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General Optical Council

Registrant Workforce and Perceptions Survey 2026

The impact of vision on driving results

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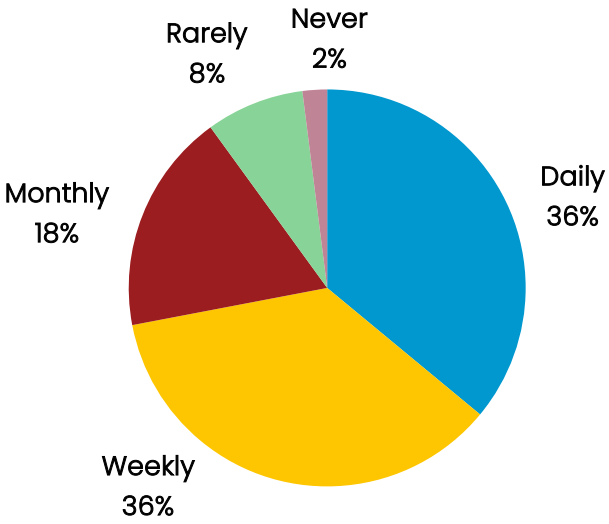
The impact of vision on driving

Discussions about driving implications are a routine part of practice for many registrants

Discussions about the impact of a patient's vision or eye condition on their ability to drive appear to be a routine part of practice for many registrants, with 72% having these conversations at least weekly (36% daily, 36% weekly), while only 10% report doing so rarely or never.

Figure 1 – Frequency of discussing the impact of a patient's vision or eye condition on their ability to drive in the last 12 months

Base: All respondents excluding those who answered 'not applicable' (3,151)



Optometrists were significantly more likely than dispensing opticians to report discussing this daily (44% vs 22%). Dispensing opticians were more likely than optometrists to say these conversations took place monthly or less often (41% vs 20%).

Daily discussions were also more common among those with additional qualifications (40% vs 36% without) and among those involved in enhanced eye care services (44% vs 31% not involved). This suggests these conversations are more frequent among registrants working in more clinically extended roles, or amongst those who are more likely to see patients with complex eye needs and conditions more likely to affect their ability to drive.

There was some variation across the UK nations, with respondents in England more likely than those in Scotland and Northern Ireland to say they had these discussions daily (37% vs 27% and 22% respectively), while Wales was more in line with England (35%). Instead, weekly discussions were more common in Scotland (44%) and Northern Ireland (42%).

Within England, respondents in London were less likely than the England average to report daily discussions (29% vs 37%), and more likely to say these took place monthly (26% vs 18%).

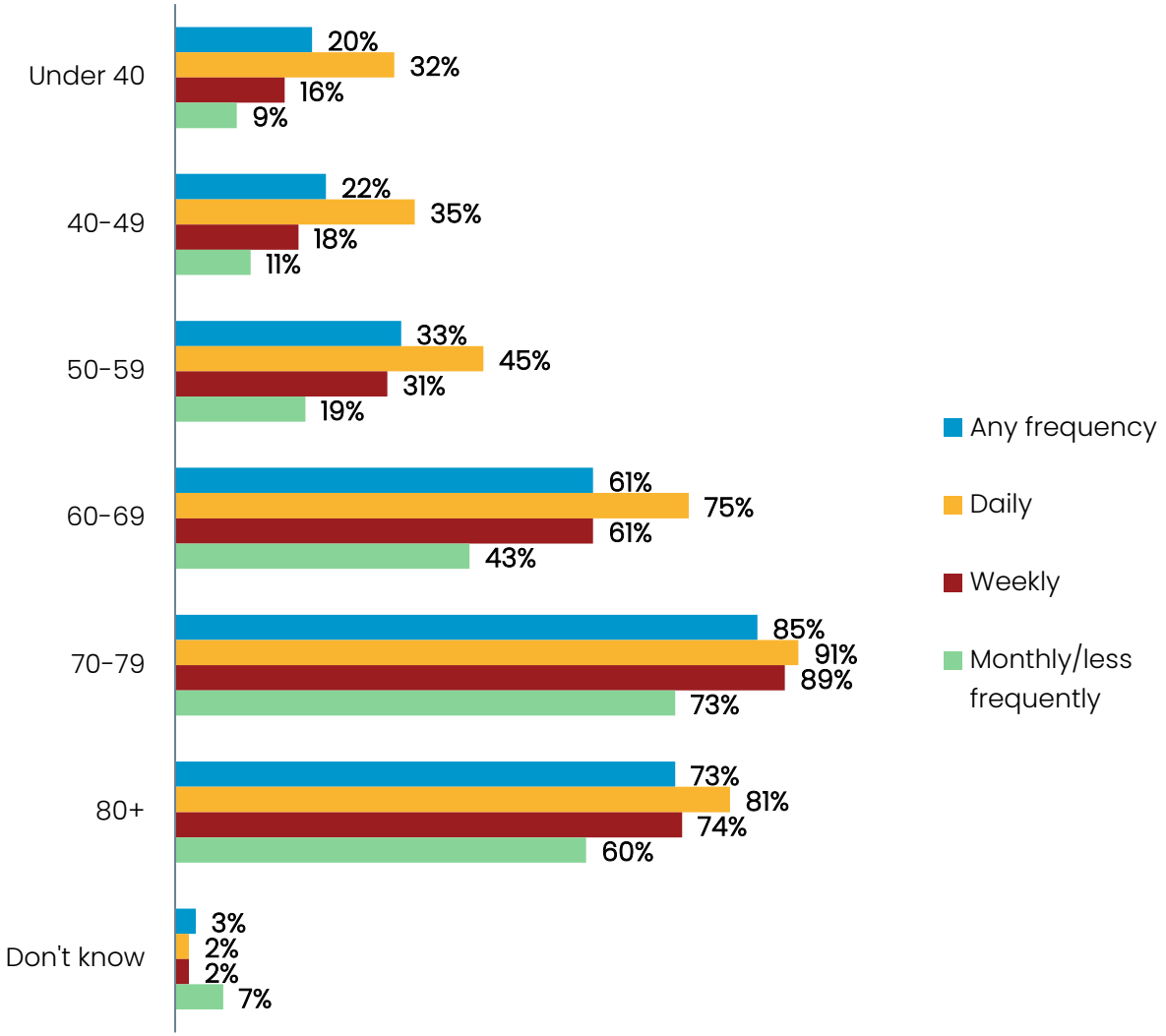
Driving-related discussions are focused primarily on older patients

