



**Train Driving Licences  
and Certificates  
Regulations 2010: A  
guide to the medical and  
occupational  
psychological fitness  
requirements**

Draft guidance for consultation

February 2019

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# Introduction

## Scope

This guide is aimed at people and organisations carrying out medical and occupational psychological fitness examinations under the Train Driving Licences and Certificates Regulations 2010 (TDLCR), and train operators and infrastructure managers who have employees driving trains on the mainline railway. It explains:

- The different aspects of the medical examination
  - The occupational psychological fitness examination
  - How often train drivers must have a medical or occupational psychological fitness examination
  - The information that should be recorded when medical or occupational psychological fitness examinations are carried out
  - The process for doctors and psychologists seeking recognition to carry out examinations of train drivers
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**[Please note that this draft contains a number of references to the EU and EU-related legislation. This drafting will be revisited following the UK's exit from the EU on 29 March 2019]**

**[Where 'link to be inserted' appears a working link will be included in final published guide. Links to the consultation versions of these guides are available on the consultation page for guides to train driver licensing]**

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## What is the relationship of the fitness requirements in the TDLCR to the train driving licence?

1. The TDLCR require that any person employed to drive a train on the mainline railway must have a valid licence issued by ORR or the NSA (National Safety Authority) of another Member State. In order to be issued with a licence, the train driver must pass the medical requirements consisting of a medical examination and an occupational psychological fitness examination. The underlying principle of this requirement is to allow the best candidates to be selected, trained and employed as train drivers.

2. Schedule 1 of the TDLCR contains the medical requirements that must be met for a train driver to hold a licence.
3. More details on the train driving licence and who is required to have one to drive trains can be found in our guides for train operators available at: [link to be inserted].

# 1. Medical examinations

## Summary

This chapter is about the medical examination and explains:

- How often a train driver must pass the medical examination;
  - The different elements of the medical examination;
  - Who carries out these examinations;
  - The information that should be recorded on the medical examination form ;
- 

## How often must a train driver have a medical examination?

Sch.1,  
para 3

- 1.1 Train drivers must pass the initial medical examination to get a licence and then have a periodic medical examination at least every 3 years up to the age of 55.
- 1.2 **All train drivers, once they have reached 55 years old, must have an annual medical examination regardless of when their previous periodic medical examination took place. The first of these annual medical examinations must take place before the driver reaches 56 years old.**
- 1.3 A recognised doctor **must** increase the frequency of medical examinations if the health of the train driver so requires.

## Pre-appointment medical examination

Sch. 1,  
para 2

- 1.4 Under TDLCR Schedule 1 the pre-appointment medical examination must include as a minimum the following elements:
  - A general medical examination
  - Vision (including colour perception)
  - Hearing
  - Any blood or urine tests where there may be necessary to judge physical aptitude (such as testing for diabetes)
  - An electrocardiogram test (ECG) at rest
  - Tests for psychotropic substances (such as illicit drugs or psychotropic medication) and the abuse of alcohol calling into question the fitness for the job
  - Cognitive test (attention, concentration, memory, perception and reasoning)

- Communication; and
- Psychomotor (reaction time, hand coordination).

Cognitive, communication and psychomotor tests may be completed under the occupational psychological fitness examination (see chapter 2).

## Periodic medical examinations after appointment

1.5 Once a train driver has been appointed, the periodic medical examinations must include as a minimum the following elements:

Sch. 1,  
para  
3(2)

- A general medical examination
- Tests for vision, hearing and colour perception
- Blood or urine tests to detect diabetes and other conditions as indicated by the clinical examination
- Test for drugs where clinically indicated
- For drivers over 40 years old, an ECG test at rest.

1.6 Information on these elements can be found in RIS-3451-TOM published by RSSB. Employers of train drivers may decide to include other tests as they see necessary.

## What is meant by ‘general medical examination’?

1.7 General medical examination is a clinical examination that includes, as a minimum, examination of the heart, chest, musculoskeletal system and nervous system. Doctors may include other elements as part of the examination if they consider it is necessary to do so to assess whether the train driver will pass the medical examination requirements. The purpose of the examination is to assess the driver’s medical fitness to carry out train driver duties. Recognised doctors are required to have knowledge of railway operations so that they understand the physical requirements of a driver’s role, including the functions they may have to carry out during an emergency situation, and are able to assess a driver’s fitness accordingly.

1.8 Train drivers must also not be suffering from any medical conditions, or be taking any medication, drugs or substances which are likely to cause either:

- a sudden loss of consciousness;
- a reduction in attention or concentration;
- a sudden incapacity;
- a loss of balance or coordination; or
- a significant limitation of mobility.

