



INSTITUTE OF THE
MOTOR INDUSTRY



The IMI's Response to the Introducing Mandatory Eyesight Testing for Older Drivers Consultation

May 2026

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About the IMI

The Institute of the Motor Industry is the professional body for the UK automotive sector. We set the standards for technical competence in the maintenance and repair of road vehicles, and through our Professional Register and the IMI TechSafe recognition scheme we identify the technicians who are qualified to work safely on the safety-critical systems found in modern cars, including Advanced Driver Assistance Systems (ADAS), electric and hybrid powertrains, and hydrogen vehicles. Our research tracks the size of the certified workforce against the technology mix on UK roads.

Headline position

The IMI supports the principle of mandatory eyesight testing for older drivers and welcomes the move away from self-declaration. Vision is a measurable, addressable component of fitness to drive, and the public interest case is clear. However, we urge the Department for Transport to recognise that an eyesight test only addresses one side of the road safety equation. Older drivers are increasingly relying on ADAS, automatic emergency braking, lane keep assist, blind spot monitoring, adaptive cruise, to compensate for the very age-related declines this consultation seeks to manage. Those systems only deliver safety benefit when they are calibrated and maintained by qualified technicians. The UK does not currently have enough of them. Any policy that targets the driver in isolation, without a parallel commitment to the vehicle and the workforce that maintains it, will leave a substantial portion of the safety gain on the table.

Who should be responsible for notifying the DVLA when a licence holder is diagnosed with a medical condition that may affect their ability to meet the vision standards for driving?

Primary responsibility should sit with the diagnosing healthcare professional, typically the optometrist or ophthalmologist, supported by a clear legal duty to notify the DVLA where a relevant condition is identified. The driver should retain a parallel obligation, but professional notification removes the asymmetry of information that self-declaration creates. GPs should also be in scope where they are managing systemic conditions (for example diabetes) that have known visual sequelae. Whatever route is chosen must be backed by clear clinical guidance and protected time, otherwise the duty will not be discharged consistently.

Do you agree or disagree that mandatory eyesight testing should be introduced for older drivers?

Agree. Self-declaration is no longer fit for purpose against an ageing licence-holder population that has grown 60% since 2012 and will pass seven million by 2030. The evidence base, the College of Optometrists' finding that 77% of collision reports involving over-60s included uncorrected defective eyesight as a contributory factor, the 10.2% roadside test failure rate among drivers aged 81-90, and coroners' recommendations following recent fatal collisions, supports a shift to objective testing. The IMI's support is conditional, however, on the test being administered by a registered professional and on the policy being part of a wider 'safe driver, safe vehicle' package.

Do you agree or disagree that 70 years is the appropriate age for mandatory eyesight testing to start?

Broadly agree. Aligning the testing trigger with the existing three-yearly licence renewal at 70 minimises administrative burden and is consistent with the ages used in comparable European jurisdictions. We would, however, encourage DfT to consider a lower threshold (for example 60, when free NHS sight tests already begin) for a baseline check. This would be lighter-touch but would normalise the link between regular eye examination and continued driving entitlement well before vision deterioration accelerates.

In your view, how often should older drivers be required to have a mandatory eyesight test?

Agree, conditionally. The IMI agrees that the evidence base for mandating Alcohol Interlock Installation Facilitation across the GB parc is not yet sufficient to justify a type-approval requirement. We would, however, encourage the Department to keep AIIF under active review and to use the period before any future mandate to develop: (i) a recognised technician competence pathway for installation, calibration and maintenance of alcohol interlocks; and (ii) clear standards on aftermarket installation quality. Without that workforce architecture, a future AIIF mandate would risk the same in-service conformity problems we set out for ADAS.

Why do you think that this frequency is correct?

The prevalence of cataract, glaucoma, age-related macular degeneration and diabetic retinopathy rises sharply through the 70s and 80s, and the rate of change can outpace a three-year review window. A graduated frequency mirrors the approach already taken for Group 2 drivers (annual D4 medicals from 65) and the Italian, Danish and Spanish models cited in the consultation. It also respects the NHS recommendation of a sight test every two years, which becomes the dominant interval at the point in life when risk is highest.

In your view, should the frequency of mandatory eyesight tests increase as drivers get older?

Yes.

At what age, in your view, should the frequency of mandatory eyesight testing be increased?

First step at 80; second step at 85.

Why do you think the frequency of mandatory eyesight testing should be increased at this age?

DfT's own data shows the KSI rate per billion miles for drivers aged 76 and over is materially higher than for any other group except the very youngest, and the ODTF and roadside screening evidence both point to a steepening of vision-related risk through the ninth decade. Two-yearly screening from 80 captures the conditions most likely to develop in that decade; annual screening from 85 is proportionate given the combined effect of vision change, frailty and the increased likelihood of multiple co-morbidities.