When discussing the impact of vision or eye conditions on driving, registrants were most likely to say they commonly raise this with patients aged 70-79 (85%), followed by those aged 80+ (73%) and 60-69 (61%). Far fewer said they commonly raise this with patients under 50 (20%-22%). These results are represented by the blue (top) bars in the chart below.

Those who discuss driving implications with patients on a daily basis were significantly more likely than those doing so monthly or less often to raise the topic across every age group, including patients aged under 40 (32% vs 9%), 40-49 (35% vs 11%) and 50-59 (45% vs 19%). This suggests those who have these discussions frequently may take a broader, risk-based approach, instead of focusing mainly on older age groups.

Figure 2 – Age groups where discussions about the impact of vision or eye conditions on driving are most commonly raised by frequency of discussions

Base: Those who have discussed the impact of a patient's vision or eye condition on their ability to drive in the last 12 months (3,098)



Optometrists were generally more likely than dispensing opticians to report raising driving implications with older patients, particularly those aged 80+ (79% vs 65%) and 60-69 (64% vs 57%).

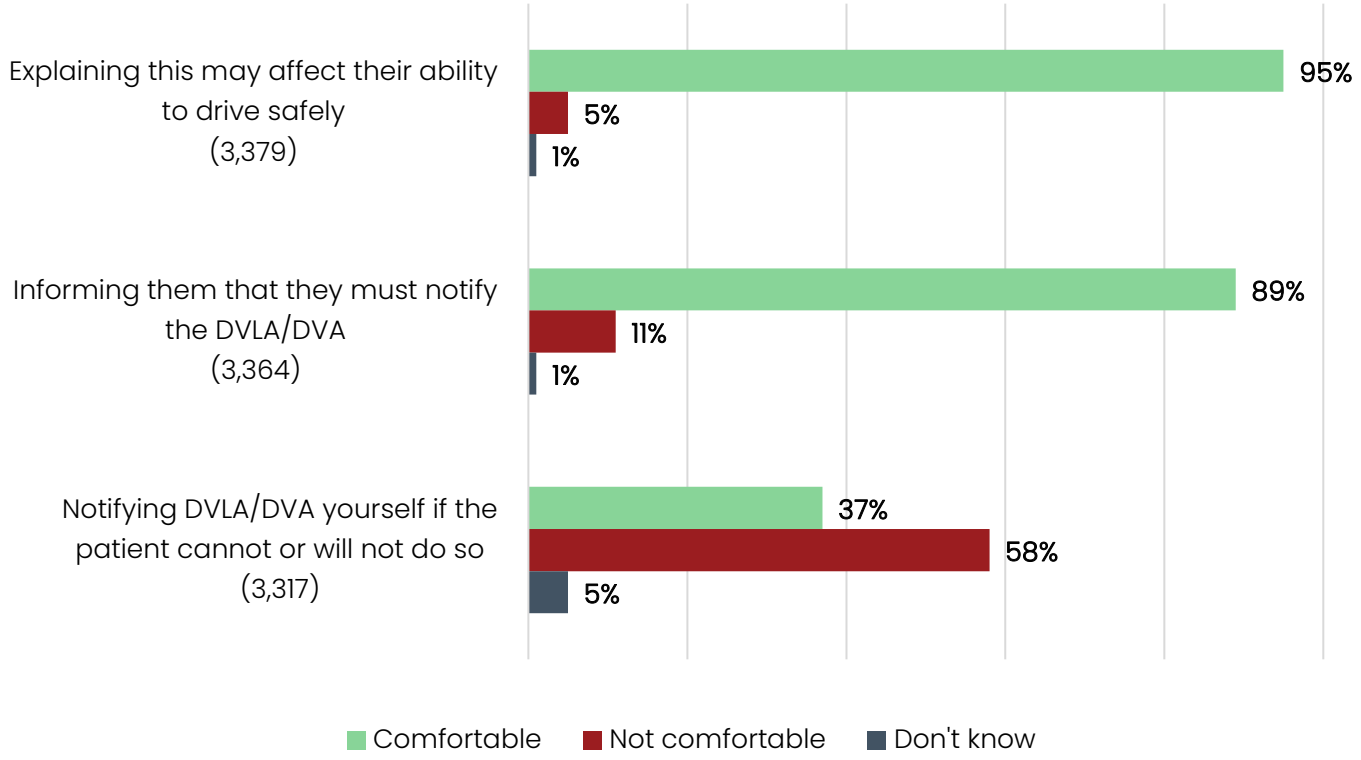
Driving-related discussions are focused primarily on older patients

