



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

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Background

The Train Driving Licences and Certificates Regulations 2010 (TDLCR) give duties to a different organisations and people. We have produced a series of separate guides to explain the duties and responsibilities arising from the TDLCR (as amended) and how to take appropriated action. Together these guides form a complete set of guidance for all aspects of the TDLCR.

There are separate guides:

- [for employers of train drivers](#)
- [for the medical and occupational psychological fitness requirements for train drivers](#)
- for [train driver training and examination requirements and recognition process](#)
- for [suspending or withdrawing a train driving licence](#)
- for [train drivers appealing against decisions made by their employer about the train driving certificate](#) issued to them

We have also published a '[key facts](#)' leaflet for train drivers.

Following the guides above is not compulsory and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. ORR's inspectors may check that you are complying with the law and may refer to this guidance as illustrating good practice.

We will regularly update these guides, and you can download the latest version of any of these guides from our [website](#).

Introduction

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 (as amended) (TDLCR), and railway undertakings and infrastructure managers (referred to as ‘train operators’ in this guide unless the requirement is on a specific person) 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 and relayed to ORR when medical or occupational psychological fitness examinations are carried out; and
 - The process for doctors and psychologists to obtain and maintain recognition to carry out examinations of train drivers under the TDLCR.
 - The appeal process if an application for recognition is refused or for removal from the register.
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[Please note that this draft contains a number of references to the EU and EU-related legislation. Where necessary, this drafting will be revisited following the UK’s exit from the EU]

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 European Economic Area Member State. In order to be issued with a licence, the train driver must pass the medical requirements consisting of an occupational psychological fitness examination and a medical examination. Normally the occupational psychological fitness examination is undertaken before the medical examination during recruitment and selection process. The underlying principle of the selection process for train drivers is to try and ensure the best person is selected for the job - the medical and psychological requirements of TDLCR are an important part of this.

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 separate guide for train operators.
4. Other key documents relevant to these requirements are published by RSSB and are:
 - [RIS 3751 TOM – Rail Industry Standard for Train Driver Selection](#)
 - [RIS 3451 TOM - Train Drivers –Suitability and Medical Fitness Requirements](#)
5. While it is not mandatory to follow the content of the Railway Industry Standards (RIS) above, they represent agreed GB rail industry good practice. As such, anyone not applying the content of these RIS in full or in part would need to demonstrate they had undertaken an equivalent assessment.

1. 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;

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

Reg
8(2)(e)

- 1.1 The TDLCR require that train drivers pass an occupational psychological fitness examination in order to obtain a licence, which should be carried out before the train driver is appointed. Drivers who were qualified to drive trains on the mainline railway before 29 October 2013 may not have had an occupational psychological fitness examination unless specifically required by their employer since the introduction of the TDLCR.
- 1.2 Employers of train drivers may decide to include the cognitive, communication and psychomotor skills elements of the medical examination (see paragraphs 2(1)(f)(h) and 2(2) of Schedule 1) as part of the initial occupational psychological fitness examination of train driver candidates, which often takes place prior to a full medical examination. We would not expect a candidate who fails these elements during such an occupational psychological fitness examination to continue to the medical examination stage.
- 1.3 We would not expect a train driver to undergo the occupational psychological fitness examination when applying to renew their licence. More details on licence renewals can be found in our [guide for train operators](#).

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

1.4 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. These circumstances may include 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 which calls into question their fitness to drive trains;
- 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 there has been a period of absence following an accident involving other people;
- 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?

1.5 The occupational psychological fitness examination is to determine whether a train driver (or candidate driver) has any established occupational psychological fitness deficiencies, particularly in operational aptitudes or any relevant personality factor, which are likely to interfere with their ability to drive trains safely.

Sch 1,
para 2(2)

1.6 This test is usually the first stage of the selection process to become a train driver and is followed by the pre-appointment medical examination (see chapter 2 of this guide) and we consider that this current industry practice meets the requirement of [Schedule 1](#), paragraph 2(1).

1.7 These tests to determine occupational psychological fitness must be based on psychological-scientific principles. Current GB rail industry requirements are set out in [RIS-3751-TOM 'Train Driver Selection'](#) 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.

