Medical assessment for licensing of taxi drivers by Scottish Local Authorities

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In the UK, licensing of taxi drivers is dealt with by local government authorities. In Scotland, before the recent reorganization of local government, taxi licensing was under the jurisdiction of District Councils, so a telephone survey was conducted of all 52 mainland Scottish District Councils to ascertain the procedures which were being employed in assessing medical fitness to drive a taxi, for which there is no national standard. Medical enquiries relevant to fitness to drive were being made by 41 (79%) of local authorities, but in 38 (73%) this was limited to a single question about health. No enquiry regarding health status was being made by 11 (21%) District Councils (all serving < 100,000 population size). Only three Scottish District Councils conducted a routine medical examination of all applicants. Thirteen of the 15 large (> 100,000 population size), and 20 of the 21 medium-sized (50,000-100,000) Scottish District Councils carried out medical examinations either when a relevant medical disorder was declared by the applicant, or when the applicant was above a defined age (which varied between local authorities). The small local authorities (population < 50,000) examined only those applicants who declared medical disorders. This survey has shown considerable variation and limitations in the approach of the previously existing Scottish District Councils to the assessment of medical fitness to drive of applicants for taxi licences. It is suggested that national standards and guidelines are required for medical fitness to drive in relation to taxi licensing.

Keywords: Driving; medical fitness to drive; motor vehicle licensing; taxi drivers; vocational driving licences.

INTRODUCTION

It is generally assumed that driving a taxi does not carry the risk inherent in driving either a passenger carrying vehicle (PCV) such as a bus or coach or a large goods vehicle (LGV), which require the possession of vocational driving licences and are subject to strict medical testing. However the high annual mileage of taxi drivers and their exposure to difficult driving conditions makes their medical fitness to drive a matter of public concern. A taxi passenger, who is paying for this service, expects to be conveyed with safety, and this should place an obligation on taxi licensing authorities to carry out adequate surveillance of the medical fitness to drive of taxi drivers.

The licensing of taxi drivers in Scotland is under the jurisdiction of local government and before the recent reorganization in April 1996, was operated through the offices of District Councils. Unlike ordinary or vocational drivers’ licences which are controlled in the UK by the Driver and Vehicle Licensing Agency (DVLA), taxi licensing is not supervised by a national authority. No national standards or guidelines exist to determine how the medical fitness to drive of applicants for taxi licences should be assessed. Anecdotal reports have suggested that considerable variability exists throughout the UK in the approach of local government bodies to taxi licensing and that some local authorities do not apply any form of assessment of the medical fitness to drive of applicants for a taxi licence.

To investigate the approach of individual licensing authorities to the surveillance and assessment of medical
disorders of prospective taxi drivers, all mainland District Councils in Scotland were surveyed with consideration of whether they had been attempting to identify taxi drivers who may have potential medical disabilities.

MATERIALS AND METHODS

The 52 Scottish District Councils (Table 1), which were in existence before April 1996, were categorized arbitrarily on the basis of population size into large (> 100,000 people), medium (50,000–100,000 people) and small (< 50,000 people). To conduct the present survey the District Councils were each contacted by telephone by one investigator (GCJ) in September 1995. The three Scottish Island Authorities, including Orkney and Shetland, were not included.

Initial discussion revealed that two councils (both with populations < 50,000) made no medical enquiries and had no provision whatsoever for the licensing of taxis. Any driver in their regions who possessed a valid ordinary driving licence could operate his or her motor vehicle as a taxi without restriction. In the other 50 Councils a taxi licensing officer was identified, and in one Council this was the regional solicitor who supervised their taxi licensing procedures. A telephone interview was conducted with their permission, using a structured questionnaire (Appendix) which had been designed with the help and guidance of one respondent. The questions included information on the size of the local population governed by the local authority and the number of taxis which were licensed currently. The total number of taxis included traditional ‘Hackney carriages’, drivers of which can pick up customers on the street and private hire cars that must be pre-booked.

The method being employed by the local licensing authority to ascertain and evaluate the medical fitness to drive of applicants for a taxi licence was elicited, and who would perform a medical examination if this was considered to be necessary. (Any pre-employment medical assessment by a prospective employer such as a taxi company was not investigated). We enquired about questions used to evaluate an applicant’s medical history and whether questions were applied about specific medical disorders such as diabetes, epilepsy or ischaemic heart disease. No information was available regarding the outcome of medical assessment where this was performed, in terms of refusal to issue a taxi licence to individual applicants. Although not relevant to medical evaluation, it was also ascertained whether applicants had to undertake a topographical test of the local area (known colloquially by taxi drivers as ‘the knowledge’).

RESULTS

Table 2 shows the number of taxis licensed, based on the size of the local population. All of the 50 district councils which had an established taxi licensing system claimed that the driving licences of all applicants were screened by the police, as a safeguard against issuing

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<th>Large (n = 15)</th>
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taxi licences to drivers with a previous criminal conviction or a record of motoring offences and poor road safety.

The method of screening of taxi licensing applicants for medical disorders by enquiry about previous medical history (Table 3) fell into three categories: (1) no enquiry was made; (2) a single question on health was asked (e.g. 'do you have any disability or medical disorder which may impair your ability to drive a taxi?') or (3) applicants were required to complete a more detailed questionnaire on their previous medical history.

The present survey revealed that licensing authorities rarely enquired about the existence of specific medical conditions. Major conditions relevant to driving such as ischaemic heart disease, epilepsy or insulin-treated diabetes were not considered to be exclusion criteria for the issuing of taxi licences by any of the local authorities questioned. Only two district councils (Edinburgh and Perth) specifically asked all applicants if they had diabetes (which was of particular interest to the authors), but they did not differentiate between insulin-dependent and non-insulin dependent diabetes.