Registrants are generally comfortable with conversations that involve explaining the implications of not meeting the eyesight standards and informing patients of their responsibility to notify the DVLA/DVA. Almost all respondents were comfortable explaining that this may affect a patient's ability to drive safely (95%), and nearly nine in ten were comfortable informing patients that they must notify the DVLA/DVA (89%).

By contrast, registrants were much less comfortable with notifying the DVLA/DVA themselves. Only 37% said they would feel comfortable doing this, while 58% said they would feel uncomfortable. This suggests confidence is high where the discussion centres on advising the patient, but falls significantly where the registrant may need to take direct action themselves.

Figure 3 – Comfort taking action if a patient does not meet the eyesight standards outlined in DVLA/DVA guidance

Base: All respondents excluding those who answered 'not applicable' (shown in chart)



Experience increases comfort with patient conversations, but not direct notification

Across all registration types and experience levels, most felt comfortable explaining that a patient's eyesight may affect their ability to drive safely and informing them that they must notify the DVLA/DVA.

By registration type, optometrists and dispensing opticians were generally more comfortable than student registrants with these two advisory actions. For example, 97% of optometrists and 95% of dispensing opticians felt comfortable explaining the implications for driving safety, compared with 88% of student optometrists and 89% of student dispensing opticians, likely reflecting the greater practical experience of qualified registrants in handling sensitive patient conversations.

However, the pattern reversed for notifying the DVLA/DVA directly if a patient could not or would not do so, with both student optometrists and student dispensing opticians more likely than qualified optometrists and dispensing opticians to feel comfortable with this action (55% and 45% vs (32% and 40%).

This pattern was also seen by length of registration, where comfort with the two advisory actions rose slightly with experience, while comfort with notifying the DVLA/DVA directly was highest among those registered for two years or less (52%) and lower among those registered for longer.

Figure 4 – Comfort taking action if a patient does not meet the eyesight standards outlined in DVLA/DVA guidance by registration type

Base: Optometrist (2,024-2,057); Dispensing optician (682-702); Student optometrist (493-495); Student dispensing optician (118-125)