1.8 RIS-3751-TOM contains examples of the kinds of tests that are currently used to assess these skills.

Who can carry out the occupational psychological fitness examinations?

1.9 Occupational psychological fitness examinations must be conducted by a recognised psychologist who is on our [register](#). The psychologist may be qualified to carry out written tests only or be qualified to carry out all the tests. Our register shows which type of test a psychologist may carry out.

2. 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; and
 - 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

- 2.1 Train drivers must pass the initial medical examination to get a licence (normally before appointment) and then have a periodic medical examination at least every 3 years up to the age of 55.
- 2.2 **All train drivers, once they have reached 55 years old, must have an annual medical examination. The first of these annual medical examinations must take place before the driver's 56th birthday.**
- 2.3 A recognised doctor **must increase the frequency of medical examinations** if, in the doctor's opinion, the health of the train driver so requires.

Pre-appointment medical examination

Sch. 1,
para 2

- 2.4 Under TDLCR Schedule 1 the pre-appointment medical examination must include as a minimum the following elements:
 - A "general medical examination" (see below);
 - Vision (including distance acuity, corrective lens strength and colour perception);
 - Hearing;
 - Any blood or urine tests where they 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 are usually completed as part of the occupational psychological fitness examination. The occupational psychological fitness examination will normally be conducted before any medical examination and we would expect a candidate who failed the occupational psychological fitness examination not to progress to the pre-appointment medical examination. Therefore, any recognised doctor carrying out a pre-appointment medical examination in line with Schedule 1 should be assured that the candidate driver has already undertaken and passed the necessary occupational psychological fitness examination that covers cognitive, communication and psychomotor skills.. The criteria are set out in [RIS-3751-TOM 'Train Driver Selection'](#) published by RSSB (see chapter 1).

Periodic medical examinations after appointment

2.5 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 (including distance acuity, corrective lens strength and colour perception);
- Tests for hearing;
- Blood and/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.

What is meant by 'general medical examination'?

2.6 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.

Some elements of the medical examination may be delegated to a medical assessor under the supervision of a recognised doctor (see paragraphs 2.14 -2.15).

2.7 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 their periodic examination is due?

2.8 A train driver must have an additional medical examination either:

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

- after an occupational accident or absence following an accident involving other people. Occupational accidents may occur when the driver is on driving duties or outside of them but in either case may have an impact on the driver's ability to meet the medical fitness requirements of Schedule 1. In these circumstances we would expect that as result of the train operator's monitoring of the train driver's fitness, the driver would undergo a further medical examination; or
- 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 which may call into question their fitness to drive trains; or
 - a train driver has been on sick leave for at least 30 days (consecutively); or
 - a GP or other doctor recommends that a recognised doctor carries out a further examination.
- if a recognised doctor requires the train driver to have more frequent examinations; or
- a driver has been removed from driving duties for safety reasons.

2.9 If a train driver passes an additional medical examination before their periodic examination is due but that additional examination does not include all the required

elements of the periodic medical examination (see paragraph 2.5), 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.

Pregnancy and train drivers

- 2.10 Train operators 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 a train operator considers that the driver is not fit for driving duties, then temporarily removing the driver from driving duties must be considered.
- 2.11 When considering whether a pregnant driver is fit for driving duties', employers must apply relevant legal provisions under the Equalities Act 2010 protecting them.

Who can carry out medical examinations?

2.12 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 must take overall responsibility for the medical examination. More information on recognition and our register can be found in chapter 4. Recognised doctors may also use other specialist clinicians in order to get the necessary information to make a clinical decision about the driver.

Reg
8(2)(f)
& (3)

- 2.13 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 does not have to 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 carry out all work to the satisfaction of the registered doctor who remains responsible for the examination.
- 2.14 The recognised doctor must sign and give the register number issued by us on the medical examination form for every train driver medical examination that he or she carries out or supervises.

What equipment and facilities should be used for medical examinations?

- 2.15 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

where necessary. 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.

- 2.16 We recommend that a recognised doctor follows the General Medical Council's guidance in its Good Medical Practice guide (available at <https://www.gmc-uk.org/ethical-guidance>). Other guidance is also available published by the Faculty of Occupational Medicine (available at http://www.fom.ac.uk/wp-content/uploads/GOMP_2017_Web.pdf). 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?

