements:

Proposal 1

Group 1 (cars and motorcycles) – The Directive requires that drivers or applicants experiencing recurrent severe hypoglycaemia shall not be issued with nor have their licence renewed.

Currently, UK standards allow Group 1 drivers who have had two or more episodes of severe hypoglycaemia (requires the assistance of another person) in a 12 month period, subject to expert opinion may be issued with a licence. We are obliged to raise the UK standard to meet the new minimum EU requirements.

Proposal 2

Group 1 (cars and motorcycles) – The Directive requires that drivers or applicants who have impaired awareness of hypoglycaemia shall not be issued with nor have their licence renewed.

Previously, Group 1 drivers with impaired awareness, subject to expert medical advice were eligible to be issued with a driving licence. We are obliged to raise the UK standard to meet with EU requirements.

Proposal 3

Group 2 (buses and lorries)– The Directive requires that a severe hypoglycaemic event during waking hours, even unrelated to driving, should be reported and should give rise to a reassessment of the licensing status.

Currently Group 2 drivers who suffer more than one severe hypoglycaemic event within 12 months even unrelated to driving must report these to DVLA. The Directive requirement means that any severe hypoglycaemic event during waking hours, even unrelated to driving must be reported (in the UK's case to the DVLA or DVA) which would give rise to a reassessment of the licensing status. We are obliged to raise the UK standard to meet with EU requirements.

Relaxing the current UK standard:

Proposal 4

Group 2 (buses and lorries)- Drivers or applicants treated for diabetes, with medication, which carries a risk of hypoglycaemia (that is, with insulin and some tablets), may apply for entitlement to drive all group 2 category vehicles provided strict specific medical criteria is met.

Currently Group 2 drivers with insulin treated diabetes are only considered in exceptional cases to drive category C1 vehicles. The UK proposes to relax the existing UK standard so that drivers treated for diabetes, which carries a risk of hypoglycaemia may apply for entitlement to drive all group 2 category vehicles provided strict specific medical criteria is met.

Presently, some 1,000 drivers take advantage of the exceptional provisions that allow them to continue driving medium sized lorries (C1). Anecdotal evidence suggests that many of these will wish to apply for the full category Group 2 licences. It is considered that up to 2,000 applicants might wish to take advantage of the relaxation.

Cost and benefits

There are approximately 1.9 million drivers on DVLA records holding medically restricted licences, of which diabetes accounts for 24.7 percent this equates to 470,337 people suffering from diabetes. To date, figures for different categories of diabetes have not been recorded, so it is impossible to know how many drivers will be affected by our proposals. Nor has it been possible to quantify the social, domestic and economic benefits of obtaining a driving licence. We therefore cannot accurately estimate the impact of the proposals.

There is a positive impact on businesses who employ bus or lorry drivers as they will now be able to consider people who have diabetes treated with insulin to drive all group 2 category vehicles, where previously they couldn't.

Costs

The main monetised costs come from additional administration for the DVLA.

- a) Forms and leaflets will need to be updated, including "At a Glance guide to the current medical standards of fitness to drive". The "At a Glance" guide is freely available on DVLA website. If an individual wishes to obtain a printed copy an administration fee of £4.50 is charged (during the last 12 months only 4 such copies have been requested.) The cost of updating forms and leaflets is covered by the central operational fund and is

estimated to be £100,000. This one off cost will be split between updating the standards for vision, diabetes and epilepsy. It is estimated the costs for diabetes will be £30,000

- b) The cost of processing a driving licence on medical grounds is estimated to be approximately £20. This is broken down into Administrative Officer wage £3.28, sending a Medical Questionnaire £15.00 and postage costs of 75p. The relaxation of one of the minimum standards will increase the number of such licences being processed. Again, we have estimated the increase in costs assuming that a percentage of registered licence holders with diabetes could be affected. This would be an annual cost.
- c) Removing the exceptional criteria which requires the applicant to meet medical costs means there will be an additional cost to DVLA of paying for the medical examination by an independent diabatologist. All Group 2 drivers will now be required to undergo this at a cost to DVLA of £266,000 (2,000x£133.00).
- d) To satisfy the requirement for regular blood glucose monitoring for Group 2 licensing, applicants will need to have been using a glucose meter with a memory function for three months and provide the readings. Advice from Diabetes UK and DVLA Medical Advisors is that the majority of those treated with insulin treated Diabetes should already be using these meters. There should therefore be no additional cost for individuals. However, these meters cost around £10-£25. They are not prescribed at NHS expense but are quite often provided free by the manufacturer on the basis of income made from the testing strips, which are prescribed at NHS expense.
- e) In September 2010, standards were brought into line for Group 1 drivers who suffer severe hypoglycaemic attacks. We estimate that around 1000-2000 drivers may be affected and lose their licences. However, these drivers can re-apply for their licences once free from severe hypoglycaemic attacks. This would have a social and economic affect to those who drive for a living. Although there would be an impact on others, they would have available to them alternative modes of transport are likely to enable them to reach their workplaces.