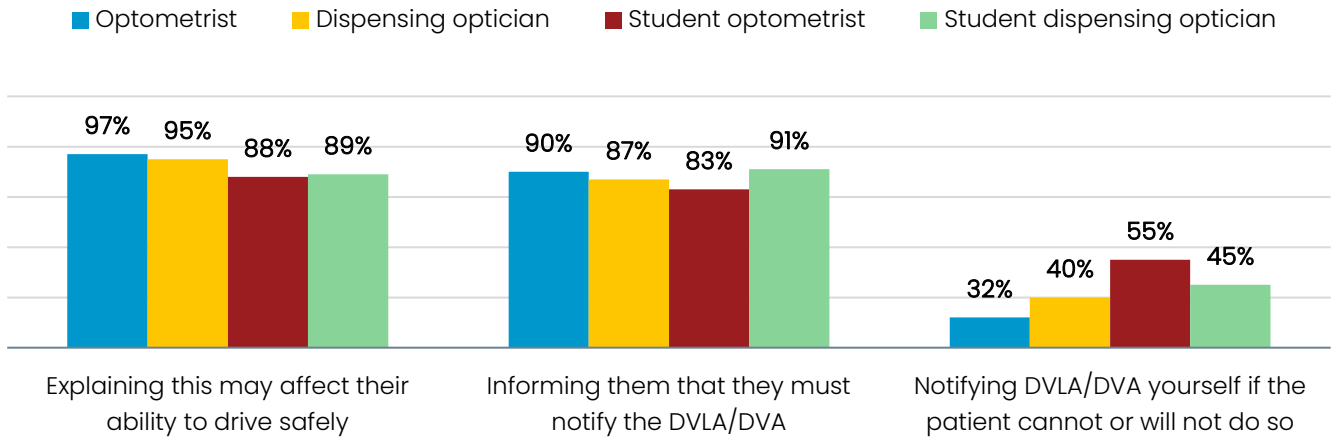
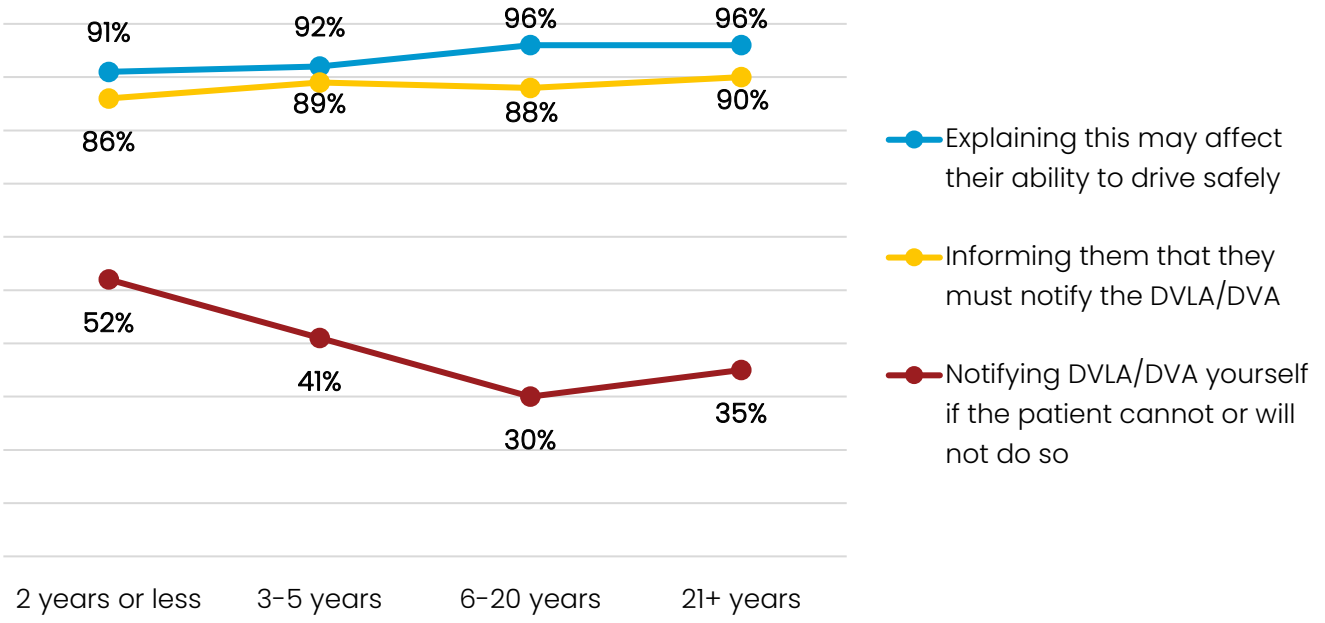


Figure 5 – Comfort taking action if a patient does not meet the eyesight standards outlined in DVLA/DVA guidance by length of registration

Base: <2 years (567-586); 3-5 years (440-443); 6-20 years (984-996); 21+ years (1,308-1,340)

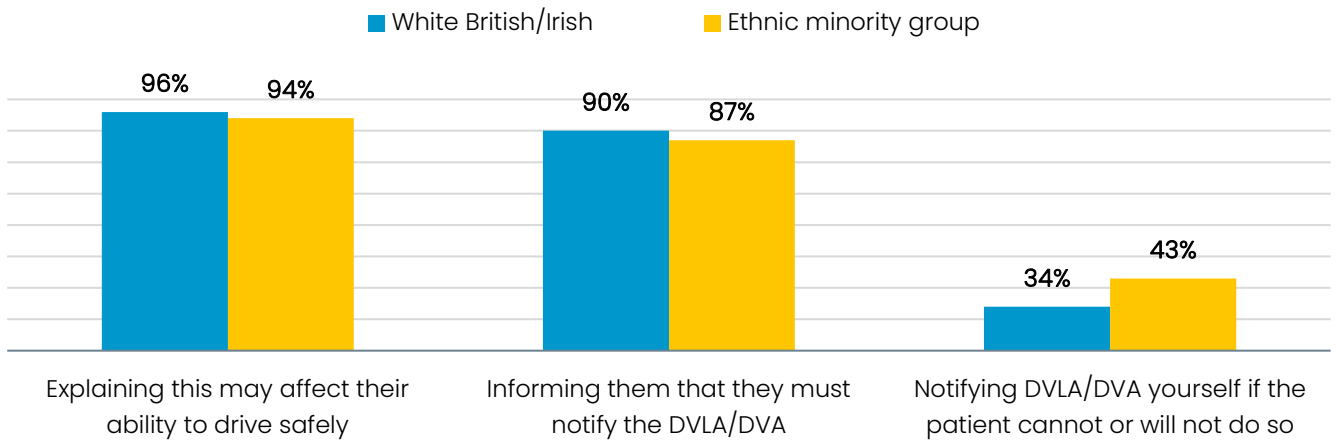


Some differences in comfort levels are evident by ethnicity

There were some differences by ethnicity. White British/Irish respondents were slightly more likely than those from minority ethnic backgrounds to feel comfortable explaining that a patient's eyesight may affect their ability to drive safely (96% vs 94%) and informing patients that they must notify the DVLA/DVA (90% vs 87%). However, the pattern reversed for notifying the DVLA/DVA directly if a patient could not or would not do so, where respondents from minority ethnic backgrounds were more likely to feel comfortable (43% vs 34%). This may partly reflect differences in the profile of respondents within each group, length of registration, role or workplace setting.