Doctors or medical assessors should consider these restrictions when carrying out the general medical examination.

## What happens if a train driver needs a medical examination before it is due?

1.9 A train driver must have an additional medical examination:

Sch. 1,  
para  
3(1)(d)

- after an occupational accident or absence following an accident involving other people. We expect that this would occur where there was doubt whether the driver would pass the elements of the medical examination;
- If the employer considers it is necessary after either:
  - carrying out ongoing monitoring and management which has raised questions about the driver's fitness to drive; or
  - the driver tells their employer that they have concerns about their own health; or
  - a train driver has been on sick leave for at least 30 days; or
  - a general practitioner or other doctor recommends that a recognised doctor carries out a further examination.
- a recognised doctor requires the train driver to have more frequent examinations;
- the driver has been involved in an occupational accident or any period of absence following an accident involving other people; or
- after a driver has been withdrawn from driving duties for safety reasons.

1.10 If a train driver passes a medical examination before it is due but that examination is limited only to some elements of the periodic medical examination, then the date of the next periodic medical examination remains three years (or one year if the driver is 55 or older) from date of the last full periodic medical examination. A complete periodic medical examination must be passed at the required frequency to ensure that all the conditions for holding a licence are still being met.

1.11 If a medical examination is being undertaken for reasons other than as a periodic medical examination against TDLCR requirements, it is acceptable to extend that assessment so it includes the required elements of the periodic medical assessment and, if passed, the next periodic medical assessment would be one or three years (depending on the age of the driver) from the date of this medical examination.

## Pregnancy and train drivers

1.12 Employers must consider whether any pregnant train drivers remain fit to carry out driving duties (for example where a pregnant train driver suffers from morning



sickness to an extent which could affect their fitness to drive trains). If an employer considers that the driver is not fit for driving duties, then temporarily removing the driver from driving duties must be considered.

1.13 Employers must apply legal provisions protecting pregnant train drivers.

## Who can carry out medical examinations?

Reg  
8(2)(f)  
(3)

1.14 Medical examinations **must be conducted or supervised** by doctors who are on our register of recognised doctors. Recognised doctors do not need to appear on the Specialist Register of the General Medical Council or to be in overall charge of a medical practice but they take overall responsibility for the medical examination, see 4.1 of this guidance for further information.

1.15 A medical assessor (this may be a nurse or a doctor who is not on our register) may carry out medical examinations **but they must be under the supervision of a recognised doctor**. A medical assessor in this case may not be located in the same place as the recognised doctor, but we expect the medical assessor to have suitable access to the recognised doctor for advice, interpretation and medical opinion during examination of the train driver. Medical assessors must also have suitable experience and qualifications to carry out the examination.

1.16 The recognised doctor must sign and give the register number issued by us on the certificate for every train driver medical examination that he or she carries out or supervises.

## What equipment and facilities should be used for medical examinations?

1.17 Any equipment that is used for a medical examination must be suitable for measuring the required parameter accurately and also be regularly maintained and calibrated. Facilities used to conduct medical examinations should also be appropriate for the examination being carried out. For example, hearing tests should be conducted in booths/rooms where there is no interference from external noise. The facilities should also ensure the driver's privacy and dignity throughout the examination. For example, it is not appropriate for confidential medical conversations to be overheard by others waiting outside an examination room.

1.18 We strongly recommend that medical examinations are carried out in accordance with Safe Effective Quality Occupational Health Standards (SEQOHS) which are available at:

[https://www.seqohs.org/documentstore/2015%20SEQOHS\\_Standards\\_web\\_03-15.pdf](https://www.seqohs.org/documentstore/2015%20SEQOHS_Standards_web_03-15.pdf) . The Faculty of Occupational Medicine has produced guidance on

occupational health medical practice which is available at [http://www.fom.ac.uk/wp-content/uploads/GOMP\\_2017\\_Web.pdf](http://www.fom.ac.uk/wp-content/uploads/GOMP_2017_Web.pdf) .

- 1.19 We also recommend that hearing tests are conducted according to the British Society of Audiology guidelines <https://www.thebsa.org.uk/wp-content/uploads/2016/11/OD104-53-Min-Guidelines-for-Basic-Audio-and-Tymp-November-2016.pdf> or the relevant British Standard BS EN ISO 8253-1 and BS EN 60645-1.