Summary of Costs

Transition Costs - Amendment of forms and leaflets - £30,000

Annual costs of extra licence transactions:

Low 235 x £20 = £4,700

High 470 x £20 = £9,400

Annual medicals for Group 2 licence holders:

Low 1,000 x £133 = £133,000

High 2,000 x £133 = £266,000

Benefits

Where it is proposed to relax the minimum standards this will lead to more drivers qualifying for licences. For illustrative purposes we have estimated the number of drivers who would be affected assuming that a percentage of registered licence holders with diabetes could be affected.

The cost of processing a driving licence on medical grounds is estimated to be approximately £30. The tightening of three of the minimum standards will reduce the number of such licences

being processed. Again, we have indicatively estimated the cost saving assuming that a percentage of registered licence holders with diabetes problems is affected.

Additionally, more drivers will now be able to apply to receive their licences back and be employed as Group 2 drivers. We do not have a figure for the potential numbers that can but the average annual salary for such employees is around £25,000.

It is also expected that the tightening of certain minimum standards should improve road safety.



Diabetes287.xls

Equality Issues

Certain medical conditions can pose a risk to road safety. For diabetes this largely relates to the risk of suffering a hypoglycaemic attack at the wheel.

DVLA is responsible for assessing the fitness to drive of licence holders and applicants in GB. It does this by applying agreed medical standards. The minimum standards it has to apply are set down in EU legislation. The changes made to these will have both a positive and negative effect.

Positives

Drivers with diabetes treated with insulin will now be considered for a licence to drive lorries and buses enabling them to gain employment in this field.

Negative

Currently drivers may be refused a licence or have their licence revoked if they have frequent hypoglycaemic episodes that are uncontrolled. The new EU standard introduces a clearer definition. Where a diabetic driver suffers 2 or more hypoglycaemic attacks within 12 months that requires the assistance of another person, they will lose their licence or be refused a licence. They will be able to re-apply when there is only one attack in the previous 12 months. Those who suffer impaired awareness of hypoglycaemia will also lose their licence or be refused a licence until they regain awareness, possibly as a result of a transplant.

Now describe how this fits into 'the bigger picture' including other DVLA priorities.

DVLA applies medical standards to protect road safety while recognising the social importance of driving and ensuring entitlement can be kept where possible.

DVLA has a legal obligation to comply with the minimum standards set down in EU legislation.

What evidence or information do you already have about how this function might affect people?

- **Provide a summary of the evidence you have captured and considered. Attach annexes if you need to give details.**
- **Explain what data was used and why it was relevant**
- **Identify any gaps in the evidence and explain how you will address them**
- **If you have not yet consulted, explain how you will involve and consult people.**
(Consultation should be proportionate to the function's importance and likely impact.)

The new EU standards were agreed by a working group of medical experts from across Member States including the UK. In inputting to the working group, consideration was also given to the views of DVLA's Expert Medical Advisory Panel on diabetes and driving. The standards are considered to be set to address the unacceptable risk that diabetes presents to road safety.

A public consultation on the changes ended on 28 April 2011. This set out that there would be both positive and negative impacts but that it is not possible to quantify how many drivers would be affected. It was suggested though that the overall impact would be limited. Consultation responses did not provide any further evidence.

How have stakeholders been involved in assessing the impact of this function? Who are they and what is their view?

The public consultation included interests groups such as diabetes UK, road safety and disability groups. Responses showed general support for the changes.

Please explain how the needs of disabled people and any accessibility issues been taken into account

Medical driving licence standards are currently applied to those with diabetes with the consequence that licences may already be refused or revoked in certain circumstances. The social impact of this is recognised and mechanisms are in place to alleviate the effect. Those drivers refused a licence will be able to apply for a disabled persons bus pass.

In the setting of the new standards for diabetes, consideration has been given by medical experts to the circumstances where an unacceptable risk arises and the standard that should be applied to address this but also to ensure that those who do not present such a risk can continue to drive.

We have estimated that the number of drivers who will now have a licence refused or revoked under the new standards to be small and have not proposed further measures to address the impact. Public consultation has not provided evidence to suggest this is incorrect or that further action should be taken.