Figure 6 – Comfort taking action if a patient does not meet the eyesight standards outlined in DVLA/DVA guidance by ethnicity

Base: White British/Irish (1,827-1,856); Ethnic minoriry group (1,209-1,232)



Confidentiality, conflict, and unclear cases are the main barriers to notifying the DVLA/DVA

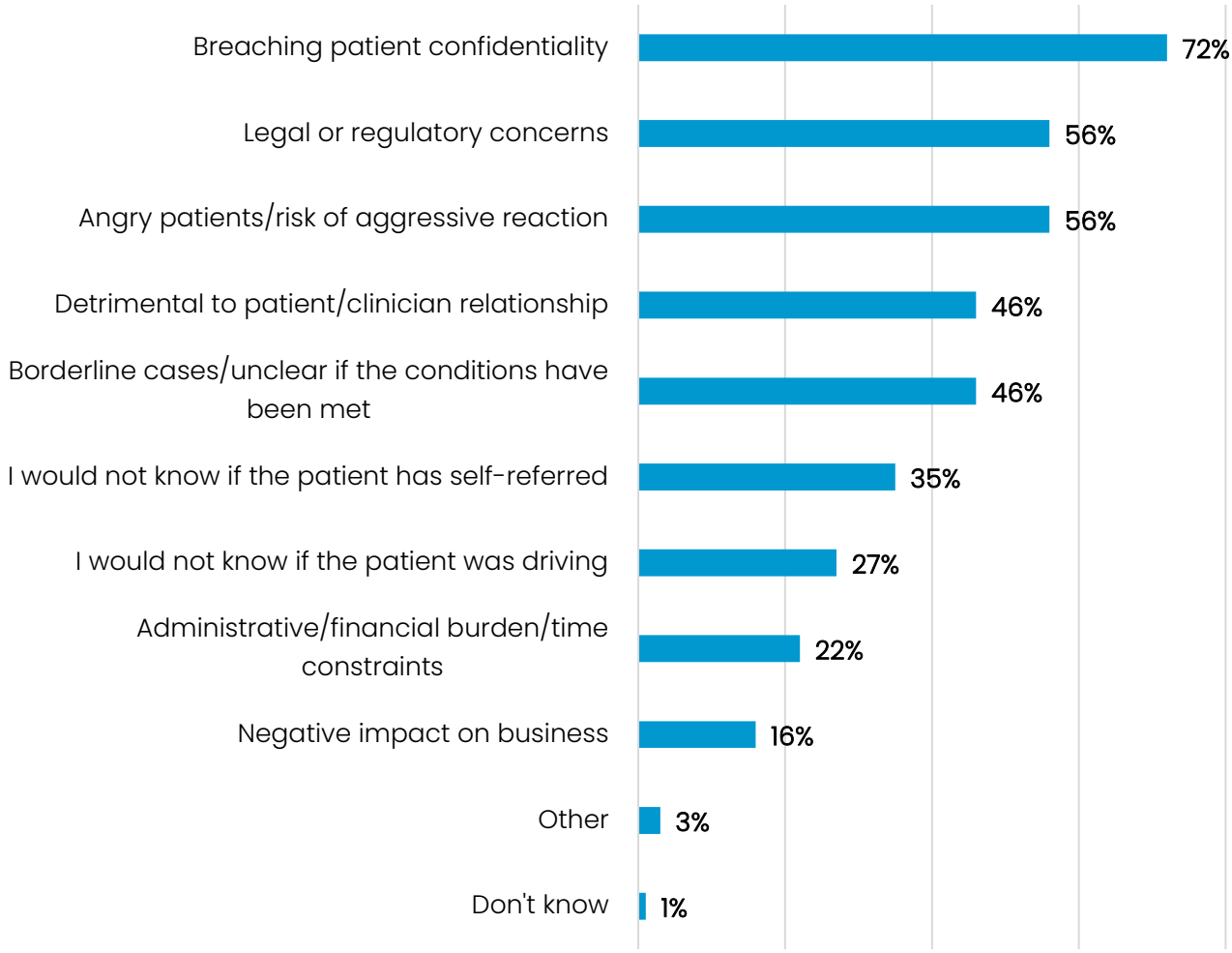
Among respondents who said they would feel uncomfortable notifying the DVLA/DVA directly, concerns were most commonly related to professional judgement, confidentiality and the potential consequences of taking action.