## What information should be recorded in a medical examination?

- 1.20 The purpose of the medical examination is to assess whether the driver meets the medical standard set out in Schedule 1 and we expect the medical examination to provide a record of this. We strongly recommend that information from medical examinations is recorded in a consistent way across train operators.

- 1.21 Under current industry practice, the doctor records the conclusion of the examination using one of the following categories:

**F1** – Fit for normal driving duties

**F2** – Fit but with limitations which should be explained on the examination form

**U1** – Temporarily unfit for driving duties

**U2** – Permanently unfit

Therefore, if a driver passes a medical examination conducted in accordance with Schedule 1 then we would expect 'F1' or 'F2' to be recorded.

- 1.22 The recognised doctor should ensure the correct medical screening standard is applied and that results are clearly and promptly communicated to the employer. Where a driver is deemed to be unfit for driving duties the result of the medical examination should be communicated to the driver's employer without delay e.g. by email or telephone.

- 1.23 The doctor and any other clinician who may have contributed to the medical examination should record the actual test results against each element ready for the final review by the recognised doctor. If there are differences in clinical opinion following an examination these should be discussed and a final decision on the driver's fitness should be reached by the recognised doctor before the outcome of the examination is communicated to the employer. The results of medical examinations form part of the employee health record and should include the clinical findings, any decision made on those findings and the information given to the employee. These elements are further described in the Good Medical Practice document published by the General Medical Council is available at <https://www.gmc->

[uk.org/-/media/documents/good-medical-practice---english-1215\\_pdf-51527435.pdf](http://uk.org/-/media/documents/good-medical-practice---english-1215_pdf-51527435.pdf) .

More information is also included in the SEQOHS occupational health service standards accreditation document referred to in paragraph 1.16.

- 1.24 If a recognised doctor considers that a driver should seek their General Practitioner's (GP) advice on medical matters, which are beyond the scope, but in support of the TDLCR medical examination, the reasoning for this should be clearly explained to the driver. In cases where there is doubt as to the driver's medical fitness to drive trains, the recognised doctor should make clear recommendations for follow up examinations and/or tests so that the employer can arrange these and make prompt decisions regarding the driver's fitness to drive trains. The recognised doctor makes a recommendation to the employer of an individual's medical fitness. Ultimately, it is for the train operator to decide and communicate to the driver whether they are fit to drive trains taking into account the outcome of the medical examination.

## 2. Occupational psychological fitness examination

### Summary

This chapter is about the occupational psychological fitness examination and explains:

- How often a train driver must pass the occupational psychological fitness examination;
- The elements of the occupational psychological fitness examination;
- Who carries out these examinations;
- The information that should be recorded on the occupational psychological fitness examination form.

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### How often should a train driver have a psychological fitness examination?

2.1 The TDLCR require that every train driver has passed an occupational psychological fitness examination in order to obtain a licence, which should be carried out before the train driver is appointed.

Reg  
8(2)(e)

2.2 Employers of train drivers may decide to include the cognitive, communication and psychomotor skills elements of the medical examination (see paragraph to 1.3 and paragraph 2(1)(f)-(g) of Schedule 1) as part of the initial occupational psychological fitness examination of train driver candidates. A candidate who fails these elements of the occupational psychological fitness examination would not be able to continue to the medical examination stage.

### In what circumstances would a driver need an additional occupational psychological fitness examination?

2.3 A train driver's occupational psychological fitness will not usually be re-assessed once a train driving licence has been issued. However a train driver may need to have an additional occupational psychological fitness examination (or parts of such an examination) where the employer considers it necessary to check the driver still meets the conditions for holding a licence. This may include circumstances where:

- the employer considers it is necessary after either:

- carrying out ongoing monitoring and management which has raised questions about the driver's fitness to drive; or
- the driver tells their employer that they have concerns about their own health; or
- a GP or other doctor recommends that a recognised psychologist carries out a further examination.
- the driver has been involved in an occupational accident or any period of absence following an accident involving other people;(a medical examination would also be required.)
- a recognised doctor considers that the driver should undergo occupational psychological fitness examination;
- any evidence raises concerns about occupational psychological fitness.