What, in your view, should the mandatory eyesight test cover?

The test must cover both visual acuity and visual field, plus a check for the principal driving-relevant conditions (cataract, glaucoma, age-related macular degeneration, diabetic retinopathy) and an explicit confirmation that the driver meets the legal eyesight standards for driving, including the 20-metre number plate test. The current Snellen-only sight test is not sufficient: peripheral vision loss, contrast sensitivity decline and glare recovery are all material to driving and routinely missed by an acuity check alone. We would also support inclusion of a dynamic glare or twilight-vision element where clinically practical owing to the increased complaints surrounding headlamp glare.

Who, in your view, should be responsible for conducting the mandatory eyesight test?

Registered optometrists, ophthalmologists and the wider eye-care professions regulated by the General Optical Council. The IMI does not support the option of using 'trained personnel outside clinical settings (non-healthcare professionals)' to scale delivery. Our experience across the automotive workforce is unambiguous: where a regulated profession exists for safety-critical work, removing professional accreditation in the name of cost or scale degrades quality. The right response to capacity pressure is to invest in the existing professional pipeline, not to dilute it. We see a direct read-across between this point and the technician workforce we represent.

Who, in your view, should be responsible for notifying the DVLA of the outcome of the mandatory eyesight test?

The professional who conducts the test should report the outcome directly to the DVLA, with the driver receiving a copy. Driver-mediated reporting reintroduces the same self-declaration weakness the policy is designed to remove and creates an obvious incentive problem where a result is unfavourable. Direct professional reporting is the model used in most of the comparator jurisdictions referenced in the consultation.

Outside of any potential mandatory eyesight testing requirements, who do you think should be responsible for notifying the DVLA when a licence holder may no longer meet the vision standards for driving?

A statutory duty on healthcare professionals, optometrists, ophthalmologists and GPs, to notify the DVLA where they form the clinical view that a patient no longer meets the vision standards for driving, supported by appropriate confidentiality and patient-communication safeguards. Family members and the police should retain the existing third-party notification route, but should not be the primary safeguard.

Do you have any further comments?

Yes. The IMI's central message to the Department is that mandatory eyesight testing is necessary but not sufficient. The same older drivers whose vision is being tested are the drivers most likely to be operating, or to soon be operating, vehicles with significant ADAS content. More than one in four cars on UK roads now operates with some degree of Level 2 autonomy; that share is forecast to reach roughly 40% by the late 2020s. ADAS is, in effect, the second line of defence against exactly the age-related decline this consultation is targeting, and it is the line of defence that operates continuously, not at three-year intervals.

That second line of defence depends on a workforce that does not yet exist at the necessary scale. The IMI's ADAS TechSafe Technician Forecast (Q3 2025) shows 11,518 technicians currently hold an ADAS-eligible qualification, around 4% of the UK technician workforce. Our modelling indicates that minimum demand will rise to approximately 205,000 ADAS-capable technicians by 2030, against a projected supply of around 30,000. The EV TechSafe Technician Forecast points the same direction: a projected shortfall of more than 44,000 EV-qualified technicians by 2035. A miscalibrated lane-keep system, an emergency brake assist that has not been re-aimed after a windscreen replacement, or an EV worked on by an unqualified technician are all live road safety risks that no eyesight test will mitigate.

We therefore ask the Department to treat this consultation as the first instalment of a broader fitness-to-drive package, and to commit in its response to: (i) coupling any mandatory eyesight testing regime with public messaging that reminds older drivers their assistive systems require qualified servicing and calibration; (ii) recognising IMI TechSafe (or equivalent licensed-technician status) in DVSA, MOT and insurance frameworks so that ADAS and EV work is performed only by appropriately qualified technicians; (iii) supporting the scaling of the EV and ADAS technician pipelines through the apprenticeship system and adult skills funding, given the 2030 inflection point identified in our forecasts; and (iv) bringing forward the planned cognitive assessment work referenced in the Ministerial Foreword on a defined timetable, so that vision, cognition and vehicle competence are addressed as a coherent system rather than in sequence.

The IMI would welcome the opportunity to give evidence to officials on the workforce dimension, to share the underlying TechSafe data, and to work with DVSA, DVLA and the eye-care professions on the practical delivery of any mandatory testing regime.

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Institute of the Motor Industry

Fanshaws, Brickendon, Hertford, SG13 8PQ

+44(0) 1992 519 025

hello@theimi.org.uk

www.theimi.org.uk



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