The most frequently cited reasons were breaching patient confidentiality (72%), legal or regulatory concerns (56%), angry patients or the risk of an aggressive reaction (56%), and damage to the patient/clinician relationship (46%). A similar proportion (46%) pointed to borderline cases where it may be unclear whether the relevant conditions had been met.

Practical uncertainties were also noted by some, including not knowing whether the patient had self-referred (35%) or was driving (27%), while fewer cited administrative burden (22%) or negative business impact (16%).

Figure 7 – Reasons for feeling uncomfortable notifying the DVLA/DVA if a patient does not meet the eyesight standards

Base: Those who felt uncomfortable notiying the DVLA/DVA (1,925)



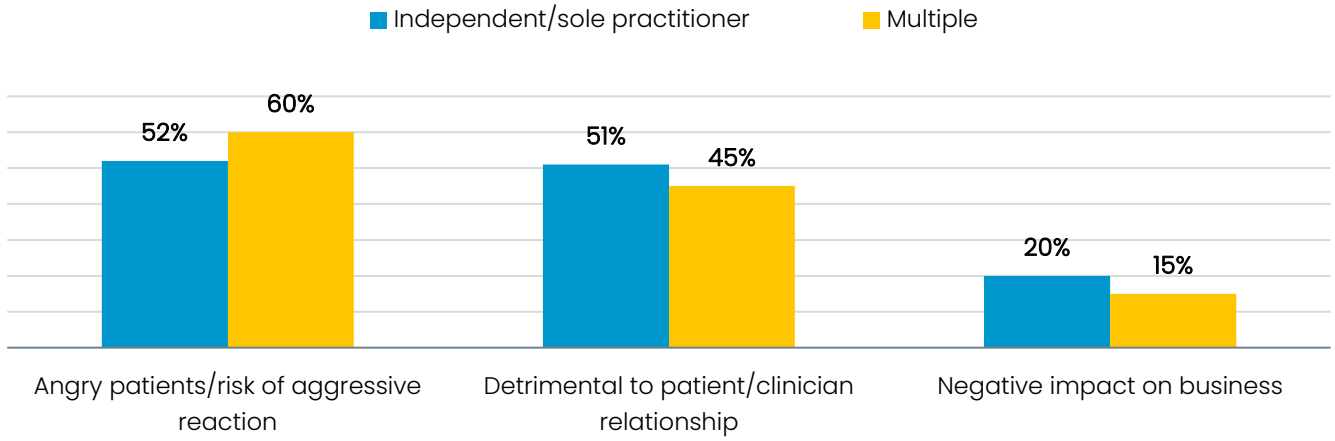
Free-text 'other' responses (3%) most commonly related to uncertainty about the reporting process or professional responsibility, alongside concerns about confidentiality, patient wellbeing, and the lack of clear guidance or feedback from the DVLA/DVA.

Concerns about notifying the DVLA/DVA differ between multiples and independent practices

Respondents working in multiple/chain opticians were more likely to cite angry patients or the risk of an aggressive reaction as a source of discomfort when notifying the DVLA/DVA when compared to those working in independent opticians (60% vs 52%). In contrast, those working in independent settings were more likely to mention a detrimental impact on the patient/clinician relationship (51% vs 45%) and a negative impact on the business (20% vs 15%). These results may reflect differences in patient relationships and commercial context between the two settings.

Figure 8 – Reasons for feeling uncomfortable notifying the DVLA/DVA if a patient does not meet the eyesight standards by workplace setting

Base: Independent/sole practitioner (715); Multiple (1,027)