## What is tested under the occupational psychological fitness examination?

2.4 The occupational psychological fitness examination is to determine whether a train driver candidate has any occupational psychological fitness deficiencies, particularly in operational aptitudes or any relevant personality factor, which are likely to interfere with the safe exercise of duties. These tests to determine occupational psychological fitness must be based on psychological-scientific principles and are set out in RIS-3751- TOM published by RSSB and cover the following elements:

- Ability to retain and recall job related information;
- Ability to learn new information;
- Motivation to follow set rules and procedures;
- Ability to remain calm in emergency/stressful situations and respond appropriately;
- Ability to anticipate elements in the traffic environment e.g. when to reduce speed;
- Coordination and reaction time;
- Ability to communicate clearly and effectively, orally and in writing;
- Ability to solve problems and make decisions;
- The driver checks and does not make assumptions; and
- The driver is proactive and tenacious.

- 2.5 RIS-3751-TOM '*Train Driver Selection*' contains examples of the kinds of tests that are currently used to assess these skills. This document is available at: <https://www.rssb.co.uk/rgs/standards/ris-3751-tom%20iss%203.pdf> .

## **Who can carry out the occupational psychological fitness examinations?**

- 2.6 Occupational psychological fitness examinations must be conducted by a recognised psychologist who is on our register. The psychologist may be qualified to only carry out written tests or be qualified to carry out all the multimodal tests. Our register shows which type of test a psychologist may carry out.

## 3. Auditing medical and occupational psychological fitness examination records

### Summary

This chapter is about the auditing records on medical and occupational psychological fitness examinations.

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### What information should be retained for audit of records?

- 3.1 We expect records relating to the fitness examinations to be maintained to facilitate clinical governance and quality assurance. This will support the application of consistent standards across the industry. These records should also be maintained over the validity of the licence to provide a continuous record and to avoid undue re0assessment of drivers.
- 3.2 Guidelines on clinical records management can be found at:
- General Medical Council 'Good Medical Practice' - <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>.  
<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>.
  - British Psychological Society: 'Practice Guidelines' - <https://www.bps.org.uk/news-and-policy/practice-guidelines>  
<https://www.bps.org.uk/news-and-policy/practice-guidelines>
  - SEQOHS - [https://www.seqohs.org/CMS\\_Documents/Scheme/OH/Evidence%20Guide%202018%20review.pdf](https://www.seqohs.org/CMS_Documents/Scheme/OH/Evidence%20Guide%202018%20review.pdf)
- 3.3 RSSB also provides information on this in RIS -3751-TOM at <https://www.rssb.co.uk/rgs/standards/ris-3751-tom%20iss%203.pdf> .
- 3.4 We are looking to develop audit arrangements in respect of the medical examination and are considering how these can be established.

## 4. Recognition process for doctors and psychologists wanting to carry out examinations under the TDLCR

### Summary

1 This chapter is about the recognition process for doctors and psychologists. It explains:

- The criteria for recognition;
  - The process for recognition;
  - How ORR keeps its registers of recognised persons up to date;
  - maintaining competence
- 

### What are the criteria for recognition of doctors?

4.1 All applications for recognition must demonstrate independence, competence and impartiality. The criteria used to test this are as follows;

- Registered medical practitioner with the General Medical Council;
- Qualification in occupational medicine;
- Experience of occupational health clinical practice;
- An understanding of all the duties of a train driver and experience of work in a railway environment;
- Confirmation that the doctor will work to Schedule 1 of the TDLCR

4.2 An application form for recognition and entry on to the register of doctors is available on our website at [Link to be inserted] and this also sets out the information or evidence you should supply with your application. Doctors and psychologists should use this form when making an application for recognition.

### What are the criteria for recognition of psychologists?

4.3 The criteria for recognition are as follows:

- Holds a British Psychological Society (BPS) Certificate in Occupational Testing;
- Registered with the BPS;
- Understanding of the specific nature of work of a train driver on the railway and the railway environment (demonstrated either through employment at an



examination centre which has passed the external audit and understanding of train competency framework or demonstrated through suitability for carrying out testing for train driver recruitment as well as knowledge of train driver competency framework);

- Confirmation that will carry out tests as recommended by RSSB's RIS-3751-TOM

4.4 An application form for recognition and entry on to the register of psychologists is on our website at [Link to be inserted] and this also sets out the information or evidence that should be supplied with the application.

## What happens once an application for recognition has been sent?

4.5 Once we have received an application we will review the information and carry out any checks to verify the information or evidence that has been submitted. We may ask the applicant to provide additional information to support the application.

4.6 When we have reviewed all of the information we will write to the applicant with our decision. This will usually take approximately 3 weeks.

## Receiving a letter confirming entry onto the register

4.7 Once a doctor or psychologist has received our letter, then the doctor or psychologist may then carry out medical or occupational psychological fitness examinations without supervision from another recognised doctor or psychologist. The letter of recognition will assign a reference number which must be included on the examination form.