Only three District Councils required medical examinations for all taxi licence applicants of any age (Table 4) while nine Councils restricted routine medical examinations only to applicants over a specific age (ranging from over 60 to over 80 years). In the event of an applicant declaring a medical condition during the application process, 40 (77%) of local authorities had the facility to arrange a medical examination when deemed necessary by the licensing officer.

When routine medical examinations were performed or were requested following the declaration of a relevant medical condition (Table 5), either a Council-nominated general practitioner or, rarely, an occupational health physician performed the medical examinations. Most of the District Councils permitted applicants to nominate their own choice of doctor (usually their GP) when a medical examination was required.

It was noted that three local authorities who made no enquiry into health status on their application forms (either by single question or by more detailed
questionnaire), were performing routine medical examinations either on all or on an age-selected group of applicants for taxi licences. There were however a further eight (five small and three medium population size) local authorities making no enquiry into health status and not requiring routine medical examinations for any applicants for a taxi licence.

**DISCUSSION**

Although the number of road traffic accidents caused by medical disorders, excluding those involving alcohol, is reputed to be low, (about one in 250) there have been no published surveys in recent years in the UK relevant to present traffic conditions. This is surprising in view of the wealth of available statistics on the number of road traffic accidents. In the UK vocational driving licence holders (LGV and PCV) are subject to higher standards of medical fitness than private car drivers, and drivers with some medical disorders such as insulin-treated diabetes mellitus are proscribed from holding vocational driving licences under the Road Traffic Act, 1988. This is justified as a public safety measure and is in line with the section of the Second European Directive which deals with driving and vocational licensing and will be effective from 1 July 1996. Although taxi drivers are responsible for transporting members of the public in a licensed vehicle, drive a much higher annual mileage than the ordinary car driver, and often operate shifts, work at night and during peak traffic conditions, taxi licences are not treated as vocational in type.

Under the terms of the Civic Government (Scotland) Act, 1982, all taxis and their drivers must be licensed. The present survey has shown that most small, and many of the larger local authorities in Scotland had been operating very limited procedures to assess the medical fitness of drivers who were applying for a taxi licence. Many district authorities were making no or very limited attempts to identify any medical conditions that might affect driving ability, and appeared to have no policy about screening for disorders which could potentially affect fitness to drive. In general the reporting of relevant medical conditions has been left to the discretion of the applicant. All applicants for a taxi licence must possess a valid ordinary driving licence and should therefore have already declared any relevant medical disorders to the DVLA. However, many such applicants may be unaware of the statutory regulations related to medical disorders and driving, or may deliberately conceal a medical disability, particularly if this would jeopardize their livelihood. This leaves the present system vulnerable both to misunderstanding and potential deliberate concealment by an applicant who has a relevant medical history, and is unlikely to identify taxi drivers who have medical conditions which could affect driving ability.

District council officials had the authority to require taxi licence applicants to submit to a medical examination at any time to prove their medical fitness to drive. Where medical examinations had been requested as a routine procedure, considerable variability existed between District Councils as to how, and by whom, these were conducted. Where several medical practitioners are involved in assessing medical fitness to drive, a lack of standardization and agreed guidelines may result in disparate decision-making for the approval or refusal of taxi licences on medical grounds.

The present survey has identified a wide variation in the approach of local authorities in Scotland to the assessment of medical fitness to drive of applicants for taxi licences, with many taking a laissez-faire approach. A similar situation is thought to exist with regard to taxi licensing in England and Wales. In our opinion the carriage of fare-paying passengers by taxi drivers should be treated similarly to other vocational driving licences and a nationally agreed approach to the medical surveillance and control of taxi licensing is required. To protect the safety of the general public, we suggest that a national standard should be agreed for the level of medical fitness to drive of taxi drivers, and that local authorities should adopt a uniform approach to the vetting of the medical fitness of applicants for taxi licences.

Although taxi licensing should remain under the remit of local authorities, who possess the administrative facilities and knowledge of local conditions and topography, it is possible that a nationally agreed standard could utilize the experience of the DVLA in the assessment and licensing of ordinary and vocational drivers. The DVLA already holds relevant medical information on drivers who have ordinary and voca-
tional driving licences, and this database could possibly be utilized and co-ordinated centrally for taxi licensing. On 1 April 1996, the Scottish District Councils and Regional Councils were amalgamated to form larger unified authorities. This may therefore be an opportune time both to standardize the criteria for assessing medical fitness to hold a taxi licence and the methods of screening for medically relevant problems.

ACKNOWLEDGEMENT

We are indebted to Mrs Dorothy Goodwyn of Edinburgh District Council for her invaluable assistance with population statistics, her advice on the statutory requirements for taxi licensing, and assistance with the design of a questionnaire.

REFERENCES


APPENDIX

List of questions asked to all local authority officers responsible for administration of taxi licensing.

1. Name of respondent.
2. Status/job title of respondent.
3. How many taxi licences are issued annually?
4. How many taxi drivers' licences (both Hackney and minicab) are presently held in your area?
5. Can a taxi driver's licence be revoked on medical grounds?
6. Is a topographical test required?
7. Do you enquire in application form about the health status of applicants for a taxi driver's licence?
8. If yes, is this a single question on health or a more detailed health questionnaire?
9. Do the police vet all applications for a taxi driver's licence?
10. Do all applicants undergo a medical examination before issue of a taxi driver's licence?
11. Do you require a medical examination on any particular group of patients before the issue of a taxi driver's licence and if so what group?
12. Is diabetes enquired about before issue of a taxi driver's licence?
13. Are drivers with diabetes, epilepsy or heart disease completely excluded from holding a taxi driver's licence?
14. If a medical examination was required before issuing a taxi driver's licence by whom would this be performed?