Experience changes the nature of concerns about notifying the DVLA/DVA

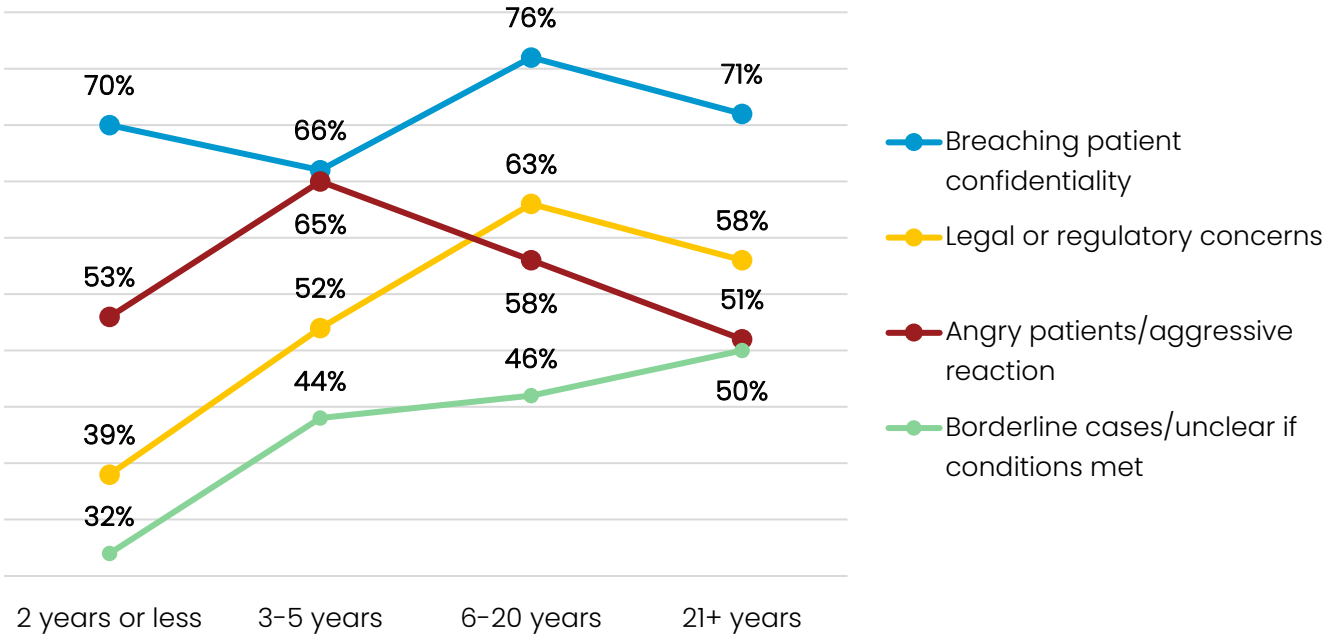
Legal or regulatory concerns are more common among longer-registered respondents, rising from 39% among those registered for two years or less to 63% among those registered for 6–20 years, suggesting greater awareness of the professional complexities involved. Concerns about borderline or unclear cases also increased steadily with experience (32% to 50%), indicating that more experienced registrants may be more conscious of the challenges involved in making finely balanced judgements.

By contrast, concern about angry patients or aggressive reactions was highest among those registered for 3–5 years (65%) and lower among both those registered for less than three years (53%) and 6+ years (51%).

Concerns about breaching patient confidentiality were consistently high across all experience levels, ranging from 66% to 76%.

Figure 9 – Reasons for feeling uncomfortable notifying the DVLA/DVA if a patient does not meet the eyesight standards by length of registration

Base: <2 years (226); 3-5 years (232); 6-20 years (646); 21+ years (807)



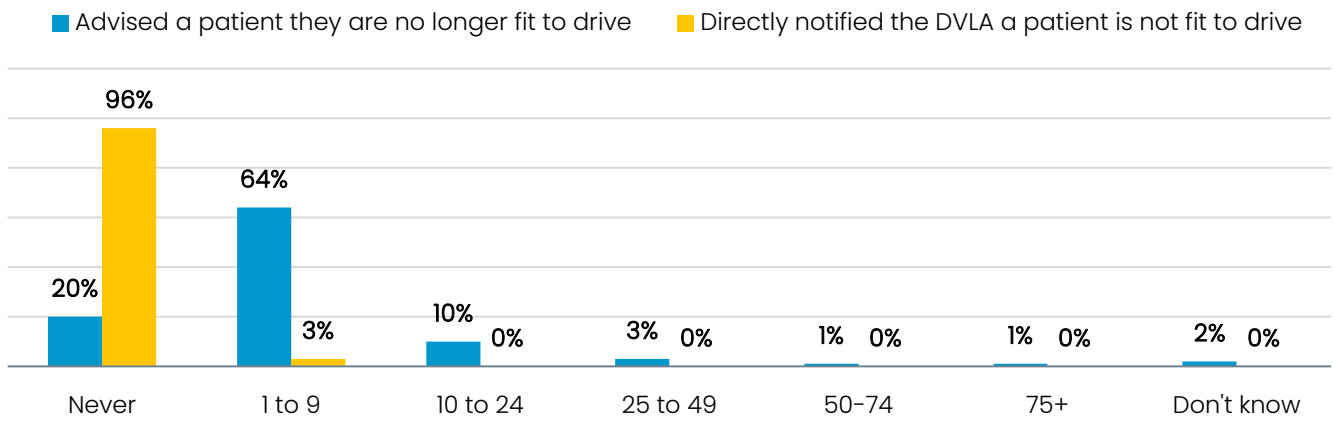
Advising patients Is common, direct DVLA/DVA notification is rare

Advising patients that they are no longer fit to drive was a relatively common experience for many respondents over the last 12 months. Four in five (78%) had done this at least once, with most doing so between one and nine times (64%) and 14% who had done so 10 or more times. In contrast, directly notifying the DVLA/DVA was rare, with almost all respondents (96%) never having done so. Only 3% had done so between one and nine times.

This suggests that discussing fitness to drive with patients forms a routine part of practice for many registrants, whereas direct notification to the DVLA/DVA is uncommon.