4.8 The doctor or psychologist should inform ORR as soon as possible after any changes to the information on the register including changes to contact emails.

## How long is recognition valid for?

4.9 There is no expiry date once a doctor or psychologist is entered on to our register.

4.10 However, we expect that doctors and psychologists should **continue to be able to meet the conditions on which the recognition was originally granted**. If there are changes in circumstances which may affect the ongoing ability of the doctor or psychologist to continue to meet the criteria for recognition, then the doctor/psychologist should notify us. Such circumstances may include retirement or no longer working in the railway environment. We would consider this further and decide if the doctor or psychologist should remain on the register.

## **Can ORR remove me from its registers?**

4.11 We may decide to remove a doctor or psychologist from the register if we believe that he/she no longer meets the criteria for recognition on to the register. If this is the case we will write to the doctor or psychologist concerned informing them of our decision but the doctor or psychologist has the ability to appeal under the process in Annex A.

## **What happens if I have not been granted recognition?**

4.12 If we decide not to grant an application for recognition, our letter will set out the reasons and the doctor or psychologist may decide to get the necessary additional experience or training and make a subsequent application.

4.13 If the applicant believes that we should have granted recognition then the applicant may appeal against the decision and the appeal process is set out in annex C. . .

# Annex A: Appeal Process for refusal to recognise or against removal from the register of doctors or psychologists

1. This Annex outlines the process that we will follow when considering appeals against our decision to refuse entry on to the registers of recognised persons under regulation 23 of the TDLCR or against a decision to remove someone from our register of recognised persons. We will process these appeals within two months of receipt of all of the relevant paperwork.
2. Regulation 23 requires us to have, keep up to date and publish registers for doctors and psychologists recognised as competent to carry out functions in relation to the required medical and occupational psychological fitness examinations
3. The appeal will be heard by persons not involved in the original assessment and decision to not recognise the person for the purpose outlined in regulation 23 or in relation to a decision to remove from the register.

## Receiving the appeal

4. You should address your appeal to ORR's Director of Railway Safety and you will be sent an acknowledgement that your appeal has been received. A case officer will be appointed to deal with your appeal and all contact with us on your appeal will be dealt with by this case officer.
5. A case team will be formed to review your appeal and this will consist of:
  - The Director (or their delegate) as the Chair;
  - an ORR lawyer;
  - specialist advisors, as needed (e.g. independent doctor or psychologist etc.)
  - your case officer.

## Deciding to proceed

6. The case team will decide whether it will proceed with your appeal and we aim to do this within 10 working days of receiving the appeal. Completing this within 10 days will depend on the quality and completeness of the appeal information submitted by you and the 10 day period will not start until we have sufficient information to proceed.
7. Circumstances in which we may decide that we cannot proceed with hearing the appeal include:
  - The appeal concerns matters outside the remit of regulation 23 of TDLCR; or
  - The appellant has not provided us with sufficient information.
8. Following the case team's first meeting, the case officer will write formally to the appellant with the outcome. This should be sent within 3 working days of the case team meeting in order to ensure a response is received within 10 working days of the appeal being received.

9. The letter will set out either:
  - That we will hear the appeal, how long the case review will take and when a decision will be made;
  - That we are minded to hear the appeal, but that we need further information from you at this point. This will have the effect of 'restarting the clock' on the time required to process the appeal.
  - That we have decided that the appeal is outside the remit of regulation 23 and the process ends here.
10. If we decide to hear the appeal, in order to ensure that we can process the appeal within two months of receiving it, you will have a deadline of 20 working days in which to send us any representations from the issue of our letter to proceed with the appeal.

## Hearing the appeal

11. A case officer will be appointed to deal with your appeal and all engagement with us on your appeal will be dealt with by this case officer. Once the 20 day period for representations has expired, the case team should aim to reach a decision within a further 10 working days. This decision will be arrived at over the course of two formal, minuted case team meetings:
  - The first meeting takes place within 5 working days of all final information submissions being received. This meeting should discuss the representations and reach a position where a draft decision can be prepared;
  - The second meeting takes place as soon as possible after the first (and at most within 5 working days) to agree and sign off that decision.
12. The minutes of the meeting will be made available to both you and your employer, if appropriate.
13. The draft decision will be written by the case officer before being discussed and agreed by the case team.

## ORR Decision

14. Once the decision has been agreed it is signed off by the Director or the delegated chair.
15. The case officer will send a copy of this decision to you, along with a letter explaining what course of action is necessary (if any) following our decision.



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