



# Drug-Driving Competencies

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## Introduction

The FFLM is a charity established to develop and maintain the highest possible standards of competence and professional integrity in forensic and legal medicine. The specialty covers doctors working in three related disciplines: forensic medical practitioners (forensic physicians, forensic pathologists, sexual assault examiners, and child physical and sexual assault examiners); medico-legal advisers; and medically qualified coroners.<sup>1</sup> Nurses and paramedics can now join the FFLM. The standards advocated by the FFLM have Government recognition, as "Guidance as to the level of professional and clinical qualification required for doctors or nurses is issued by the Faculty of Forensic and Legal Medicine (FFLM)." <sup>2</sup>

## Current Practice and Government Proposals

In England, anyone suspected of driving a road vehicle under the influence of drink or drugs may be arrested for a range of offences under the Road Traffic Act 1988. Section 7 and 7A RTA 1988 make allowance for provision of evidential breath, blood or urine specimens from the driver – and in the case of blood or urine, for forensic laboratory analysis.

Currently, when a driver is arrested on suspicion of a drug driving offence, a medical practitioner (usually a forensic physician) will be called to undertake a medical assessment:

- To establish whether there is a condition that might be due to a drug.
- If the specimen required is one of blood, to take a blood sample from the driver.
- To ensure there are no contra-indications to blood or urine being taken.

At the same time the doctor may also seek:

- To establish whether there are any medical conditions that might affect driving, and that might be mimicking the appearance of prescribed or illicit drugs and treat them appropriately if necessary.

Following on from recommendations in Sir Peter North's 2010 report into drink and drug-driving legislation,<sup>3</sup> the Government has proposed several changes to current procedures,<sup>4</sup> including:

- In hospital settings, nurses will be allowed to take blood from drivers suspected of driving under the influence of alcohol or drugs. (Currently, only "medical practitioners" are permitted to do so).
- In the custody setting, nurses will be permitted to form the opinion required for offences under section 7(3)(c) RTA 1988, that is, to advise whether the driver has a condition that might be due to a drug.

Legislation is being enacted to include paramedics within these procedures.

In line with these imminent changes, the FFLM has been asked by NHS England to compile a list of competencies to ensure high standards of advice to police and patient safety will be maintained in dealing with drink and drug-drive cases.

## Terminology and background

Whilst currently, road traffic legislation and the Police And Criminal Evidence Act differentiate, in places, between a *Health Care Professional* and a *Medical Practitioner*, for the purposes of these competencies, the term registered *Health Care Professional* (HCP) will be used to include forensic physicians, nurses and paramedics.

Patient safety is paramount in the custodial setting. Some detainees may have been involved in road traffic collisions and not been taken to hospital but have significant injuries, e.g. head injury. Other conditions might mimic the presence of a drug, e.g. diabetes, stroke, Parkinson's. This necessitates that the HCP must be able to undertake a full neurological examination and must be able to give immediate treatment or refer appropriately for any relevant medical problem that might be identified, e.g. hypoglycaemia, ruptured spleen, etc. Similarly, mental health conditions may be accounting for the detainee's behaviour. Research has shown that mental health problems can present in this way.<sup>5</sup>

It is recommended that an acceptable, approved pro forma is used when assessing the patient's condition, e.g. the RTA assessment pro forma as issued by the FFLM.<sup>6</sup> This simplifies the procedure for the HCP, as they can rely upon a sequence of assessment that might be otherwise difficult to recall in a stressful custody environment.

HCPs must have access to the latest version of the British National Formulary (BNF), in either paper or electronic format. They must have access to appropriate, maintained and calibrated clinical equipment including sphygmomanometer, stethoscope, thermometer, glucometer and stopwatch.

### Competencies for HCPs for patient safety and clinical care requirements

1. The HCP must be competent to take a comprehensive and complete medical history, which must include past medical, surgical and psychiatric history.
2. The HCP must be competent to undertake a clinical examination including a full neurological examination of the patient as and when required.
3. The HCP must be competent to assess the detainee's mental state and identify any mental health condition that may be accounting for the detainee's behaviour.
4. The HCP must be competent to identify the symptoms and signs of illicit drug use, intoxication and withdrawal.
5. The HCP must be competent to recognise the common side effects of prescribed drugs and be aware of atypical situations such as drug interactions and pregnancy.

### Competencies for HCPs relating to section 7(3)(c) RTA 1988

These competencies relate to the proposed change to allow an HCP to advise whether the person has a condition that might be due to a drug.

1. The HCP should be able to identify "a condition which might be due to some drug" and be familiar with Section 7(3)(c) Road Traffic Act 1988.
2. The HCP should know what conditions might be due to a drug and how to recognise, assess and record them.
3. The HCP should be competent in the use of the standardised impairment tests including the effect age may have on the ability to perform the tests. Because the HCP may consider repeating a Field Impairment Test (FIT) previously conducted by police (to determine any change in the driver's condition), it is recommended that the HCP be familiar with the FFLM RTA assessment pro forma and the abbreviations and procedures outlined in it.
4. The HCP should be familiar with form MG/DD/B, in particular the directions in any sections that deal with the investigation of drug driving offences. Also and especially:
  - a. The case of *Angel v Chief Constable of South Yorkshire Police*;<sup>7</sup>
  - b. That an examination might not always be agreed to and that it might be possible to form an opinion from observations alone;
  - c. That gauging impairment is not required, is not essential and does not form part of the opinion sought;
  - d. That the process of forming an opinion is not covered by the usual rules of patient confidentiality.

5. The HCP should be familiar with forms MGDD/E and MGDD/F (a copy of which may have previously been completed by the investigating officers) and the Department for Transport *Code of Practice for Preliminary Impairment Tests* in appreciating what the condition of the detainee was at the time of testing.

### Other competencies for HCPs relating to drink or drug driving cases

1. The HCP should be familiar with forms MG/DD/A and MG/DD/C.
2. The HCP must be proficient in taking venous blood samples, and must be familiar with non-medical reasons that might be offered against taking blood samples.

### Training

The FFLM advises that all HCPs who conduct assessments of suspected drug-drivers should attend an accredited "drink and drug-driving" study day every three years to make certain that the above competencies are met, and that changes in legislation are presented and understood.

### References

1. FFLM website [www.fflm.ac.uk](http://www.fflm.ac.uk)
2. Hansard, 18 Mar 2009: Column 1162W. <http://goo.gl/GxQWgk>
3. Report of the Review of Drink and Drug Driving Law. Sir Peter North CBE QC, June 2010. <http://goo.gl/YzX0Hj>
4. The Government's Response to the Reports by Sir Peter North CBE QC and the Transport Select Committee on Drink and Drug Driving, March 2011. <http://goo.gl/uLZa3T>
5. Odell, M.S. (2002) Expert Opinion in DUID Cases Based on Interpretation and Observation and Toxicology in T2002 Proceedings of the 16th International Conference on Alcohol, Drugs and Traffic Safety. Montreal. 2002
6. Pro forma - Section 4 RTA Assessment (England, NI and Wales) (Oct. 2012). <http://goo.gl/h0uMI9>
7. Angel v Chief Constable of South Yorkshire. [2010] EWHC 883 (Admin)

**Dr Will Anderson FRCS, DFMS, LLM**  
**Ms Jennie Smith RGN, UCPPD (Forensics)**  
**Professor Ian Wall FRCP FFFLM FRCGP DMJ**  
**On behalf of the Academic Committee of the FFLM**