- 2.17 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.
- 2.18 It is current practice for many doctors working in the railway industry to record 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 medical examination form

U1 – Temporarily unfit for driving duties

U2 – Permanently unfit

Where this system is used, if a driver passes a medical examination conducted in accordance with Schedule 1 then we would expect 'F1' or 'F2' to be recorded if that driver was to continue to be deployed on driving duties by the train operator. The use of U1 or U2 would mean that although the driver was not fit for train driving duties, the driver could be deployed on other duties.

- 2.19 The recognised doctor should ensure that the results of a medical examination are clearly and promptly communicated to the train operator so that the train operator can inform the driver about the results, particularly if a driver has failed a medical examination and the next steps after failing the medical examination.

- 2.20 The doctor and any other clinician who may have contributed to the medical examination should record the actual test results as well as 'pass' or 'fail' 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 train operator. 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 .
- 2.21 If a recognised doctor considers that a driver should seek their GP's advice on medical matters, which are beyond the scope 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.

3. Auditing medical and occupational psychological fitness examination records

Summary

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

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 re-examination 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>
- 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 ORR supports the development of audit arrangements in respect of the medical examination and will encourage the industry to establish effective arrangements.

4. Recognition process for doctors and psychologists carrying out examinations under the TDLCR and ORR's register of recognised persons

Summary

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 is the register of recognised persons?

4.1 Under the TDLCR we are required to have and keep up to date a register of persons we have recognised as competent to carry out the medical and occupational psychological fitness examinations.

Reg
23(1)

What are the criteria for recognition of doctors?

4.2 All applications for recognition must demonstrate independence, competence and impartiality. We have established criteria for recognition as follows;

Reg
23(3)

- 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 the work undertaken in a railway environment;
- Confirmation that the doctor will work to Schedule 1 of the TDLCR

4.3 We have published an [application form for recognition and entry on to the register of doctors](#) and this also sets out the information or evidence you should supply with your application. Doctors should use this form when making an application for recognition.

What are the criteria for recognition of psychologists?

4.4 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); and
- confirmation that the psychologist will carry out tests either as recommended by RSSB's RIS-3751- TOM or of demonstrable equivalence.

4.5 We have published an [application form for recognition and entry on to the register of psychologists](#) and this also sets out the information or evidence that should be supplied with the application. Psychologists should use this form when making an application for recognition.

What happens once an application for recognition has been received by ORR?

4.6 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.

4.7 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

4.8 Once a doctor or psychologist has received our letter, the doctor or psychologist may 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 medical examination form.

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 must 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.

Keeping information on the register up to date

4.11 The doctor or psychologist should inform ORR as soon as possible after any changes to the information that appears on our register (including changes to contact emails) so that we can update accordingly.

Can ORR remove me from its registers?

4.12 We may decide to remove a doctor or psychologist from the register if we believe that he/she no longer meets the established criteria for recognition on to the register which we are required by the TDLCR to keep up to date. If this is the case we will write to the doctor or psychologist concerned informing them of our decision and providing our reasons. The doctor or psychologist has the ability to appeal under the process set out in Annex A.

What happens if I have not been granted recognition?

4.13 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.

4.14 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 A.

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.
2. We will normally process these appeals within two months of receipt of all of the relevant paperwork.
3. 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.
4. 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

5. 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.
6. 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.
7. A case team will be formed to review your appeal and this will consist of:
 - The Director of Railway Safety (or their delegate) as the Chair;
 - an ORR legal adviser;
 - specialist advisors, as needed (e.g. independent doctor or psychologist etc.);
 - your case officer.

Deciding to proceed

8. 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.
9. 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.

10. 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.

11. 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.

12. If we decide to hear the appeal, and to ensure that we can process the appeal within two months of receiving it, we will ask you to make any further representations to us within 20 working days from the issue of our letter to proceed with the appeal.

Hearing the appeal and making the decision

13. Once all your representations have been received, 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 by the case officer;
- The second meeting takes place as soon as possible after the first (and at most within 5 working days) to agree and recommend a draft decision.

14. The minutes of the meeting will be made available to you, if appropriate.

15. Once the decision has been agreed, it is signed off by the Director or the delegated chair.

Informing you of the decision

16. 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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