Analyse the evidence you have collected and assess the likely impact on the groups who share protected characteristics

Some drivers will be refused or lose their driving licence although they may be able to regain

entitlement. The impact on individuals will vary according to their personal circumstances and the extent to which measures such as the availability of a bus pass will address their particular issues.

However, the number of people with diabetes who will be affected over and above those who are affected by the current standards is likely to be small. The overall impact is therefore likely to be limited.

Can you change the function to reduce or remove the cause of negative effects or find an alternative approach?

If the negative impact cannot be reduced, please explain why.

DVLA is obliged to apply EU standards. Evidence from the process to set these standards and subsequent consultation suggest they are set appropriately to balance road safety and mobility needs.

We have considered whether other measures should be taken to address the loss of driving entitlement that may result from the new standards. Measures are already in place to help those that are denied entitlement under the current standards and the number who will now be affected in addition is likely to be small. It is unlikely to be proportionate to take any further action.

If there are positive impacts, explain what they are and who will benefit and how.

Drivers with diabetes treated with insulin will now be considered for a licence to drive lorries and buses enabling them to gain employment in this field.

Statutory Equality Duties Impacts

There are no race, gender, sexual orientation or, transgender implications. On the disability issues, one proposal will allow drivers with insulin treated diabetes to apply for a Group 2 driving licence, and drive professionally, whilst other proposals may mean that some Group 1 drivers may lose their licences.

Competition Assessment

No issues have been identified.

Small Firms Impact Test

Small firms may benefit from the slight increase in the number of Group 2 licence holders.

Greenhouse Gas Assessment Impact Test

The proposals will have no significant affect on the number of vehicle drivers.

Wider Environmental Issues Impact Test

No issues have been identified that will impact on the environment.

Health and Well-being Impact Test

Individuals will be affected by the loss (500-1,000) and recovery (200-500) of the their driving licences respectively.

Human Rights Impact Test

There is no human rights implications resulting from the introduction of these proposals

Justice Impact Test

There is no impact on justice resulting from the introduction of these new policies

Rural Proofing Impact Test

The introduction of the new minimal medical standards would be equally borne by rural and urban communities.

One-in One-out (OIOO) Methodology

The proposals may have some impact on business when some motorists are no longer able to drive. However no specific monetised benefits have been identified, and the proposal is out of scope as the proposed regulatory change is driven by EU legislation.

Sustainable Development

No negative impacts have been identified.

Annexes

Annex 1 should be used to set out the Post Implementation Review Plan as detailed below. Further annexes may be added where the Specific Impact Tests yield information relevant to an overall understanding of policy options.

Annex 1: Post Implementation Review (PIR) Plan

A PIR should be undertaken, usually three to five years after implementation of the policy, but exceptionally a longer period may be more appropriate. If the policy is subject to a sunset clause, the review should be carried out sufficiently early that any renewal or amendment to legislation can be enacted before the expiry date. A PIR should examine the extent to which the implemented regulations have achieved their objectives, assess their costs and benefits and identify whether they are having any unintended consequences. Please set out the PIR Plan as detailed below. If there is no plan to do a PIR please provide reasons below.

<p>Basis of the review: [The basis of the review could be statutory (forming part of the legislation), i.e. a sunset clause or a duty to review, or there could be a political commitment to review (PIR)]; Internal DVLA review of policy.</p>
<p>Review objective: [Is it intended as a proportionate check that regulation is operating as expected to tackle the problem of concern?; or as a wider exploration of the policy approach taken?; or as a link from policy objective to outcome?] Link from policy objective to outcome.</p>
<p>Review approach and rationale: [e.g. describe here the review approach (in-depth evaluation, scope review of monitoring data, scan of stakeholder views, etc.) and the rationale that made choosing such an approach] Following consultation a summary analysis report is completed.</p>
<p>Baseline: [The current (baseline) position against which the change introduced by the legislation can be measured] Monitor the database to identify if more or less people with diabetes are granted licence entitlement due to the introduction of the new EU standards.</p>
<p>Success criteria: [Criteria showing achievement of the policy objectives as set out in the final impact assessment; criteria for modifying or replacing the policy if it does not achieve its objectives] N/A until final version of Impact Assessment completed.</p>
<p>Monitoring information arrangements: [Provide further details of the planned/existing arrangements in place that will allow a systematic collection of monitoring information for future policy review] Compare figures of drivers with diabetes in 2010 with those in 2013 (3 years).</p>
<p>Reasons for not planning a review: [If there is no plan to do a PIR please provide reasons here] N/A</p>

Add annexes here.