Figure 10 – Frequency of advising a patient they are no longer fit to drive / directly notifying the DVLA a patient is not fit to drive over the last 12 months

Base: All respondents excluding those who answered 'not applicable' (3,137 / 3,110)



Role, experience, and setting shape exposure to advising patients

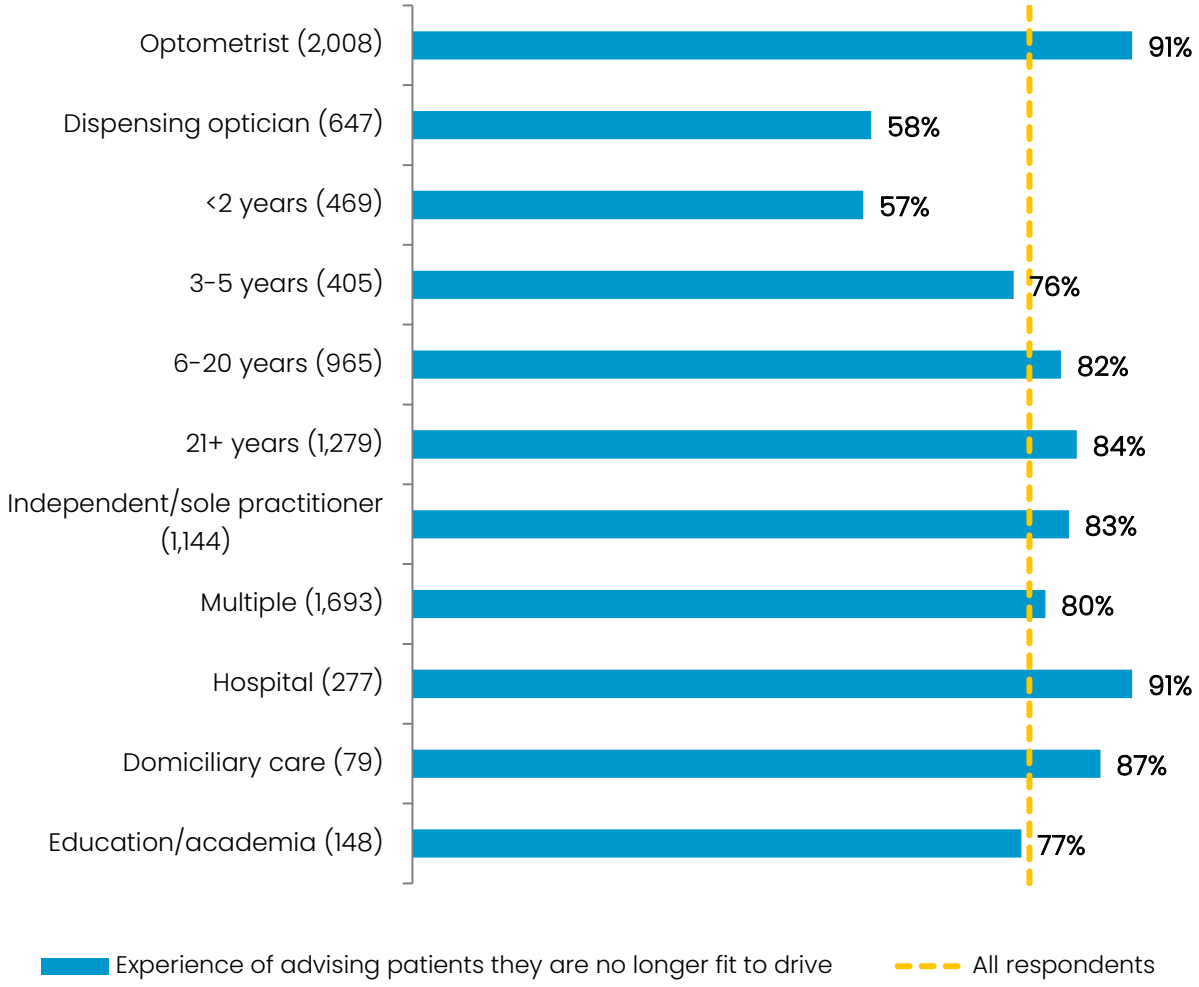
Experience of advising patients they are no longer fit to drive varied notably by role, experience, and workplace setting. Optometrists were substantially more likely than dispensing opticians to have done so in the last 12 months (91% vs 58%), reflecting differences in clinical responsibilities and patient contact.

There was also a clear relationship with time on the register, with just over half of those registered for less than two years (57%) having advised a patient at least once, rising to 76% among those registered for 3–5 years, 82% for those registered for 6–20 years and 84% for those registered for 21+ years.

By workplace setting, respondents working in hospitals (91%) and domiciliary care (87%) were most likely to have had these discussions, followed by independent/sole practitioners (83%) and those working in multiples (80%). Those in education/academia were least likely among the settings shown (77%), likely reflecting less frequent direct patient contact.

Figure 11 – Experience of advising patients they are no longer fit to drive by registration type and workplace setting

Base: All respondents excluding those who answered 'not applicable' (shown in chart)



In contrast, experience of direct reporting to the DVLA/DVA is exceptional across the profession, not concentrated in one segment.